

GENDER EQUALITY STRATEGY



Action Plan
2014-2016

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CONTENTS

4	Executive Summary
5	Introduction
6	The Gender Equality Strategy
7	Partnerships for gender equality
8	Gender equality and the new funding model
9	Gender Equality Strategy: Action Plan 2014-2016 logical framework

EXECUTIVE SUMMARY

In 2008, the Board of the Global Fund adopted the Gender Equality Strategy, setting an important precedent and sending a strong message on the importance of meeting the health needs of women and girls in the response to HIV, tuberculosis and malaria. In line with the Global Fund Strategy 2012-2016: Investing for Impact, the implementation of the Gender Equality Strategy will focus on achieving strategic, high-impact, gender-responsive investments that will save lives and prevent new infections.

Gender-responsive programming for HIV, TB and malaria is solidly anchored in both human rights and scientific evidence. On the one hand, responding to gender inequalities is largely a matter of protecting women and girls' human rights, which is part of the strategic objectives of the Global Fund. On the other hand, gender-responsive programming responds to identified gaps through technically sound proposals, and thus responds adequately to the needs of women and girls who are vulnerable to, living with or directly affected by HIV, TB and malaria.

In order to ensure that Global Fund grants address gender inequalities, this action plan takes up the four strategic objectives of the Gender Equality Strategy and proposes specific actions to be taken to implement each one, including measurable outputs. A number of cross-cutting actions run throughout the proposed actions:

SEIZING THE OPPORTUNITIES OF THE NEW FUNDING MODEL

The new funding model, which determines the way Global Fund investments will be made in implementing countries, opens a number of opportunities and entry points for gender equality and for the engagement of women in all their diversity. Several of its features can be leveraged to include and sustain programming that respond to the needs and rights of women and girls, such as the institutionalization of multistakeholder participation in the country dialogue process, the attention given to gender balance and to the presence of women representatives on Country Coordinating Mechanisms, evidence-informed programming with sex- and age-disaggregated data that allows investing for impact, the encouragement of more active grant management by Secretariat country teams, as well as the general focus on human rights.

PARTNERSHIPS, PARTNERSHIPS, PARTNERSHIPS

The full integration of principles of gender equality throughout the work of the Global Fund will be impossible without strong partnerships with a range of stakeholders: technical partners, United Nations (UN) agencies, civil society organizations including organizations of women who are living with or directly affected by HIV, TB and malaria, as well as "gender champions" within the Global Fund Board, Technical Review Panel and the Secretariat.

IMPROVED COMMUNICATION ABOUT GENDER EQUALITY

Renewed efforts and attention will be dedicated to making the Gender Equality Strategy and its implications accessible and relevant to all stakeholders. The external communications will include strong messages from Global Fund leadership, complemented by various tools and guidance for accessing funding. Internally, staff members of the Secretariat will be offered training on cross-cutting issues including modules related to gender, as well as targeted materials and periodical technical seminars on gender topics in the context of the three diseases.

Through these and other actions, the Global Fund will lay the groundwork to ensure that countries better respond to the needs and protect the human rights of women and girls with increased investment in gender-responsive interventions, stronger partnerships and the improved integration of gender considerations throughout the grant cycle.

INTRODUCTION

In line with *The Global Fund Strategy 2012-2016: Investing for Impact*, the implementation of the Gender Equality Strategy will focus on achieving strategic, high-impact, gender-responsive investments that will save lives, prevent new infections and help care for those infected and affected by the three diseases.

As highlighted in the strategy, gender equality is one of the human rights principles that should be integrated in all aspects of the Global Fund's work.¹ At the same time, a gender analysis of a country's epidemiological landscape and programmatic responses is a fundamental part of technically-sound proposals, to be followed up by gender-responsive grant-making, implementation, monitoring and evaluation. In order for its grants to support rights-based and evidenced-based programming, it is crucial for the Global Fund to adopt approaches that achieve the systematic inclusion of gender issues at all stages of the grant cycle. The specific gender responses will, of course, vary according to each country's context, epidemiology and existing disease responses.

