COVID-19 RESPONSE MECHANISM

2021 UPDATES FOR KEY AND VULNERABLE POPULATIONS

APRIL 2021

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C19RM 2021 | OVERVIEW

- Mechanism maintains speed and agility, with a **robust end-to-end process** and strengthened and an expanded partner and community engagement.

- The United States government announced **US$3.5 billion** to the Global Fund's COVID-19 response.

- Germany has just announced a contribution of **€140 million**. Other donors may follow suit.

ELIGIBILITY

WHO IS ELIGIBLE? | All current implementer countries, including regional / multicountry recipients, that are receiving funding from the Global Fund.

Allocation letters received by CCMs on April 8th

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ELIGIBLE INVESTMENTS

C19RM will continue to fund the following areas:

COVID-19 Response

COVID-19 related adaption of programs to fight HIV, tuberculosis & malaria

Strengthening health and community systems

Cross-cutting Community Responses

! Applicants are encouraged to **include oxygen in their future C19RM funding requests** to rapidly scale-up oxygen provision and treat severe COVID-19 cases.
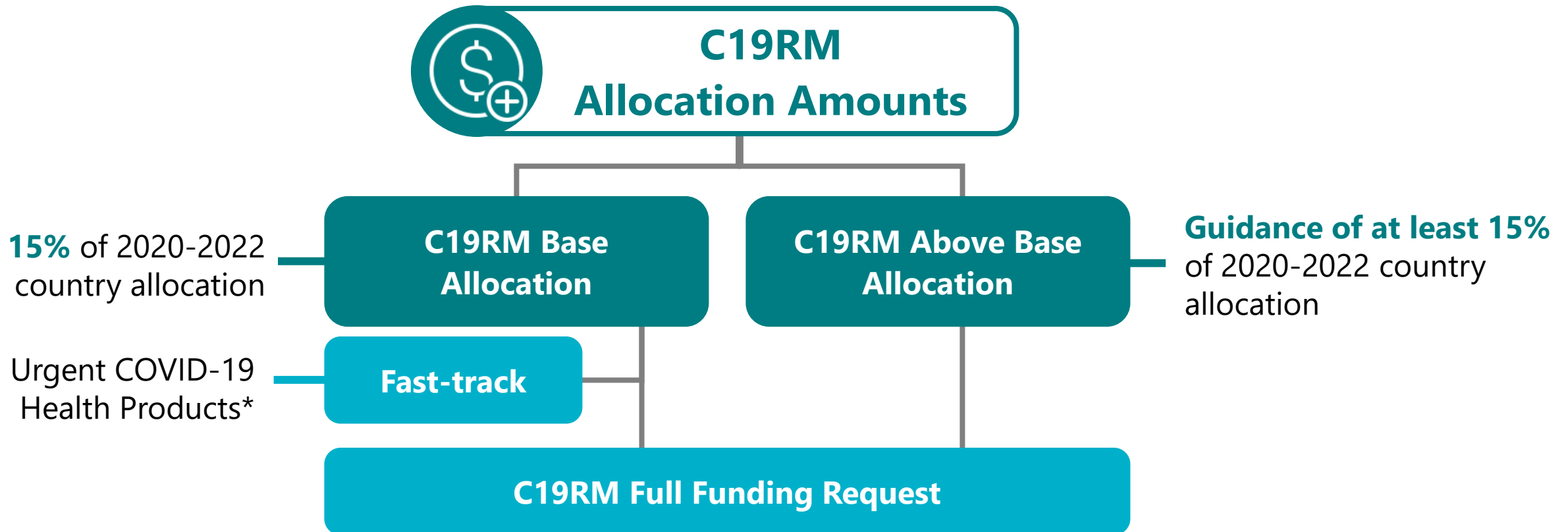
✕ C19RM **will not support procurement of vaccines***, nor be primarily focused on vaccine deployment.

* CCMs strongly encouraged to **use primary vaccine funding sources**, GAVI-COVAX and World Bank MPA.

