

LESSONS LEARNED FROM THE NEW FUNDING MODEL

Community Rights & Gender
Technical Support & CRG Tools
on Gender Equality

Women4GF

Women in all their diversity for the Global Fund Gender Equality Strategy

ASAP

Background

- Most TB cases and deaths occur among men, but TB remains among the top three killers of women worldwide
- **2.9 million** – of the estimated 8.6 million new TB cases worldwide in 2012 – were **women**
- Estimated **410 000 TB deaths among women** in 2012, including 160 000 among HIV-positive women
- TB enrolment, treatment & cure gender dynamics **not uniform**: men have better outcomes than women in some countries
- 2/3rds of reported TB cases are men in most LICs/MICs:
 - do men have higher risk of developing TB?
 - is there under-notification of TB among women?
- Women less likely to be diagnosed with TB & successfully treated



Background

The Global Fund Board adopted the Gender Equality Strategy (GES) in 2008



The GES states that the primary objective behind gender mainstreaming is to design and implement projects, programs and policies that:

- 1) Do not reinforce existing gender inequalities (*Gender Neutral*)
- 2) Attempt to redress existing gender inequalities (*Gender Sensitive*)
- 3) Attempt to re-define women and men's gender roles and relations (*Gender Transformative*)

Women4GF

Women in all their diversity for the Global Fund Gender Equality Strategy

ASAP

Women4GF TB



Women4GF

Women in all their diversity for the Global Fund Gender Equality Strategy

ASAP

Gender Equality: *Conceptual Framework*

Type of intervention	Impact	Example
Gender-negative or gender-blind	Fails to acknowledge the different needs or realities of women and men and transgender people Aggravates or reinforces existing gender inequalities and norms.	Lack of disaggregated data because of a failure to acknowledge that programmes and policies have different effects on women, men and transgender people
Gender-sensitive or gender-responsive	Recognizes the distinct roles and contributions of different people based on their gender; takes these differences into account and attempts to ensure that women, men and transgender people equitably benefit from the intervention.	Outreach workers trained under Project Axshya of The Union have managed to convince 140 HIV positive women to get tested for TB and have counseled and guided these women to being cured for TB thereby improving health seeking behavior of women or girls
Gender-transformative	Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities.	Women's centred TB services are developed, with integrated services, linking to HIV, antenatal care, including access to psycho-social services, child care in a location convenient to a broad range of women

2

HIV/TB Gender Assessment Tool

- Responds to the **need for more systematic data collection** on gender equality and HIV/TB
- Creates a **highly structured, systematic processes** to assessing needs and identifying gender sensitive HIV/TB responses
- Builds on the *UNAIDS Gender Assessment Tool for national HIV responses*
- Discussions underway to **pilot in 2 countries** between November 2014 and January 2015
- Intended to **assist countries to assess** their HIV & TB epidemic context and response from a gender perspective, helping **make their responses gender sensitive** and to reduce the dual burden of HIV & TB infection
- Also designed to support countries with the submissions of **gender sensitive Concept Notes** to the Global Fund

Women4GF

Women in all their diversity for the Global Fund Gender Equality Strategy

ASAP

Assessment Tool: Content

- **Structured set of guidelines and questions;** planned, systematic and deliberate set of steps and processes
- Process to **analyse** the extent to which **national responses to HIV/TB** (generalized and concentrated) take into account the critical goal of gender equality; examines and questions the plans and actions undertaken by national governments to address HIV and TB
- **Focuses on gender dimensions:** the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men, transgender people including members of key populations
- Demonstrates the extent to which the national response recognizes **gender inequality as a key determinant of HIV & TB** – and then acts upon that recognition
- Ensure that **gender equality is a goal** of the national response to HIV & TB

Systematic steps and processes

- STAGE 1

Preparing for the gender assessment of the national HIV/TB response

- STAGE 2

Knowing the national HIV and TB epidemics and contexts

- STAGE 3

Knowing the national HIV and TB responses

- STAGE 4

Analysing and using the findings of the assessment for a gender-transformative HIV and TB response

Analysis matrix

Epidemiological and context analysis		Response and gaps analysis	
Epidemiological data	Social-cultural, economic and political context	Current HIV/TB policy response	Current HIV/TB programming response
Present the summary analysis of the key gender differences in the HIV/TB epidemic	Present the summary analysis of the key contextual gender differences.	Present the main gaps in addressing gender differences within national policy.	Present the summary analysis of the key programming gaps, including those related to particular communities.

1st 20 Concept Notes *Review*:

- ASAP worked with the Global Fund Secretariat to review the 1st round of CNs from a gender perspective looking at 20 CNs from:
 - Afghanistan, Bangladesh, Cambodia, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Indonesia, Moldova, PNG, Paraguay, Senegal, Somalia, Thailand, Ukraine, Zambia, Zimbabwe
 - **the majority (six) TB/HIV**
 - **5 TB**
 - 4 HIV
 - 3 Malaria
 - One Health System Strengthening (HSS)

1st 20 CNs: **OBJECTIVES**

- A review of the first twenty concept notes across three diseases submitted to the Global Fund in 2014 under the NFM, in order to assess:
 - the level of **integration of the principles** of gender equality,
 - the extent to which **gender-responsive programs**, either gender-sensitive or gender-transformative, are advanced;
 - the **approaches** taken by countries to achieve gender equality;
 - the scale of **budget** allocated to gender-responsive programs;
 - **good practices and challenges** in achieving the principles of gender equality, and proposing gender-responsive programs;
 - possible gaps and areas of improvement where **TA would be appropriate** before the end of the grant cycle.

1st 20 CNs: *KEY FINDINGS*

- Gender analyses on TB were **less thorough than for HIV**, but tended to link more concretely to interventions.
- The most impressive gender analysis was in HIV CNs that had undergone a **thorough gender assessment**, using the UNAIDS Gender Assessment Tool
- There was **limited sex-disaggregated data** on TB – and very little on malaria – few countries had disaggregated data throughout the CN
- Where the **problems are more clearly defined**, in particular with TB interventions, solutions are more straightforward.

Next Steps?

- What are the **concrete interventions and programmes** that advance gender equality in TB programming?
- How can these be **scaled up** for impact?
- What **research and evaluations** can we draw on?
- Which Technical Support interventions have been most successful?
- Which tools are assisting at country level? How can they be refined?
- What **additional TS and tools** are needed to deepen and clarify the gender dimensions of TB programmes?