In order to achieve this, the Global Fund Secretariat will work to support the engagement of women representatives² and women's organizations, including organizations of women living with or affected by HIV/AIDS, TB and malaria, in its structures and procedures. It will also create and sustain partnerships to support gender-responsive grants, at the global, regional and country levels, in

addition to strengthening gender-related technical capacity within the Secretariat through improved communications.

This action plan presents the actions that the Global Fund intends to take in order to achieve its ambitious gender equality goals in the years 2014, 2015 and 2016. The action plan follows the structure of the strategy's four objectives, and proposes a number of sub-objectives and actions. For each action, key internal and external partners are identified, a time frame is set and measures of success are proposed.

¹ The Global Fund. *The Global Fund Strategy 2012-2016: Investing for impact*. Geneva, 2011, paragraph 74, p. 18.

² Throughout this document, we use the term "women representatives" to refer to women and girls who engage with the Global Fund as representatives of diverse constituencies, including women and girls living with or affected by HIV, TB and malaria, transgender women, as well as women from key populations. Such a term suggests a role much broader than the simple proportion of female participant in any one structure or process.

THE GENDER EQUALITY STRATEGY

The Gender Equality Strategy was adopted in 2008 to affirm the Global Fund's commitment to encourage a positive bias in funding programs and activities that address gender inequalities and strengthen the responses to the three diseases for women and girls. Through the strategy, the Global Fund pledges to champion and fund proposals that:

- scale up services and interventions that reduce gender-related risks and vulnerabilities to infection;
- decrease the burden of disease for those most at risk;
- mitigate the impact of the three diseases, and
- address structural inequalities and discrimination.

Since the launch of the Gender Equality Strategy, several evaluations of its implementation have found a sound policy, but one which has faced significant challenges in implementation and whose key objectives are not fully realized.^{3,4,5} In 2011, in response to one such evaluation, the Global Fund renewed its commitment to gender equality.⁶ It committed to the continued support of gender-responsive, evidence-based programming that achieves impact, including the promotion of reporting using age- and sex-disaggregated data. It also affirmed a renewed focus on women and girls, including, but not limited to, three specific areas of work for the coming years:

1. the prevention of mother-to-child-transmission, through an expanded four-pronged approach,⁷ and greater linkages to maternal, newborn and child health;
2. the prevention of gender-based violence and the addressing of harmful gender norms;
3. responding to the needs of most-at-risk populations of women, specifically female sex workers, including transgender women and drug users.⁸

In addition to these commitments from the Global Fund leadership, the Gender Equality Strategy is aligned with various commitments made by technical partners in relation to HIV, TB and malaria, such as the United Nations Joint Programme on HIV/AIDS' (UNAIDS') Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV.

The strategy was complemented in May 2009 by the Sexual Orientation and Gender Identity (SOGI) strategy,⁹ which recognized that the most vulnerable and high-risk groups in society also include men who have sex with men, transgender persons, as well as male, female and transgender sex workers. Since then, SOGI work has evolved into a broader focus on most-at-risk populations, which translated into a Key populations action plan 2014–2016 which includes the groups included in the SOGI Strategy, in addition to a broader set of key populations. In the coming years, the Global Fund will aim to work on cross-cutting issues such as gender, key populations and human rights in a cohesive, holistic manner.

3 Pangaea Global AIDS Foundation. *Formative evaluations of the gender equality and sexual orientation and gender identity strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria*. Oakland, CA, 2011.

4 Fundación para estudio e investigación de la mujer, The Global coalition on women and AIDS, and the International AIDS women caucus. *Recommendations for the evaluation of the Gender Equality Strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria*. Global Report. Buenos Aires, 2011.

5 The Global Fund. *An Analysis of Gender-Related Activities in Global Fund Approved HIV Proposals from Rounds 8 and 9*. 2011.

6 The Global Fund. *Response to the Evaluation of the Global Fund's Gender equality and Sexual Orientation and Gender identities (SOGI) Strategy*. Geneva, 2011.