C19RM APPLICATIONS | DEVELOPMENT OF C19RM FUNDING REQUESTS

Applicants are invited to submit requests to access C19RM Funding through a C19RM Full Funding Request and/or a Fast-track Funding Request

**C19RM
Allocation Amounts**

15% of 2020-2022 country allocation

C19RM Base Allocation

C19RM Above Base Allocation

Guidance of at least 15% of 2020-2022 country allocation

Urgent COVID-19 Health Products*

Fast-track

C19RM Full Funding Request

* And associated costs for their effective deployment
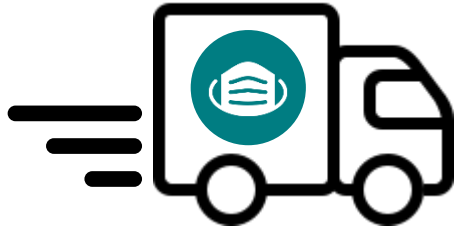
C19RM FUNDING REQUESTS

Submission Windows

for all supported activities or both

Fast-track Funding Request

for urgent COVID-19 health products

C19RM APPLICATIONS | FAST-TRACK FUNDING REQUESTS

Countries can submit **a portion of their C19RM Base Allocation** to expedite fulfilment of **urgent procurement requirements[1]**, which includes :

PPE	**Diagnostics**	**Therapeutics[2]** (oxygen and related equipment)

in line with WHO guidance, COVID-19 Strategic Preparedness and Response Plans, and consulted with national COVID-19 response coordinating bodies.

! **NOTE:** Fast-track submissions to start **7 April 2021** with expedited review process.

[1] These health products are set out in the **optimal category** within the Health Product Segmentation Framework.

SUBMISSION WINDOWS & TIMELINES

Eligible countries are invited to submit C19RM funding requests through defined submission windows.

Submission Window	Date
Fast-Track	As of 7 April 2021
Window 1	14 May 2021
Window 2	31 May 2021
Window 3	15 June 2021
Window 4	30 June 2021

IMPLEMENTATION ARRANGEMENTS

- C19RM funding will be channeled through existing Principal Recipients and grants.   The applicant is strongly encouraged to identify the most optimal existing implementation arrangements to facilitate the effective delivery of the C19RM interventions.

- New implementers may be considered in exceptional circumstances **(expertise on a particular area not covered by existing PRs or SRs),** subject to satisfactory assurance arrangements and ability to implement proposed interventions with speed.

> **!** **Note:** New implementers should only be considered when extreme circumstances require it.

Please refer to Section 1 of the C19RM Guidelines for further details

COMMUNITY ENGAGEMENT

CCMs need to ensure **meaningful consultation** and **inclusive decision-making** during funding request development. CCMs are still expected to make efforts to invite input from civil society and key populations using **virtual tools**.

