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CHECKLIST for Integrating Gender into the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria

United Nations Development Programme

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Checklist summary

This Checklist has been developed to strengthen the attention paid to gender in the implementation of programmes supported by the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), through the roll-out of the Global Fund's new funding model (NFM). Each stage of the NFM requires specific actions to address the gender dimensions of HIV in the development and implementation of grants. The Checklist sets out specific steps and examples to support these gender integration efforts throughout Global Fund programming.

The NFM, initiated in 2013, involves an eight-step process:

1. Strengthening of national strategic plans
2. Alignment of the Global Fund's process to existing country dialogue
3. Design and submission of a concept note
4. Independent review of concept notes by the Technical Review Panel (TRP) for recommend tion by the Grant Approvals Committee (GAC)
5. Determination of upper budget ceilings by the GAC
6. Grant making
7. Approval of grants by the GAC
8. Approval of grants by the Global Fund's Board.

While this Checklist highlights the country dialogue process as the main opportunity, the national strategic plan (NSP) for HIV is also a vital component. The more that gender-transformative programming is integrated into the NSP, the more effectively it can be integrated into the Global Fund process. In addition, the better the national body that is responsible for managing the Global Fund application process—the Country Coordination Mechanism (CCM)—understands the gender and human rights dimensions of HIV, the more consistent the attention that will be paid to these issues. While this Checklist focuses on HIV, most elements are also relevant for tuberculosis and malaria.

The Checklist contains 22 items, in summary:

1. Strengthening of National Strategic Plans and the role of the CCM

- ☐ NSP analysis includes a gender assessment
- ☐ The needs and rights of women and key populations are represented on the CCM

2. Alignment of the Global Fund's process to existing country dialogue

- ☐ The process is built on broad and comprehensive representation of participants, including government, civil society and women living with HIV
- ☐ The dialogue is designed and implemented to reflect a broad range of perspectives, including those of people who are living with and affected by HIV and key populations, with specific attention to women
- ☐ Gender dimensions are reflected in the report of dialogue

3. Design and submission of a concept note

- ☐ Gender assessment/analysis is completed
- ☐ The concept note includes recommendations for improving attention to gender dimensions of the three diseases
- ☐ An investment case has been made for integrating gender-responsive programming into the NSP
- ☐ Explicit attention has been paid to addressing the needs and rights of women and girls
- ☐ The concept note has focused on gender inequality as influencing vulnerabilities of women and men, girls and boys and key populations
- ☐ A gender-sensitive approach has been used in policies and plans for prevention, treatment, care and support
- ☐ The linkages between gender-based violence and HIV are addressed, as appropriate

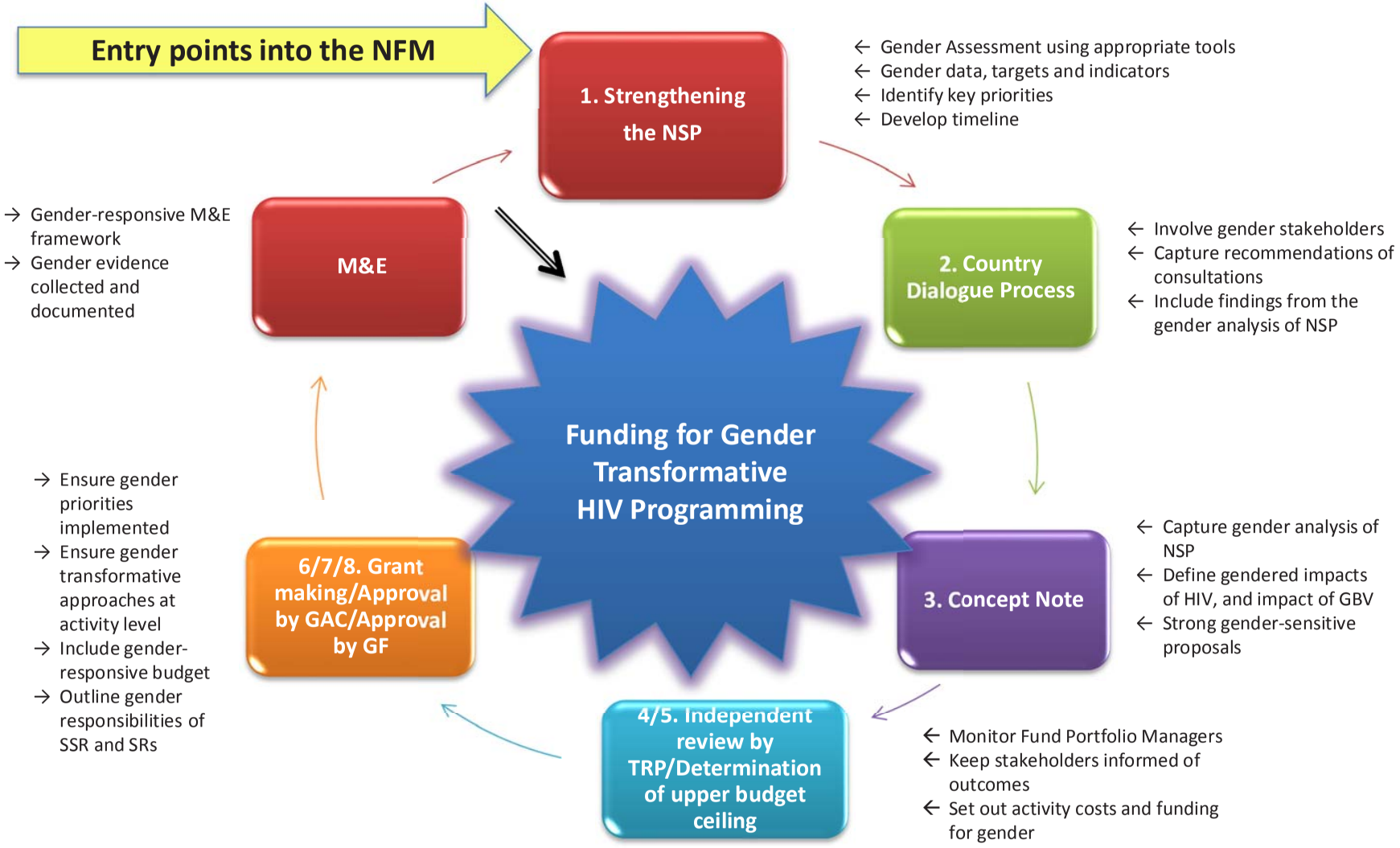
4–5. Independent review of concept notes by the TRP; Determination of upper budget ceilings by the GAC

