

Plan Benin country office staff hold up their hands with the words “No condom, no sex” as part of a campaign to change mindsets and behaviours in support of a Global Fund HIV grant.



REFERENCE GUIDE ON

# Gender-Transformative and Inclusive Programming and Influencing In Global Fund-supported Grants

# Acknowledgements

This reference guide was developed internally at Plan International Canada by gender equality and inclusion experts with the support of Global Fund Unit practitioners across Plan International's federation.

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## **About the document**

The purpose of this knowledge product is to share evidence-based guidance on gender-transformative and inclusive programming, drawing on two decades of implementing grants supported by the Global Fund to fight AIDS, Tuberculosis and Malaria. The guide is targeted at Plan International staff and partners engaged in the current grant cycle (GC7) and those involved in the design and advocacy efforts for GC8 and future cycles. It aims to contribute to the continuous evolution of promising practices in gender-transformative and inclusive programming to defeat HIV, tuberculosis, and malaria.

## **Suggested Citation**

Plan International Canada. (2025). *Reference Guide on Gender-Transformative and Inclusive Programming and Influencing in Global Fund–Supported Grants*. Toronto, Ontario: Plan International Canada.

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# Acronyms

<b>AGYW</b>	Adolescent girls and young women
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>ANC</b>	Antenatal care
<b>ART</b>	Antiretroviral therapy
<b>CCG</b>	Community consultative group
<b>CC-KPs</b>	Community centres for key populations
<b>CCM</b>	Country Coordinating Mechanism
<b>CLM</b>	Community-led monitoring
<b>CoC</b>	Champions of Change
<b>CRG</b>	Community, Rights and Gender department of the Global Fund
<b>CRS</b>	Catholic Relief Services
<b>CSE</b>	Comprehensive sexual education
<b>CSO</b>	Civil society organization
<b>DHS</b>	Demographic and health survey
<b>EOI</b>	Expression of Interest
<b>FGM/C</b>	Female genital mutilation/cutting
<b>FPM</b>	Fund portfolio manager
<b>FSW</b>	Female sex workers
<b>FY18</b>	Fiscal year 2018 (July 1, 2017–June 30, 2018)
<b>GBV</b>	Gender-based violence
<b>GC</b>	Grant cycle
<b>GE&amp;I</b>	Gender equality and inclusion
<b>GFU</b>	Global Fund Unit
<b>GT</b>	Gender-transformative
<b>IBBS</b>	Integrated Biological and Behavioral Surveillance
<b>IDU</b>	Injection drug users
<b>IEC</b>	Information, education, and communication
<b>IOM</b>	International Organization of Migration
<b>IPTp</b>	Intermittent preventive treatment in pregnancy
<b>IRS</b>	Indoor residual spraying
<b>ITN</b>	Insecticide-treated bed net

<b>KP/KVP</b>	Key populations/key and vulnerable populations
<b>LGBTQ+</b>	Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others
<b>LILO</b>	Looking In, Looking Out approach
<b>LLIN</b>	Long-lasting insecticidal nets
<b>M&amp;E</b>	Monitoring and evaluation
<b>MBS</b>	Malaria Behavior Survey
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MIS</b>	Malaria Indicators Survey
<b>MSM</b>	Men who have sex with men
<b>NMCP</b>	National Malaria Control Program
<b>NSP</b>	National Strategic Plan
<b>OCASS</b>	Citizen Observatory on Access to Health Services
<b>OPROGEM</b>	Office for the Protection of Gender, Children, and Morals
<b>PeP</b>	Post-exposure prophylaxis
<b>PHIA</b>	Population-based HIV impact assessment
<b>PII</b>	Plan International Inc.
<b>PLHIV</b>	People living with HIV
<b>PR</b>	Principal recipient
<b>PrEP</b>	Pre-exposure prophylaxis
<b>PSEAH</b>	Protection from sexual exploitation, abuse, and harassment
<b>RDT</b>	Rapid diagnostic test
<b>SBCC</b>	Social and behaviour change communication
<b>SABF</b>	Sustainable and affordable boarding facilities
<b>SGBV</b>	Sexual and gender-based violence
<b>SOGIESC</b>	Sexual orientation, gender identity and expression, and sex characteristics
<b>SR</b>	Sub-recipient
<b>SRHR</b>	Sexual and reproductive health and rights
<b>SSR</b>	Sub-sub-recipient
<b>STI</b>	Sexually transmitted infections
<b>TB</b>	Tuberculosis
<b>TOR</b>	Terms of reference
<b>TTM</b>	Trained traditional midwives
<b>VSLA</b>	Village savings and loan associations
<b>WHO</b>	World Health Organization

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# Introduction

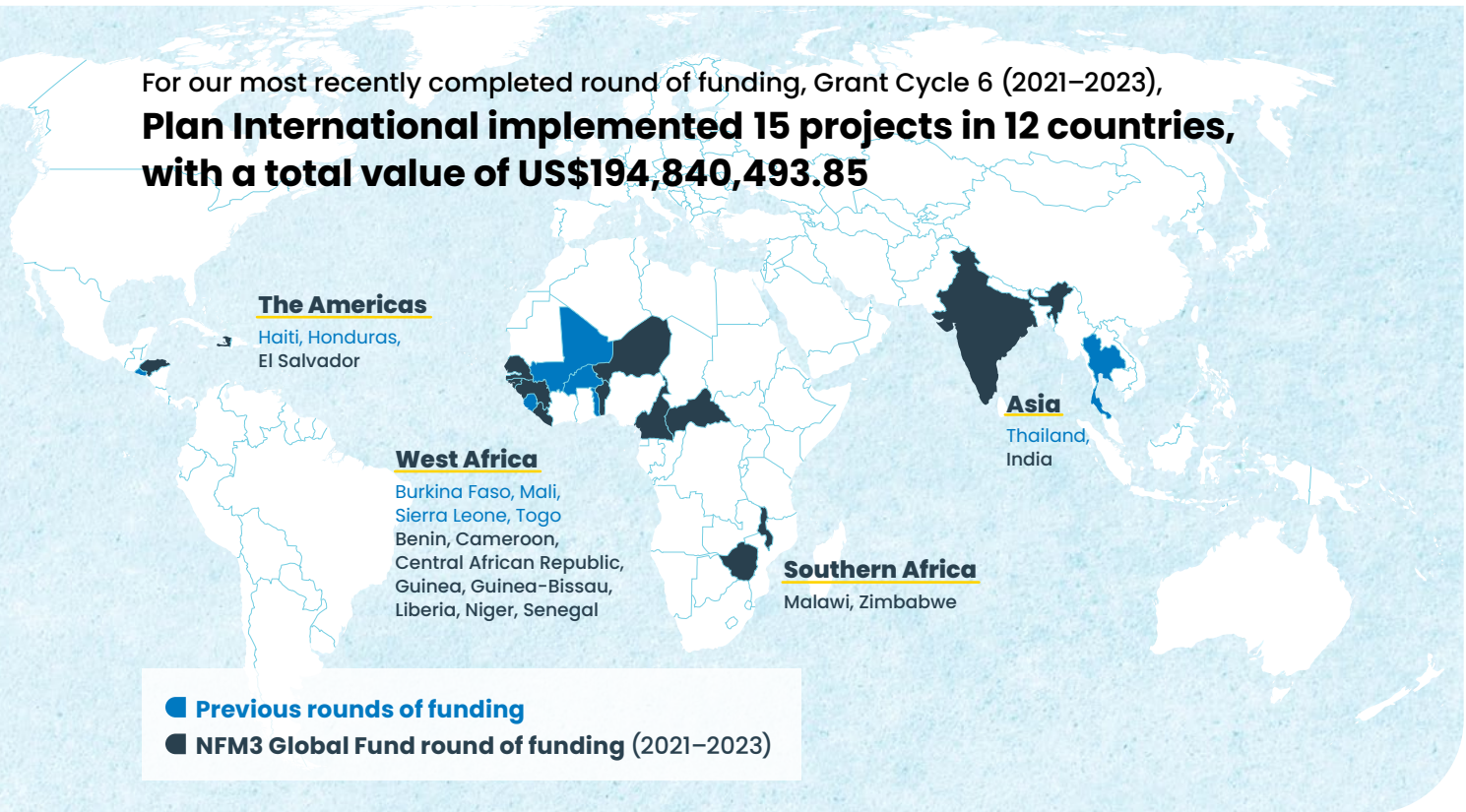
## The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the world's largest funder of HIV/AIDS, TB, and malaria prevention and treatment programs. Since its inception, programs supported by the Global Fund partnership have saved over 65 million lives<sup>1</sup>.

Plan International has been a trusted partner of the Global Fund as a principal recipient, sub-recipient, and sub-sub-recipient<sup>2</sup> since 2004, from Round 4 to Grant Cycle 7 (2024–2026). Plan International

has implemented projects supported by the Global Fund in 19 countries across Africa, Asia, and the Americas, totaling over US\$850 million. We advance efforts to end these epidemics and strengthen health systems through our international presence, deep community roots, strong relationships with governments and national counterparts, and wide-ranging programming expertise, including the integration of gender-transformative, inclusive, and safeguarding programming.

For our most recently completed round of funding, Grant Cycle 6 (2021–2023), **Plan International implemented 15 projects in 12 countries, with a total value of US\$194,840,493.85**



1 Global Fund (2024). *Result Report 2024*. Available at: [https://www.theglobalfund.org/media/14795/core\\_2024-results\\_summary\\_en.pdf](https://www.theglobalfund.org/media/14795/core_2024-results_summary_en.pdf). Resources mentioned in this manual can be found in the List of Resources at the end of the document.

2 The principal recipient (PR) is the entity that manages grant funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The PR is legally responsible for the grant's implementation and proceeds in the recipient country. A sub-recipient (SR) is an organization that a principal recipient (PR) contracts to help implement the Global Fund grant's activities. A sub-sub-recipient (SSR) is a contractor or entity that is contracted by a sub-recipient (SR) to help implement program activities for a Global Fund grant. (Source: Global Fund to Fight AIDS, Tuberculosis and Malaria)

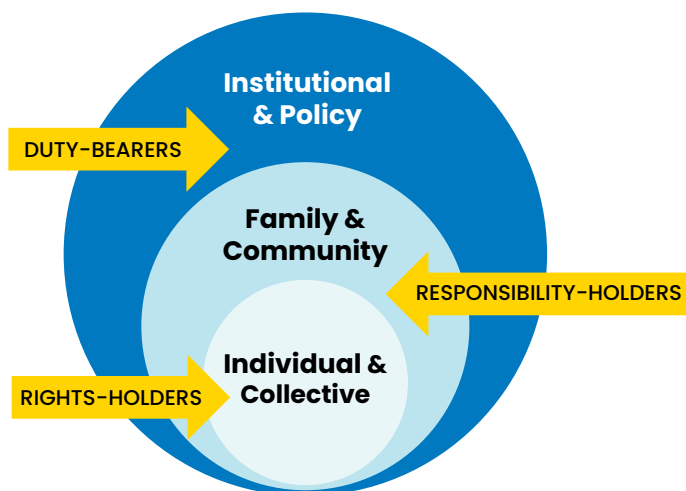
# Gender-Transformative and Inclusive Programming and Influencing in Global Fund–Supported Grants

The Global Fund’s 2023–2028 strategy recognizes that HIV, TB, and malaria cannot be eradicated without investing in gender equality and human rights. The Global Fund has committed to adopting a gender-transformative (GT) approach to these diseases, focusing on addressing harmful social and cultural norms and discriminatory laws, policies, and practices that disproportionately affect women, girls, and gender-diverse communities<sup>3</sup>.

Aligned with its [Gender Equality and Inclusion Policy \(2023\)](#), Plan International is at the forefront of efforts to uphold the gender equality and inclusion priorities of the Global Fund.

Plan International’s approach to gender-transformative programming aims to address the root causes of gender inequality, reshaping unequal power relations and advancing the rights of all children and youth, especially those who are structurally excluded, such as key and vulnerable populations (KVPs – see **BOX 1**<sup>4</sup>), including adolescent girls and young women in all their diversity. This approach is central to our HIV, TB and malaria programs, which address disease-related gender and exclusion barriers working at three inter-related dimensions of change:

- **Rights holders at the individual and collective levels:** We build individual and collective capabilities and critical consciousness of rights holders, by increasing women’s, girls’, and KVPs’ knowledge and capacity to make informed health decisions and act on them.
- **Responsibility holders at the family and community levels:** We organize power holders and civil society to create an enabling environment that promotes and protects women’s, girls’, and KVPs’ health and rights, including zero tolerance of all forms of violence and discrimination.
- **Duty bearers at the institutional level:** We improve the rights-based gender and adolescent/youth responsiveness and inclusiveness of community and facility-based health and multi-sectoral systems, services, and policies.



3 The Global Fund outlined its approach to gender equality in a 2023 technical brief, along with various other resources on human rights, gender equality, and adolescent girls and young women, available at: <https://www.theglobalfund.org/en/gender-equality/>.

4 Source: The Global Fund (2014). *Key Populations Action Plan 2014–2017*. Available at: [https://resources.theglobalfund.org/media/14209/cr\\_key-populations\\_actionplan\\_en.pdf](https://resources.theglobalfund.org/media/14209/cr_key-populations_actionplan_en.pdf).



## BOX 1: KEY POPULATIONS

In the context of AIDS, TB, and malaria, *key populations* are those disproportionately affected by these diseases. This heightened epidemiological impact is often due to a combination of factors, including entrenched social and gender hierarchies, economic inequalities, limited access to health care services, and legal barriers. These structural root causes create significant obstacles to prevention, treatment, and care, making these populations particularly vulnerable to the adverse effects of these diseases.

- **Key populations in the HIV response:** Gay, bisexual, and other men who have sex with men; people who inject drugs; women and men who sell or exchange sex; survivors of sexual violence and exploitation; all transgender people.
- **Key populations in the tuberculosis response:** Miners, prisoners, and incarcerated people; people living with HIV; people living and/or working in poor conditions and/or in close quarters; migrants, refugees, and Indigenous people.
- **Key populations in the malaria response:** Pregnant women and children under age 5; refugees, migrants, internally displaced people, and Indigenous people in malaria-endemic areas.

Certain groups, although not classified as key populations, are significantly vulnerable to HIV, TB, and/or malaria due to their circumstances and/or the stigmatization, exclusion, and restrictions they face on their rights. These groups, referred to as *vulnerable populations*, include, for instance, orphans, children living on streets, people with disabilities, those living in extreme poverty, mobile workers, agricultural workers who sleep outdoors with crops/flocks, people who are unhoused, pregnant women, adolescent girls, and young women. As a rights-based organization dedicated to creating a world where everyone is equal and all girls know and exercise their rights, Plan International leverages Global Fund–supported grants to focus efforts and resources on addressing the needs of these vulnerable populations and protecting and promoting their human rights, even though they do not fall under the general definition of key populations.

It is important to note that key and vulnerable populations are context-specific. Therefore, an in-depth analysis should be conducted to identify them for each country.



A mother with her two children, both under five years old.

## About This Knowledge Product

This document presents guidance and good practices on gender-transformative and inclusive programming, based on evidence generated during implementation of Global Fund–supported grants, particularly Grant Cycle 6 (2021–2023). Plan International acknowledges that this reference guide is an evolving document and will be updated to represent emerging best practices and requirements on gender-transformative programming in Global Fund–supported grants. Even as the lessons and conclusions drawn in the document are iterative and subject to future revision for alignment with changes in global policy and guidance, it is well positioned to inform and influence Plan International staff and partners and prepare them to strengthen the gender-transformative potential of programs designed to fight HIV, tuberculosis, and malaria. Plan staff and partners are encouraged to review this reference guide to prepare for future funding rounds from the Global Fund. This will help in determining appropriate strategies, along with the related budgets and indicators, tailored to each specific country's context. Alignment with the latest technical and operational guidance on gender equality from the Global Fund should always be ensured.



Opening ceremony of a youth-friendly centre in the Conakry region of Guinea in June 2023

- [Section 1](#) of this document captures guidance on conducting a robust gender assessment to support GT programming in grants supported by the Global Fund to fight AIDS, Tuberculosis and Malaria.
- [Section 2](#) explains how the six elements that inform Plan International's global architecture on gender-transformative programming are integrated into Global Fund–supported grants. For each of the elements, an intersectional approach – i.e., exploring the impact of overlapping identities (including race, class, religion, location, disability, occupation, sexual orientation, and gender identity) – is adopted toward the achievement of gender-transformative and inclusive health outcomes. The six elements are:
  1. Addressing harmful gender norms
  2. Strengthening girls' and young women's agency
  3. Advancing both the condition and the position of girls, young women, and women
  4. Working with boys, young men, and men to champion gender equality and exercise healthy masculinities
  5. Responding to the needs and interests of girls and boys in all their diversity
  6. Creating and nurturing an enabling environment for gender equality and girls' rights.
- [Section 3](#) of this document captures project processes to support gender-transformative and inclusive outcomes. These include monitoring and evaluation, assessment of risks and mitigation plans, inclusive and participatory program design, resource allocation for gender equality and inclusion, and advocacy and influencing.

# 1. Situational Analysis (Gender Equality and Inclusion Assessment)

Evidence-based gender-transformative implementation strategies are guided by a situational analysis that captures local social and gender norms, roles, practices, and attitudes. For Plan International and the Global Fund, conducting a situational analysis or a gender assessment to inform the design, implementation, monitoring, evaluation, and learning of grants is an essential requirement. The situational analysis serves to understand and identify the root causes of gender- and exclusion-related barriers and issues at the policy, systemic, and community levels. It helps identify prevailing harmful gender norms and roles, diverse women's and girls' levels of participation and leadership, their access to and control over resources, and institutional responsiveness to gender equality and inclusion. It further examines how these barriers contribute to discrimination and exclusion faced by different social groups along the intersections of age, class, race, occupation, sexual orientation, educational level, and more.

For Global Fund–supported grants, this analysis is often first conducted with principal recipients (PR) during the National Strategic Plan development or update phase for the relevant disease(s) and/or during the funding request drafting by the Country Coordination Mechanism (CCM)<sup>5</sup> writing committees. For sub-recipients (SR), a gender analysis can begin as early as the Expression of Interest stage to better understand the country's gender equality context.

## Useful tools to conduct a comprehensive situational analysis

A thorough gender and inclusion analysis is based on primary and secondary data sources.

### SECONDARY DATA ANALYSIS

A starting point for a desk review should include the country reports prepared every four years on measures taken to comply with their obligations under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), related civil society organization (CSO) shadow reports, and the latest Concluding Observations by the CEDAW Committee where countries have ratified the CEDAW. It is also advised to review country Beijing Platform for Action reports and UN country assessment reports that have either a standalone country gender assessment or an integrated one.

On the following page is a list of health and disease-specific resources that should be reviewed, though please note that these may not always provide a thorough gender analysis to provide a comprehensive understanding of the root causes driving exclusion and inequalities in the context of TB, HIV, and malaria. Therefore, Plan International requires that a standalone gender equality and inclusion assessment be conducted at grant inception.

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5 Country Coordinating Mechanisms (CCMs) are national committees that oversee grants on behalf of their countries and are responsible for managing the funding request development process and submitting funding requests to the Global Fund. They include representatives of all sectors involved in the response to the diseases: academic institutions, civil society, faith-based organizations, government, multilateral and bilateral agencies, nongovernmental organizations, people impacted by and living with the diseases, the private sector, and technical agencies. (Source: Global Fund to Fight AIDS, Tuberculosis and Malaria)

General health sources	Malaria-specific sources	TB-specific sources	HIV-specific sources
<ul style="list-style-type: none"> <li>• Demographic and health survey (DHS)</li> <li>• Multiple Indicator Cluster Surveys (MICS)</li> <li>• Community-led monitoring (CLM) reports</li> <li>• Relevant national policies, plans, and laws related to gender, gender-based violence, human rights, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• National Strategic Plans (NSP) for malaria</li> <li>• National Malaria Program reviews or evaluations</li> <li>• Malaria Indicators Surveys (MIS)</li> <li>• Malaria Matchbox reports</li> <li>• Post-campaign survey for long-lasting insecticidal nets (LLINs)</li> <li>• Malaria Behavior Survey (MBS) reports</li> <li>• Subject-matter expert reports, e.g., Roll Back Malaria, Alliance for Malaria Prevention, etc.</li> <li>• Existing assessments of human rights and gender-related barriers in malaria response</li> </ul>	<ul style="list-style-type: none"> <li>• NSP for TB</li> <li>• National TB Program reviews or evaluations</li> <li>• TB Stigma Assessment reports</li> <li>• Global Fund TB Community Rights and Gender (CRG) assessment reports</li> <li>• Subject-matter expert reports, e.g., WHO Global TB Reports, reports from the International Union Against Tuberculosis and Lung Disease, Stop TB Partnership, etc.</li> <li>• Existing assessments of human rights and gender-related barriers in TB response</li> </ul>	<ul style="list-style-type: none"> <li>• NSP for HIV</li> <li>• National HIV Program reviews or evaluations</li> <li>• PLHIV Index Stigma reports</li> <li>• Integrated Biological and Behavioral Surveillance (IBBS) reports</li> <li>• Key populations size-estimation studies</li> <li>• Subject matter expert reports, e.g., WHO and UNAIDS reports</li> <li>• Population-based HIV impact assessment (PHIA) reports</li> <li>• GBV studies focusing on KPs</li> <li>• Existing assessments of human rights and gender-related barriers in HIV response</li> </ul>

These resources contain useful information for the identification of gender- and inclusion-related gaps and, to an extent, barriers and inequalities between men/women and boys/girls and key populations regarding vulnerability to diseases and access to prevention, testing, and treatment programs.