7 Too often, the prevention of vertical transmission is reduced to prevention of mother-to-child transmission (PMTCT), when in fact the World Health Organization (WHO) recommends preventing vertical transmission through four programmatic "prongs": prevention of HIV in women of childbearing age, prevention of unintended pregnancies in positive women, prevention of HIV transmission from positive women to their infants, and care and support for positive women, infants and families.

8 The needs and rights of the most affected women are highlighted in the key populations action plan, which will be launched in early 2014.

9 The Global Fund. *The Global Fund Strategy in relation to Sexual Orientation and Gender Identities*. Geneva, 2009.

PARTNERSHIPS FOR GENDER EQUALITY

Since the Gender Equality Strategy was launched in 2008, the global health landscape has evolved for all three diseases and for women's health. New players and movements have appeared or grown, with important implications for gender equality. Some such changes include, but are not limited to:

- the increased commitment to address gender-based violence, with linkages to HIV, as part of the global gender agenda;¹⁰
- the increased commitment to address reproductive, maternal, newborn and child health, as well as family planning;
- the enhanced engagement of civil society groups in the fight against TB;
- the increased focus on health systems strengthening, which supports the system environment and ensures more equitable access to services;
- the launch in 2011 of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.

Taken together, these and other initiatives are creating momentum for greater attention to the gender dimensions of global health issues. Such momentum creates an environment that is conducive to partnerships for gender equality, as reflected in the multiple alliances that have been formed and strengthened in recent years.

Through the development of the Joint Civil Society Action Plan,¹¹ the Global Fund has also received grass-roots support for gender equality: in this plan, several "building blocks" are directly concerned with the Gender Equality Strategy, for example the improvement of data and more inclusive procedures and structures. Other partnerships that involve civil society include technical assistance for engagement with the Global Fund, for example a series of trainings on gender and the Global Fund. In addition to this, the Global Fund can count on a number of technical partners: UNAIDS is spearheading gender assessments of countries' national strategic plans for HIV and AIDS, while other UN organizations and bilateral partners are contributing to engendering national disease responses. Finally, a number of Board delegations are speaking up to ensure gender equality remains high on the agenda of all Global Fund activities.

In parallel to this supportive environment, it is important to note that old challenges remain and that new ones are emerging. While significant gains have been made, they are fragile and constant vigilance is required to avoid losing more ground. In collaboration with partners, the Global Fund will continue its advocacy for gender equality, and accelerate the leveraging of political support for gender equality beyond the public health context in order to create an enabling environment for successful implementation of disease programs that achieve impact.

¹⁰ For example, Political Declaration on HIV and AIDS (2011) pledged to eliminate gender inequalities, gender-based abuse and violence, and to protect women from the risk of HIV infection.

¹¹ The Joint Civil Society Action Plan to achieve enhanced engagement of civil society and key populations is being developed by the representatives of civil society members of the Global Fund Board, key populations networks and the Global Fund Secretariat. It seeks to advance or address obstacles in civil society and key populations engagement in Global Fund country processes.

GENDER EQUALITY AND THE NEW FUNDING MODEL

The period covered by this action plan corresponds to the first years in which the Global Fund will be implementing its new funding model. In March 2014, after two years of intense change and learning, the Global Fund will be rolling out this new funding model, which replaces the previous rounds-based financing mechanism. Its new policies and procedures are being hailed as a change in the business model of the organization. The new funding model is designed to ensure that financing from the Global Fund achieves the highest possible impact for each particular epidemic; it also places a high value on being inclusive and sensitive to human rights, including women's rights. It is thus through the lens of impact in specific country and disease contexts that the Global Fund responds to the needs of the most vulnerable.

The new funding model provides fresh opportunities for the implementation of the Gender Equality Strategy through its strategic focus on addressing those who are vulnerable to and affected by the three diseases, its institutionalization of a participatory process in the development of countries' proposals, as well as through its emphasis on more active grant management.