- ☐ A high-level champion has been appointed to advocate for consistent attention to the gender dimensions of the three diseases
- ☐ The Global Fund's Fund Portfolio Manager (based in Geneva) demonstrates an understanding of the recommended gender perspective and programming
- ☐ Links have been established and maintained between the Fund Portfolio Manager and women's organizations
- ☐ A process has been set in place to ensure a flow of information to key gender stakeholders about the outcomes of the negotiation
- ☐ An adequate budget has been allocated to ensure implementation of prioritised responses intended to address the gender dimensions of HIV

6–8. Grant making; Approval of grants by the GAC; Approval of grants by the Global Fund's Board

- ☐ Gender-responsive results and activities have been integrated into the agreement
- ☐ Opportunities have been created for greater participation of organizations of women living with and affected by HIV and women's health and rights organizations as sub-recipients (SRs) and sub-sub-recipients (SSRs)
- ☐ Budget includes resources allocated to gender-specific HIV needs and vulnerabilities
- ☐ Implementation support includes ongoing technical assistance with expertise relating to gender-sensitivity in implementation
- ☐ Plans have been made to account for the possibility that the principal recipient (PR), SR or SSR does not have sufficient capacity to implement gender-responsive programming

✓ Gender Checklist for NFM



Adapted from: The Global Fund, 'Unpacking NFM Process for Maximizing Opportunities for Gender Programming', Global Fund, Geneva, 2013, http://women4gf.org/wp-content/uploads/2013/10/engendering-NFM.pdf.

I. Rationale

This Checklist has been developed to support the integration of gender-transformative components into the implementation of programmes supported by the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), with an emphasis on the roll-out of the Global Fund's new funding model (NFM). While it focuses on HIV, many elements can also be relevant for tuberculosis and malaria. The Checklist provides specific steps and examples to ensure that the gender dimensions of HIV are addressed in all phases of programming.

Gender equality is a core component of UNDP's work on HIV, health and development. It is central to the three pillars of UNDP's 'Strategic Plan: 2014–17': sustainable development pathways, inclusive and effective democratic governance, and resilience-building. Furthermore, it underscores the reduction of inequalities and exclusion as central to sustainable human development, informed by outcomes of inclusive growth and universal access to basic services.[1] It is also consistent with UNDP's role in the Joint UN Programme on AIDS, where, along with UNFPA and UN Women, UNDP jointly convenes inter-agency efforts to meet the HIV-related needs of women and girls and address gender-based violence.

II. Background

Globally, women comprise 52 percent of all people living with HIV in low- and middle-income countries, and in sub-Saharan Africa, women account for approximately 57 percent of all people living with HIV.[2] Young women aged 15–24 are contracting HIV at rates twice as high as young men, accounting for 21 percent of all new HIV infections. Less than 30 percent of young women have comprehensive and correct knowledge about HIV transmission.

Much more remains to be done to address the complexity of factors that drive women's and girls' vulnerability to HIV, to address the linkages between gender norms and HIV, and the needs and rights of key populations (including women in key populations). Effectively promoting gender equality and human rights is important in and of itself. It is also essential to equitable, evidence-informed and effective responses to HIV. The UN Secretary-General's Report: **'United to End AIDS: Achieving the Targets of the 2011 Political Declaration'** notes that while many gains have been made in the HIV response, persistent gaps still exist that undermine national AIDS responses. These include "punitive laws, gender inequality, violence against women and other human rights violations…and declines in funding [that] have the potential to jeopardize the capacity to expand access to HIV services and sustain progress over the coming years."[3] **Gaps also persist in the collection and/or use of sex- and age-disaggregated data, even though such data are essential to designing and implementing strategic interventions to address the gender dimensions of HIV (as well as TB and malaria)**.[4]

The Global Fund has been an important source of support for gender-sensitive and gender-transformative HIV responses. In 2008 the Global Fund instituted a **'Gender Equality Strategy'** (GES),[5] intending to: 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.[6] However, it has become clear that ensuring consistent integration of gender into Global Fund grants and processes requires intensified commitment and more finely tuned strategic investments.[7]

This Checklist follows the procedures set out in the NFM of the Global Fund, and is also aligned with intensified implementation of the GES. It makes suggestions for a 'gender spectrum'[8] of interventions (see Table 1). **Gender-sensitive or gender-responsive programming** is understood as programming that tackles gender as a social determinant that affects all groups in the context of HIV risk and vulnerability. Specifically addressing gender inequality requires further actions that can transform unequal power relations and create more gender-equitable and human rights-respecting communities (i.e. **gender-transformative programming**). The latter requires attention to the structural roots of gender inequality, with a focus on discrimination against women. This

lies at the heart of HIV, human rights and other development challenges, as well as discriminatory practices and unjust distributions of power more broadly.