### PRIMARY DATA COLLECTION AND ANALYSIS

Primary data collection and analysis is a Plan International Inc. (PII) requirement to more accurately identify the underlying reasons for gender and rights barriers specific to the context where interventions will take place. Due to lack of financial resources and proper planning, this has not been systematic practice in Global Fund–supported grants.

Primary data collection is conducted via national studies/research on the three diseases for all Global Fund supported grants but there would be value in having more primary data collection specific to gender equality and human rights issues. Indeed, data found in national studies on the three diseases rarely state the underlying root causes of gender inequalities in the country specific context and they rarely cover the six key elements of a gender analysis (see list on following page). To change this situation, influencing efforts should be prioritized at the National Strategic Plan (NSP) and funding request development stages to ensure budget allocation for the collection of primary data specific to gender- and human rights–related barriers in health.



The following resources can aid in structuring a comprehensive situational analysis and in designing studies to collect additional primary data to identify gender equality and inclusion barriers to accessing health services for each of the three diseases:

- Plan International's [Gender, Age, and Inclusion Analytical Framework](#)
- Plan International's [Gender Analysis Matrix and Action Planning Tool](#)
- Plan International's Gender Analysis Guide for the three diseases and sample questions for [HIV](#), [TB](#), and [malaria](#) projects
- Roll Back Malaria Partnership and the Global Fund's [Malaria Matchbox Toolkit](#)
- The Global Fund [Guidance and tools for undertaking a rapid assessment of information on human rights–related barriers to HIV and TB services](#)
- Jhpiego's [Gender Analysis Toolkit for Health Systems](#)

Six key elements for HIV, TB, and/or malaria situational analyses:

1. **Risk factors/vulnerability to the disease:**  
Identify all socio-cultural, economic, and political differences in the risks and vulnerabilities to the disease for women, men, girls, and boys in all their diversity that are in addition to biological factors.
2. **Gender norms, values, and practices:**  
Uncover how social norms, biases, and prescribed roles influence disease outcomes. Examine their impact on health literacy, decision-making power, health service uptake, access to health care, provider bias, and overall health disparities. Sexual and gender-based violence (SGBV) is to be explored specifically within harmful gender norms and practices that have a direct bearing on its impact, not only

in health outcomes but also in health-seeking behaviours.

3. **Gender distribution of labour, roles, and responsibilities:** Identify the power differences in roles and responsibilities among men, women, boys, and girls that can reduce, elevate, or exacerbate risk and vulnerability to the disease.
4. **Health-seeking behaviour, participation, and decision making:** Shed light on the differences in women's/men's and girls'/boys' ability to make health decisions and seek health care. Identify power holders, gatekeepers, and influencers who dominate decision making at the family/community level.
5. **Access to and control over resources:** Identify the differences in women's, men's, girls', and boys' access to and control over resources – including financial, social, and physical resources – that influence health-seeking capacity and behaviours.
6. **Policies, institution, and services:** Highlight the gender- and exclusion-related barriers perpetuated by health systems. Understand existing national and customary laws and policies related to the three diseases in each national context, to what extent these laws/policies are enforced, and the obstacles and enablers to their implementation, including allocation of resources. These might include laws or policies around same-sex relationships; accessing specific services, such as contraception; HIV non-disclosure, exposure, and transmission; and prohibition of selling sex and drug use and possession.

## CASE STUDY 1

# National Gender and Three Diseases Study in Guinea

**Plan International Guinea's gender and three diseases analysis**, conducted in advance of the Global Fund funding application process for the GC7 TB/HIV grant, was a national study carried out by Plan International Guinea in 2021. It aimed to gain a better understanding of gender inequalities impacting the fight against malaria, TB, and HIV/AIDS. This extensive national study was inspired by a smaller regional study on gender and malaria conducted in 2016. The valuable insights gained from this gender and malaria report enabled Plan to make the case for a more comprehensive study encompassing all three diseases.

The 2021 study comprised:

### **QUALITATIVE COMPONENT**

- **62** focus groups
- **253** individual interviews

### **QUANTITATIVE COMPONENT**

- **1,240** households
- **1,793** women (inclusive)

It targeted a diverse group of women and girls, such as adolescent girls, young mothers, pregnant women, widowed or separated women with dependent children, women involved in sex work, and those affected by TB and/or HIV. At the individual level, barriers identified included a lack of knowledge, economic power, and decision-making authority and a fear of stigmatization. At the community level, women and girls faced restricted freedom of movement, gender-based violence, and low support from men in the household. At the institutional level, single mothers, LGBTQ+ individuals, and female sex workers



At a workshop in Kindia in January 2023, representatives from Plan Guinea, Plan Canada, national programs for HIV, TB, and malaria, CSOs, KVP, and networks of people affected by these diseases developed action plans based on the recommendations from Plan Guinea's gender and three diseases study.

were particularly at risk due to stigmatization and unethical treatment from health providers. A workshop was subsequently held to develop and validate action plans based on the study's findings, involving representatives from the National Malaria, TB, and HIV Programs, CSOs, and key population networks, thereby fostering their inclusion and ownership of the action plans. The study's recommendations were complemented by insights from country dialogues<sup>6</sup> initiated by the Global Fund in 2023, which informed the funding request's gender analysis. Additionally, Plan refined the gender analysis by organizing a co-creation workshop with adolescent girls and boys, including youth advocates for girls' rights as well as girls who exchange or sell sex, girls with a disability, and young gay, bisexual, and other men who have sex with men (MSM). This collaborative approach enabled discussions on obstacles to prevention and treatment, allowing for the prioritization of interventions to address the identified barriers.

<sup>6</sup> A [country dialogue](#) is an initial step of the GF funding request development processes, driven and owned by a country, involving discussions among various stakeholders who are both responders to and affected by diseases within this country. The outcomes of these dialogues typically include reviews of the health sector, evaluations of disease programs, and updates to national strategic plans. This process is essential for crafting Global Fund funding requests, as it helps determine and prioritize interventions and is also supposed to be maintained throughout the grant's duration. Additionally, country dialogues can uncover barriers related to gender and human rights and propose measures to address them. (Source: Global Fund to Fight AIDS, Tuberculosis and Malaria)



## CASE STUDY 2

### Rapid Gender Analysis in Relation to the Three Diseases in Niger

At the end of 2022, Plan International Niger, in collaboration with the Country Coordinating Mechanism<sup>7</sup> (CCM) and with the support of Plan International Canada, commissioned a rapid gender and inclusion analysis to identify barriers to accessing and using prevention, screening, and treatment services for tuberculosis, malaria, and HIV/AIDS in Niger. Initially, Plan Niger conducted a desk review of existing documentation, including major national surveys (DHS2, MICS3) and relevant national policy, strategic planning documents, and reports. Drawing inspiration from the 2021 gender and three diseases study in Guinea, a consultant collected primary data using a qualitative approach from 21 target groups across the general population, KVPs, civil society actors, and health care providers in the regions of Tillabéry, Dosso, Tahoua, and Zinder. Data collection involved focus groups and semi-structured individual interviews.

The analysis revealed significant barriers, as follows:

- **Malaria:** Pregnant girls and unmarried mothers faced rejection, impacting their use of services.
- **Tuberculosis:** Fear of stigmatization deterred sex workers and LGBTQ+ individuals from screening.
- **HIV/AIDS:** Power dynamics in sero-discordant couples (where one partner is living with HIV and the other is not) hindered testing and treatment. Many women lack the autonomy to access testing and treatment, or they face risks of violence and rejection. Additionally, some men conceal their HIV status from their partners because of the perceived negative consequences of disclosure.

The results of this rapid gender analysis were used to design comprehensive country-level interventions with strong gender-transformative potential in Global Fund–supported grants for GC7. The analysis also led to recommendations for revising national strategic plans for tuberculosis, malaria, and HIV/AIDS, guiding key stakeholders such as the National Malaria, TB, and HIV Programs and CCM of Niger.

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<sup>7</sup> [Country Coordinating Mechanisms](#) (CCMs) are national committees responsible for the submission of funding applications to the Global Fund and overseeing grant management. They include representatives of diverse sectors including civil society, government, private sector, multilateral and bilateral agencies, and people living with the diseases.

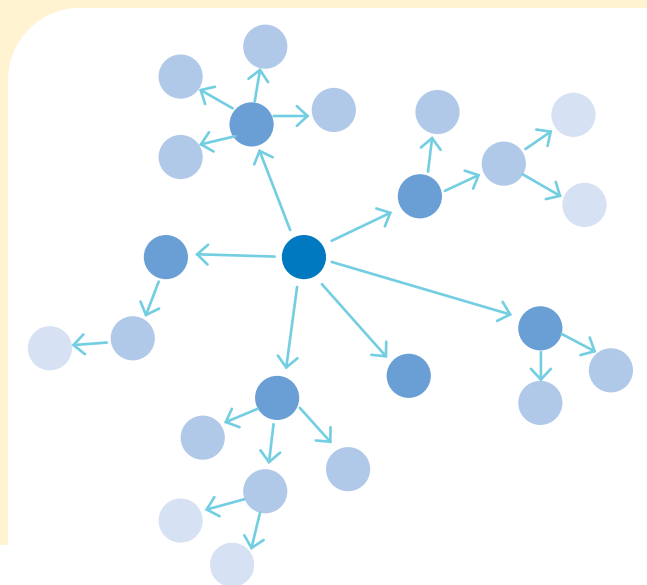
### CASE STUDY 3

## LGBTQ+ Inclusion in Research in Benin

**Plan International Benin has extensive experience in ensuring LGBTQ+ inclusion in research design** when conducting studies that inform gender-responsive and human rights–based HIV programming. Until 2017, there was limited scientific data on transgender people in Benin in relation to HIV. This population was rendered invisible due to socio-cultural constraints and an unfavorable legal, political, and media context. When new data became available in 2017, it was limited to behavioural information only.

To address this gap, Plan Benin conducted a comprehensive study in 2020 to determine HIV prevalence in the transgender population, identify behavioural factors, map and estimate the size of this population in Benin, and measure the coverage of prevention and care interventions as well as unmet specific needs. Plan used a respondent-driven snowball sampling methodology uniquely designed to obtain representative samples from “hidden” populations socially organized into networks. The process began with a few initial participants, known as “seeds,” who were part of the transgender community. These participants then recruited a few of their peers to participate in the study, and each new participant, in turn, recruited more people they knew from the community. This chain of recruitment continued until a large and diverse sample of the population was identified. This allowed the country to have its first comprehensive epidemiological profile of HIV and sexually transmitted infections (STIs) within the transgender population, including an assessment of their size and identification of where they socialize in Benin.

Subsequently, in 2022, Plan Benin conducted a study on sexual and gender-based violence (SGBV) affecting key populations and people living with HIV (PLHIV). They began by identifying peer leaders within key populations, including transgender individuals and men who have sex with men. At each selected site, KP and PLHIV leaders helped estimate the size of their reachable network during the data collection period. They distributed uniquely identifiable coupons to their peers, who then participated in the study. Each surveyed individual was encouraged to recruit their peers using the same method, continuing until the study’s quota was met. A notable practice was the minimal recruitment of investigators from outside the KP community, helping reduce negative biases toward key populations. Interviewers received training to dismantle prejudices related to sexual orientation, gender identity, drug use, and sex work. Additionally, they were equipped with trauma-informed approaches to safeguard respondents’ mental health and well-being. The results of this study informed the SGBV prevention and management component of the GC7 HIV grant that Plan Benin has implemented as a principal recipient.



A respondent-driven snowball sampling methodology showing the chain of recruitment for “hidden” populations

## 2. The Six Elements of Gender-Transformative and Inclusive Programming and Influencing

### a. Gender Norms

Understanding and challenging the root causes of harmful gender norms and roles is essential for a rights-based, intersectional, and transformative approach to improving access to and utilization of prevention, testing, and treatment services for HIV, TB, and malaria<sup>8</sup>. Patriarchal beliefs around gender restrict women's and girls' agency by imposing different expectations and limitations on women than those on men, which can significantly impact health outcomes. For instance, in many societies, women may face barriers to accessing health care due to expectations around caregiving roles or cultural restrictions that prohibit them from being treated by male health workers. Young girls may be kept out of school to help with household chores, reducing their access to health education and thereby making them less likely to know the symptoms and treatment options for these diseases. Deviating from social norms often leads to severe backlash, increased risk of violence, isolation, exclusion, and discrimination. This disproportionately affects women, girls, people with disabilities, sex workers, and LGBTQ+ individuals because of intersectional and compounding oppressions. Consequently, these groups are less likely to be aware of their rights and have limited access to essential services, perpetuating a cycle of marginalization and increased health risks. To change this, it is necessary to foster an environment where everyone, especially those who are historically disadvantaged, can thrive without being hindered by social and gender hierarchies. Achieving this requires a long-term commitment and active engagement within communities to ensure transformative and sustainable change.



A young girl holds up a frame during an HIV Awareness Campaign event in Guinea.

### Suggested Approaches for Transforming Gender Norms

- Identify **harmful norms**, to be addressed in each context, that adversely impact the fight against HIV, TB and malaria (such as the examples in the table on the following page).

<sup>8</sup> See our social-norms guidance for female genital mutilation/cutting (FGM/C) program work available in the List of Resources at the end of the manual: [Rethinking End FGM/C Work: A Guide to Designing Effective Social-Norms-Change Programmes](#).

HIV	TB	Malaria
<p>It is shameful for women and girls – especially mothers, widows, or separated girls – to ask for information about HIV/AIDS and to look for condoms<sup>9</sup>.</p> <p>Male caregivers talking to daughters about sexual or reproductive health is inappropriate<sup>10</sup>.</p> <p>STIs, including in the case of rape, are the individual moral failure of girls<sup>11</sup>.</p> <p>Women living with HIV deserve to be abandoned by their partner<sup>12</sup>.</p> <p>Girls should control where they go and learn how to conduct themselves to avoid being victims of sexual violence<sup>13</sup>.</p>	<p>When their spouse/female partner is ill, a man's role is to provide financial support but not social, emotional, or any other kind of support<sup>14</sup>.</p> <p>For a man to show that he is ill is a sign of weakness<sup>15</sup>.</p> <p>Women are the ones who must look after children when they are sick, because they are more compassionate than men<sup>16</sup>.</p> <p>A woman who has tuberculosis should not prepare meals for the family<sup>17</sup>.</p>	<p>As the heads of households, men make the final decision on whether to use traditional or medical treatments for malaria, including for women and children<sup>18</sup>.</p> <p>The administration of intermittent preventive treatment (IPTp) to pregnant women is the prerogative of women; men have no role in this<sup>19</sup>.</p> <p>It is unacceptable for male indoor-residual-spraying (IRS) operators to interact with female members of households when male members are not present<sup>20</sup>.</p> <p>Women are responsible for maintaining a clean household and thus cannot participate in IRS, which stains walls with chemicals<sup>21</sup>.</p>

- 9 Plan International Niger (2023). *Analyse rapide genre et inclusion pour la détermination des obstacles à l'accès et à l'utilisation des services de prévention, de dépistage et de traitement de la tuberculose, du paludisme et du VIH/SIDA au Niger* (p.26).
- 10 Plan International (2022). [SRHR in Adolescence: Insights from the Real Choices, Real Lives Cohort Study](#) (p.42).
- 11 Plan International, *SRHR in Adolescence*, p.43.
- 12 Plan International Niger, *Analyse rapide genre et inclusion*, p.27.
- 13 Plan International, *SRHR in Adolescence*, p.45.
- 14 Plan International Senegal (2022). *Etude de base sur la stratégie « Clubs des Maris » dans les districts sanitaires de Tambacounda & Kolda* (p.32).
- 15 Plan International Senegal, *Etude de base sur la stratégie « Clubs des Maris »*, p.26.
- 16 Plan International Guinea (2022). *Etude Genre et maladies endémiques. Analyse des barrières attribuables au genre et reliées aux enjeux d'inclusion et de protection des droits humains dans la lutte contre le paludisme, la tuberculose et le VIH/SIDA en Guinée* (p.53).
- 17 Field coordinator from Plan International Senegal.
- 18 Plan International Guinea (2017). *Etude de genre: rapport final pour le projet de lutte contre le paludisme* (p.31).
- 19 Plan International Senegal (2021). *Etude des dynamiques de genre et d'égalité des sexes dans le cadre de la lutte contre le paludisme au Sénégal* (p.34).
- 20 Plan International Zimbabwe (2022). *Malaria and gender learning event report*.
- 21 Plan International Zimbabwe, *Malaria and gender learning event report*.





Women receiving insecticide-treated bed nets as part of the 2019 mass distribution initiative in Guinea

- Identify, mobilize, and train **anti-stigma and gender-equality champions** among male and female political, religious, cultural, or thought leaders – including elders, local healers, trained traditional midwives (TTM), celebrities, and women's-, youth-, or KP-association leaders – as relevant to the context and disease, to raise awareness of the availability of services, dispel cultural and gender-related misinformation about any or all of the three diseases, and encourage health-promoting behaviours using language, illustrations, and examples relatable to women, men, girls, and boys in all their diversity<sup>22</sup>.
- Foster **inter-generational dialogues** that focus on transforming negative social and sexist norms while challenging myths and taboos associated with any or all of the three diseases<sup>23</sup>.
- Work with mainstream and grassroots **media** and support gender-responsive and inclusive women-, girl-, and KP-led community campaigns to foster gender-responsive and inclusive communications, ensuring respectful and non-stigmatizing coverage of key populations and individuals affected by the diseases while actively challenging societal taboos and stereotypes that hinder the fight against any or all of the three diseases. Integrate gender-responsive messaging and imagery on gender equality and healthy masculinities that address misconceptions that may feed stigma/discrimination, GBV, and human rights violations as relevant to the prevention of any or all of the three diseases into user-friendly, linguistically appropriate information, education, and communication (IEC) materials, media campaigns, edu-tainment, TV, and radio shows. Approaches can range from highlighting the role of fathers in children's health during malaria chemoprevention campaigns to incorporating content about GBV or healthy masculinities into HIV online awareness platforms or discussing the gendered differences in the stigmatization of TB patients during round-table discussions.
- In addition, interventions aimed at **increasing knowledge and decision-making power** of non-dominant groups and supporting their networks through coalition- and institution-building support also advance social- and gender-norm change work. For details, see the section on [Agency](#).

22 Refer to the resources available in the List of Resources at the end of this manual, such as the [Guidance Note on Male Engagement in Maternal, Newborn and Child Health/Sexual Reproductive Health](#) or the [Guidance Note on Working with Religious and Traditional Leaders to Promote Male Engagement in Maternal, Newborn and Child Health/Sexual and Reproductive Health](#).

23 This can be achieved by adapting Plan International's [Champions of Change module on intergenerational dialogue](#) or the [Building Bridges](#) curriculum. These resources are available in the List of Resources at the end of this manual.

## GENDER NORMS, CASE STUDY 1

### HIV

During GC6 and GC7, Plan International Benin worked to address harmful gender norms among health workers that affect the quality of services provided to key populations. Indeed, beliefs such as the notion that heterosexual cisgender men should hold dominant positions in society and that non-heteronormative sexual orientations and gender identities are unacceptable are common and have harmful effects.

According to a study on GBV and human-rights violations against PLHIV, female sex workers, MSM, transgender people, and injecting drug users conducted by Plan International Benin in October 2022:

- **Nearly 13%** of respondents reported having avoided health care services over the past 12 months due to **fear of stigmatization and/or discrimination**.
- **9.4%** had avoided health care services for **fear of violence**.