These developments are promising for gender equality and gender-responsive programming, and have been welcomed by many who work in the field of HIV, TB, malaria and gender. It will be important, in the coming months and years, to monitor the implementation of this new funding model closely in order to ensure that the Global Fund and its partners fulfil their commitments when it comes to gender equality. The Gender Equality Strategy and this action plan constitute one set of tools with which to keep the Global Fund accountable to its promise of supporting programs that address gender inequalities and that respond to the needs and protect the human rights of women and girls. It is envisaged that this action plan would lay the groundwork for countries to take the opportunity of the new funding model to increase evidence-informed gender-responsive programming in their Global Fund-supported grants. Rather than an exhaustive program of work, it is a foundation on which further actions can be built, in close collaboration with partners, to further the goal of gender equality within the work of the Global Fund.

GENDER EQUALITY STRATEGY:

Action Plan 2014-2016 logical framework

OBJECTIVE 1.

Ensure that the Global Fund's policies, procedures and structures effectively support programs that address gender inequalities¹²

Core component	Actions	Key external partners	Timeframe ¹³	Outcome	Measures	Risks and assumptions
1.1 Ensure that principles of gender equality are integrated throughout policies related to the new funding model.	1.1.1 (no. 1) Ensure that the pre-launch process, including the guidance and application manual for the new funding model, fully integrates principles of gender equality. This includes the measurement framework and modular templates for each disease, which requires sex-disaggregation of key coverage and outcome data.		Q1-2014	The policies set for the launch of the new funding model integrate principles of gender equality.	<ul style="list-style-type: none"> • A review of the guidance and application manual for the new funding model finds appropriate inclusion of principles of gender equality. • A review of the implementation of the new funding model is conducted and appropriate recommendations are formulated. 	<ul style="list-style-type: none"> • Assumes that countries fully comply with new funding model policies that integrate gender considerations. • Assumes that gender-responsive programming takes into account women in all their diversity.
	1.1.2 (no. 2) Following the first year of implementation, conduct a review of new funding model implementation and make policy recommendations for improvements in integrating gender issues if found necessary.		Q4-2014 to Q1-2015			
	1.1.3. (no. 3) Work with partners to ensure the synergies between the Gender Equality Strategy and the SOGI strategy are translated into policies and interventions that ensure the needs and rights of female key populations are adequately addressed as per the key population action plan.	Disease partners Civil society partners				
1.2 Ensure that principles of gender equality are integrated throughout new funding model-related procedures.	1.2.1 (no. 4) Work with partners to encourage and support women representatives' consolidated input and advocacy during the country dialogue, for example by holding women's caucuses and making a case for investing in women and girls based on a gender assessment.	Civil society partners Disease partners	Start in Q1-2014, continuous according to countries' application calendar.	The procedures for the request and granting of funds integrate principles of gender equality.	<ul style="list-style-type: none"> • Reports from civil society partners indicate that the majority of country dialogues include consolidated women's inputs and advocacy. • An internal review of concept notes shows that the majority of applicants include an evidence-informed analysis of gender inequalities and appropriate gender-responsive interventions as part of the disease response. • An internal review shows that gender-responsive programming is retained throughout the grant cycle in a majority of countries. 	<ul style="list-style-type: none"> • Assume that women representatives on Country Coordinating Mechanisms are able, willing and resourced to represent women in all their diversity. • Assumes ongoing gender advocacy impresses upon countries the need to integrate gender issues in order to achieve highest impact.
	1.2.2 (no. 5) Work with partners to ensure a majority of countries submit a concept note that includes an evidence-informed analysis of gender inequalities and related disease response. ¹⁴	Disease partners	Start in Q1-2014, continuous according to countries' application calendar.			
	1.2.3 (no. 6) Ensure that, following the iterative grant-making process, gender-responsive programming and activities are retained in the grant as per approved concept notes.	Disease partners	Start in Q2-2014, continuous.			
	1.2.4 (no. 7) Ensure appropriate tools and guidance on gender integration in TB and malaria programming are available.	Disease partners	Q1 and Q2-2014			

¹² As stated in 2011, the Global Fund's commitment to gender equality involves encouraging a positive bias in funding programs that address gender inequalities and strengthen the response for women and girls. It also committed to a strategic focus on: PMTCT, through an expanded four-pronged approach, and greater linkages with maternal, newborn and child health; the prevention of gender-based violence and harmful gender norms; responding to the needs of most-at-risk populations of women, specifically drug users and female transgender sex workers.