Table 1: *Gender Integration Spectrum*

Type of intervention	Impact	Example
Gender-negative or gender-blind	Fails to acknowledge the different needs or realities of women and men, girls and boys. 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 and men.
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 or girls equitably benefit from the intervention.	Cash transfer programme provides funds to families to keep girls in school as one element to reduce girls' vulnerability to HIV.
Gender-transformative	Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities.	Challenge and change sexuality norms and uneven access to resources in order to strengthen women's ability to insist on condom use by their male sexual partners.

III. New funding model—opportunities for engagement

In 2012 the Global Fund redefined its organisational strategy after completing a consolidated reform process, retaining a focus on achieving the aspirations of the GES. The Global Fund launched the NFM in 2013 to enable it to invest more strategically, achieve greater impact and engage implementers and partners more effectively. The NFM changes the way applicants apply for funds, receive approval of their proposals and manage their grants. A useful overview of the process is the Global Fund's '**New Funding Model: Transition Manual'.**[9] The NFM incorporates a more flexible timeline, a simpler process, greater predictability of resources, improved grant management and a focus on high disease burden and low resource contexts. It also emphasizes enhanced engagement of a range of stakeholders, including through ongoing country-level dialogue. Six early applicant countries (Zimbabwe, El Salvador, Myanmar, the Democratic Republic of the Congo, Kazakhstan and the Philippines) and three regional programmes have already implemented the NFM. UNDP commissioned a report, '**The Experience of Zimbabwe with the Global Fund's New Funding Model'**, which documented Zimbabwe's experience with the NFM, highlighting challenges and lessons learned. The interim and standard applicants will follow in 2014.

Box 1. The Global Fund Strategy 2012–2016: Investing for Impact

First Strategic objective: Invest More Strategically: "focus on the highest-impact countries, interventions and populations; devise approaches to achieve systematic inclusion of most-at-risk populations and gender issues in proposals; strengthen and build on existing Global Fund policies and mechanisms (such approaches include the Gender Equality Strategy, the Sexual Orientation and Gender Identity Strategy) that seek to ensure better focus on gender and most-at-risk populations throughout the grant cycle."

Fourth Strategic objective: Promote and Protect Human Rights: "human rights principles—including non-discrimination, gender equality, participation, transparency and accountability are integrated in all aspects of the Global Fund's work. Define roles, responsibilities and capacity needs of all Global Fund structures and country-level stakeholders to operationalize these principles."

Available at: http://www.theglobalfund.org/documents/core/strategies/Core_GlobalFund_Strategy_en/.

The NFM involves an eight-step process:

1. Strengthening of national strategic plans
2. Alignment of the Global Fund's process to existing country dialogue
3. Design and submission of a concept note
4. Independent review of concept notes by the Technical Review Panel (TRP) for recommendation by the Grant Approvals Committee (GAC)
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7. Approval of grants by the GAC
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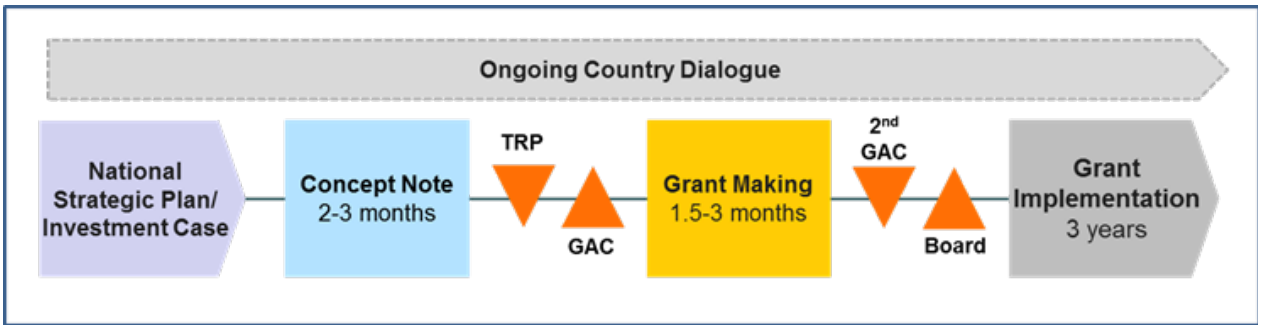
The eight-step process is depicted in Figure 1.

