

Until we are all equal

### **RESULTS REPORT**

## Plan International's Grant Portfolio for Global Fund Grant Cycle 6 (GC6)

Plan International has been a trusted partner of The Global Fund to Fight AIDS, Tuberculosis and Malaria since 2004. We help advance efforts to achieve the United Nation's Sustainable Development Goals and end the epidemics of HIV/AIDS, tuberculosis and malaria through our:

- · International presence
- · Deep roots in communities
- Strong relationships with government and national counterparts
- Wide-ranging programming expertise, including integration of gender transformative and safeguarding programming

For Grant Cycle 6 (GC6), we supported grant implementation in 12 countries and 3 regions. The following outcomes represent a selection of the results which were achieved during this cycle, which was affected by the COVID-19 pandemic.



## Netting <u>Gains</u> Against Malaria

Plan International fights malaria through an innovative and gender-equal approach to make a lasting difference.

### **KEY RESULTS FOR MALARIA:**

### 21 million

people were reached with insecticide-treated nets.

### 1.4 million

presumptive malaria cases were tested.

### 11.7 million

long-lasting insecticide-treated nets were distributed in Guinea, Liberia, Senegal and Zimbabwe

### 1.2 million

malaria cases were treated.

### Supporting universal coverage of insecticide- treated nets.

- We distribute mosquito nets in a way that addresses the barriers and needs of women, girls and those living in the hardest-to-reach areas.
- We consider the most remote populations when placing distribution sites, and we use a door-to-door approach, if necessary.
- We train distributors on gender- and age-specific barriers to accessing mosquito nets and implement new strategies to meet needs.
- We share awareness messages to bust myths and highlight the importance of men supporting the use of mosquito nets in their homes, particularly for pregnant women and children under 5 years of age.
- We disaggregate distribution-related data by sex and age to spot trends and identify if anyone is being left behind.

## Protecting pregnant women and children from the disease.

- We partner with national malaria programs to implement seasonal malaria chemoprevention campaigns (SMC) to prevent malaria cases among children under five years old.
- We support pregnant women to access complete malaria intermittent preventive treatment (IPT).

### Raising awareness and involving men.

- We help inform communities on the cause, prevention and care of malaria while promoting more balanced power relations between men and women through awareness-building activities like home visits, educational talks in community spaces and radio and television broadcasts.
- We developed a manual for community facilitators to organize men's, Fathers and Husbands Clubs that:
  - Engage men to advocate against issues affecting the prevention, diagnosis and treatment of malaria in women and girls in their communities.
  - Facilitate honest discussions to reflect on healthy masculinities, cultural norms and individual behaviours to improve their health and that of their partners, children and families.
  - Encourage men to support their wives in taking malaria IPT during pregnancy, take part in caring for sick children, share decision-making in the household, and reinforce positive health-seeking practices.

### HIGHLIGHTING INNOVATION

To mitigate the risks of COVID-19, Plan International was able to pivot to minimize the risk of COVID-19 transmission during mosquito net distribution campaigns. This was done by staggering access to fixed distribution points, as well as developing new strategies for door-to-door distribution of mosquito nets, which also ensured that marginalized and vulnerable communities, such as people living with disabilities, could also more easily receive mosquito nets.

## Health, Rights and HIV/AIDS

### Human rights are at the heart of how we help reduce HIV/AIDS.

Men who have sex with men, female sex workers, transgender women, people who inject drugs (key populations [KPs]) and adolescent girls and young women are some of the groups most at risk of HIV/AIDS. They are also often discriminated against and unable to exercise their rights because of inequality, which in turn further jeopardizes their health. By providing people-centered care, we help increase access to HIV prevention, testing, counselling, and treatment by prioritizing people's rights and improving community services to support those most in need.



Testing for HIV in a mobile screening van in Guinea.

# Plan International partners with local organizations that represent key populations and young people to help:

- Raise people's awareness of human rights to health and decision-making.
- People improve their life skills like communication, negotiation, selfesteem and advocacy techniques to engage in and have control over their health

### KEY RESULTS FOR HIV/AIDS:

366,143

HIV tests were conducted among Key Populations (KP).

176,057

for female sex workers.

159,362

for men who have sex with men.

22,210

for people who inject drugs.

8,514

for transgender people.