Effective **community and civil society engagement** remain crucial for developing a robust response to the pandemic, including opportunities to **support community-led initiatives**, both to mitigate the impact on HIV, TB and malaria services, and to strengthen the national COVID-19 response.
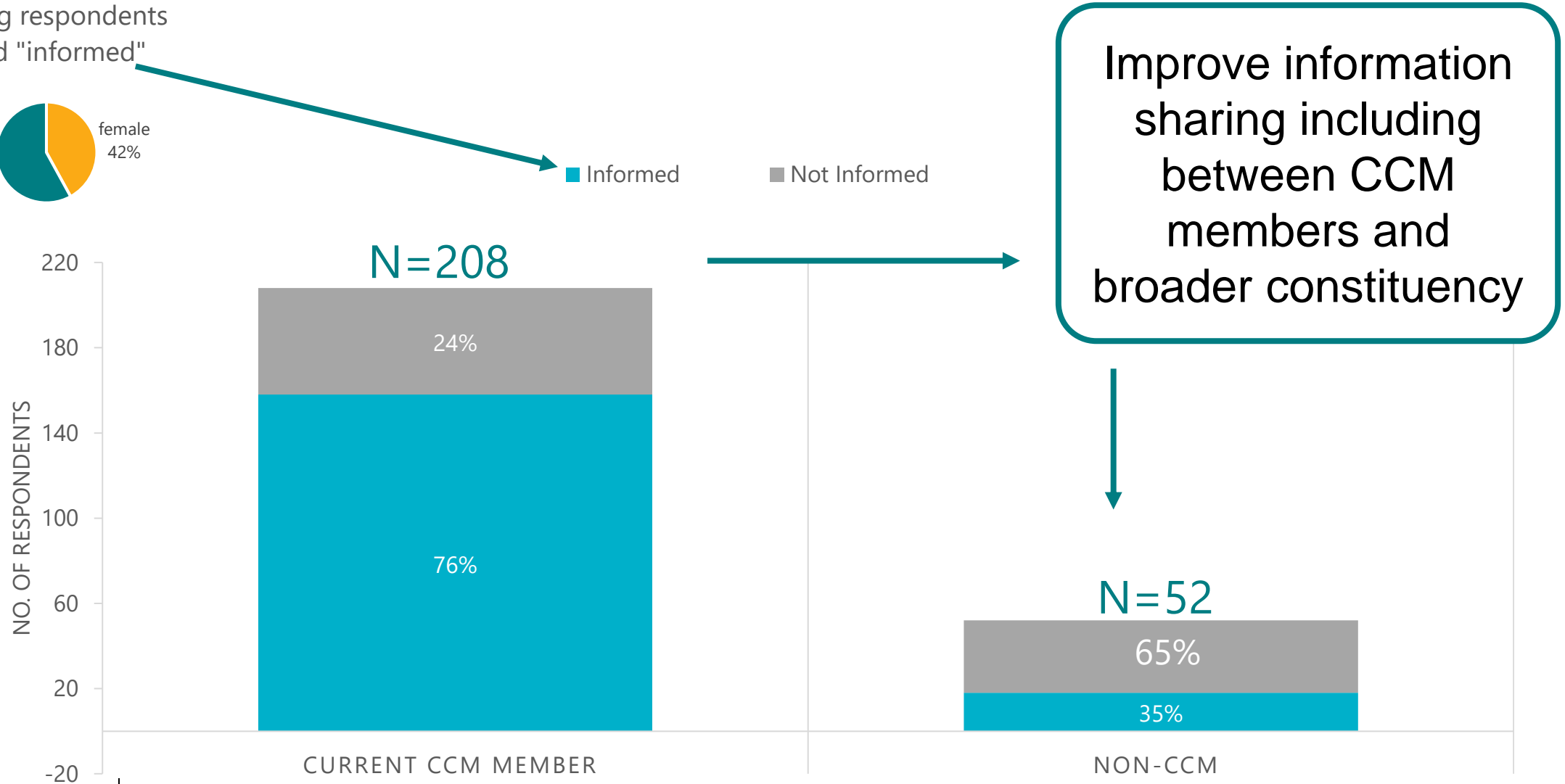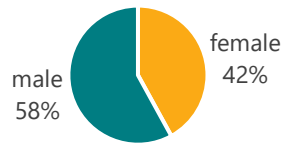
CCM engagement should expand to **include communities most severely affected** by COVID-19.

More information is available on the **C19RM Technical Guidance webpage**.

MAJORITY FELT HAD TIMELY AND RELEVANT INFORMATION ON C19RM & NON-CCM MEMBERS FELT LESS INFORMED

Among respondents rated "informed"

male 58% female 42%

■ Informed   ■ Not Informed

Improve information sharing including between CCM members and broader constituency

NO. OF RESPONDENTS

N=208

24%

76%

N=52

65%

35%

CURRENT CCM MEMBER

NON-CCM

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WHILE HIGH LEVEL OF INVOLVEMENT IN INITIAL DRAFTS, LESS IN COSTING AND WRITING