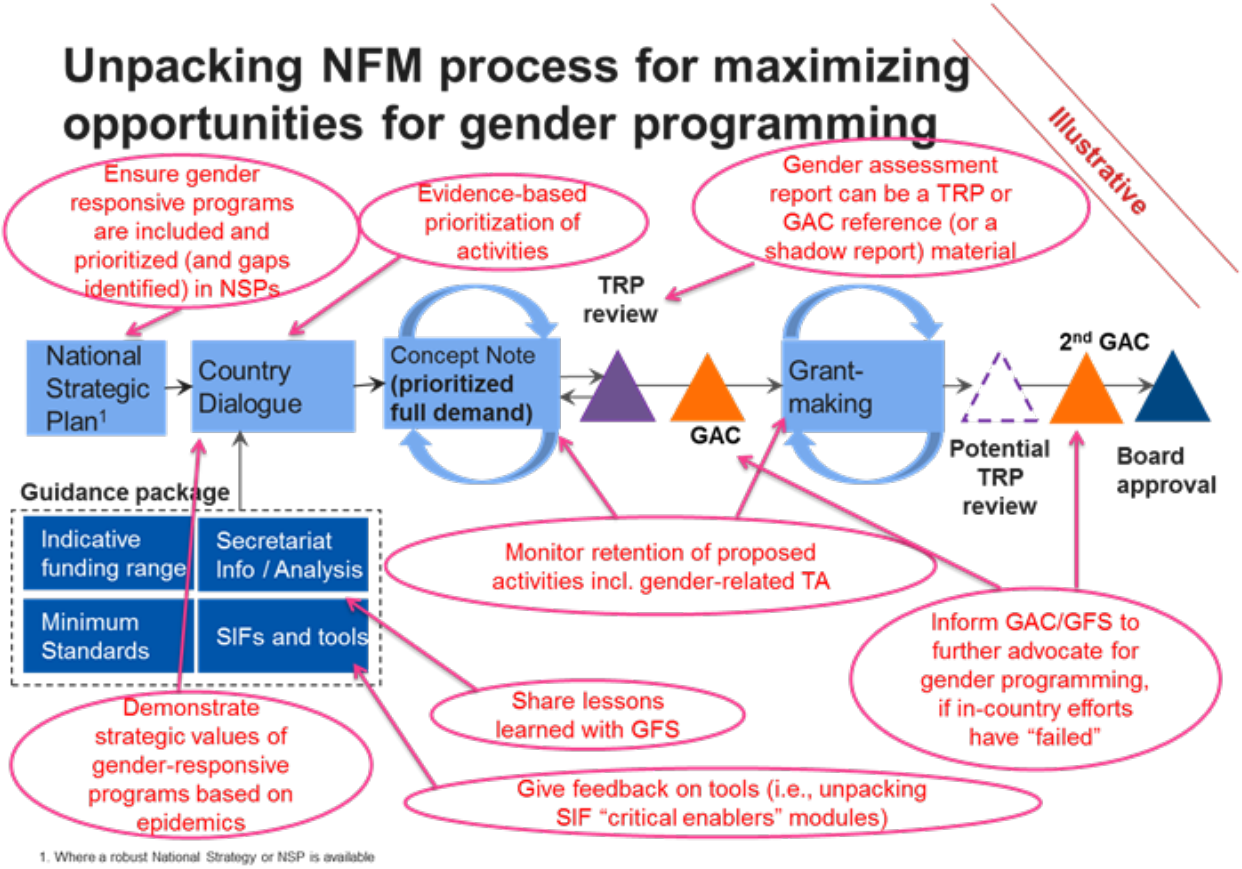
Figure 1: *NFM eight-step process*



Source: The Global Fund, 'Transition Manual for the New Funding Model of the Global Fund', Global Fund, Geneva, 2012, http://www.theglobalfund.org/documents/core/newfundingmodel/Core_NewFundingModelTransition_Manual_en/

These steps provide some specific entry points and opportunities to integrate gender into the Global Fund process, as illustrated in Figure 2:

Figure 2: *Unpacking the NFM process for maximizing opportunities for gender programming*



Source: The Global Fund, 'Unpacking NFM Process for Maximizing Opportunities for Gender Programming', Global Fund, Geneva, 2013, http://women4gf.org/wp-content/uploads/2013/10/engendering-NFM.pdf.

IV. Checklist

Each stage of the NFM requires specific actions to ensure that proposed programmes integrate gender as a strategic and essential element of effective HIV responses. The Checklist explains each step and suggests gender-related actions to be taken in each one.

1. Strengthening national plans, strategies and bodies, including the CCM

The Global Fund strongly encourages countries to base their funding requests on national HIV strategies and plans,[10] which should have already been developed using an inclusive multi-stakeholder process and independently assessed. The national strategic plan (NSP) can be reviewed from a gender perspective utilising a range of tools, such as the UNAIDS Gender Assessment Tool.[11] Where a country does not have a NSP, or where one is no longer current, an investment case may be presented in the concept note in support of the funding request.[12] If the country is in the process of developing a new NSP, UNDP's planning tool '**On Course: Integrating Gender into National HIV Strategies and Plans'** can provide useful guidance.

The CCM is the national body responsible for managing the Global Fund process. As of 1 January 2014, CCMs are required to meet new minimum requirements and standards. One of the minimum requirements and one of the minimum standards have a specific bearing on gender. **Minimum Requirement #4** (see Annex B for full list of requirements) states that all CCMs must show:

> "evidence of membership of people that are both living with and representing people living with HIV, and of people affected by and representing people affected by tuberculosis and malaria as well as people from and representing key populations, based on epidemiological as well as human rights and gender considerations".[13]

The related minimum standard calls for balanced representation of men and women (i.e. at least 30 percent of female membership) on the CCM,[14] as referenced in Table 2.