To remedy this, during GC6, Plan trained 25 trainers on gender-responsive, inclusive, and human rights-based services; these trainers then cascaded the training to 300 health workers. Reported results included improved care for key populations in health facilities, increased attendance at health facilities, and the provision of appropriate and non-stigmatizing care by health care professionals. Building on these positive outcomes, Plan Benin actively influenced the strategic axes of the Integrated National Strategic Plan (NSP) for the Elimination of HIV/AIDS, Tuberculosis,



Gender-equality and inclusion (GE&I) training of health personnel in Benin in September 2024

Malaria, Viral Hepatitis, and IST 2024–2030. Thanks to these efforts, the NSP prioritized training health care staff on gender equality, sexual and gender diversity, gender-sensitive care adapted to the needs of adolescents and young people, human rights, non-discrimination, the duty to care, informed consent, confidentiality, violence prevention, survivor care, and strengthening supervision mechanisms and accountability in these areas. These strategies were scaled up in the GC7 funding request submitted to the Global Fund. In August and September 2024, about 380 health workers were trained to challenge their own biases on gender equality, gender diversity, and gender-based violence in the context of sexual and reproductive health and rights (SRHR) and HIV<sup>24</sup>.

24 Training manual available in French in the List of Resources at the end of this guide: [Guide des formateurs en Égalité de genre et Inclusion VIH GC7](#), Bénin, 2025.



## GENDER NORMS, CASE STUDY 2

### TB

As part of the GC6 TB/HIV project, **Plan International Guinea trained 48 Muslim religious leaders**, including five women, to disseminate messages on zero tolerance of all forms of GBV and female genital mutilation (FGM); to foster women's autonomy, gender equality, and human rights; and to inform on tuberculosis in communities. Trusted and influential within Guinean communities, they are frequently sought for advice on moral questions and family matters, positioning them to play a critical role in addressing gender-related norms, beliefs, and practices that perpetuate inequalities and hinder the fight against tuberculosis.

This initiative was implemented in collaboration with implementing partners the International Organization for Migration (IOM), the Youth Association for Progress (AJP), Guinean Association for Family Welfare (AGBEF), ChildFund, and Health Focus. The training curriculum was co-created with Guinean Islamic religious scholars, integrating teachings from the Quran. Collaboration with the General Secretariat for Religious Affairs and local radio stations further enhanced buy-in. Support was provided to religious leaders to develop an annual action plan to mobilize their communities around the theme of the training. Religious leaders each conducted four talks a month at their mosques and held educational sessions in the community.

In total, 1,440 awareness-raising sessions were conducted by religious leaders on topics related to gender norms and health. In addition, religious leaders based in N'zérékoré trained 1,000 women on GBV, FGM, and human rights. Religious leaders also took concrete actions, such as referring 14 GBV cases to the appropriate support services, notably the Office for the Protection of Gender, Children, and Morals (Oprogem), leading to prosecutions and preventing five child, early and forced marriages. Some of them



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“We are imams. We have a role in society. We raise awareness about certain social issues, such as girls' education and girls' rights. When we finished our training, we had this fear. Would the community accept us or not?

When we started these activities, we actually felt it was as if the communities were waiting for this project because we were welcomed with open arms. This makes us very happy. It encourages us, it galvanizes what we are doing.”

—Bangoura Moustapha, Imam

increased their political involvement in the Guinean National Assembly to revise inequitable laws, and some represented their country at an international conference to promote women's rights and gender equality in 2023. Additionally, their efforts in identifying and referring tuberculosis cases for diagnosis and treatment demonstrated their ability to contribute to public health.

## GENDER NORMS, CASE STUDY 3

### Malaria

Plan International Zimbabwe, with support from Plan Canada, began advocating for the mainstreaming of gender equity and inclusion (GE&I) in Zimbabwe's malaria program in 2018. One key initiative was a national-level GE&I training organized in 2019, attended by representatives from the NMCP, the Zimbabwe Assistance Program in Malaria, and provincial and district health teams from five provinces and 27 districts. The Ministry of Health and Child Care (MOHCC) and Plan Zimbabwe collaborated to ensure inclusivity in Zimbabwe's universal coverage approach. Together, they integrated GE&I training into district- and ward-level trainings on insecticide-treated net (ITN) distribution. Renewed efforts in 2021 included piloting a comprehensive GE&I training manual in five districts: Makonde, Chegutu, Gokwe South, Zaka, and Gwanda. These districts received additional support in mapping GE&I barriers, developing action plans, and monitoring implementation. Case studies from pilot districts further supported these efforts. In January 2021, the MOHCC officially allocated budget to GE&I in its GC6 Global Fund funding request and incorporated GE&I elements into the NSP for 2021–2026. By 2024, the NMCP had formally adopted Plan Zimbabwe's GE&I manual as the national guideline for GE&I integration in malaria programming, and it was included as a reference document in Zimbabwe's GC7 Global Fund funding request.

The manual has since been used for:

#### **NATIONAL-LEVEL TRAINING OF TRAINERS**

- **8** rural provinces
- **30** districts
- **100** participants from MOHCC headquarters (trained in August 2024)

#### **DISTRICT-LEVEL TRAININGS**

- **11** districts
- **330** participants reached on GE&I integration in malaria programming

#### **MASS ITN CAMPAIGN TRAININGS**

- **480** health facility staff and
- **1,130** community health workers trained on GE&I integration

## b. Agency

Agency is the ability to define one's goals and act upon them. It involves making informed and autonomous choices over one's life that influence both personal and collective outcomes. Discriminatory norms rooted in sexism, ageism, racism, homophobia, transphobia, or ableism restrict the agency of women, girls, and KVPs, limiting their freedom to speak out against violations of their rights to live healthy, violence-free lives. To address these challenges, it is essential for systems and resources to be created that permit these communities to hold power holders accountable to dismantle gender- and human rights–related barriers to HIV, TB, and malaria services at the individual, household, community, and institutional levels.

A malaria program that solely focuses on improving pregnant women's knowledge about intermittent preventive treatment in pregnancy (IPTp) would have limited impact unless it also strengthens their agency by improving their social and economic position to enable freedom of movement and decision-making power within the household, promoting independent access to health care services. Similarly, HIV interventions that promote condom use among adolescents are more effective when they educate girls about sexual and reproductive health and rights, boost their confidence and assertiveness to negotiate safer sex practices, and engage their male counterparts in healthy masculinities to support girls in making decisions over their bodies. A comprehensive program to reduce stigmatization of women and girls with TB would strengthen their agency by providing skills, tools, and platforms to amplify their voice, while engaging power holders to create a supportive environment. Timely support and essential resources – such as information, training, financial assistance, leadership opportunities, decision-making skills, and safe spaces – are crucial for them to thrive and drive progress in preventing and overcoming epidemics.

## Suggested Approaches for Agency Building

- Create safe and collaborative spaces and platforms for girls, boys, young women, and young men from KVPs and/or affected by the diseases using different approaches to **build self-confidence, critical reflection, voice, choice, and leadership skills** and to **support them to self-organize and engage in collective action** to address gender- and human rights–related barriers to health education, disease prevention, testing, treatment, legal justice, and issues related to stigma and violence. Examples of interventions from Global Fund–supported grants include:
  - i. Plan International’s **Champions of Change** program, which has been contextualized and adapted to include disease-specific modules
  - ii. **Gender-responsive, peer-based approaches** targeting each disease’s most at-risk groups
  - iii. **Health or disease-specific clubs** in and out of schools in high-incident settings to equip children and youth with knowledge and skills on gender and social determinants of any or all of the three diseases, as well as broader issues related to health and gender justice
  - iv. Non-discriminatory, trauma-informed, and gender-, youth-, and SOGIESC-responsive **comprehensive sexuality education (CSE)** that fosters a deeper understanding of gender and HIV prevention and/or integration of gender-responsive and skills-based education on malaria and/or TB into school curriculums
  - v. **Adolescent life-skills and parenting programs** that equip adolescents with essential competencies and knowledge to make informed health decisions while also supporting parents in fostering a more inclusive and equitable environment that encourages their agency
  - vi. **Legal literacy and know-your-rights initiatives** that seek to mobilize awareness with KVPs on their legal rights and provide tools to navigate and challenge discriminatory practices
- Nurture **key-population-led association members** and capacity sharing on human rights, gender-sensitive and inclusive organizational development, and gender-transformative leadership.
- Offer assertiveness and leadership training with women and key populations for effective **participation in health governance committees and community action cycles**, actively participating in the fight against any or all of the three diseases. Additionally, ensure that health committee/community action cycle members, especially male members and leaders, are sensitized on gender equality, the importance of women’s and key populations’ participation, and the principles of gender-sensitive governance and leadership. This includes ensuring that committee recruitment and membership is representative of the communities it serves, reviewing the terms of reference (TORs) of committees, and implementing good governance practices such as convenient meeting times, shared decision making, child-care support, and ensuring gender balance. This can further be accompanied by community mobilization, communication, and messaging on the importance of women, girls and boys, and key populations in all their diversity participating in community- and facility-based health governance.
- In addition, increasing access to **gender-responsive and inclusive financial literacy** and the income-generation and entrepreneurial capacities of women, girls, and KVPs contributes to greater financial autonomy and informed decision-making power. For details, see section on [Condition and Position](#).
- Complementary interventions targeting power holders to **remove barriers to agency** and enable women, girls, and KVPs to claim their power are detailed in sections on [Gender Norms](#) and [Working with Men and Boys](#).

## AGENCY, CASE STUDY 1

### TB/HIV

In October 2019, during the Sixth Replenishment Conference held in France, Plan International pledged a **targeted contribution to the Global Fund to help reduce the burden of the three diseases on adolescent girls and young women (AGYW)** in all their diversity in West Africa. An envelope of C\$2,400,000 was added to the funds already allocated by the Global Fund to Plan International Guinea as principal recipient of a TB/HIV grant in the country for GC6 (2021–2023). Thanks to this initiative, Plan Guinea was able to implement a comprehensive strategy with gender-transformative potential targeting adolescent girls and young women who had significant needs but were not initially prioritized. One of these activities included providing financial support to the action plan of the Young Girls Leaders Club of Guinea, an organization that unites young activists to challenge harmful social norms affecting girls' health and rights. As part of this action plan, adolescent girls and young women from 20 different organizations gathered to enhance their individual and collective capacities. The training, officially launched by the National Director of Gender and Equity, focused on building self-confidence, communication skills, effective use of social media, and dialogue on ways forward to combat sexual and gender-based violence and promote SRHR among adolescents and youth. This event also provided a valuable opportunity for networking and identifying collaborative solutions to more effectively advocate for the rights of adolescent girls and young women.



Adolescent girls and young women engaged in training funded by pledged funds, Conakry, December 2021

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“It is important to know that if we manage to have an impact on our own, together we will manage to have a greater impact than what we have done in the past. The idea is to know who works on what and, based on that, to accompany each other ... and that when there is a need that we all mobilize on an issue, that we do it.”



—Kadiatou Konaté,  
executive director of the  
Young Girls Leaders  
Club of Guinea



## AGENCY, CASE STUDY 2

### TB/HIV

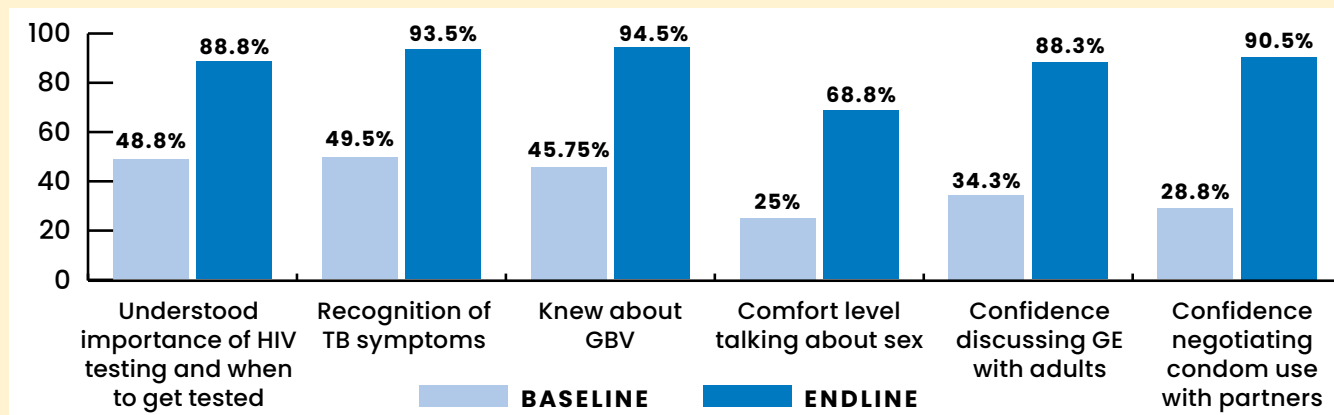
**Plan International Guinea** piloted the **Champions of Change (CoC) program** within the TB/HIV GC6 project in collaboration with the sub-recipients Amical des Jeunes pour le Progrès (AJP) and Health Focus. This initiative involved 500 adolescent girls and 500 adolescent boys in Conakry and Faranah, divided into two cohorts over two years. The training program, facilitated by adults and using a synchronized approach, focused on gender equality, healthy masculinities, assertiveness building, communication skills, self-esteem, SRHR, GBV, and rights awareness. To enhance the project's outcomes, two specific modules on [HIV](#) and [tuberculosis](#) were added to the core curriculum, deconstructing prejudices about the diseases and the people affected. Pre- and post-tests showed promising improvements in the knowledge of both girls and boys, particularly in their beliefs about their capacities, right to control their bodies, confidence to make their voices heard, and informed decision-making abilities. For example, test results for the first cohort of youth, in 2022, indicate:



Girls from Faranah participating in Champions of Change as part of the GC6 TB/HIV project

- **An increase in gender and disease-specific knowledge:** Those who understood the importance of HIV testing and when to get tested rose from 48.8% to 88.8%. Recognition of tuberculosis symptoms increased from 49.5% to 93.5%. The proportion of adolescents who knew about GBV increased from 45.8% to 94.5%.
- **An increase in assertive communication skills:** Adolescents who felt comfortable talking about sex rose from 25% to 68.8%. Their confidence in discussing gender equality with adults increased from 34.3% to 88.3%.
- **An increase in negotiation skills:** The percentage of adolescents who felt they could negotiate condom use with their partners increased from 28.8% to 90.5%.

Graduates of COC programs in Guinea have actively engaged in both individual and collective efforts to address negative social norms impacting the TB and HIV response. Some have conducted awareness-raising sessions at local meetings and events, reporting suspected cases of GBV and TB. Their involvement has extended to community mobilizations, particularly during World TB Day. Additionally, some Champions have participated in workshops that foster discussions with national institutions and activist CSOs. These workshops have facilitated the exchange of ideas and collaboration strategies on issues such as GBV and SRHR. Representatives from the Ministry for the Promotion of Women, Children, and Vulnerable Persons and from the General Directorate of School and University Health were present at these workshops. These efforts culminated in the development of an advocacy document containing recommendations and commitments from these entities.



## AGENCY, CASE STUDY 3

### HIV

**Plan International Liberia**, through its implementing partner, EQUIP, worked with communities of female sex workers (FSWs) to build economic resilience and increase linkages to health care as part of its GC6 HIV prevention program.

In Nimba County, support included preparation of funding-request training and organizing:

- **396 participants**
- **16 village savings and loan associations (VSLAs)**

By early 2024, 144 women were running small businesses with VSLA loans, leading to increased financial stability and better access to health care for STIs and antiretroviral therapy (ART). Coaching sessions improved their negotiation skills, enabling them to assert autonomy in sexual engagements and insist on condom use to prevent HIV. Access to VSLA loans increased their opportunities in the job market, reduced the harms associated with transactional sex, and increased economic independence through the creation of small businesses. VSLA training also

facilitated HIV testing and care referrals. The VSLA approach fostered solidarity, mutual support, and collective action among the participants. A notable example is the launch by a group of women of a formal corporation in the city of Sanniquellie in Nimba County, which significantly improved the livelihoods of its members. Some VSLA members also reached out to female sex workers who were not part of the VLSA, supporting venue-based HIV testing and other health-promotion measures. Women gained significant control over resources and revenue, along with enhanced leadership and decision-making skills, by actively participating in the governance of VSLAs as elected management committee members.

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“It is really helping us a lot. When we are in a jam, we go to the club and borrow some money. We have operated this savings club for more than a year now, and it has really boosted our businesses. ... I thank God I came across these people.”

—A 37-year-old FSW participating in a VSLA who set up a food business in Nimba County

## c. Working with Men And Boys

In gender-transformative and inclusive programming, it is important to understand the power dynamics and privileges fuelled by patriarchy to address inequality and achieve better health outcomes. Engaging men and boys in all their diversity, who benefit from patriarchy to varying degrees, is essential for addressing power imbalances and ensuring that women and girls and gender-diverse people are seen as equals. In many contexts, gender disparities that favour men result in restrictions on mobility, limited access to and control over resources, and/or lack of decision-making power for women, girls, and gender-diverse people, thereby hindering their

access to life-saving preventive measures and care. For instance, men often have power over decisions on using condoms to prevent HIV, using bed nets for malaria protection, or seeking testing or treatment for TB symptoms. Additionally, gender-based violence, predominantly perpetrated by men, can increase vulnerability to and complicate the management of TB, HIV, and malaria.

Additionally, men and boys who uphold harmful attitudes and behaviours often face detrimental outcomes to their own health and well-being. Harmful norms about masculinity deter men from seeking timely medical help, leading to delayed diagnoses and treatments and resulting in higher



morbidity and mortality rates. Conformity to unhealthy masculinities and the social conditions under which men live are also linked to conditions that may lead to the acquisition of HIV or other STIs, such as having multiple sexual partners, or smoking tobacco and working in closed spaces, which contribute to the spread of TB. Men and boys whose sexual orientation, gender identity, and/or behaviours do not conform to normative masculinities bear the brunt of these rigid norms, experiencing stigmatization and disrespectful attitudes when trying to access health services. Effectively addressing TB, HIV, and malaria requires recognizing the unique needs of boys and men and their potential as change agents when they exercise their power positively. Dismantling harmful gender norms and practices, especially those related to unhealthy masculinities, fosters healthier lives for all.

### Suggested Approaches for Working with Men and Boys

- Establish and scale up **comprehensive men's engagement programs**, including peer-education programming, targeting men and boys in high-risk groups and high-prevalence/new-infection settings. In addition to addressing knowledge gaps, attitudes, and norms on gender equality, healthy masculinities, gender-based violence, and human rights, these initiatives should build their capacity to promote discussion, negotiation, and shared decision making between young men and their female or male partners on issues related to the three diseases. Additionally, they should empower participants to influence other men by adapting Plan International's Fathers' Clubs or Champions of Change boys' methodology.
- Gain the support of **influential male community members**, including traditional and religious leaders, to endorse men's engagement and model gender-equitable and non-violent behaviours in their religious teachings or public discourse, particularly in relation to HIV, TB, and/or malaria.
- Ensure that all **communication channels and materials** that are used to raise awareness on any or all of the three diseases encourage men to adopt healthy masculinities and take an active role in supporting and promoting the well-being and health of their partners and children. This includes implementing gender-specific targeting, messaging, and campaigns for key affected men (e.g., migrant workers, miners, prisoners, fishermen, truck drivers) to promote non-violent, gender-equal masculinities and address their unique needs.
- **Sensitize facility- and community-based health providers** to engage men, including promoting healthy masculinities during routine facility visits and community- or household-based educational activities. These should address topics like gender norms and expectations impacting any or all of the three diseases as applicable, healthy masculinities, and gender-based violence.



A Husbands Club meeting in Nigeria.