¹³ The values for the time frame of each activity is indicated by the number of a quarter (Q1: January to March; Q2: April to June; Q3: July to September; Q4: October to December) and the year concerned. Q1-2014 thus indicates that the activity will begin between January and March, 2014.

¹⁴ In the concept note which countries use to apply for funding, such an analysis should be part of the response to question 3.1, in which applicants are asked to highlight "key human rights barriers and gender inequalities that may impede access to health services". Question 3.2 then requires applicants to state whether or not their national disease strategic plan addresses such barriers and inequalities, and question 6.1 further asks applicants to describe the ways in which women's organizations will actively participate in the implementation of the funding request. A gender analysis can also be integrated in answers to other questions of the concept note, for example about epidemiology, key populations, gender-related human rights barriers to access, and community systems.

OBJECTIVE 1.

Ensure that the Global Fund's policies, procedures and structures effectively support programs that address gender inequalities

Core component	Actions	Key external partners	Timeframe	Outcome	Measures	Risks and assumptions
1.3 Ensure that principles of gender equality are integrated throughout new funding model-related structures.	1.3.1 (no. 8) Work with partners to improve representation and meaningful engagement by women and girls so that all Country Coordinating Mechanisms are ready to meet the Country Coordinating Mechanism eligibility requirement no.4, on balanced female representation, ¹⁵ by January 2015.	Technical assistance providers, Civil society partners	Throughout 2014.	The different structures that participate in the grant cycle integrate gender equality.	<ul style="list-style-type: none"> • 80% of Country Coordinating Mechanisms comply with the requirement for balanced female representation by January 2015. • Customized communications packages are distributed to new Country Coordinating Mechanism members. • Briefings on gender are ready for the Technical Review Panel to review the first round of new funding model applicants. • A review of periodical progress reports submitted by Principal Recipients show that more than 50% of them are using the required sex-disaggregated data. 	<ul style="list-style-type: none"> • Assumes Country Coordinating Mechanism members are aware of Country Coordinating Mechanism funding for capacity building and are willing to use it for gender training. • Assumes key stakeholders, including women representatives, Country Coordinating Mechanism members and consultants, are equipped with skills in both gender and Global Fund issues, including the new funding model. • Assumes disease partners continue to require sex-disaggregated data and assist countries to report as required. • Assumes the ability to capture emerging issues and latest data and feed this information back to the Technical Review Panel in a timely manner.
	1.3.2 (no. 9) Ensure customized communications packages (see action 17) are distributed to new Country Coordinating Mechanism members to orient them on the Global Fund Gender Equality Strategy.		Q2-2014			
	1.3.3 (no. 10) Work with partners to strengthen Country Coordinating Mechanism performance in ensuring disease programs effectively address gender issues, including through increased use of Country Coordinating Mechanism funding for capacity building.	Technical assistance providers, Civil society partners	2014-2016			
	1.3.4 (no. 11) Prepare briefings on gender to the Technical Review Panels by the first wave of applications under the new funding model. Follow-up with Technical Review Panel members to ensure relevance of guidance provided and enquire about any unmet needs for additional guidance on specific gender topics.	Disease and health systems strengthening partners	Q2-2014			
	1.3.5 (no. 12) Work with partners to emphasize the strategic importance of the collection and reporting of sex-disaggregated data for recommended indicators and other relevant indicators, and to build the monitoring capacity of Principal and sub-recipients.	Disease and health systems strengthening partners	Starting in Q3-2014, then continuous.			