Table 2: *CCM requirement on balanced gender representation*

The CCM membership (*members and alternates*) shows a balanced female representation	**Non Compliance** CCM female representation is less then 15%; OR there is no designated representative with espertise in gender issue and no evidence of efforts to ensure an active voice for women's issues. **Intemediate Compliance** CCM female representation is between 15 and 29%; OR there is clear evidence of efforts being made by the CCM to ensure an active voice for women., through a designated female representative with expertise in gender issues who represents women's organizations and participates regularly in meetings. **Full Compliance** CCM female membership is at least 30%

Source: The Global Fund, 'CCM Requirement on Balanced Gender Representation', Global Fund, Geneva (unpublished).

The Global Fund GES clarifies how women and girls are key affected groups in the context of the three diseases. The new standards mean that the documentation to support a request for funds and reporting on grants must not only include a gender analysis but also a meaningful engagement of women and other key affected populations in these processes.[15]

Regional and non-CCM processes

Most applications to the Global Fund are prepared by a CCM. There are two additional types of grant applications: non-CCM and regional. (1) Non-CCM: in a limited number of circumstances, countries may apply to the Global Fund without the process being directed by a CCM.[16] (2) Regional organizations may also be eligible to receive a Global Fund grant for regional initiatives.[17]

Whether eligibility comes through a regular CCM, a non-CCM or a regional organization, it is important that the grant integrates the gender dimensions of the three diseases and includes appropriate activities addressing gender inequalities and strengthening the response for women and girls.

Checklist for Step 1:

- ☐ **Analysis of the national HIV strategy or plan includes a gender assessment:** A gender assessment of the NSP should be undertaken as part of the process to prepare for the dialogue stage. Relevant questions include: Has analysis of the existing NSP revealed any strengths or weaknesses in approach, public structures and systems, policy approaches, legislation, capacity gaps and budgeting in HIV prevention, treatment and care interventions? Do these have gender-specific elements? Has the NSP recommended gender-transformative programming? Does it identify how to fill gaps in gender programming?
- ☐ **The needs and rights of women and key populations are represented on the CCM:** Does the CCM have a balanced representation of men and women? Is there appropriate representation of key populations? Does gender programming capacity exist within the CCM? If appropriate, has a funding request been submitted for building the gender programming capacity of the CCM?

2. Alignment of the Global Fund's process to existing country dialogue

The CCM will continue to function as the main body overseeing grant development and implementation. CCM members and other partners involved in Global Fund implementation will be encouraged to host a series of country dialogues to discuss funding needs and priorities. Participation in this process should include a wide range of stakeholders given that, "in order to develop effective gender-responsive HIV strategies and plans, broad-based multisectoral participation is required".[18]

An important component to be used during the country dialogue is the '**Information Note: Strategic Investments for HIV Programs'**,[19] which provides guidance in applying strategic investment thinking to the review of the NSP and in the development of the concept note, to ensure that interventions focus on groups and activities that will have maximum impact on the three diseases.[20] In evaluating the strategic value of HIV interventions, investment approaches stress the need to determine resource allocation priorities in light of those activities that have been shown to be cost-effective, efficient, increase equity and produce the maximum impact. As noted in '**Understanding and Acting on Critical Enablers and Development Synergies for Strategic Investments'**:

> "human rights and gender equality are essential considerations across the Investment Framework. Each basic programme activity has gender and rights dimensions that must be understood and incorporated into design and delivery. At the same time, certain kinds of focused action on gender equality and on human rights are 'critical enablers' for the HIV response. Other kinds of work on rights and gender contribute to many outcomes, including some related to HIV: they are 'development synergies'."[21]

The country dialogue should follow a four-step process to prioritize the components of a country's HIV response, based on its context, to provide a sound investment case. An investment case requires attention to the strategic value of HIV interventions with attention to "equity, efficiency and evidence".[22] **In making a case for investing in gender-responsive programmes within investment approaches, there are a number of pertinent cost-effective and efficient examples of gender-responsive interventions.** Some examples of successful initiatives can be found on the website **http://www.whatworksforwomen.org/,** which gathers information on interventions in over 100 countries where there is substantial evidence of success.[23] Moreover, the strong links between gender inequality, gender-based violence and HIV, for example, demonstrate the implicit value of incorporating gender dimensions into efforts to combat the epidemic. **Even without statistically significant evidence of effectiveness or cost-efficiency, the case for gender-responsive and gender-transformative programming can be made in reference to the negative impacts and high costs that gender inequality have in relation to HIV as well as a fundamental commitment to equity and human rights.**

Checklist for Step 2:

- ☐ **The process is built on broad representation of participants:** The dialogue should meaningfully engage participants representing: key government ministries and sectors (including HIV, health, gender, social welfare, justice, finance, planning); civil society; non-governmental organisations working on women's rights and the response to HIV; organisations and networks of women living with HIV; women, girls and transgender people; researchers; human rights organisations; legal, bio-medical and social policy experts and gender experts. Particular attention should be paid to the participation of women openly living with HIV and/or TB, women affected by the diseases (e.g. home-based caregivers' networks) and women's health and rights organizations.
- ☐ **The dialogue is designed and implemented to reflect a broad perspective:** Participatory dialogue captures the concerns and recommendations from diverse stakeholders, as described above, and considers the gender dimensions and the structural determinants that influence the spread and impacts of HIV.
- ☐ **Gender dimensions are reflected in a report of the dialogue:** If a report of the meeting is prepared, ensure that gender dimensions of the diseases are presented (as outlined in Table 1) and recommendations have been captured.