## CASE STUDY 1

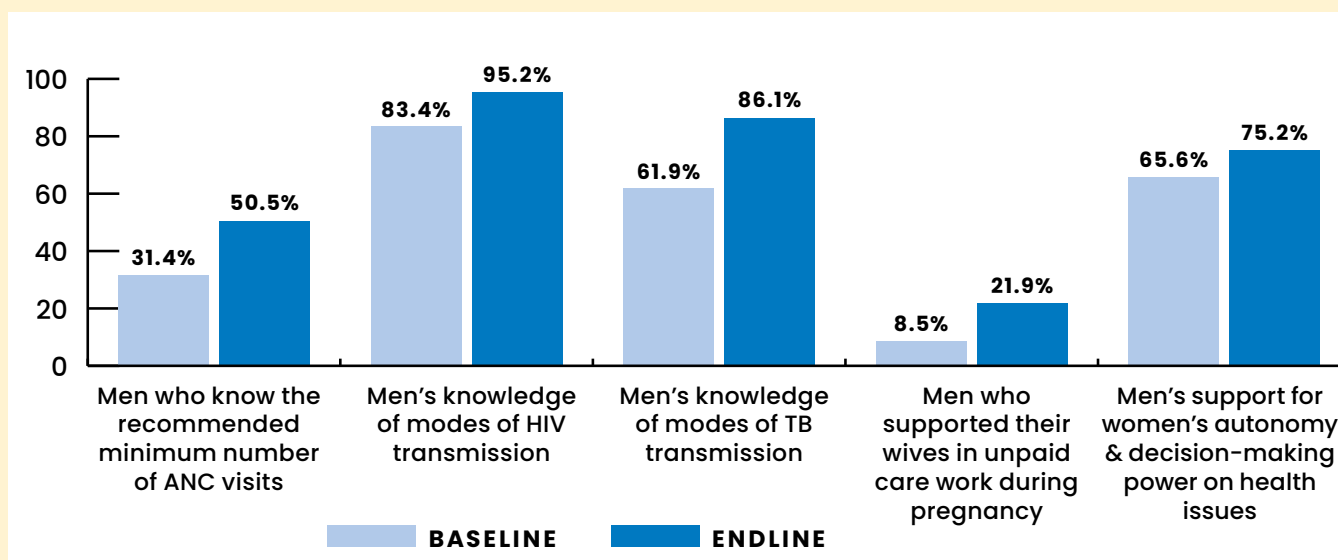
### HIV, TB, and malaria

**Plan International Senegal**, in collaboration with the Ministry of Health and Social Action, the Malaria, Tuberculosis, and HIV/AIDS programs, and implementing partners Catholic Relief Services (CRS) and World Vision, received funding to implement the **Husbands' Clubs strategy** during GC6. The pilot initiative, in the Tambacounda and Kolda health districts, aimed to help men reject unhealthy masculinity behaviours and make informed family health decisions. Tambacounda hosted three husbands' clubs; Kolda hosted four. The strategy encouraged men's involvement in maternal and child health, promoted equitable husband-wife relations, and increased men's participation in unpaid care work. A total of 105 men were trained in gender equality, sexual and reproductive health, malaria, tuberculosis, HIV, and communication techniques. To facilitate a continuous transfer of knowledge on these topics, [140 training sessions](#) were carried out with Husbands' Club members from 2022 to 2023. In return, club members sensitized 5,530 more men during talk sessions and home visits and 412 religious and customary leaders during advocacy dialogues. The final evaluation showed an increase in health-related knowledge. The percentage of men who knew



Joint supervision of a Husbands' Club by Plan Senegal, Plan Canada, and CRS, Sinthiou Malem, October 2022

the recommended minimum number of antenatal care visits rose from 31.4% in the baseline study to 50.5% in the final evaluation. Men's knowledge of modes of HIV transmission and tuberculosis transmission rose from 83.4% at baseline to 95.2% at endline and 61.9% at baseline to 86.1% at endline, respectively. There was also an increase in gender-equitable behaviour and equitable decision making. The percentage of men who supported their wives in unpaid care work during pregnancy rose from 8.5% to 21.9%. Men's support for women's autonomy and decision-making power on health issues increased from 65.6% at baseline to 75.2% at endline.





Area allocated to a Husbands' Club by the mayor of Nétéboulou for income-generating activities

A testament to the lasting impact is the ongoing commitment and initiatives to continue the clubs' legacy. For instance, the mayor of Nétéboulou has allocated a designated two-hectare area for growing vegetables and other crops to Fodé Kounda's Husbands' Club. This initiative aims to generate income, promote the sustainability of the clubs, and support quality health care. The strategy of the Husbands' Club is a testament to how a successful gender-transformative approach can be replicated across different countries with context-specific adaptations. Before being implemented within the Global Fund–supported grant in Senegal, it was successfully introduced in Niger through a Global Fund–supported TB grant and later adopted in Guinea Bissau through a Global Fund–supported malaria grant.

“

“These activities are of the utmost importance. They have brought the people of the village closer together, and there is greater harmony within families. The household is not just for women. Just as women help their husbands in the household, men must also help their wives with domestic chores. Men must accompany their wife to the hospital and be there for her to manage all her medication. The Husbands' Club has raised awareness among many men. Since the first meeting, they've been doing activities on malaria prevention and care, and now people are going to the hospitals a lot more.”

—Village chief of Dioulakolon

“

“Since he joined the Husbands' Club, I've noticed a huge change in my husband. He's much more involved in housework and helps me with the chores. He used to ask me for the money from my cream sales, but now he doesn't. I keep the money from my sales and use it to meet my needs.”

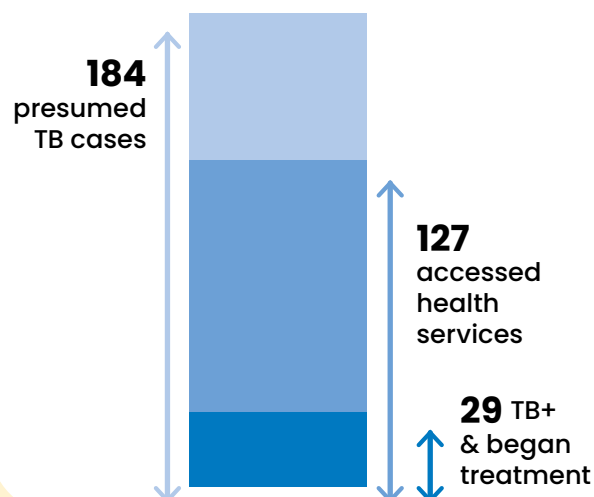
—Oumou Seydou, a 36-year-old woman whose husband is a member of a Husbands' Club



## CASE STUDY 2

### TB

Starting in October 2022, **Plan International Niger launched Husbands' Schools** in 40 villages in the Zinder region, centred around 10 TB screening and treatment centres (STCs). This initiative, part of the GC6 TB grant, was carried out in collaboration with the National Tuberculosis Control Program and the implementing partner SonGES. Capacity-strengthening sessions were conducted for STC leaders on gender equality, inclusion, human rights, and the connection to TB. Subsequently, 480 members of the Husbands' Schools received training on these themes from STC leaders covering the villages. Trained members of the Husbands' Schools regularly conducted community awareness and information sessions. These sessions emphasized the crucial role of husbands in TB testing and treatment, advancing women's rights, and referring presumed TB cases, particularly in women, to health services. In Niger, women face gender-specific barriers to TB diagnosis that put them at risk, including limited access to information and education opportunities as well as a lack of financial independence and decision-making



power within their households. Over five months of implementation, 184 presumed TB cases were referred, including 106 men and 78 women. Of the 127 presumed TB-affected cases who accessed health services, 29 were confirmed TB-positive and began treatment, including 19 men and 10 women. In the case of positive cases, sensitized husbands started to accompany their wives to the health centre and demonstrated support to their wives during the course of their treatment. 98% of women presumed to have tuberculosis were accompanied by their husbands to health centres for diagnosis.



A Husbands' School in session in Zinder region, Niger

## CASE STUDY 3

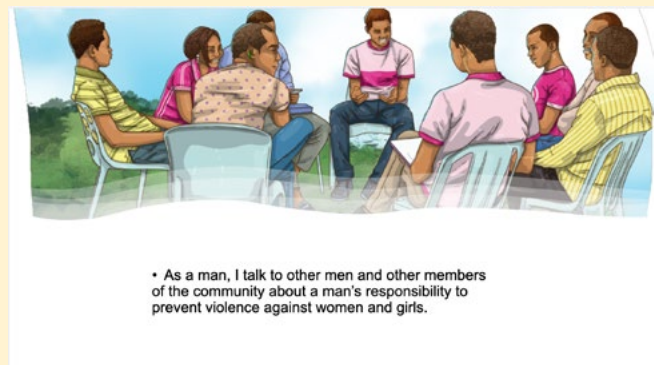
### Malaria

**Plan International Liberia** piloted men's **engagement groups** in Bomi County to involve husbands and fathers in child care, malaria prevention, and addressing gender inequality as part of the GC5 malaria project. Sixteen men were trained as community facilitators, and 36 men joined weekly sessions for three months. These sessions provided a safe space for men to discuss their experiences, masculinity, and cultural norms, fostering stronger relationships with women and understanding gender inequality. As a result, the men reported feeling proud to accompany their wives to health facilities and support them with malaria prevention and treatment at home, creating a favourable context for increasing the uptake of three doses of IPTp during pregnancy. More women visited midwifery services in Kamanda Town. Men discussed good fatherhood and long-term support for women and children. In Beajah Town, men started collective farming to fund transportation for women seeking medical care. These successes allowed for scaling up to 10 communities under GC6.

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“The knowledge I got from the group is very helpful to me. I can support my wife to do some of the activities in the home like washing, going to the market, just to allow [her to] go to the clinic. I feel good doing it because it makes me know what my wife is going through and I can also support her to take her medicine.”

–Fodey Colman, community facilitator in Beajah, Liberia



Excerpts from a flip chart for Husbands' Clubs in Liberia showcasing healthy masculinities in the fight against malaria

## d. Condition and Position

Improving the condition of women and KVPs means focusing on their well-being, daily needs, and immediate condition. However, while this is a critical part of Plan's programming, a gender-transformative and inclusive approach goes beyond and seeks to elevate their position in society. Concretely, this means enhancing their social and legal status, ensuring they are equally valued and respected, and granting them access to power, which in turn accelerates progress toward ending the HIV, TB, and malaria epidemics.

### MALARIA

Young pregnant women may not have the opportunity to sleep under a mosquito net, afford insect repellent, or access intermittent preventive treatment in pregnancy (IPTp). This could be due to limited financial resources or the availability of preventative means (**condition**). This could also be due to her low social position in her household, leaving her without a voice in decision-making processes and limiting her access to malaria prevention and treatment services that respond to her needs. Without programs that improve her status (**position**) and ensure her active participation in malaria control efforts, the incidence of malaria will remain high in her community.

### HIV

Women selling or exchanging sex might struggle to access antiretroviral therapy (ART), obtain condoms, attend regular health screenings to monitor viral load, and benefit from counseling and mental health services because of limited resources (**condition**). Other reasons contributing to this would be culturally rooted and institutionalized stigma and discrimination faced by sex workers, both from society and within health-care settings, and having been rendered invisible by legal environments that fail to uphold their rights, leaving them vulnerable to violence and at higher risk of HIV. A comprehensive program focusing on promoting their rights and elevating them to leadership opportunities (**position**) in HIV prevention and response efforts would reduce the likeliness of their acquiring HIV.

### TUBERCULOSIS

Women and girls with disabilities may find it challenging to meet specific nutritional requirements to support their immune system and to access transportation for medical appointments due to lack of support services (**condition**). Improving their status through asset ownership and control and leadership roles in community health initiatives (**position**) can lead to better health outcomes.

These examples demonstrate that gender inequalities, social norms, and stigma can significantly impact the right to life-saving resources and care. Addressing the practical issues of women, girls, and KVPs can improve their individual and immediate situation. However, it is by elevating their social and legal status that gender-transformative and inclusive programs can address the three diseases in a more sustainable manner, which is critical for achieving long-term health and development goals.



Chemical prevention of seasonal malaria in Guinea, 2020.



## Suggested Approaches for Improving Condition

- **Distribute essential supplies** – considering sex, age, and KP-specific needs as well as safety concerns, accessible methods and locations, and timing that acknowledges gender roles, cultural sensitivities, or privacy requirements – to significantly enhance prevention and treatment for women, girls, and KVPs.
  - ◊ These considerations should be a priority when providing male and female condoms, lubricants, PrEP and PEP, sterile needles and syringes, and HIV self-testing kits for HIV prevention and treatment.
  - ◊ For malaria, the focus should be on increasing equity in the provision of insecticide-treated bed nets, indoor residual spraying, intermittent preventive treatment in pregnancy, rapid diagnostic tests, and antimalarial medicines.
  - ◊ For TB, a gender lens is necessary to increase greater access to medications such as isoniazid and rifampin, the Bacillus Calmette-Guérin vaccine, and nutritional support resources.
- **Remove practical barriers and enhance access** to comprehensive health services for women, girls, and key populations. This can include specific measures for case finding and care – e.g., engaging women to increase acceptability in women-led households/when men are absent, testing at men’s workplaces where occupational risk is high, and testing in places where women or key populations gather. Additionally, it can take the form of establishing peer-led outreach programs, supporting safe KP-led community centres that offer services tailored to their needs, mobile services for hard-to-reach populations, and financial support or accompaniment to help women, girls, and key and vulnerable individuals reach health facilities.
- **Enhance support for survivors of SGBV** among key populations and individuals affected by TB and HIV, in particular women and girls, through access to psychosocial, legal, and health services. This includes establishing reporting hotlines, developing national databases on violence estimates, and providing specialized training for police and judiciary on the prevention and response to violence against children, violence against women and girls, and violence against key populations and individuals affected by the three diseases. Additionally, **addressing violations of rights** (such as discrimination in health-care settings, denial of services, and breaches of confidentiality) is key. This encompasses creating safe spaces, offering legal aid to challenge discriminatory practices, and implementing peer and psychosocial support programs for women, girls, and key populations.
- Support health providers, psychologists, and legal-aid professionals to **provide better-quality adolescent-friendly, gender-responsive, and inclusive care** to diverse girls and young women as well as key populations through training programs, linking them to technical support and resources, providing them with job aids, and supporting facilities with equipment and supplies.
- **Improve the livelihoods** of women, girls, and key populations to meet their practical needs related to HIV, TB, and malaria prevention and treatment. This includes providing cash or voucher assistance, supporting income-generating activities, offering financial literacy and entrepreneurship training, and establishing gender-responsive village savings and loan associations (VSLAs)<sup>25</sup>.

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25 See Plan’s [Gender-Responsive Savings Groups Manual](#) and [Guide for Integrating GE in MNCH VSLAs](#).

## CONDITION, CASE STUDY 1

### HIV

During GC6, **Plan International Benin implemented a comprehensive strategy to remove practical barriers and enhance access** to comprehensive GBV services for key populations and people living with HIV, including women and girls. A total of 129 transgender, gay, bisexual, and other men who have sex with men as well as injecting-drug-user peer educators, trained on human rights and resources for GBV and rights violations, shared this information with their peers. Plan Benin also provided legal assistance services, such as counseling and legal support for survivors of all forms of human-rights violations and GBV at KP-friendly and PLHIV care sites. A lawyer and a human-rights assistant supervised the legal assistants, with the support of a law firm, to help resolve the legal cases. The program collaborated with judges and court clerks in Benin, who received training in sexual and gender diversity.

From 2022 to 2024, this legal assistance initiative led to the resolution of **87** legal cases, including:

- **50** through amicable settlements
- **37** through legal proceedings

Cases varied widely, including domestic violence that led to premature labour in a pregnant woman living with HIV, family mediations following a conflict over a positive HIV diagnosis, and assaults on transgender youth. During the same period, 13,855 KPs and PLHIV received psychological support through the project, which is critical for GBV management. The integration of peer educators, legal service providers, and psychologists with mediators and clinical health-care providers formed a holistic and supportive strategy for key populations and people affected by HIV/AIDS, enhancing access to services, retention in care, and overall well-being.

“

“In 2021, I was subjected to physical violence because of my sexual orientation. However, with the support of the Bénin Synergies Plus (BESYP) Network and Plan International Benin, I was able to defend my case in the Cotonou court with the help of two lawyers. I was also able to receive free and affirming health care.”

—A.K., a young transgender person from Benin

## CONDITION, CASE STUDY 2

### TB

**Plan International Senegal tested a “Women and TB Strategy”** as part of the GC6 grant in collaboration with the Ministry of Health and Social Action, the National Tuberculosis Control Program, and community stakeholders. The aim was to remove gender-related barriers to accessing TB screening and treatment services for women, girls, and the most vulnerable populations. Research had shown that women have greater difficulty than men in accessing information about TB due to a lack of time to attend awareness-raising sessions, difficulties linked to means of travel, financial dependence on their husbands, distance from health facilities, refusal to undergo screening, fear of being stigmatized and discriminated against, lack of awareness of the fact that treatment is free, and a lack of community relays for awareness-raising. The Women and TB Strategy involved bringing screening and treatment services

directly to the homes of women who had been in close contact with TB patients. This approach required the presence of a health worker and a female community health worker. Together, they identified female contact cases, collected sputum samples at home following the protocol defined by the National Tuberculosis Program, and raised awareness among the entire family, especially the husbands. They educated them about TB, the treatment protocol, and the importance of men supporting their wives to visit the Diagnostic and Treatment Centre for treatment if the results were positive. Additionally, they provided messages to prevent violence, rejection, and stigmatization of women and men with TB. A secure system was established for the collection and transmission of sputum samples to dedicated analysis centres. The Women and TB Strategy is one of the approaches that contributed to 1,115 women benefiting from TB treatment under the grant in 2023.



The Training for Women and TB initiative in Thies in November 2022, co-facilitated by Plan Senegal and Plan Canada representatives

## CONDITION, CASE STUDY 3

### Malaria

**Plan International Cameroon, in collaboration with the National Malaria Program, implemented a pilot strategy in 2022 and 2023 to mobilize matrons** (traditional birth attendants) in the Adamaoua region as part of the GC6 Malaria GF grant. This initiative addressed barriers to pregnant women's participation in prenatal care, IPTp, and HIV testing, such as financial constraints, lack of information, fear of going alone to health facilities, unequal gender norms, and gender-based violence. The strategy involved training 15 matrons from seven health districts that had low IPTp coverage and limited access to antenatal care. They received five days of training on malaria and HIV prevention, harmful gender norms, and the prevention of GBV. One day was dedicated to immersion in an antenatal and maternity ward. The knowledge they acquired enabled them to support and raise awareness among pregnant women and refer them to health facilities and GBV care structures. Matrons were also financially compensated to cover transport costs to accompany pregnant women when needed. Additionally, 15 male community leaders and 15 health area managers were trained on the same topics to act as entry points for sensitizing husbands and supporting matrons. The endline assessment of this pilot documented promising results. In the Adamaoua region, IPTp3 coverage increased from 31.9% in 2018 to 52.5% in 2022 (then dropped to 39.3% in 2023 due to an IPTp stockout). Data compiled from the matrons' tools indicate that the initiative contributed to these coverage rates. The initiative also resulted in the registration of 1,011 pregnant women for their first antenatal care visit and 800 women for their first dose of IPTp at the 15 selected health facilities. Among the pregnant women surveyed during the endline, 8.8% had received support from matrons and expressed their appreciation for the awareness-raising and accompaniment provided. Additionally, 20% of the women surveyed reported being made aware of GBV, with 26.8% of them reached by matrons and the remainder by other actors. There were also reports that awareness-raising activities with men increased their approval for their wives to attend health facilities for antenatal care and that more men are increasingly involved in their wives' prenatal consultations. Engaging



Immersion of trained matrons in the antenatal and maternity wards of the Sabongari health centre in the Urban Ngaoundéré health district as part of the training in March 2022

matrons and other community leaders who are trusted community actors and equipping them with accurate information, as well as financial support, contributes to increased knowledge and uptake of health services. Of the matrons surveyed, 92.3% reported that they were able to continue accompanying pregnant women without the project's support, demonstrating the sustainability and lasting impact of the initiative.

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“The training organized by Plan International Cameroon helped me a lot compared to what I was doing before. The visit with the Plan International team to the Sabongari health centre enabled me to see that pregnant women were easily received by the health staff, who made them understand the usefulness of coming to ANC. I understood that for a pregnant woman to give birth at home is a great risk, because she could have bleeding that could not be stopped before she was taken to hospital and could lose her life and that of her baby. We thank Plan International, because we learned about many things during the training, including about malaria, pregnant women, and gender.”

—Hawaou Alim, matron  
of the Sabongari health area, sanitary  
district of Ngaoundéré Urbain





## Suggested Approaches for Improving Social Position

- **Support the meaningful involvement** of diverse girls, young women, and key populations toward **co-designing, implementing, and monitoring projects** related to any or all of the three diseases. This includes their representation in CCMs, peer-based interventions, amplifying their advocacy efforts, enhancing community-led monitoring to assess services, and fostering youth engagement in shaping health-education programs in schools, among others.
- Implement **social protection programs** in high-incidence settings to support adolescent girls, young women, and gender-diverse individuals to **complete their secondary education**, **increase economic independence**, and **overall improve their socioeconomic status**.
- Other interventions that contribute to increasing social position include **strengthening active participation** of diverse groups of young women, KVPs, and people affected by the diseases in health governance bodies as well as **supporting collective action of excluded groups for advocacy on human rights and gender equality**. This has been covered in detail in the section on [Agency](#). Comprehensive engagement with male partners and leaders (see section on [Working with Men and Boys](#)) and addressing harmful norms that perpetuate gender hierarchies (see [Gender Norms](#)) are other examples of strategies that contribute to increasing the social position and empower women, girls, and other excluded groups.