¹⁵ In its Country Coordinating Mechanism funding policy, the Global Fund distinguishes between:

- Requirements: the minimum criteria that all Country Coordinating Mechanisms must meet in order to be eligible for funding by the Global Fund.
 - Minimum Standards: minimum criteria considered vital for effective Country Coordinating Mechanism functioning, based on accumulated experience.
 - Recommendations: good practices for Country Coordinating Mechanisms to follow in order to uphold core principles and to strengthen performance.
- Throughout the year 2014, a 30 percent female membership on each Country Coordinating Mechanism will continue to be a minimum standard; as of 1 January 2015, it will become a requirement. For countries that do not meet the 30 percent requirement, the Country Coordinating Mechanism Performance Assessment Tool offers the option of complying with the requirement through (1) a 15-29 percent rate of female members, as well as (2) "clear evidence of efforts being made by the Country Coordinating Mechanism to ensure an active voice for women, through (3) a designated female representative with expertise in gender issues who represents women's organizations and participates regularly in meetings". Countries where there is a designated representative with expertise in gender issue *but no evidence of efforts to ensure an active voice for women's issues* will not be deemed compliant.

OBJECTIVE 2.

Establish and strengthen **partnerships** that effectively support the development and implementation of programs that address gender inequalities and reduce women's and girls' vulnerabilities, provide quality technical assistance, and build the capacity of groups who are not currently participating in Global Fund processes but should be.

Core component	Actions	Key external partners	Timeframe	Outcomes	Measures	Risks and assumptions
2.1 Work in coordination with partners to provide the technical assistance necessary for countries to fully integrate principles of gender equality into national disease plans and Global Fund grants.	2.1.1 (no. 13) Work with partners to conduct gender assessments of national disease programs to understand the gender dimensions of both epidemics and responses, and to identify response gaps.	Disease partners Disease partners	Start in Q1 2014, continuous according to countries' application calendar.	Appropriate technical assistance is provided to countries at key stages of the grant life cycle for the full integration of gender considerations.	<ul style="list-style-type: none"> A majority of high-impact countries have conducted a gender assessment of their national disease program(s). A review of concept notes submitted shows that 75% of countries having conducted a gender assessment include the key recommendations from the assessment in their concept note. Reports from civil society partners indicate that the gender-responsive activities that were part of the grant are effectively being implemented. Mapping of gender-related technical assistance shows relevant technical assistance in place to support countries. 	<ul style="list-style-type: none"> Assumes partners take the lead, in collaboration with countries and gender advisor, to conduct a gender assessment. Assumes civil society partners are able, willing and resourced to monitor grant implementation. Assumes close collaboration with cross-cutting partners during the review of concept notes (see action 14) will.
	2.1.2 (no. 14) Work with partners to review the first 20 concept notes submitted and assess gender integration, for example the translation of gender assessment recommendations into programming, the engagement of women representatives in the country dialogue process and the use of sex-disaggregated baseline data.	Disease partners	Q3–Q4 2014			
	2.1.3 (no. 15) Work with partners to ensure the implementation of the proposed gender-responsive interventions, including through civil society monitoring of grant implementation.	Civil society partners Disease partners	Start in Q4 2014, then continuous.			
	2.1.4 (no. 16) Work with partners to coordinate gender-related technical assistance plans to support countries throughout the grant cycle.	Disease partners Civil society partners	Continuous 2014-2016			
2.2 Strengthen civil society partners, including women's organizations and organizations of women living with or directly affected by the three diseases, to effectively integrate gender into Global Fund grants.	2.2.1 (no. 17) Work with partners to identify capacity gaps and technical assistance needs to strengthen civil society involvement in Global Fund structures and procedures including, inter alia, women's representation on Country Coordinating Mechanisms.	Civil society partners Disease partners	Continuous 2014-2016	Civil society partners have strengthened capacity to get involved throughout the grant life cycle and to contribute to the integration of gender concerns.	<ul style="list-style-type: none"> Periodical partners' meetings are held to agree on women's organizations' priority needs for technical assistance. Reports of technical assistance providers and civil society partners indicate that priority capacity gaps have been addressed. A majority of the countries with less than 30% female share of Country Coordinating Mechanism membership¹⁶ receive technical assistance to capacitate women representatives to become Country Coordinating Mechanism members. A review of concept notes shows uptake of community systems strengthening for women's organizations. 	<ul style="list-style-type: none"> Assumes in-country technical partners continue to take the lead in working with civil society partners to build capacity and strengthen engagement with the Global Fund. Assumes civil society partner organizations can safely be involved on a Country Coordinating Mechanism, and they have the resources to do so. Risk that in-country partners are not able to build and present a strong case for the inclusion of community systems strengthening in the grant proposal.
	2.2.2 (no. 18) On the basis of identified gaps, work with partners to provide appropriate technical assistance to women's communities and their representatives.	Civil society partners	Continuous 2014-2016			
	2.2.3 (no. 19) Work with partners to advocate for the inclusion of community systems strengthening interventions in concept notes and grants, in order to support the capacity of women's organizations to engage with processes and decisions at all stages of the grant life cycle.	Civil society partners	Start Q1 2014, continuous according to countries' application calendar.			