3. Design and submission of a concept note

Following the country dialogue, a concept note is prepared.[24] The development of the concept note must demonstrate a transparent process to engage a broad range of stakeholders, including non-CCM members, 'key population groups'[25] and women living with and affected by HIV, as active participants.[26] Ideally, the drafting group will include at least one person representing the multisectoral response and/or a gender perspective. If not, it is essential that these perspectives be integrated via technical partners. The country disease context must explain the epidemiological context and response, including progress on the NSP, and describe key populations, issues affecting access to services and system constraints. CCMs may access technical assistance to undertake a gender assessment of the NSP to be translated into appropriate planning, budgeting and monitoring in the concept note.

Strategic investment cases for the three diseases, as well as health and community systems strengthening, will include specific and clear guidance on how countries can design gender-sensitive and -transformative responses and better meet the specific needs of women and girls. The UNAIDS Investment Framework offers three categories of investment: six basic programme activities with proven effectiveness; a set of critical interventions that create an enabling environment for achieving maximum impact ('enablers'); and support for programmatic efforts set in wider health and development sectors related to HIV and AIDS ('synergies'). Gender equality in the investment approach context is considered a 'synergy,' along with other development issues. Gender inequality, however, may also be a key significant obstacle to preventing HIV and providing treatment and care for women and girls living with HIV, and to achieving better family planning, maternal and reproductive health outcomes. In such cases, adding gender-sensitive elements into basic programme areas may be an essential 'enabler' to achieving results. The UNAIDS Investment Framework does not identify the programmes necessary to scale up interventions that will have positive effects on women and girls, despite the clear evidence of need. However, it is important to articulate a gender-sensitive investment case, and thus focus on achieving maximal impact.[27]

The Global Fund's '**Information Note: Addressing Women, Girls and Gender Equality'** provides guidance on integrating gender into concept notes.[28] The '**Information Note: Strategic Investments for HIV programs'**[29] should be reviewed alongside the concept note instructions.

Checklist for Step 3:

- ☐ **Gender assessment/analysis has been completed:** Has a gender analysis of the country's epidemiological, social and economic context been undertaken? The UNAIDS Gender Assessment Tool is helpful to this process.[30]
- ☐ **The concept note includes recommendations for improving attention to gender dimensions of the three diseases:** Have the gender assessment and the gender-related outcomes of the dialogue been translated into specific recommendations and actions in the concept note? See UNDP's '**On Course: Integrating Gender into National HIV Strategies and Plans'.**[31]

- [ ] **An investment case has been made for integrating gender-responsive programming into the NSP:** Has the relationship between basic HIV programme activities, critical enablers and development synergies been examined, particularly in terms of funding gaps, to determine how to better support effective HIV programming?[32, 33]

- [ ] **Explicit attention has been paid to addressing the needs and rights of women and girls:** Are there strong proposals to reduce vulnerability to HIV, address the structural determinants of HIV transmission for women and girls, and prevent HIV transmission through women's, girls' and gender-specific interventions?[34, 35]

- [ ] **The concept note has focused on gender inequality as influencing vulnerabilities of women and men, girls and boys and other key populations:** Does the concept note take into consideration the factors that influence different vulnerabilities of men and women and other key populations? Does it propose programming to challenge harmful gender norms that perpetuate gender inequality?[36] Does it strengthen linkages between HIV and sexual and reproductive health programming? Does it take account of the impact of stigma on programmatic effectiveness?[37]

- [ ] **A gender-sensitive approach has been used in policies and plans for prevention, treatment, care and support:** Has access to and uptake of HIV counselling and testing[38] and treatment[39] been analysed from a gender perspective? Have responses to the gendered burden of HIV care and support been proposed?[40] Have barriers to equitable delivery been assessed? Does the concept note include strategic approaches and actions that will ensure that access and uptake of HIV services is gender-balanced? Again, the UNAIDS Gender Assessment Tool is helpful as a support to this stage of the process.[41]

- [ ] **The linkages between gender-based violence and HIV are addressed, with an understanding of the bi-directional association between gender-based violence and HIV as causes and consequences of each other:** Does the concept note recognize gender inequality as a fundamental driver of gender-based violence with attention to the linkages between gender-based violence and HIV?[42] Does the concept note propose to address **gender-based violence in all its forms**, such as intimate partner violence, sexual violence and psychological violence as well as systemic, structural violence in peace, conflict and post-conflict settings? Refer to WHO and UNAIDS in '**Addressing violence against women and HIV/AIDS: What Works?'** for guidance.

4. Independent review of concept notes by the TRP for recommendation of GAC approval

5. Determination of upper budget ceilings by the GAC

One of the innovative features of the NFM is the opportunity for enhanced dialogue between country planners and the Global Fund Secretariat in reaching a grant agreement. This should help establish a clearer understanding of the programming which has been requested for funding and address any methodological problems with the epidemiological analysis, feasibility and budget.

The Global Fund Secretariat is making more training available for their Fund Portfolio Managers (FPMs) to enhance understanding of the context for gender-transformative approaches and country support to articulate the recommended gender activities within the grant.