### POSITION, CASE STUDY 1

#### HIV

**Plan International Zimbabwe**, playing the role of SSR to the National AIDS Commission, leveraged the Global Fund GC6 HIV grant to **provide gender-transformative programming aimed at improving the position of adolescent girls and young women (AGYW)**. Sustainable and affordable boarding facilities (SABF) were constructed in schools for 140 vulnerable girls in the most remote, rural areas, recognizing that girls face disproportionate GBV risks when walking long distances to school, thereby increasing their risk to HIV. Education subsidies and socioeconomic interventions such as examination fees and tuition payments were provided for 12,000 AGYW in 108 secondary schools across four districts. Additionally, gender-responsive, school-based income-generating activities were implemented in 34 schools, helping girls with skills development and continuous learning. Parent-child communication (PCC) sessions helped caregivers and parents discuss sexuality and health, challenge harmful social and gender norms, promote gender-equitable behaviours (including girls' right to education), and ensure their access to inclusive, quality information



Adolescent girls in front of St. Jude's SABF

and education. From January to June 2023, 5,221 AGYW were reached by PCC. Integrated health information, communication, and education interventions, such as Cascading Comprehensive Sexuality Education (CSE) in schools with SAB facilities and Stop the Bus Outreaches targeting HIV hotspots with HIV services, were also conducted. The Permanent Secretary of the Ministry of Primary and Secondary Education (MoPSE), who visited one of the SAB facilities, commended the Global Fund for this initiative and reiterated the need to scale it up nationwide.

## POSITION, CASE STUDY 2

### HIV

**Plan International El Salvador has supported the Orquídeas del Mar Women's Movement**, a movement of female sex workers fighting for their rights to dignity, respect, and equitable access to health. Formed in October 2005 and legally constituted as an association in 2010, Orquídeas del Mar conducts studies to document violence and human-rights violations against sex workers, advocates for the defense of women's and sex workers' rights, and promotes the recognition of sex work. The organization also works with female sex workers on the prevention of STIs and HIV. Through the Global Fund project "Innovating Services, Reducing Risks, and Renewing Lives in El Salvador," initiated in 2014, Plan International co-developed jointly with Orquídeas del Mar an organizational strengthening plan to address technical needs in administration, finance, planning, political advocacy, legal frameworks, and training. The organization has been supported in creating strategies for financial self-sustainability and improving the quality of its management and services. This partnership has helped Orquídeas del Mar establish a consolidated, functional, and sustainable structure, enhancing its ability to generate resources and continue its efforts in the national response to HIV/AIDS and advocacy for the rights of female sex workers. Additionally, Plan International provided condoms and lubricants to the organization and offered technical support for the development and modification of policies

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“If it was not for the permanent support of Plan International in technical, legal, and financial processes, the organization would not have the weight and recognition that it currently has with state institutions, non-governmental organizations, and the civil society in general. Thanks to Plan, there is now a strong administrative structure, with manuals, processes, and regulations that are highly necessary to do a good job and reach the target population that are female sex workers.”

—María Consuelo Raymundo,  
former president of Orquídeas del Mar,  
on how valuable Plan International El Salvador's  
assistance has been to her organization

and legal regulations related to a sex-work bill. Plan El Salvador continued to work with Orquídeas del Mar through the years until Grant Cycle 6, coordinating specific actions in combined prevention targeting female sex workers.

## e. Inclusion and Diversity

An intersectional feminist approach recognizes that a person's life is shaped by a combination of multiple societal factors and individual characteristics such as sex, gender identity, age, sexual orientation, disability, ethnicity, religion, and other relevant exclusion factors. These impact their roles and responsibilities, access to and control over resources (including basic health services), experience of power, and capacity to respond to different barriers and opportunities. Intersecting factors can lead to compounded or unique forms of oppression, which may become institutionalized. For instance, law enforcement officers might interact more negatively with individuals facing multiple inequalities, and service providers (including health providers) may also exhibit bias. In the context of HIV, TB, and malaria, even when categorized as “key” or “vulnerable” populations – such as sex workers, men who have sex with men, and transgender individuals – the people within these groups are diverse. They face a wide range of challenges and experiences influenced by various aspects of their identities. Often, they encounter overlapping layers of discrimination and distinct barriers, which affect their risk of acquiring these diseases in different ways.

For example, a woman involved in sex work who is a lesbian may be impacted by harmful gender norms that limit her ability to access HIV prevention and treatment services because she is a woman, and by heteronormativity because of her sexuality. Her involvement in sex work adds stigma and fear of legal repercussions, deterring her from seeking medical help. A transgender woman of colour who is a refugee might encounter language barriers and a lack of legal documentation, which limit her access to TB health-care services. Other social biases related to gender identity, race, and other societal factors might reinforce discrimination within the health-care system and broader society, leading to biased treatment and reluctance to seek

medical help. A young pregnant woman from an Indigenous community living in a remote area may experience unique barriers to culturally relevant services, thereby limiting her access to malaria prevention and treatment.

An effective response to the three diseases must unpack these intersecting elements and design interventions that meet the needs of women, men, boys, and girls in all their diversity to ensure no one is left behind<sup>26</sup>. This is consistent with a human rights–based approach, which emphasizes that human rights are indivisible, inalienable, and universal.

### Suggested Approaches for Inclusion and Diversity

- Advocate for and provide technical expertise to generate **data-informed analysis that is disaggregated by sex, age, and other relevant exclusion factors** on epidemics and barriers among KVPs, including mine workers, mobile populations, cross-border populations, fisherfolk, and nomadic farmers.
- Carry out **inclusion audits** to assess the inclusivity of an organization or service provider involved in any or all of the disease responses.
- Influence and **strengthen the capacities of national partners**, including government bodies, MoH, National Disease Programs, CCMs, PRs, SRs, SSRs, and CSOs on inclusion programming.
- Advocate for and support diverse **representation in Country Coordinating Mechanisms and country dialogue** processes, in particular girls and gender-diverse youth.

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26 See in the List of Resources: [Plan's Tackling Exclusion Framework](#) or programmatic guidance such as [Getting it Right on SOGIESC](#), [Adolescents in All Their Diversity](#), and [Strengthening Support to Girls, Boys, and Youth with Disabilities](#).

- Implement **targeted prevention and response activities** for any or all of the three diseases that address the needs of diverse groups, considering the intersecting identities and experiences of individuals as well as specific risks of discrimination and violence. For instance, ensuring SOGIESC-responsive comprehensive sexuality education or making

disability-related accommodations during mass bed-net distributions.

- Promote **innovation, effective use of technology, and digital solutions** to reach typically excluded groups with services and information related to any or all of the three diseases.

## INCLUSION & DIVERSITY, CASE STUDY 1

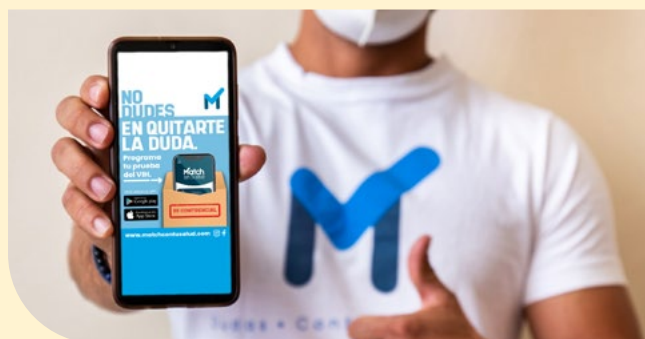
### Key Populations

Launched in 2019, *Match con tu Salud* is the first Salvadoran digital application and social brand that focuses on generating informative content, promoting healthy behaviours and practices about HIV and other STIs, and referrals to voluntary testing in public or private clinics. This tool was launched by **Plan International El Salvador in collaboration with the Ministry of Health** as part of the GC5 Global Fund grant to fight HIV, tuberculosis, and malaria. The goal of this technology is specifically to increase access to information and testing for **key populations, with an emphasis on LGBTQ+ people, especially young people**. The app has, among all its functions, a chat where users can interact with a specialist who will answer questions, allow them to know their individual vulnerability to HIV by taking an interactive test, and schedule HIV testing in public or private places. *Match con tu Salud* is more than just an application; it is a comprehensive digital strategy in different social networks aiming at transforming health education and services. Digital spaces provided by *Match con tu Salud* serve as vital hubs for meeting, education, and recruitment of those who may not know where or how to get an HIV test. Digital actions allow segmenting and directly targeting the populations that Plan El Salvador wants to reach. Patient-centred referrals to the National System are generated, with digital approaches and support to users from their cell phones that provide access to other services as well as two-way communication to ensure that patients' needs are met.

#### IN 2022, THERE WERE:

- **2,160,674 impressions**  
(times when a prevention message or call to action around HIV appeared on any device)
- **1,692,405 reach**  
(people who saw a prevention message or call to action regarding HIV)
- **1,325 conversations**  
(on Messenger, WhatsApp, Instagram, etc.)
- **18,453 visitors**
- **32,611 page views**

In the realm of digital health innovation, *Match con tu Salud* stands out as a pioneering Salvadoran application that reinforces inclusion and diversity, reaching highly stigmatized populations through its user-friendly, gender-responsive, and confidential platform. *Match con tu Salud* exemplifies how digital health strategies can promote inclusion and diversity and reach underserved populations with essential health services by leveraging technology, social media, and strategic partnerships.





## INCLUSION & DIVERSITY, CASE STUDY 2

### People with Limited Mobility

The 2024 mass ITN campaign conducted by **Plan International Zimbabwe**, as part of the GC7 malaria grant, prioritized inclusion. Teams were trained on GE&I in malaria programming, and micro plans were developed to ensure the **inclusion of geographically and socially marginalized populations** who might otherwise face barriers to accessing central distribution points. Thanks to the **door-to-door approach for ITN registration and distribution**, women were not forced to choose between collecting a net and continuing with household chores or livelihood activities. People with mobility limitations, including elderly people and pregnant women, benefited from not having to travel long distances. This approach also ensured that households from religious groups could receive nets safely within the privacy of their homes, without fear of reprimand from religious leaders. In districts with minority languages, such as Gwanda, Lupane, Mwenezi, and Chiredzi, information was disseminated in the local languages of the respective communities. Simultaneous door-to-door household registration and distribution of insecticide-treated bed nets was successfully implemented in all 113 targeted wards across 12 districts.

#### AS A RESULT:

**813,267** ITNs were distributed during the 2024 mass ITN campaign, protecting **1,228,168** people from malaria.

This included:

- **603,871** males
- **624,297** females (including **14,150** pregnant women)
- **164,121** children under five:
  - **77,894** boys
  - **86,227** girls

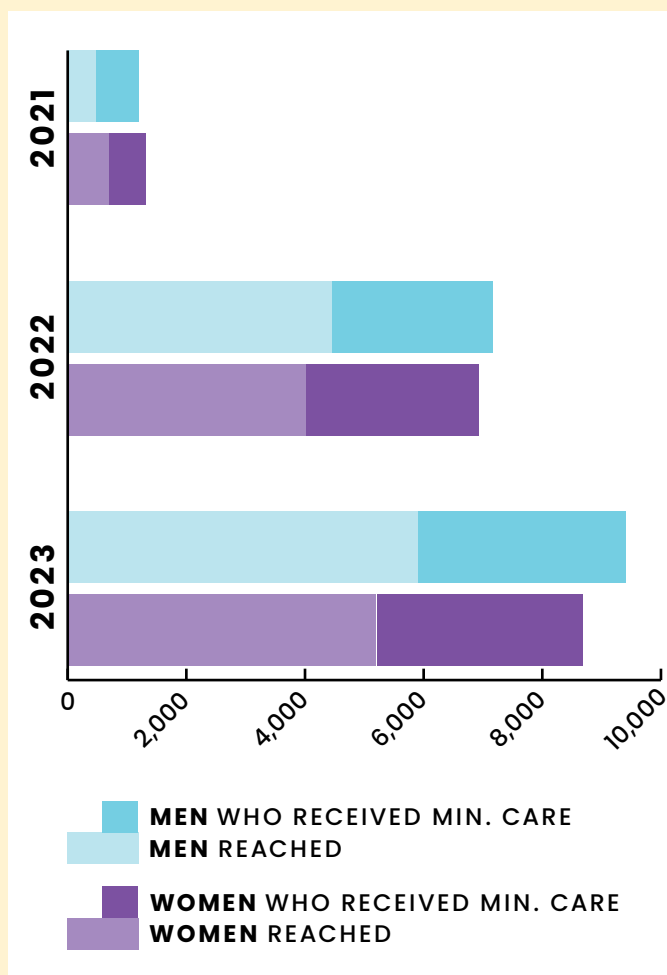


An elderly woman receiving a bed net from a Plan staff member in Zimbabwe

## INCLUSION & DIVERSITY, CASE STUDY 3

### People With Disabilities

**Plan International Guinea**, as principal recipient of the TB/HIV grant for GC6 (2021–2023), collaborated with its sub-recipients to **recruit 38 people with disabilities**, including 20 women, as peer educators. Their roles included mobilizing, raising awareness, and counseling their peers on HIV, TB, GBV, human rights, and gender equality. A 2019 study on HIV seroprevalence among people with disabilities in three regions of Guinea revealed a high HIV prevalence, in particular among people with albinism (5%), people with hearing impairment (3.7%), and those with a mobility impairment (3.4%). During the consultation phase, partnerships were established with local organizations of people living with disabilities, in particular the Guinean Federation for the Promotion of People with Disabilities Associations (FEGUIPAH). Peer educators were chosen by these associations based on agreed selection criteria and were mobilized to provide a basic minimum package for HIV prevention, including education and health promotion, as well as testing and linkages to treatment support for individuals who tested positive for HIV. They also received gender-responsive and human rights–based training on accessibility and inclusion in collaboration with the organizations of people living with disabilities. To ensure accessibility, work and meeting sites were organized close to participants in accessible buildings, with travel expenses provided to support their mobility. These peer educators have become role models for other community members, particularly people with disabilities, demonstrating an active contribution to the fight against HIV/AIDS, tuberculosis, and GBV. In 2021, they sensitized 1,191 men and 1,305 women with disabilities. Among them, 736 men and 621 women received the minimum package of HIV prevention and care services. In 2022, the number of sensitized



individuals increased significantly, with 7,174 men and 6,904 women with disabilities being reached. Of these, 2,742 men and 2,903 women received the minimum package. By 2023, the efforts had further expanded, sensitizing 9,409 men and 8,650 women with disabilities, with 3,544 men and 3,460 women receiving the minimum package of services. This initiative also helped deconstruct negative stereotypes and contributed to reducing stigma and prejudice against people with disabilities.

## f. Enabling Environment

Having an enabling legislative, budgetary, and policy framework in relation to HIV, TB, and malaria that fully supports gender equality and inclusion is critical for women, girls, and KVPs to be able to enjoy their health and rights and live a life free of violence and discrimination. This requires specific consideration of laws and policies that fail to protect – or, worse, actively target and restrict – the rights of certain key populations and individuals affected by these diseases. For instance, amending laws to allow transgender individuals to modify their legal names in accordance with their gender identity would help prevent discrimination in public health-care facilities, where mismatched documents can lead to significant issues. Additionally, revising policies to eliminate the requirement for spousal, parental, or guardian consent before accessing certain medical services would enhance autonomy and access to care. Budgetary allocations must reflect a commitment to gender equality by ensuring that sufficient resources are directed toward gender-responsive and human rights–based health systems and services. Policies and practices must be implemented to actively combat stigmatization and gender-based violence and ensure that health-care services are inclusive, respectful, and tailored to the specific needs of diverse populations. This necessitates supporting women’s and girls’ rights organizations, networks of key populations, and patients’ associations in their efforts to influence all levels of society, from the community to the government, ensuring their voices and needs are heard and driving systemic change. Key to this is national-level analysis of data that is disaggregated by sex and age and other intersectional factors, which provides a basis of evidence for policy makers and program designers.

### Suggested Approaches for Creating an Enabling Environment

- **Strengthen the gender responsiveness of health-information systems:** Generate evidence to remove gender barriers within health systems, ensuring equitable access and improved health outcomes for all.
- ◊ **Gender assessments and studies:** Conduct gender-focused research on malaria, TB, and/or HIV to inform strategic decisions, regulations, policies, and program practices. Prioritize research led by girls and/or key populations.
  - » Examples include research on the gender and social determinant of malaria, on the gender-specific links between TB and other co-morbidities such as tobacco or substance use, and on gender-based violence faced by key populations and people living with HIV.
- ◊ **Gender-responsiveness in disease research:** Provide expertise for gender integration into disease-specific research to generate valuable evidence for the removal of identified barriers.
  - » Examples include stigma indexes, studies on factors linked to mortality in tuberculosis patients, and investigations into the determinants of low IPTp rates.
- ◊ **Gender-sensitive data collection:** Advocate for and support relevant health providers, MoH, National Disease Programs, and PRs, SRs, and SSRs through training and/or tools revision for gender-sensitive indicators and the systematic collection of gender and age-disaggregated data on incidence, prevalence, and services to inform a gender analysis of the response to any or all of the three diseases.

- ◇ **Best-practice compilation:** Develop, publish, disseminate, and assist National Disease Programs to compile best practices in addressing gender- and age-related barriers in the context of HIV, TB, and/or malaria programming.
- **Engage and support civil-society actors for advocacy:** Engage and support civil-society actors, including formal CSOs, informal community-based organizations, youth- and girl-led groups, KVP networks, and patients' associations to build a social movement in support of the rights of women and girls, KVPs, and individuals affected by TB, HIV, and malaria.
  - ◇ **Access to decision-making spaces:** Partner with and support them to access decision-making spaces related to policies, regulations, and legislation addressing gender barriers to any or all of the three diseases and enhance protections against GBV, discrimination, and other human-rights violations.
  - ◇ **Capacity building for advocacy:** Build their capacity to generate evidence and develop campaigns, advocacy, and lobbying (including identifying targets, key processes, and goals) to promote age- and gender-responsive and KP-friendly policies, health governance, and legislation that positively impacts HIV, TB, and/or malaria outcomes.
- ◇ **Youth leadership:** Mentor young people – particularly girls, KP youth, or youth affected by the diseases – to engage in political processes, platforms, and discussions relevant to improving HIV, TB, and/or malaria outcomes.
- **Ensure gender-responsive policy and budget:** Implement strategies and initiatives to ensure that policies and budgets at all levels are responsive to gender and address the unique challenges faced by KVPs in the context of TB, HIV, and/or malaria.
  - ◇ **Capacity building for national partners:** Strengthen the capacities of national partners, including government bodies, MoH, National Disease Programs, CCMs, PRs, SRs, SSRs, and CSOs in gender- and adolescent-responsive planning and budgeting.
  - ◇ **Collaboration and strategic partnerships:** Enhance collaboration, inter-linkages, and synergies among National Disease Programs and Ministries of Gender to support gender-responsiveness and human-rights integration into their programs addressing any or all of the three diseases and ensure they are adequately funded.
  - ◇ **Learning and exchange:** Facilitate learning and exchange between CCM members and civil-society groups, focusing on good practices and effective strategies to address gender issues and ensure gender-responsiveness and inclusion.
- **Improve quality and accountability of service delivery:** Ensure health and GBV management services are gender-responsive, human rights-based, and inclusive of all populations affected by TB, HIV, and malaria.
  - ◇ **Build health staff capacities:** Equip health staff (including facility- and community-based health-care administrators and regulators) and their supervisors with knowledge and skills to provide quality KP-friendly, human-rights-



A group of girls from one of the Champions of Change clubs in Guinea.



based, age- and gender-responsive services for the three diseases and GBV management<sup>27</sup>.

- ◇ **Institutional plans and policies:**

Advocate for and support the development of gender-responsive, human rights–principled, and adolescent/youth-friendly health-care plans, policies, and accountability mechanisms (e.g., design/review standards of care, protocols, guidelines, and/or codes of conduct, checklists for supervision, etc.).

- ◇ **Holistic management of GBV and rights violations:** Enhance and/or provide legal, psychosocial, and medical support services for GBV and other rights violations affecting KVPs and individuals affected by any or all of the three diseases, particularly women and girls in all their diversity. This includes ensuring gender- and age-responsive, KP-friendly service provision and strengthening inclusive, safe, and confidential reporting pathways to increase reporting rates.

- ◇ **Workforce parity and equal opportunities:** Advocate for and support initiatives to ensure workforce parity, favour equal opportunities for women and gender-diverse individuals in leadership roles, address gender pay disparities, and eradicate sexual harassment and violence at all levels of health systems. These efforts should include all stakeholders involved in HIV, TB, and malaria, such as community health workers, IRS sprayers, bed net distributors, doctors, nurses, laboratory technicians, pharmacists, facility referral focal points, outreach workers, and mobile-clinic staff.

- ◇ **Health-facility assessments:** Carry out gender-sensitive health-facility assessments and support adjustments to make them more KP-friendly, gender-responsive, and adolescent/youth-friendly.

- ◇ **Community-led monitoring and accountability:** Promote and support rights-based and gender-, adolescent-, and youth-responsive community-led monitoring processes and tools. Leverage social-accountability mechanisms (e.g., community observatories, human-rights complaints mechanisms, and/or scorecards<sup>28</sup>) to hold governments accountable for their commitments.

- **Engage duty bearers and responsibility holders on gender equality and human rights:** Ensure a safe and respectful environment for key populations and people affected by the diseases, especially girls.