2,767

men who have sex with men and transgender populations were reached with HIV Pre-Exposure Prophylaxis (PrEP) treatment.

406,970

Key Populations accessed HIV prevention packages.

142,578

adolescent girls and young women, on average, were reached each year by comprehensive sexuality education and/or life skills-based HIV education in school.

34,296

adolescent girls and young women were provided with HIV testing and now know their status.

## Health, Rights and HIV/AIDS (continued)

- We reach people in the areas where they feel most safe and comfortable through mobile units that visit bars, motels, brothels, commercial centres, etc. Each unit has highly qualified professionals trained in gender- and adolescent-responsive and human rights-based services to:
- Increase awareness of HIV.
- Provide access to condoms and lubricant.
- · Conduct rapid HIV testing.
- Provide counselling, testing and treatment for STIs.
- Using a variety of methods, including peer educators and peer navigators, to refer and accompany people to health centres and begin treatment.

Our programming has also supported the creation of LGBTQ+ community centres to create safe spaces for people to gather, support one another, and access diverse services.

- We aim to make our partner organizations more effective and sustainable project implementers so they can build upon their important work. We train our partners on:
- Gender equality and inclusion.
- Child protection, safeguarding and prevention of sexual exploitation, abuse and harassment to make our programs safe for all participants.
- Project and financial management.
- · Risk mitigation.
- And fundraising sustainability.

- We focus on adolescent girls and young women by:
- Making testing and counselling available in schools and communities.
- Sharing accurate, age-appropriate information on healthy sexuality to enable them to gain knowledge, attitudes and values to maintain their health and well-being and to develop respectful social and sexual relationships.
- Referring girls and young women to STI treatment programs.
- Providing asset building opportunities for young women like savings and loans groups to create alternatives to income from sex work and help increase negotiation power for safe sex, thus reducing vulnerability to HIV.
- Helping girls stay in school for longer, enabling access to accurate information and decision-making skills to reduce vulnerability to HIV
- Supporting caregiving programs and influencing policies and communities to prevent genderbased violence.

#### HIGHLIGHTING INNOVATION

Plan International Country Offices collaborated with KP-led organizations and ministries of health to roll out the use of pre-exposure prophylaxis (PrEP). By providing PrEP, a proactive, evidence-based approach to HIV prevention, particularly for at-risk populations, Plan International and the Global Fund can help reduce HIV transmission rates and improve public health outcomes for key populations, improving health overall and enabling access to a cost-effective tool in resource-limited settings.

## **Together Against Tuberculosis**

## We leave no stone unturned and no one behind in our work to tackle tuberculosis (TB).

#### **KEY RESULTS FOR TB:**

41,261

presumptive TB cases referred to health centres.

6,252

positive TB cases identified by community health workers.

3,822

children under 5 in contact with a TB case referred to health centres.

## **Total Budget (USD)**GC6 portfolio 2021-2024

Total 2021-2024	194,840,493.85
Health systems, COVID-19 and pandemic preparedness	40,705,872.31
ТВ	2,710,057.69
TB/malaria	32,894,660.00
malaria	56,932,708.46
тв/ніv	36,608,474.62
HIV	24,988,720.77

Plan International takes a community- and health systemwide approach to find the missing cases of tuberculosis and reduce rates of infection.

- We partner with national TB control programs to provide technical support across central and decentralized levels.
- We train men and women as community health workers who:
  - Visit homes to raise awareness about tuberculosis.
  - Refer people, especially women who are most often undiagnosed, with TB symptoms or children under five who are in contact with a confirmed TB patient to nearby health facilities for TB screening.
  - Provide daily support to patients to adhere with their treatment.
- We work with community associations and leaders, TB survivors, women's groups, microcredits groups and sports associations to inform all community members about the importance of preventing, diagnosing and treating TB.
- We ensure that community health workers visit people living in remote villages.
- We raise awareness in workplaces with large numbers of male employees.

#### HIGHLIGHTING INNOVATION

Drawing from the learnings of other Plan International health programming, we collaborated with community groups to develop and pilot the use of Husbands Clubs to engage men to improve their understanding of TB, encourage family members to get tested, and advocate against harmful gender norms affecting the prevention, diagnosis and treatment of TB in women and girls in their communities.



These results are encouraging and motivate us to continue to innovate in our programming in order to address these epidemics.





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