The dialogue encompasses the Technical Review Panel (TRP), the Grants Approval Committee (GAC) and the grant agreement. It is likely that the process will involve ongoing communication with one, or a small group of, country representatives. It is important that someone with expertise, authority, accountability and sensitivity to the gender context serves in this capacity and maintains lines of communication with the wider group of stakeholders, such as the director of the national HIV authority or the director of the national gender machinery.

Checklist for Steps 4 and 5:

- ☐ **A high-level champion has been appointed to advocate for consistent attention to the gender dimensions of the three diseases:** Has a lead country gender 'champion' been identified and appointed?
- ☐ **The Fund Portfolio Manager demonstrates an understanding of the gender perspective and programming that has been recommended:** Does the FPM demonstrate an understanding of the gender perspective and programming that has been recommended and considered how to set indicators for implementation?
- ☐ **Links have been established and maintained between the Fund Portfolio Manager and women's organizations:** Is there a link and/or relationship between the FPM and any women's organizations or technical partners?
- ☐ **A process has been set in place to ensure a flow of information to key 'gender stakeholders' about the outcomes of the negotiation:** Have 'gender stakeholders' (including organizations of women living with and affected by HIV) been kept informed of outcomes of the negotiation and advised if there have been any changes in proposed activities?
- ☐ **An adequate budget has been allocated to ensure implementation of prioritised responses aimed at addressing the gender dimensions of HIV:** Have adequate activity costs been set out to facilitate the implementation of prioritised responses aimed at addressing the gender dimensions of HIV?

6. Grant making

7. Approval of grants by the GAC

8. Approval of grants by the Global Fund's Board

The concept note and the feedback process from the TRP and the GAC are intended to lead to more rapid grant agreement and implementation after Global Fund Board approval. The process that follows should also maximize opportunities for the CCM and/or implementers to track progress with the Global Fund Secretariat's Country Teams as well as from other technical support providers.

Checklist for Steps 6–8:

- ☐ **Gender-responsive results and activities have been integrated into the agreement:** Does the grant agreement incorporate specific and targeted efforts to address the gender dimensions of HIV, as identified through, *inter alia*, the gender assessment, the national dialogue and the strategic data analysis, at the activity level?
- ☐ **Opportunities have been created for greater participation by organizations of women living with and affected by HIV and women's health and rights organizations as sub-recipients (SRs) and sub-sub-recipients (SSRs):** Have the responsibilities apportioned to SRs and SSRs been outlined? Has specific attention been paid to opportunities for the engagement of organizations of women living with and affected by HIV and women's health and rights organizations?
- ☐ **Budget includes resources allocated to gender-specific HIV needs and vulnerabilities:** Is a gender-responsive budget with resource allocations to gender-specific HIV needs and vulnerabilities evident?
- ☐ **Implementation support includes ongoing technical assistance with expertise relating to gender-sensitivity in implementation:** Support and ongoing technical assistance is provided by the Secretariat and technical partners to solve problems with grant management, with specific attention or expertise relating to gender-sensitivity in implementation.
- ☐ **Plans have been made to address the possibility that the PR, SR or SSR do not have sufficient capacity to implement gender-responsive programming:** If the PR, SR or SSR responsible for implementation of gender-transformative programming are facing challenges, do not have sufficient capacity or are not accountable and communicative, then are significant efforts being made to increase understanding of the issues and readdress how the programming activities could be undertaken by these or other actors?

V. Performance monitoring and evaluation

Aside from the eight steps outlined in the NFM, it is also important to consider **performance indicators, budgets, and monitoring and evaluation (M&E)**. Just as in the case of the country dialogue and the concept note, it is crucial to pay attention to ensure that the performance indicators, budgets and progress reports integrate the gender dimensions of the national HIV epidemic and response. This might include:

a. gender- and age-disaggregated data;[43]

b. gender-transformative budgeting measures, such as weighting budgets according to the disaggregation reflected in indicators;[44] and

c. a gender-sensitive monitoring and evaluation plan.[45]

The NFM has set a series of requirements for M&E throughout the grant life cycle. During the grant negotiation stage, the CCM and/or PR is responsible for an M&E Plan[46] and Performance Framework.[47]

During grant implementation, the PR is responsible for preparing progress updates and making requests for disbursements (currently called 'Progress Updates and Disbursement Requests')[48] that include updates on programmatic performance, conditions and management actions, which will eventually be integrated into the Global Fund modular tools. Additionally, during implementation, the Local Fund Agent (LFA) will conduct on-site data verification and a rapid service quality assessment. Annually, the Secretariat will select up to 20 grants for a data quality audit carried out by independent institutions. It is important to provide training and information to the PR and the LFA so that the data quality audit encompasses the gender dimensions of data. This means—at the very least—whether data are sufficiently disaggregated by sex and age.

Checklist for performance monitoring and evaluation:

- ☐ **The monitoring framework is designed to capture gender-related issues:** Is there a monitoring framework that allows for specific understanding of the impact of programming on women, girls, men, boys, transgender people, and other key populations, with clearly defined indicators to understand change at various levels of the grant agreement? See UNDP's '**On Course: Integrating Gender into National HIV Strategies and Plans'**, the World Bank's '**Gender sensitive HIV/AIDS indicators for M&E'** and the forthcoming 'Compendium of Gender Equality and HIV Indicators.'[49]
- ☐ **Gender-related evidence and documentation is being collected:** Is the PR able to gather evidence of programme reach and collect data from their own implementation as well as that of the SRs and SSRs in order to assess the progress of interventions with regard to the gender dimensions of HIV and gender inequality?
- ☐ **There are gender-specific indicators and targets in the evaluation framework**: Have gender equality indicators and sex-disaggregated (female/male) baseline data been captured? Is there a plan for continued collection and analysis? Are there indicators to measure progress on gender-transformative programming that include process measures as well as outcome and output?[50] Are there both qualitative and quantitative data on gender-related activities, such as surveys, records, focus groups, interviews and observations?