- ◇ Conduct advocacy and training for **parliamentarians, police, judges, and other law enforcement and judicial personnel** on addressing gender- and exclusion-based vulnerabilities and issues affecting at-risk and affected women, men, girls, and boys.

- ◇ Provide training and support to **media professionals** to produce gender-transformative news stories related to any or all of the three diseases that capture the attention of the public and decision makers.

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27 In collaboration with Country Offices, Plan International Canada has developed several training curricula and tools for malaria, TB and HIV, including: The Gender and TB/HIV training of trainers manual for health staff in Mali and the Gender and Malaria training manual for Zimbabwe. Other useful resources include the [Adolescents in All of Their Diversity](#) training guide, the [Gender-Responsive and Adolescent-Friendly MNCH/SRH Service Provision manual](#), the [Capacity-Building Guide for CHWs in Gender Equality](#), and the [Adolescent-Responsive Service Delivery Guide](#).

28 Plan International's [Youth Citizens' Scorecard toolkit](#) is available for consultation and adaptation.

## ENABLING ENVIRONMENT, CASE STUDY 1

### HIV

**Plan International Benin has been at the forefront of creating a supportive and inclusive environment for KPs and PLHIV.** During GC6, one of the key initiatives involved organizing advocacy workshops for power holders, including religious and traditional leaders and journalists. These workshops focused on raising awareness about sexual orientation, gender identity, and expression and sex characteristics (SOGIESC), GBV, and the rights of KPs and PLHIV. As a result, these influential men and women have become allies, committed to respecting and even promoting the rights of KPs to live free from violence. In addition, Plan Benin has focused on training law enforcement officers. Through “Looking In, Looking Out” (LILO) trainings, 300 police officers have gained a deeper understanding of the personal journeys and challenges faced by key populations. Moreover, 598 police officers were sensitized through visits to law enforcement units to discuss the rights of KPs and PLHIV. The Global Fund noted in a progress assessment report published in 2023<sup>29</sup> that the LILO trainings in Benin have been widely cited as a game-changing approach. Participants described the trainings as “transformative,” having



Awareness-raising mission for police officers in Toffo, May 2023

helped them understand the sources and impacts of prejudice, discrimination, and stigma. Members of the LGBTQ+ community reported that police trainings organized by Plan Benin have reduced stigma and made it easier to report abuses. National advocacy efforts have also been a crucial part of Plan Benin’s strategy, with the objectives of introducing procedures to better protect GBV survivors and advocating for changes to unsuitable legislation affecting KPs.

29 The Global Fund. Benin Progress Assessment. Global Fund Breaking Down Barriers Initiative. December 2023. Available at [https://www.theglobalfund.org/media/14537/crg\\_2024-progressassessmentbenin\\_report\\_en.pdf](https://www.theglobalfund.org/media/14537/crg_2024-progressassessmentbenin_report_en.pdf).

## ENABLING ENVIRONMENT, CASE STUDY 2

### TB, HIV, Malaria

**Plan International Senegal has played a pivotal role in establishing the Citizen Observatory for Access to Health Services (OCASS)** in 11 regions (out of 14) during GC6. The primary objective of OCASS was to systematically collect data on dysfunctions within the health-care system that can impede equitable access to prompt, safe, and quality services as observed by communities, including KVPs and people affected by the three diseases. This community-led monitoring initiative, overseen by Plan Senegal, was entrusted to the National Network of People Living with HIV/AIDS Associations (RNP+). The mechanism involved a community consultative group (CCG) comprising national civil-society

members, representatives from HIV, TB, and malaria programs, KVPs, community members, the Ministry of Health and Social Action, patient associations, and bi- or multilateral technical and financial partners. The CCG was tasked with validating the reports produced by RNP+, developing advocacy plans, and presenting these plans to a group of “champions” responsible for high-level lobbying. OCASS placed a strong emphasis on identifying and addressing barriers related to gender inequality and human rights. To this end, all involved actors were trained on these topics, and the tools and report templates included specific sections for reporting on these issues, enabling the authorities to take appropriate action.

## ENABLING ENVIRONMENT, CASE STUDY 3

### Malaria

Creating an enabling environment for gender-transformative work is clearly demonstrated through the efforts of **Plan International Guinea**. Since 2012, Plan Guinea has implemented GF grants and has played a crucial role as both sub-recipient (malaria) and principal recipient (TB/HIV) in the GC7 portfolio. Plan Guinea has worked closely with Plan International Canada to strengthen the capacity of key stakeholders, ensure tools and resources are gender-responsive, and collect and share evidence on gender barriers nationally.

For example, during GC7, gender-equality specialists at both Plan Canada and Plan Guinea liaised closely with Catholic Relief Services, principal recipient of the GF malaria grant, to

support the revision of national training manuals, supervision grids, and data collection tools of the National Directorate of Community Health and Traditional Medicine. This provided Plan with the unique opportunity to support the Gender and Equity Department of the Ministry of Health in Guinea in strengthening gender-responsive data collection while ensuring that community actors enhance the gender-transformative potential of their interventions. GE&I technical inputs were provided both remotely and in person by Plan International experts during two workshops in July and October 2024. This marked a significant step toward institutionalizing GE&I and equipping community actors with the tools needed to enhance the gender-responsiveness of their practices.

# 3. Project Processes to Support Gender-Transformative and Inclusive Work

## a. Monitoring and Evaluation (M&E)

Measuring gender-transformative and inclusive change is essential. It requires setting clear goals and incorporating specific indicators that measure and assess change, specifically gender-transformative outcomes, within Global Fund–supported grants. This process ensures that the initiatives not only address gender disparities but also promote significant, sustainable changes in gender norms and power dynamics. By systematically tracking these indicators, we can evaluate the effectiveness of our efforts and make necessary adjustments to achieve true gender equality and the realization of the rights of KVPs.

### Suggested Approaches and Activities for Strong M&E

- Use disaggregated data for analyzing routine results (age, sex, gender, and key population as a minimum, as well as other exclusion factors such as disability, ethnicity, social status, etc., relevant to the context of the project).
- Advocate for gender-responsive indicators during the grant design phase. When the required indicator is not covered by the list provided in the Global Fund's Modular Framework<sup>30</sup>, use custom indicators aligning with CRG's guidance and related guidance on Equity/Gender KPI indicators<sup>31</sup>.
- ◊ Use and share the guidance created by the Global Fund through the [Measurement Framework for Advancing Equity, Gender Equality, and Human Rights](#) (EGHR), as it explains how to use EGHR-related indicators to track service delivery and other programmatic results at the coverage, outcome, and impact levels and shows equity-, gender-, and human rights–related indicators linked to specific interventions under each disease objectives.



30 The Global Fund's Modular Framework serves as a comprehensive guide, offering standardized modules, interventions, and performance indicators to aid in crafting funding requests. It includes an illustrative list of activities and helps in selecting appropriate indicators for evaluating grant performance. Modular frameworks can be found on this page of the Global Fund's website: <https://resources.theglobalfund.org/en/grant-life-cycle/grant-implementation/programmatic-monitoring-for-grants/#modular-framework-handbook>.

31 The indicator guidance sheets were developed by the donor to provide more detailed information to assist the countries with data collections and reporting on the indicators outlined in the Modular Framework handbook but also on gender-specific custom indicators. These guidance sheets can be found at this page: <https://resources.theglobalfund.org/en/grant-life-cycle/grant-implementation/programmatic-monitoring-for-grants/#modular-framework-handbook>.



- Involve KVPs, including children and young people, in the monitoring and evaluation of programs, using scorecard methodologies and feedback mechanisms to continuously improve our interventions. The country dialogue process, for example, is an important feedback mechanism that can ensure that the voices of KVPs are heard during the grant design process.
- Monitor, identify, and respond to any unintended negative consequences of project interventions (for instance, a backlash by male leaders and parents against girls' sexual-health choices).
- Support and strengthen KVP organizations and civil-society groups, in particular girls, to collectively organize themselves to concretize gender-responsive community-led monitoring initiatives within Global Fund supported grants (see **BOX** below)<sup>32</sup>.

### **M&E, BOX 1**

## **Examples of Progress Made to Track Gender-Related Outcomes**

Plan International has played a pivotal role in raising awareness and advocating for greater emphasis on measuring the impact of gender-transformative and human rights-based strategies. Central to this work is the integration of gender-specific indicators within performance monitoring frameworks and monitoring and evaluation (M&E) plans.

A key strategy driving progress in this area has been the provision of targeted technical support to Country Coordinating Mechanisms, Ministries of Health, national program teams, and implementing partners involved in the development of Global Fund funding requests. This support includes tailored guidance on the design and monitoring of gender-specific custom indicators, particularly in contexts where existing indicators from the Modular Framework require adaptation to better reflect national realities.

Through a combination of trainings, workshops, and strategic advocacy, Plan International has contributed to building a deeper understanding of the gender-related barriers that limit access to health services for women, girls, and KVPs. The

active involvement of gender-equality consultants and Plan International's gender-equality advisors in National Strategic Plan reviews and funding-request development workshops has been instrumental in fostering stakeholder engagement and support for the adoption of indicators that more effectively track progress toward gender equality and the realization of human rights for KVPs.

A notable example of this work is the Benin GC6 HIV grant. In collaboration with the Ministry of Health, Plan International supported the revision of data collection tools within the national DHIS2 system. This collaboration enabled the integration of detailed questions to capture data on the typology, frequency, and management of human-rights violations and sexual and gender-based violence affecting key populations and people living with HIV. As a result, the Ministry of Health is now able to collect and analyze more precise, nationwide data on these critical issues, significantly strengthening the country's capacity to design and implement effective prevention and case management strategies.

32 Plan International Canada (2023). Guiding paper on community-led monitoring for GF grants.

## M&E, BOX 2

### Community-Led Monitoring

Community-led monitoring (CLM) involves communities actively overseeing issues that are important to the community members. Communities refer to people with shared characteristics, interests, or goals. Communities can be geographic (e.g., people living in a hard-to-reach village), demographic (e.g., an AGYW community), identity-based (e.g., members of a female sex workers association), need-based (e.g., a specific migrant community), or a distinct mix (e.g., a group of HIV+ AGYW living in a geographic location). They collaborate with policy makers to develop solutions for the identified problems. If these issues remain unresolved, communities use evidence-based advocacy and campaigns to push for necessary corrective actions from responsible authorities. This approach ensures that we attentively consider what communities deem essential about access to and quality of health services. It also empowers communities to take the lead in gathering data and advocating for improvements in their health services.



Girls dance at a rally held by a Malawi project aimed at reducing HIV incidence among AGYW, 2017.

## b. Risks

Efforts to address harmful gender norms and power relations can have unexpected consequences. Additionally, in the context of HIV programming, sexual health and rights issues are often particularly sensitive and surrounded by taboos, stigma, and social sanctions. In many contexts where Global Fund–supported grants are implemented, the structural environment for KPs is very challenging. This is especially true given the lack of legal protection and/or the harsher enforcement of inequitable laws targeting women who sell sex, men who have sex with men, and transgender and gender-diverse populations. Such conditions can threaten their safety and that of those who work with them. Risks such as prosecution, punishment, community backlash, and safeguarding and protection concerns must be recognized and mitigated to ensure we do no harm while promoting the full enjoyment of health rights for children, adolescents, and youth in all their diversity, free from violence and discrimination. There are many ways to promote and support the rights of KVPs, even in the most restrictive contexts. Developing, monitoring, and regularly updating thorough risk assessments and risk-mitigation plans is an essential strategy to reducing the risk of negative impacts to programming and/or negative outcomes, and ultimately to enabling us to achieve our goals.

### Suggested Approaches and Activities for Strong Risk Mitigation

- Ensure that **detailed safeguarding risk assessments** are conducted during the community consultations and design stages of funding request development to ensure that the needs of children, youth, and other KVPs are considered when choosing activities and designing implementation strategies and that risks of sexual exploitation, abuse, and harassment (SEAH) are mitigated. Ensuring that health activities are designed to be gender-responsive and adolescent-friendly and that they align with SEAH prevention mechanisms is a critical first step.
- Identify **risks in the external context**, such as risk of political unrest, conflict, food or water insecurity caused by environmental degradation and climate change, or other shocks and disasters that could interrupt health-service provision, enable SEAH, or exacerbate gender inequalities and/or human-rights violations that limit KVPs' and girls' rights to health and a life free from violence.
- Collaborate with representatives of KVPs to identify potential **risks associated with various activities for diverse groups**, including girls, boys, young people, and adults, especially those promoting gender equality, human rights, and inclusion. Develop tailored mitigation measures for each group, acknowledging intersecting forms of oppression. Pay particular attention to specific groups like KVPs, who face additional barriers in accessing services and are at higher risk of gender-based violence and discrimination. Emphasize core feminist principles of co-creation and local leadership in solution identification by partnering with existing CSOs and associations to understand local contexts.
- Anticipate and create mechanisms to **respond to backlash** from individuals and groups arising from our interventions.
- Ensure that **staff and partner staff** have adequate knowledge, skills, and positive attitudes to engage with KVPs and/or on SRHR topics, and do not undermine the organizational positions outlined in our SRHR Position Paper. Working closely with safeguarding specialists, child-protection focal points, and gender-equality advisors is key, along with partnering with organizations that are subject-matter experts (e.g., women-led, KP-led organizations) to strengthen both Plan's and implementing partners' capacities.





- Identify potential **reputational risks** associated with KVPs and/or SRHR programming and influencing, particularly in restrictive contexts<sup>33</sup>.
- Follow the **standards** set out in Plan International's *Safe Programming and Influencing Guidance*, Plan's *Diverse SOGIESC Safeguarding in Programming Guidance*, and Plan's and the Global Fund's safeguarding and PSHEA policies.
- Support **community-led monitoring** initiatives by KVPs to document abuses such as arrests, violence, and other acts of human-rights violation.
- Contribute to **capacity building for organizations led by or serving KPs** to deliver response interventions that ensure safety. Develop comprehensive safety protocols for staff, with a particular focus on peer mobilizers.
- Leverage **technology for outreach** where appropriate, as defined by community mapping, to safely reach these communities.
- Allocate sufficient **budget** for safeguarding, safety, security, and crisis-intervention measures that effectively respond to evolving risks and ensure the well-being of all involved.

### RISKS, BOX 1

## Examples from GC7 Country Dialogues

Plan International Niger and Plan International Guinea-Bissau conducted **comprehensive safeguarding risk assessments**, which identified risks to key vulnerable populations in HIV and malaria programming, respectively. These assessments were submitted by the Country Coordinating Mechanisms (CCMs) to the Global Fund as part of the overall funding request package.

33 Consult the [guide for SRHR influencing in restrictive contexts](#) for more information.



## c. Participation

Participatory approaches ensure benefits beyond ensuring relevant ownership and commitment of project stakeholders. Diverse girls, boys, women, and men, including KVPs and people affected by the three diseases, are actively involved in the design (country dialogue, designing strategies and interventions), implementation (specific relevant activities such as peer-to-peer or advocacy), and M&E process (design of M&E, data collection and analysis) of the project. Their involvement and leadership at all stages of the Global Fund grant cycle are empowering for those involved, serve to challenge discriminatory norms, ensure that the needs of grant stakeholders are understood and included in grant design/budgets, and model behaviours that promote gender equality and inclusion.

### Suggested Approaches and Activities for Strong Participation

- **Amplify the collective voices** of girl/youth activists, feminist movements, KVP representatives, and people affected by the three diseases in the **design of funding requests to the Global Fund** – i.e. advocating, building capacities, and providing logistical support to ensure their effective representation in CCMs, country dialogue consultations, funding request writing committees, TRP feedback discussions, and grant-making negotiations.
- Supporting the safe, inclusive, meaningful, and gender- and age-responsive **participation** of KVPs and people affected by the three diseases, including adolescent girls and young women, in the **implementation, monitoring, and evaluation of Global Fund-supported programs and advocacy work**. This includes:
  - i. Sharing capacities and resources to implement and monitor activities and interventions
  - ii. Offering technical expertise to build organizational capacity for gender-transformative and inclusive program implementation, as well as feminist leadership development
  - iii. Prioritizing the recruitment of KVPs and people affected by the three diseases whenever possible
  - iv. Co-creating and co-facilitating trainings on gender and human rights
  - v. Ensuring the representation of KVPs and people affected by the three diseases, in particular adolescent girls and young women, in decision-making processes at the project level
  - vi. Facilitating periodic community-based forums, steering committees, or platforms to share grant data and progress, enabling actionable feedback for continuous, KVP-driven adjustments to project activities
  - vii. Supporting gender- and age-responsive CLM initiatives managed by KVPs and people affected by the three diseases
  - viii. Advocating, building capacities, and providing logistical support to ensure their effective representation in ongoing country dialogue throughout the grant life cycle, enabling concerns to be raised, including those related to human rights and gender issues.

## **PARTICIPATION, CASE STUDY 1**

### **Examples from TB/HIV Global Fund–Supported Grants in Guinea**

The Global Fund supported the creation of three community centres for key populations (CC-KP) in Guinea through the GC5 and GC6 TB/HIV grants. In collaboration with local authorities and KP leaders, Plan International Guinea opened the first CC-KP in Conakry in February 2017, followed by another in Kindia in October 2020. The success of the first two CC-KPs led to the opening of a third centre in Kankan at the end of 2023. Plan Guinea worked with local authorities and KP leaders to select sites, manage leases, purchase equipment, and recruit staff. CC-KPs' management committees are composed of a coordinator, a doctor permanently present on site, a receptionist, cleaners, and janitors who are all members of KP associations (except the physician). At the CC-KPs, FSW and MSM are actively involved in delivering a wide range of integrated and need-based services, including free distribution of condoms and lubricant gels, HIV and STI counseling and testing, ART delivery, and psychosocial and legal support. Through a strong



CC-KP in Kindia

network of peer educators, KP associations mobilize and educate their peers, advocate for inclusive laws, and provide referrals to the CC-KPs. Educational talks and recreational evenings are organized at the CC-KPs to raise awareness of HIV, STIs, TB, GBV prevention, and human rights. These centres strengthen the access of KPs to HIV testing and HIV care services while also serving as social hubs. The CC-KPs are key factors in the increase in FSW and MSM accessing HIV prevention programs, including testing. For example, the number of FSW tested for HIV rose from 3,578 in 2017 to 13,643 in 2022. CC-KPs are a successful example of efforts that place marginalized populations at the centre of community health systems and advocacy programs. They demonstrate that when presented with appropriate resources, marginalized populations can exercise their rights and power to address health inequities in the fight against HIV.

## **PARTICIPATION, BOX 1**

### **Examples from GC7 Country Dialogues**

In preparation for GC7, Plan International provided technical and financial support to ensure that KVP networks were consulted during country dialogues.

- Plan International Niger provided financial support to the CCM in Niger for the participation of young people and vulnerable populations in the country dialogue as part of the preparation of the funding request to CG7.
- Plan International Benin organized a five-day workshop to develop the community

component of the GC7 HIV grant with KP and PLHIV networks.

- Plan International Malawi ensured that two AGYWs were part of GC7 consultation meetings, which were organized by the CCM and World Vision Malawi.
- Plan International Senegal empowered and funded CSOs to implement country dialogues in 14 regions in preparation for the GC7 funding request.

## d. Technical Expertise

It is essential for Global Fund–supported grants to incorporate the necessary technical expertise for gender-transformative and inclusive design and implementation. For HIV-related programs and influencing, it is also critical to invest in internal transformation across all levels of the organization and with our partners on values and attitudes related to gender equality, SRHR, and KVPs. This is particularly important as Global Fund–supported grants are often implemented in contexts where there is significant prejudice and backlash against these topics and the highly marginalized populations involved. This is an ongoing learning and change process that should form part of all significant programs to ensure the quality and consistency of approaches and messages, in line with Plan International’s global positions, policies, and values.

### Suggested Approaches

- **Ensure the approved budget includes a Country Office project-level staff member with expertise in GE&I.** This should ideally be a full-time GE&I advisor dedicated to the project to ensure proper technical expertise and effective oversight on GE&I activities. Grants that focus on KVPs such as children, youth, or AGYW should also ensure that the donor budget allocates funding for a full-time safeguarding specialist or contributes to the level of effort for a Country Office safeguarding focal point.
- **When possible, allocate funds for consultancy services to lead on GE&I deliverables** if negotiations for a full-time GE&I position are unsuccessful. Even with a full-time GE&I advisor at the project level, consultancy services can be necessary for addressing more complex or intensive GE&I and/or human-rights activities that require specialized expertise and significant effort.
- **Influence investment at the design stage in capacity development on GE&I** for all project staff and implementing partners (PR, SRs, SSRs), ideally initiated during the start-up workshop<sup>34</sup>.