16 As of October 10, 2013 there were 44 countries in this situation; this is likely to change rapidly in 2014 as Country Coordinating Mechanisms hold elections to renew their membership.

OBJECTIVE 3.

Develop a robust **communications and advocacy strategy** that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys.

Core component	Actions	Key external partners	Timeframe	Outcomes	Measures	Risks and assumptions
3.1 Develop a communication and advocacy strategy to ensure that information on gender equality, including the Gender Equality Strategy, is easily accessible to Global Fund staff and all stakeholders.	3.1.1 (no. 20) Develop customized communication packages targeting each group of stakeholders with the most relevant information on gender equality and their work within the Global Fund. This includes, but is not limited, to: - advocacy materials - gender & TB - gender & malaria - gender & monitoring and evaluation - gender & health systems strengthening - civil society engagement for gender equality.	Civil society partners Disease partners	Varying timeframe, starting Q1-2014.	Through information that is available, accessible, relevant and up-to-date, all concerned stakeholders are aware of the Gender Equality Strategy and of its implication for their work and know where to find technical assistance as and when needed.	<ul style="list-style-type: none"> The information note on addressing women, girls and gender equality is updated and is available. A series of short pamphlets documenting best practices in the integration of gender issues at all stages of the grant cycle. Monitoring of official Global Fund communications reveals that gender equality is given high visibility. 	<ul style="list-style-type: none"> Assumes that stakeholders will read information sent to them. Risk of gender-related information being lost in the daily flow of communications received by busy stakeholders. Assumes that communication packages are appropriate for the technological capacity of their target audience. Alternative means of information dissemination are made available for audiences without access to adequate IT infrastructure. Assumes that all partners who communicate about gender in the new funding model coordinate in order to provide appropriate and consistent information.
	3.1.2 (no. 21) Continue to collaborate with civil society partners on the development and use of an online platform ¹⁷ to facilitate engagement with in-country civil society partners who are active advocates of the Global Fund.	Civil society partners	Started Q3-2013, continuous.			
	3.1.3 (no. 22) Agree with relevant Secretariat units and partners on an annual communications calendar, including key international and Global Fund-specific events, for example International Women's Day.		Q1-2014.			
	3.1.4 (no.23) Work with relevant Secretariat units to increase visibility for the Gender Equality Strategy and gender equality through official Global Fund communications, for example through the official website, speeches and news releases.		2014-2016			
	3.1.5 (no. 24) Work with partners including interested donors to spearhead gender integration into Global Fund grants through joint advocacy.	Donor countries government Civil society partners	2014-2016			
	3.1.6 (no.25) Periodically review the effects of the communication strategy and adapt it to respond to changing practices and emerging needs.		Biannual, starting Q3-2014.			

¹⁷ Initial work has started with the website *Women4GF – Women in all their diversity for the Global Fund Gender Equality Strategy*, and can be found at <http://women4gf.org/> [site consulted 2 December 2013].

OBJECTIVE 4.

Provide **leadership**, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy.