VI. Conclusion

This Checklist provides concrete support for:

(1) addressing gender as a social determinant of HIV vulnerability;

(2) gender-sensitivity as a critical enabler and development synergy for strategic HIV investments; and

(3) developing gender-transformative HIV interventions.

At the same time, such efforts will also support gender equality, human rights and sustainable development goals. The Global Fund's NFM and the GES, with their explicit commitment to strengthening attention to gender equality and human rights, offer an important opportunity to work at multiple levels. In doing so, the roll-out of the NFM is an important opportunity to leverage resources for more gender-equality- and human-rights-affirming HIV responses as strategic investments in health and development—in new and existing grants. Greater attention to integrating gender-sensitive and gender-transformative interventions can also help build stronger and more strategic TB and malaria responses. While increased attention to gender depends, in part, on greater evidence and information, including through consistent gender- and age-disaggregated data, it also requires political commitment at the highest levels. This combination of resources, political commitment, better evidence and more strategic information is vital for more effective, efficient and equitable programming.

Annex A

Examples of interventions outlined in the Global Fund's Gender Equality Strategy[51]

a. Take into account the different needs and vulnerabilities of women and men, girls and boys, and of men who have sex with men, transgender people, bisexual and lesbian populations;

b. Provide for the specific health needs of women and girls, men and boys, and reduce barriers that inhibit equitable access to prevention, treatment and care (including lack of specialized, targeted and integrated health services, user fees, discriminatory practices and attitudes by health care workers, etc.)

c. Address factors that impose disproportionate burdens of care and support on women and the elderly and put in place programs to mitigate these burdens;

d. Reduce the risks and vulnerabilities that increase women's and girls' susceptibility to infection by the three diseases, and mitigate the impact for those already infected (including gender-based violence, female genital mutilation, early or forced marriage, lack of access to education, wife inheritance, increased risk due to pregnancy, discrimination in employment, etc.)

e. Focus on women who face challenges in being able to access health services, many of whom are at risk of HIV infection or are particularly marginalized, such as sex workers, injecting drug users, lesbian, bisexual or transgender people, partners of bisexual men.

f. Include programs that empower women and girls so they can protect themselves by having access to sexual and reproductive health care access to female-controlled prevention measures (female condom, negotiating condom use, etc.), and access to education. In this context the Global Fund will champion activities that strengthen sexual and reproductive health-HIV/AIDS service integration.

g. Target the structural issues that increase the vulnerability of women, girls, men who have sex with men, transgender people, bisexual and lesbian populations, including sociocultural, legal, political and economic inequalities and discrimination;

h. Ensure that men and boys are targeted with appropriate interventions in prevention, treatment and care activities.

i. Use transformative approaches that involve and/or engage men and young boys in the gender inequalities fight.

Annex B

CCM eligibility requirements and minimum standards adopted by the Global Fund[52]

Eligibility requirement and related minimum standards
Eligibility requirement #1: The Global Fund requires all CCMs to: (i) Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders—including CCM members and non-members—in the solicitation and the review of activities to be included in the application. (ii) Clearly document efforts to engage key population groups in the development of funding applications, including most-at-risk populations. Related minimum standards: None.
Eligibility requirement #2: The Global Fund therefore requires all CCMs to: (i) Nominate one or more PR(s) at the time of submission of their application for funding. (ii) Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria. (iii) Document the management of any potential conflicts of interest that may affect the PR nomination process. Related minimum standards: None.
Eligibility requirement #3: Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases. Related minimum standards: • The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary. • The CCM takes decisions and corrective action whenever problems and challenges are identified. • The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan.

Eligibility requirement #4:

"The Global Fund requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected* by and representing people affected by Tuberculosis ** and Malaria*** as well as people from and representing Key Affected Populations****, based on epidemiological as well as human rights and gender considerations.

* Either people who have lived with these diseases in the past or who come from communities where the diseases are endemic

** In countries where Tuberculosis is a public health problem or funding is requested or has previously been approved for Tuberculosis

*** In countries where there is on-going evidence of Malaria transmission or funding is requested or has previously been approved for Malaria

**** The Secretariat may waive the requirement of representation of Key Affected Populations as it deems appropriate to protect individuals"

Related minimum standards:

- The CCM has balanced representation of men and women (the Global Fund Gender Equality Strategy clarifies how women and girls are key affected groups in the context of the 3 diseases).

Eligibility requirement #5:

The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members under Requirement 4, but not to multilateral and bilateral partners.

Related minimum standards:

- CCM membership comprises a minimum of 40% representation from national civil society sectors.
- CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM.
- The CCM elects its Chair and Vice-Chair(s) from different sectors (government, national civil society and development partners) and also follows good governance principles of periodic change and rotation of leadership according to CCM by-laws.

Eligibility requirement #6:

To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to: (i) Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight, and selection or financing PRs or SRs. (ii) Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.

Related minimum standards:

- To guarantee effective decision making, the CCM ensures that the number of members in the CCM with CoI does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).

Endnotes

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