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34 For HIV grants in particular, internal resources such as *Planting Equality*, the SRHR Learning Package (*Conversations That Matter, Dialogues in Sexual and Reproductive Health Rights, Strategies for SRHR Influencing in Restrictive Contexts*) or the *Adolescents in All Their Diversity* training guide can be used, in addition to existing GE&I training resources adapted to Global Fund project realities that are available and can be adapted to the grant’s context. External resources can also be leveraged, such as [“Looking In, Looking Out” \(LILO\)](#), which originates from a queer human rights organization and uses an approach that allows participants to connect to the personal journey of key populations and understand the sources and impacts of prejudice, discrimination, and stigma.

## TECHNICAL EXPERTISE, BOX 1

### Investing in Dedicated GE Advisors

When implementing partners invest in dedicated full-time gender-equality and inclusion (GE&I) advisors, they can yield significant change in terms of gender-mainstreaming their health programming. Here is an example.

In 2017, a full-time GE&I advisor was added to the Global Fund team for the first time at Plan International Canada. With support from this advisor, a gender coordination group was set up, including a core gender group and gender focal points (GFPs). In 2021, a second GE&I advisor was assigned to the GF portfolio. These investments allowed for significant improvements in the gender-transformative nature of Global Fund–supported grants. The portfolio shifted from a low of 15% of grants rated as gender-transformative in 2017 to a high of 93% of grants rated as gender-transformative by mid-2022. In the case of the Global Fund portfolio of grants, this success was due not only to investing in human resources but also to a combination of strategic thinking, the development of user-friendly tools and staff trainings, and regular engagement with CCMs, National Programs, and partners during funding request times.

Having dedicated GE&I advisors at the level of PRs and SRs in each country where Global Fund–supported grants are implemented has

also proved very efficient in ensuring the gender-responsiveness of the grants' implementation. These advisors play a key role in reviewing the terms of reference of activities to ensure that the way they are rolled out will take into consideration specific needs of KVPs, including women and girls in all their diversity. Their role is also key to developing gender-equality and human-rights training materials and social and behaviour change communication (SBCC) messaging for the project activities as well as to supervising consultants on gender-related studies. They are the ones who facilitate GE and human-rights training sessions and raise awareness on these topics for all staff at the PR, SR, SSR, and Ministry of Health levels. Last but not least, they play a key role in the reporting process by ensuring that data collection tools are in place to allow disaggregation by sex, gender, and age and by supporting data analysis and report writing through a gender lens.

Recognizing the critical importance of gender expertise in program delivery, Plan International has undertaken advocacy to strengthen the presence of dedicated GE advisors across its Global Fund portfolio. As a result of these efforts, the number of grants with dedicated GE advisors increased from two in GC6 to five in GC7.



## TECHNICAL EXPERTISE, BOX 2

### Strengthening Leadership on GE&I Within the Project Implementation Team

In March 2017, a gender coordination group was set up within the Global Fund team at Plan International Canada, including a core gender group and gender focal points (GFPs). One year later, a broader network of project-specific GFPs was put in place to ensure that GE&I commitments were integrated into projects. The creation of the Gender Focal Point designation enabled program managers, health advisors, and compliance managers who were already supporting the Global Fund portfolio to play a new, key role in advocating for more investments for gender equality and human rights and in monitoring the implementation of these commitments.

Below is a list of processes and tools that were developed to support GFPs in their role.

- Terms of reference for the GFP role, to allow clear understanding of roles and responsibilities
- GFP Toolbox, with user-friendly definitions, guidance on how (points in time during the project cycle) and when to influence in order to advance gender equality and human rights, and how to review documents with a gender lens
- Quarterly check-ins between the GFP network and GE&I advisors to strengthen capacities and create space to share experiences and any challenges
- Inclusion of a GE&I-focused goal in individual performance tool and learning goals, ensuring both accountability and recognition of their efforts.

**Elhadji Dioukhane is a senior health advisor. He has been a gender focal point since 2019.**

*"In December 2019, I made a visit to Guinea to support the review of the malaria National Strategic*

*Plan, which was to precede the development of the funding request to the Global Fund. The document was completely gender-blind at that time. I was able to meet with the National Malaria Control Program team and discussed with them a series that The Lancet had just released in May 2019 on gender equality, norms, and health. The series brought strong arguments supported by evidence and subject-matter experts' testimonies on how gender inequalities and norms had negatively influenced health outcomes over centuries worldwide. From the moment this team was convinced, we saw a real shift in gender-mainstreaming efforts in the NSP review process."*

**Abongta Moncha is a program manager. He has been a gender focal point since 2021.**

*"One of the achievements I am most proud of is my contribution to the Matron Initiative in Cameroon, which mobilized traditional birth attendants to promote maternal health, malaria prevention, and HIV awareness among pregnant women. Through this initiative, I helped advocate for capacity-building sessions that trained 15 matrons and 15 community leaders, equipping them with knowledge on gender-responsive health services, gender-based violence prevention, and women's rights. My role also involved ensuring gender-responsive budgeting, influencing the allocation of funds to include activities with gender-transformative potential. Despite challenges such as cultural barriers and limited resources, this initiative strengthened the link between community health services and gender equity. The results were promising, with an increase in women seeking antenatal care, HIV testing, and GBV support services. I look forward to furthering this impact by continuing to champion gender integration in health programming".*

## e. Resources

The achievement of our ambition of gender-transformative and inclusive outcomes requires programming and influencing interventions that adequately address gender and inclusion. It is vital that such interventions are designed in a purposeful way that will ensure the availability of the financial and human resources necessary to support our work on gender transformation and inclusion. In Global Fund projects, sustained efforts are essential during the design stage, grant-making negotiations, and Technical Review Panel exchanges to secure the necessary financial and human resources. A strong emphasis must be placed on applying a gender lens to budget reviews at both the design and reprogramming stages. They serve as a vital entry point for assessing whether adequate resources have been allocated to address gender-related needs and for identifying opportunities to strengthen these investments.

### Suggested Approaches

- Leverage the entry points to influence GE&I, safeguarding, and protection from sexual exploitation, abuse, and harassment (PSEAH) **integration in budgeting at the funding request/country dialogue stage.**
  - ◊ Ensure that gender equality advisors have access to the different drafts of the budget during the design phase and grant

making to ensure that gender-responsive budgeting is done. This requires **good communication between the gender team and the finance and program teams** to raise awareness on what needs to appear on the budget to make it gender-responsive. The GE&I and budget design checklist developed for GC6 can be a helpful tool to ensure that all considerations have been taken into account.

- Use the **budget consideration reference lists** on (i) gender equality, (ii) safeguarding and PSEAH, and (iii) disability inclusion and accessibility to support decision making during the project design. This helps outline budget considerations to ensure that the required funds are mobilized to successfully implement gender-transformative programs, apply the “do no harm” principle, and ensure disability-inclusive or accessibility-related budget implications.
  - ◊ Even if the budget shows low investment on gender equality and human rights–related activities at the design stage, involving **gender equality advisors in budget reprogramming** exercises and other recurring opportunities can strengthen the gender-responsiveness of the budget.



The Plan Benin team show their support for equality.

## RESOURCES, BOX 1

### Self-Funding Pilots to Advocate for GE&I Investment Needs

Gender-transformative outcomes that advance the rights of KVPs and adolescent girls require bold investments. Between 2018 and 2022, Plan International allocated financial resources to support pilot interventions that advanced gender equality and human rights in the fight against HIV, tuberculosis, and malaria. Results and lessons from these pilots provided Plan with critical information to support evidence-based advocacy on strengthening the gender-transformative potential of Global Fund–supported grants.

Demonstrating outcomes and successes to the donor, CCMs, and partners of these pilot interventions covering GE&I priorities (such as gender-responsive health-system strengthening or men’s engagement to improve disease prevention) allowed Plan to integrate these interventions into GC6 (2021–2023) and further in GC7 (2024–2026) funding requests and budgets.

Examples of strategies that were initially piloted on a small scale in various countries and were

later sustained – and in some cases even scaled up – during subsequent funding cycles include:

- Husbands’ Clubs to engage men on gender equality and disease prevention and treatment in malaria and tuberculosis grants (Niger, Senegal, Guinea Bissau)
- Holistic SGBV prevention and case management for KPs and PLHIV, including medical, legal, and psychological support to survivors (Benin, Guinea, Liberia)
- VSLA trainings to improve FSWs’ economic status and increase their agency and access to health (El Salvador and Liberia)
- Champions of Change approach to mobilize youth in the fight against the three diseases (Guinea)
- Religious leaders’ mobilization toward HIV and TB prevention and respect of KVPs’ and PLHIV’s human rights (Benin, Guinea)

## f. Advocacy and Influencing

### I. CCM ENGAGEMENT

Plan International has experience providing technical accompaniment to CCMs across West and Central Africa, the Middle East, East & Southern Africa, and the Region of the Americas to build strong, gender-transformative, quality demand for funding requests. This includes several processes undertaken, including during the country dialogue, grant making, and implementation stages:

- **Training for CCMs on gender-transformative program design, implementation, monitoring, and results reporting:** Plan International collaborates with CCMs to design training content, conduct needs assessments, and share all training materials for institutional strengthening.
- **Advocating for inclusive leadership:** Ensuring that women, girls, KVPs, and affected communities are represented as members and chairs of CCMs to design and manage national Global Fund programs.
- **Support for inclusive funding-request preparation, country dialogues, and determination of needs with civil society, women, girls, and key populations:** Plan International supports CCMs to build an inclusive country dialogue process that includes working with communities to develop and articulate priorities for funding requests and conducting rapid gender and protection assessments based on primary and secondary data analysis on the current state of gender inequalities and protection realities.

- **Accompaniment to complete the Global Fund's risk assessment tool for sexual exploitation, abuse, and harassment (SEAH):** Plan International supports the completion of this Global Fund tool to facilitate planning and implementation of risk-reduction and mitigation measures. This tool helps identify safeguarding and SEAH risks that programming can expose program participants to and is intended to be a living document that is updated as contexts change throughout the life cycle of a project.
- **Review draft funding requests to integrate gender equality and PSEAH in line with the Global Fund's [Gender Equality Marker](#), [Safeguarding Standards](#), and [Operational Framework on PSEAH](#):** Plan International leverages existing checklists and tools and in-house technical expertise on gender equality, inclusion, safeguarding, and PSEAH to review draft proposals for alignment with the Global Fund's Gender Equality Marker<sup>35</sup> and Operational Framework on PSEAH and with Plan's Architecture for Gender Transformative Programming and Measurement as well as Safe Programming & Influencing Standards.

## INFLUENCING CCMs, BOX 1

### Examples from Niger, Burkina Faso, and El Salvador

In preparation for GC7, **Plan International trained CCMs in Niger, Burkina Faso, and El Salvador** to help them develop proposals aiming to achieve gender-transformative and inclusive outcomes.



Plan International Canada's GE&I advisor co-facilitating a training to the El Salvador CCM in October 2023

## INFLUENCING CCMs, BOX 2

### Examples from Mali

In May 2024, **Plan International Mali**, one of the principal recipients of a TB/HIV and health-system strengthening grant, **conducted a five-day gender and human-rights training for representatives from the CCM**, the Unit for the Implementation of Health System Strengthening (UMRSS), the General Directorate of Health and Public Hygiene (DGS-HP), the Sectoral Cell for the Fight against HIV/AIDS, Tuberculosis, and Viral Hepatitis (CSLS TB), the National Institute of Public Health (INSP), the Planning and Statistics Unit



GE and human-rights training in Mali to the CCM and other key national stakeholders in May 2024

(CPS), and various CSOs. This training led to the identification of priorities that were integrated into a reprogramming request submitted to the donor at the end of 2024 aimed at strengthening the gender-transformative potential of the GC7 grant.

35 See page 5 of the [Technical Brief on Gender Equality](#) from the Global Fund (2023).



## INFLUENCING CCMs, BOX 3

### Examples from Guinea

National Strategic Plans (NSPs) are the backbone of Global Fund–supported programming as well as key reference documents for all stakeholders in the fight against the three diseases in any given country. Influencing the content of these plans to advance gender equality and human rights is therefore a key entry point prior to influencing the funding-request writing itself. Engaging with CCM members, National Control Programs staff, and other key stakeholders as well as consultants hired for the NSP review process allows them to gain a better understanding of the specific barriers that women, girls, and KVPs face in accessing health services and allows for a greater buy-in for gender-specific strategies to address such barriers from national-level decision makers.

### Guinea Malaria National Strategic Plan Review (2023)

#### INFLUENCING PROCESS

In January 2023, Plan International met with the National Malaria Control Program to advocate for the inclusion of GE&I in the next NSP and to detail innovative strategies such as Husbands' Clubs and engaging religious leaders and school pupils as key influencers. During the Malaria NSP review and development workshop, there was an orientation on GE&I considerations in Malaria programming. Later on, Plan International's GE&I advisors contributed to various technical working groups, providing concrete GE&I-related recommendations across multiple thematic areas, including country profile, prevention, care, communication, and monitoring and evaluation.

#### RESULTS

While the previous plan had no specific strategies to address the barriers to accessing health services that women and girls face, the 2023–2027 plan proposed concrete strategies such as integrating a gender-equality and malaria-prevention module into community health-worker training, revising SBCC messaging guidelines to ensure gender-responsiveness, engaging male role models to promote healthy masculinities, and making M&E and program-planning processes more gender-responsive. In addition, the integration of gender-equality considerations into the NSP helped enhance gender awareness within the GC7 funding request.

FROM TOP: A meeting with a PNLP coordinator and an orientation session on gender equality at the Malaria NSP review and development workshop, January 2023, Kindia, Guinea



## II. PR/SR INFLUENCING

Ensuring that Global Fund–supported grants are at least gender-aware and ideally gender-transformative often requires considerable advocacy from Plan International. This is due to the significant role that multi-stakeholder CCMs play in applying for funding and overseeing Global Fund–supported grants as well as the specificities of implementation arrangements. It involves collaborating with the donor and diverse national actors throughout various stages of the grant cycle, including the development of National Strategic Plans, funding requests, Technical Review Panel feedback discussions, grant making, and reprogramming request submissions.

GE&I influencing can present unique challenges when Plan International plays a sub-recipient (SR) or sub-sub-recipient (SSR) role rather than being a principal recipient (PR). In these roles, Plan International has limited control over grant design. As an SR or SSR, Plan may not be invited to participate in either the NSP review or the funding-request writing. Despite these challenges, Plan remains committed to influencing national programs and PRs/SRs during the preparation of the funding-request process and beyond.

### INFLUENCING PRs, BOX 1

#### Example from Cameroon

**Plan International Cameroon**, acting as an SR to the National Malaria Control Program (NMCP), **supported the principal recipient to ensure that gender considerations were mainstreamed** in both the malaria National Strategic Plan 2024–2028 and the GC7 Global Fund funding request. This technical support included briefings for the actors involved in the drafting process of the NSP and GC7 proposal as well as providing technical inputs to documents to enhance the gender-transformative potential of malaria control interventions with support from Plan International Canada. These contributions have significantly improved NMCP staff's understanding of gender-equality concepts, leading to their integration into official documents. Additionally, ongoing advocacy with the NMCP resulted in the programming of two studies, Malaria Matchbox and Malaria Behavior Survey, to better identify gender-related obstacles in accessing malaria control services in Cameroon.



Briefing of actors involved in the drafting of the malaria NSP 2024–2028 by Plan Canada's GE&I advisor.

### III. ENTRY POINTS TO INFLUENCE

See below for a list of entry points to influence for gender equality and inclusion during the preparation of funding request of a GF-supported grant:

Grant management cycle	Entry points for gender-equality and inclusion integration
<b>National Strategic Plan (NSP) review process</b>	<ul style="list-style-type: none"> <li>• Ensure the external review of the ongoing NSP to identify strengths and gaps and provide recommendations related to GE&amp;I in the final report.</li> <li>• Include GE&amp;I expert(s) in the committee responsible for developing the new NSP.</li> <li>• Fund/lead a national or regional gender assessment to inform the NSP or as complementary assessment.</li> <li>• Ensure the NSP incorporates a comprehensive GE&amp;I analysis, covering children, youth, and KVPs – or at a minimum includes sex- and age-disaggregated data (and other intersecting factors if relevant).</li> <li>• Ensure that the NSP's gender and inclusion analysis results in gender-responsive (or ideally gender-transformative) strategic priorities, interventions, indicators, and budget allocations to address GE&amp;I barriers related to the disease. If children and youth are particularly at risk for the disease in question, the NSP should include targeted interventions for the prevention and treatment of children and youth, with a special focus on girls and young women.</li> </ul>
<b>Country dialogue</b>	<ul style="list-style-type: none"> <li>• Ensure the participation and amplify the voices of KVPs and women- and girl-focused CSOs, networks, and associations in country dialogues, enabling them to initiate and direct their own interventions.</li> <li>• Utilize country dialogues to uncover barriers related to gender and human rights and identify measures to address them.</li> </ul>
<b>Principal recipient (PR) selection</b>	<ul style="list-style-type: none"> <li>• Include experience in child rights, safeguarding, PSEAH, and GE&amp;I as key value-added elements to the PR role in the CCM Expression of Interest (EOI) and/or in the Capacity Assessment Tool (CAT) from the Global Fund.</li> </ul>

<b>Proposal writing by Country Coordinating Mechanism (CCM)</b>	<ul style="list-style-type: none"> <li>• Provide training on GE&amp;I and human rights – including aspects related to children, youth, and KVPs – to the CCM. This will raise awareness about the importance of and best practices for incorporating GE&amp;I and human rights in funding requests.</li> <li>• Include GE&amp;I expert(s) on the funding-request writing committee.</li> <li>• Ensure that GE&amp;I and child/youth safeguarding are included in the funding request. This should encompass sex- and age-disaggregated data collection (and other intersecting factors, if relevant), gender equality–related indicators, gender analysis, and safeguarding mapping, considering the needs of men, women, boys, and girls in all their diversity, as well as KVPs.</li> <li>• Ensure that human and financial resources are covered in the funding request detailed budget for human-rights and gender-equality activities, including gender-responsive M&amp;E, GE technical assistance/expertise, capacity building, partnership, assessments, etc.</li> <li>• Adopt a gender-transformative approach to address gender-related barriers in prevention, treatment, care, and support and the linkages between gender-based violence and disease, as appropriate. At a minimum, ensure a gender-responsive approach.</li> <li>• Put in place feedback mechanisms to women's and girls' organizations and key affected constituencies on the funding-request development and approval.</li> </ul>
<b>Technical Review Panel (TRP) review of the submitted funding request</b>	<ul style="list-style-type: none"> <li>• Provide accurate responses to the TRP on GE&amp;I aspects, and strengthen the GE&amp;I strategy if needed to meet their concerns.</li> <li>• In countries where the funding request is gender-neutral, leverage the TRP dissatisfaction to ensure that gender-responsive and inclusive activities are added to the grant and properly funded.</li> </ul>
<b>Sub-recipient (SR) application</b>	<ul style="list-style-type: none"> <li>• Include experience in GE&amp;I, PSEAH, and safeguarding during the SR/SSR selection/recruitment process.</li> <li>• Ensure the EOI submitted to the PR includes a gender analysis and safeguarding mapping and integrates GE&amp;I, PSEAH, and safeguarding risk analysis into the list of activities that the PR requires the SR to implement.</li> <li>• Ensure LOE for gender and/or safeguarding staff in the SR contract.</li> </ul>
<b>Grant making</b>	<ul style="list-style-type: none"> <li>• Include GE&amp;I expert(s) in grant negotiations to defend GE/HR analysis and interventions and indicators.</li> <li>• Ensure the grant agreement integrates gender-transformative (or, at a minimum, gender-responsive) activities, results, expertise, and budget.</li> </ul>





A mother holds her baby and smiles after receiving life-saving insecticide-treated mosquito nets and installs them above the beds in her home in Zimbabwe.


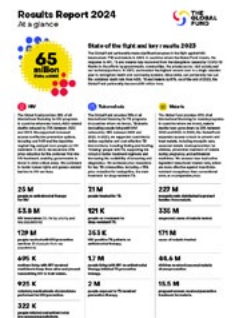



## Conclusion




This guide reflects the collective efforts to advance gender equality and human rights within Global Fund–supported programs to fight HIV, tuberculosis, and malaria across 11 countries where Plan International operates: Benin, Cameroon, El Salvador, Guinea, Guinea-Bissau, Liberia, Malawi, Mali, Niger, Senegal, and Zimbabwe. By sharing success stories, strategies, and practical resources, this guide not only documents our achievements over the years but also serves as a platform to disseminate good practices and key learnings across the wider Plan International federation and to partner

organizations and donors globally. It serves as a demonstration of what is possible when expertise, collaboration, financial resources, and sustained commitment come together to drive meaningful change. Equitable and inclusive health programming is not only necessary – it is achievable. We must continue to push forward, learning and evolving, **until we are all equal**.