Core component	Actions	Key external partners	Timeframe	Outcome	Measures	Risks and assumptions
4.1 Strengthen the technical capacity of the Global Fund Secretariat to address gender inequalities.	4.1.1 (no. 26) In collaboration with relevant technical advisors, develop and strengthen cross-cutting training for staff members, including a module on gender.		Finish by Q2-2014.	Gender expertise within the Secretariat is strengthened and easily accessible to the Secretariat, the Board and partners.	<ul style="list-style-type: none"> The cross-cutting training modules are developed and used. A number of sessions of the cross-cutting training have been conducted, with satisfactory attendance. Technical seminars have been held with satisfactory attendance. 	<ul style="list-style-type: none"> Assumes staff are able to take time to attend training sessions. Risk of low attendance in 2014 due to heavy workload. Assumes that gender awareness and analysis training translates into practice and program support.
	4.1.2 (no. 27) Conduct cross-cutting trainings periodically, giving priority to regional focal points in the Grant Management division.		Q1-2014			
	4.1.3 (no. 28) Continue to engage with and support the work of the Grant Management division's regional focal points.					
	4.1.4 (no. 29) Organize technical seminars on gender topics in relation to the three diseases and support and facilitate shared knowledge and cross-learning approaches on gender-responsive programs across the three diseases.	Civil society partners Disease partners	Periodically throughout 2014-2016			
	4.1.5 (no. 30) Encourage staff capacity development initiatives to build gender-related capacities.	TBD	Start Q4-2014			
4.2 Integrate principles and actions to achieve gender equality in all aspects of staff management and culture.	4.2.1 (no. 31) Ensure gender equality is integrated into the Global Fund's human resource policy framework and detailed policies, including the areas of recruitment, training, staff development, promotion, performance appraisal, and work and family issues.			Global Fund policies related to staff management integrate gender concerns	<ul style="list-style-type: none"> Number and % of female staff at post of G06 (equivalent to P5) and above. Human resources policy monitored with the aim to remain family friendly (parental leave, physical presence at the office, space for breastfeeding, flexible work hours). 	<ul style="list-style-type: none"> Assumes full support and commitment to gender equality from Management Executive Committee and desire to drive the development of gender-friendly values and principles throughout the organization.

OBJECTIVE 4.

Provide **leadership**, internally and externally, by supporting, advancing and giving voice to the Gender Equality Strategy.

Core component	Actions	Key external partners	Timeframe	Outcome	Measures	Risks and assumptions
4.3 Global Fund governance bodies provide oversight and give greater attention to gender equality principles in governance structures and operations.	4.3.1 (no. 32) Include regular reporting on gender equality and the Gender Equality Strategy by the Executive Director to the Board and update to the Strategy, Investment and Impact Committee.			Global Fund governance bodies are fully informed of and advocate for implementation of Gender Equality Strategy.	<ul style="list-style-type: none"> Review of progress in implementing the Gender Equality Strategy, including budget for Gender Equality Strategy implementation, is regularly included on the agendas of the Strategy, Investment and Impact Committee, the Management Executive Committee and the Board, as appropriate. A review of statements from the Management Executive Committee, Board leaders and Board delegations reveals an emphasis on gender equality issues in relation to the three epidemics. 	<ul style="list-style-type: none"> Assumes gender equality remains high on the agenda of Global Fund leaders, despite competing demands linked to the transition to the new funding model.
	4.3.2 (no. 33) Hold regular strategic sessions on gender for the Board and Management Executive Committee .	Board delegations				
	4.3.3 (no. 34) Ensure the continued allocation of sufficient budgets for the implementation of the Gender Equality Strategy and related action plan.					
	4.3.4 (no. 35) Prepare periodical updates, trainings and briefing for Board members and Management Executive Committee, as requested, to give updates on current gender equality initiatives being implemented throughout the Global Fund and/or critical emerging gender issues.	Board delegations				
	4.3.5 (no. 36) Whenever possible, encourage the Board leadership to highlight gender equality issues in relation to the three epidemics in their official statements and communications, including through gender trainings and workshops and other events as appropriate.	Board delegations				

**THE GLOBAL FUND TO FIGHT AIDS,
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