# List of Resources



This document references a variety of resources to enhance understanding of gender-transformative programming in Global Fund grants. These are listed in the table below.

Global Fund Resources		
<a href="#">Global Fund Strategy 2023–2028: Fighting Pandemics and Building a Healthier and More Equitable World</a>	The Global Fund Strategy 2023–2028 is a comprehensive roadmap aimed at accelerating progress toward a world free from AIDS, tuberculosis, and malaria, with a focus on achieving better and more equitable health for all. It outlines how the Global Fund partnership plans to enhance its impact and drive significant progress by 2028.	
<a href="#">Global Fund Results Report 2024</a>	This Results Report highlights the significant strides the Global Fund partnership made in the fight against HIV, tuberculosis, and malaria in 2023.	
<a href="#">Global Fund's Technical Brief: Gender Equality</a>	This brief outlines the Global Fund's approach to gender equality, presenting key concepts, resources, and opportunities within the Global Fund grant cycle. It aims to integrate strategies that address gender gaps and transform underlying gender inequalities that negatively impact health outcomes.	
<a href="#">Global Fund's Operational Framework on the Protection from Sexual Exploitation and Abuse, Sexual Harassment, and Related Abuse of Power</a>	This Operational Framework of the Global Fund addresses the organization's approach to sexual exploitation, abuse, and harassment (SEAH) and related abuses of power. Recognizing that the eradication of AIDS, TB, and malaria relies on the successful delivery of services to key and vulnerable populations – who are also among the most at risk of SEAH – the framework outlines strategies to protect these groups and ensure effective service delivery.	
<a href="#">Global Fund's Measurement Framework for Advancing Equity, Gender Equality, and Human Rights</a>	The Measurement Framework for Advancing Equity, Gender Equality, and Human Rights outlines efforts to strengthen M&E systems in support of the Global Fund's strategic objective of “maximizing health equity, gender equality, and human rights.” This includes requirements for the collection, reporting, analysis, and use of disaggregated data.	





<a href="#">Malaria Matchbox Toolkit</a>	<p>The Malaria Matchbox is the result of a collaboration between the Global Fund and the RBM Partnership to End Malaria. This tool provides a qualitative analytical framework for the examination of how social, economic, cultural, and gender-related inequities shape malaria and malaria services in a country/region. It aims to support national malaria programs by identifying key affected areas and/or populations and assessing the factors that drive inequities.</p>	
<a href="#">Undertaking a Rapid Assessment of Information on Human Rights–Related Barriers to HIV and TB Services: Guidance and Tools</a>	<p>This document offers guidance and tools for conducting a rapid assessment of human rights–related barriers to HIV and TB services. It also evaluates the state of existing programs and tracks progress in addressing or removing these barriers.</p>	
<a href="#">Modular Frameworks and Core Set of Indicators</a>	<p>The modular framework is used by the Global Fund to organize programmatic and financial information for each grant throughout its life cycle, from the initial funding request to grant making and implementation. The Global Fund website provides access to versions from the latest and previous allocation periods.</p>	

## Plan International Resources





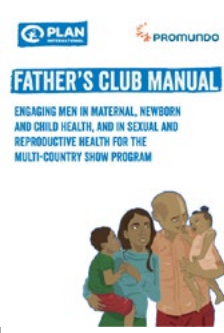
### POLICIES



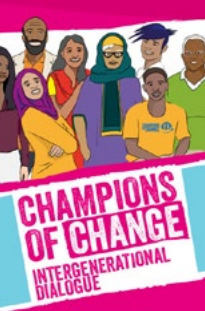
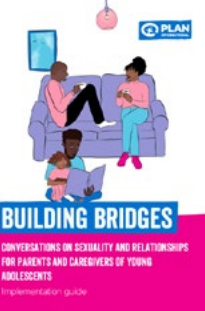
<a href="#">Plan International's Gender Equality and Inclusion Global Policy (2023)</a>	<p>This policy affirms Plan International's commitment to gender equality and inclusion, with the purpose of articulating the organization's direction and setting concrete actions to operationalize this commitment.</p>	
<a href="#">Plan International's Preventing Sexual Harassment, Exploitation, and Abuse (PSHEA) Policy</a>	<p>Plan International's PSHEA Policy ensures that all staff and associates understand the importance of preventing SHEA and their responsibility to ensure that their behaviour and work does not result in sexual violence or harm against a child, program participant, staff member, or associate.</p>	



<a href="#">Plan International Global Policy on Safeguarding (2022)</a>	<p>This policy ensures that all Plan International staff, associates, and visitors understand the importance of preventing violence in all its forms and their responsibility to ensure that their behaviour and work do not result in violence or harm against a child or program participant. It emphasizes that everyone understands their role in preventing violence and harm, as well as the consequences of breaching this policy. Additionally, it highlights the responsibility to report any concerns relating to violence and harm, providing clear guidelines on how to report suspected breaches. The policy also underscores Plan's commitment to upholding the highest level of personal and professional conduct among staff, associates, and visitors, especially in humanitarian settings where vulnerabilities are increased. It ensures zero tolerance for inaction on reports of any safeguarding concerns. Furthermore, children and program participants are made aware of our responsibilities to prevent and respond to any harm arising from the actions and behaviours of our staff, associates, and visitors and the routes for reporting such incidents.</p>	
<b>RESOURCES FOR PROJECT DESIGN STAGE</b> (Gender analysis, theory of change)		
<a href="#">Architecture for Gender-Transformative Programming and Measurement: A Primer</a>	<p>Plan International Canada's Architecture for Gender-Transformative Programming and Measurement introduces three tools used to achieve gender-transformative programming: its rights-based theory of change, its women and girls empowerment index, and its gender equality scoring.</p>	
<a href="#">Gender, Age, and Inclusion Analytical Framework</a>	<p>This tool provides guidance to conduct a comprehensive situational analysis structured around the six elements of Plan International's gender-transformative and inclusive programming and influencing.</p>	
<a href="#">Gender Analysis Matrix and Action Planning Tool</a>	<p>The Gender Analysis matrix aims to identify gender- and exclusion-related barriers and factors using five domains of a gender and inclusion analysis to help identify key issues and barriers to address in a Global Fund project against malaria, TB, or HIV.</p>	





<a href="#">Sample Questions for Gender Analysis: Tuberculosis Programming</a>	This tool supports the analysis of the key gender-related causes and consequences of the diseases as well as barriers that key and vulnerable groups face in seeking and accessing TB services.	
<a href="#">Sample Questions for Gender Analysis: HIV Programming</a>	This tool supports the analysis of the key gender-related causes and consequences of the diseases as well as barriers that key and vulnerable groups face in seeking and accessing HIV services.	
<a href="#">Sample Questions for Gender Analysis: Malaria Programming</a>	This tool supports the analysis of the key gender-related causes and consequences of the diseases as well as barriers that key and vulnerable groups face in seeking and accessing malaria services.	
<b>STUDY REPORTS</b>		
<a href="#">SRHR in Adolescence: Insights from the Real Choices, Real Lives Cohort Study</a>	This report from 2022 aimed to understand the gender and social norms present in key SRHR areas, including sexual education, puberty, menstruation, romantic relationships, and adolescent pregnancy, as well as child, early, and forced marriages and unions (CEFMU) and gender-based violence (GBV) from the perspectives of both the girls and their caregivers. To achieve this, the longitudinal and qualitative “Real Choices, Real Lives” study has been tracking the lives of girls and their families in nine countries around the world since 2007.	
<b>TRAINING AND AWARENESS RAISING WORKSHOP MATERIALS</b>		
<b>a) Male engagement</b>		
<a href="#">Plan International's Fathers' Clubs manual</a>	This Fathers' Clubs manual was created by Promundo-US and Plan International Canada as part of the Strengthening Health Outcomes for Women and Children (SHOW) Program, which operated in Bangladesh, Ghana, Haiti, Nigeria, and Senegal with funding from Global Affairs Canada. It is intended for use by health workers, social activists, non-profit organizations, educators, and other stakeholders who aim to encourage men's involvement as caregivers. This is one of several strategies to enhance maternal and child health, family well-being, and gender equality.	

<p>Facilitator's Guide for Husbands' Clubs (<a href="#">Manuel d'Animation des Clubs de Maris</a>)</p> <p><b>FRENCH ONLY</b></p>	<p>This manual is intended as a resource to accompany facilitators in leading Husbands' Clubs activities as part of any HIV/TB or malaria grant supported by the Global Fund. It was developed and tested during the GC6 cycle in Senegal. This manual provides a series of interactive and engaging activity-based sessions encompassing topics such as gender roles and norms, gender-based violence, and equitable decision making in the household.</p>	
<p><a href="#">Facilitators' training Manual on Engaging Men on Gender Equality and Malaria Prevention and Treatment</a></p>	<p>This manual is designed to support facilitators to establish and lead men's groups to discuss gender equality and malaria. It builds men's understanding of inequitable gender norms and how they relate to malaria prevention and response. It uses various techniques such as role playing (case studies), group discussions, debates, homework, and more to appeal to a diversity of men and different learning styles.</p>	
<p><b>TRAINING AND AWARENESS RAISING WORKSHOP MATERIALS</b></p> <p><b>b) Youth engagement</b></p>		
<p><a href="#">Champions of Change: Intergenerational Dialogue</a></p>	<p>This module of Champions of Change focuses on engaging parents or caregivers and other influential community members in supporting adolescent girls and boys in their journey of change by discussing issues important to youth. Topics covered by this module include gender equality, sexual and reproductive health and rights, and gender-based violence.</p>	
<p><a href="#">Building Bridges. Conversation on Sexuality and Relationships for Parents and Caregivers of Young Adolescents: Implementation Guide</a></p>	<p>This guide is a 10-session training curriculum addressed to parents and other caregivers of young adolescents ages 10–14. It covers topics related to relationships, sexuality, and sexual and reproductive health and rights. The overall goal of the curriculum is to explore with parents the physical, emotional, and mental journey that their children go through during adolescence and empower them to support their children on this journey.</p>	


## TRAINING AND AWARENESS RAISING WORKSHOP MATERIALS

### c) Health agent and civil-society organization engagement

<a href="#">Gender Equality, Human Rights, and Safeguarding Children and Young People in Malaria Control Programs: Facilitator's Guide for Trainings</a>	<p>This resource offers a comprehensive agenda and facilitation guidance for training sessions focused on gender equality, human rights, and the safeguarding of youth within malaria programming. It provides detailed instructions and best practices to ensure effective and engaging training, aiming to enhance participants' understanding and capacity to address these critical issues in their work.</p>	 <p>The cover of the guide features the PLAN logo and the title "GENDER EQUALITY, HUMAN RIGHTS, AND SAFEGUARDING CHILDREN &amp; YOUNG PEOPLE IN MALARIA CONTROL PROGRAMS" in bold blue letters. Below the title, it says "Facilitator's Guide for Trainings" and "NOV 2018".</p>
<a href="#">Promoting Gender Equality in Community MNCH/SRH Education: Guide for Capacity Building for Community Health Workers</a>	<p>This guide defines minimum themes and suggested exercises for all capacity building of front-line community health workers (CHWs) in countries implementing MNCH/SRHR projects. It focuses on building CHWs' commitment to and understanding of gender equality and the interplay of gender-related barriers and issues with social determinants that all contribute to low maternal, newborn, and child health outcomes and on supporting them to feel comfortable and able to promote gender equality in their MNCH/SRH education and promotion work with women, men, girls, and boys in the communities they serve.</p>	 <p>The cover of the guide features the PLAN and Canada logos. The title is "PROMOTING GENDER EQUALITY IN COMMUNITY MNCH/SRH EDUCATION: GUIDE FOR CAPACITY BUILDING OF COMMUNITY HEALTH WORKERS". It includes a small image of a community health worker.</p>

## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### a) Male engagement

<a href="#">Guidance Note on Male Engagement in Maternal, Newborn, and Child Health/Sexual Reproductive Health</a>	<p>This advocacy guidance document is intended as a guide for Plan International Country Offices on conducting advocacy on men's engagement in MNCH/SRH. The document defines what is meant by policy advocacy, steps to creating a targeted advocacy plan, as well as key lessons learned from country partners. It includes detailed guidance on male engagement work and trainings with religious leaders and health providers.</p>	 <p>The cover of the guidance note features the PLAN, promundo, and Canada logos. The title is "MNCH/SRHR ADVOCACY GUIDANCE" with a subtitle "NOTE: MALE ENGAGEMENT IN MATERNAL, NEWBORN AND CHILD HEALTH/SEXUAL REPRODUCTIVE HEALTH". It includes a small image of a man and a woman.</p>
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## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### b) Religious and traditional leaders engagement

[Guidance Note on Working with Religious and Traditional Leaders to Promote Male Engagement in Maternal, Newborn, and Child Health/Sexual and Reproductive Health](#)

This guidance document, developed by Plan International with Promundo, is for Plan International Country Offices that are designing and implementing male-engagement interventions within MNCH/SRHR projects. It provides key steps and recommendations for applying a gender-transformative approach when working with religious and/or traditional leaders.



## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### c) Youth engagement

[Champions of Change Methodology](#)

Champions of Change is Plan's community strategy for promoting gender equality and changing social norms by empowering girls, engaging boys, peer mobilization, and intergenerational dialogue. The model presents consistent strategies to bring about change at the individual, collective, and society-wide levels and to build momentum at community, national, and regional levels on gender equality and girls' rights. It contains diverse resources (such as a training of trainers manual), a synchronized curriculum for boys and girls, a theory of change, a substantive M&E framework, and a contextualization guide, among others.



## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS & THEMATIC AREAS

### d) Gender-responsive and inclusive health services

[Adolescent-Friendly MNCH/SRH Service Delivery](#)

This guide was developed by Plan International Canada's gender equality and health teams to assist health facility staff in their provision of gender-responsive MN(C)H/SRH services, primarily for use by Plan International Country Offices implementing MNCH/SRH projects. The information and guidance included in this document, however, can be applied to any number of projects or organizations working on improved sexual, reproductive, maternal, newborn, and child health services.





## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### e) Community-led monitoring

[Youth Citizens Score Cards: The “How to Do It” Guide!](#)

This guide provides Plan International staff and partners with the essentials for implementing Young Citizen Score Cards. Young Citizen Score Cards equip young people and other community members with simple tools that allow them to track the performance of government services, identify ways to improve them, and advocate for government and communities to take action.



## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### f) Sexual health and reproductive rights and female genital mutilation

[Guide for SRHR Influencing in Restrictive Contexts](#)

This guide supports and strengthens Plan International's gender-transformative programming and influencing approach for sexual and reproductive health and rights (SRHR) by providing an overview and guidance on strategies and approaches that can be used to successfully influence SRHR in restrictive contexts.



[Rethinking End FMG/C Work: A Guide to Designing Effective Social-Norms-Change Programs](#)

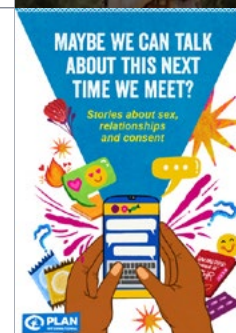
This document offers guidelines on how to implement a social-norms approach to ending female genital mutilation/cutting (FGM/C). It provides guidance on how to design culturally sensitive, community-based programs to shift social norms around FGM in ways that address a community's needs and priorities and are accepted and supported by key actors who influence and support the practice.



[Conversations That Matter](#)



(This link will download a zipped folder to your computer)

*Conversations That Matter* has been developed to support Plan International staff in designing training workshops across a range of topics relating to sexual and reproductive health and rights, to be delivered to staff in their offices.




## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### g) Income-generating activities and VSLAs

<a href="#">Plan's Gender-Responsive Savings Groups Manual</a>	<p>This guide serves Plan International, partner staff, and community members to develop and support Gender Responsive Savings Groups (GRSG) and understand why and how to integrate a gender-transformative approach in savings group formation and support. This resource was developed in 2021 by Plan International Ghana, Plan International Canada, and Global Affairs Canada as part of the WISE project in Ghana.</p>	
<a href="#">Women and Adolescent Girls' Empowerment and Gender Equality in Village Savings and Loan Associations: Engaging Women, Men, and Adolescent Girls and Boys – GE Guidance for MNCH/SRH Programs Incorporating VSLA in Support of Better MNCH/SRH Outcomes</a>	<p>This guide is meant to ensure gender mainstreaming across all capacity-building activities related to VSLAs/IGAs in Plan International's Country Offices that are implementing MNCH/SRHR projects. It serves Plan International, partner staff, and community VSLA facilitators in understanding why and how to integrate a gender-transformative approach in VSLA/IGA group formation and support and in supporting VSLA facilitators to understand, lead, and coordinate complementary group discussions on gender equality for positive MNCH/SRH.</p>	




## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

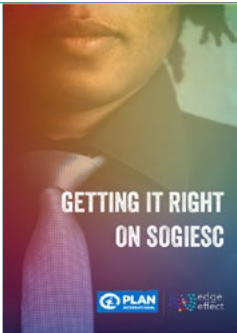
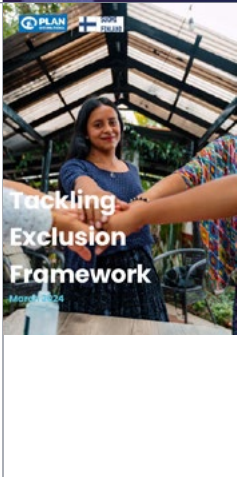
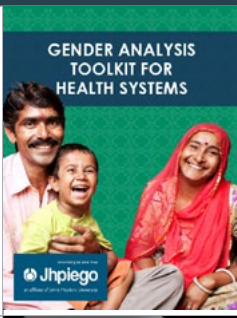

### h) Safeguarding and PSEAH

<a href="#">Safeguarding Programming and Influencing Work</a>	<p>These guidelines describe how Plan International takes an intersectional approach to safeguarding girls, boys, and young people in all their diversity in our programming and influencing work.</p>	
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## GUIDANCE ON PROGRAMMING FOR SPECIFIC TARGET GROUPS AND THEMATIC AREAS

### i) Inclusion and Diversity

<p><a href="#">Diverse SOGIESC Inclusive Safeguarding in Programming Guidance</a></p>	<p>This resource provides guidance on the steps that Plan International staff need to take to ensure that children and program participants with diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC) are safely included and safeguarded in Plan International's programming and influencing work. It provides a brief overview of why Plan International includes children and program participants with diverse SOGIESC, the safeguarding risks for children and program participants with diverse SOGIESC, and ways of mitigating these risks.</p>	
<p><a href="#">Strengthening Support to Girls, Boys, and Youth with Disabilities</a></p>	<p>This tool aims to strengthen the full cycle of design, planning, implementation, and M&amp;E stages of projects that support girls, boys, and youth with disabilities. It is relevant for both mainstream development and humanitarian programs and for targeted disability programs.</p>	
<p><a href="#">Adolescents in All Their Diversity</a></p>	<p><i>Adolescents in All Their Diversity</i> is a module included in Plan International's learning program on gender equality and inclusion: <i>Planting Equality 2.0 – Getting It Right for Girls and Boys</i>. This module focuses on barriers related to sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) and provides detailed guidance to conduct workshops on SOGIESC rights.</p>	

<a href="#">Getting It Right on SOGIESC</a>	<p>This resource identifies opportunities for Plan International to strengthen its inclusion work on SOGIESC. It was commissioned by Plan International Sweden and researched and written in 2020 by Edge Effect, a specialist SOGIESC humanitarian and development organization.</p>	
<a href="#">Tackling Exclusion Framework</a>	<p>This framework document explains how Plan International staff and offices can make all aspects of Plan International's work tackle exclusion, in line with Plan International's understanding of the root causes of exclusion. This framework sets Plan International's aspirations for its work on inclusion by establishing three interdependent priority focus areas: (1) inclusive programs and influencing, (2) inclusive marketing and communications, and (3) inclusive workplaces. This framework also highlights approaches and best practices that can improve Plan International's work and provides clarity on key concepts.</p>	
<h2>Other Partners' Resources</h2>		
<a href="#">Jhpiego's Gender Analysis Toolkit for Health Systems</a>  <b>French version:</b> <a href="#">Boîte à outils pour l'analyse de genre dans les systèmes de santé</a>	<p>The Jhpiego Gender Analysis Toolkit is a practical guide for public health professionals seeking to understand how gender can impact health outcomes, through both service delivery and access to information and care. Its primary focus is sexual, reproductive, maternal, newborn, child, and adolescent health.</p>	
<a href="#">LILO Inclusion Facilitator Manual</a>	<p>This manual was developed by Positive Vibes, a global queer human rights organization. It provides detailed guidance on how to facilitate workshops using the "Looking In, Looking Out" (LILO) approach that allows participants to acquire a deeper understanding of the sources and impacts of prejudice, discrimination, and stigma faced by key populations.</p>	





Until we are all equal



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