I was consulted on what priorities should be included in the request — 46%

I was involved in defining activities for the request — 30%

I was involved in reviewing and commenting on drafts of the request — 29%

I consulted my constituency on what should be included — 29%

I was involved in costing and budgeting for the activities — 15%

I was involved in writing sections of the request — 14%

Are you involved in the process

No (N=78) 30%

Yes (N=182) 70%
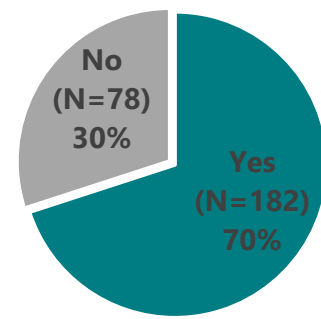
Maintain engagement until proposal writing and budgeting

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MANY RESPONDENTS ARE NOT SEEING <u>FINAL</u> DRAFTS – IMPORTANT OPPORTUNITY TO ENHANCE INFORMATION SHARING AMONG AND BY CCM MEMBERS

All respondent

| 52% Yes, I saw the final request | 48% No I have not |

Current CCM Member

| 68% Yes, I saw the final request | 32% No |

Non-CCM Member

| 84% No | 16% Yes |
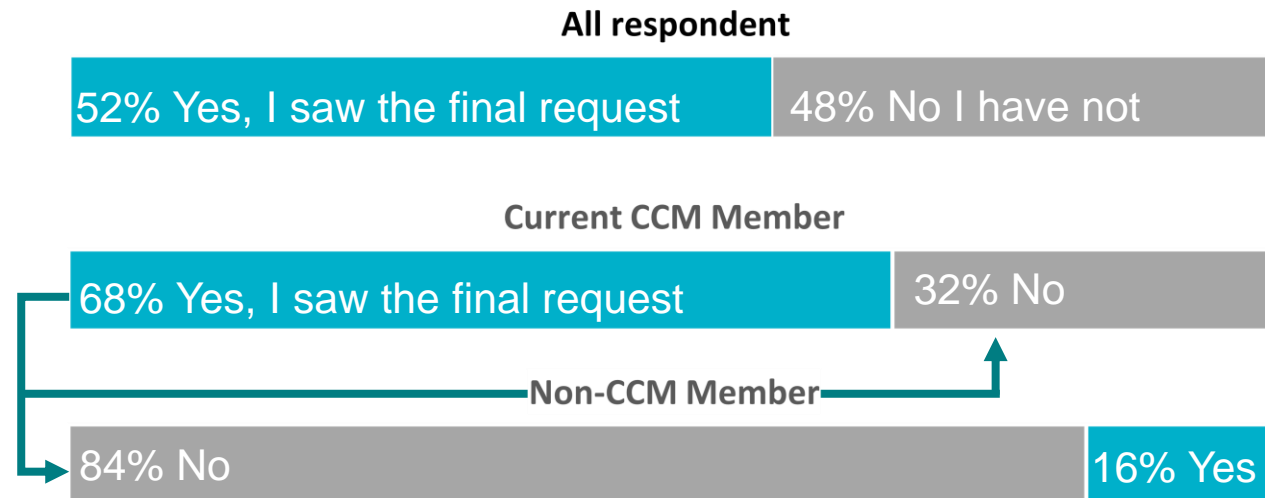
Ensure informed sign-off of the requests and report engagement bottlenecks

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HALF RESPONDED <u>KEY PRIORITIES</u> NOT INCLUDED IN THE FUNDING REQUEST

No (51%)	Yes (49%)

Word frequency and association analysis results of qualitative response

- "Community", "young people" and "KPs" are frequently associated by "not included", "no interest", "not prioritized"

- "Social Protection", "Food and Nutritious", "Mental Health", "Economic Support" are frequently associated by "increase" "lack" "need"

Communityleftout

Governmentpriorities

Support prioritization discussions

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CRG SI 2020-2021 – COMMUNITY ENGAGEMENT IN C19RM

1. TA

2. KVP Networks

3. CRG Regional Platforms

Short-term Technical Assistance in the following areas:

- **A: Situational analysis and needs assessment:** CRG-related assessments (desk review and/or including KIIs) to generate strategic information for better decision-making to inform C19RM funding request development *(12 expert days*)*
- **B: Engagement in C19RM country dialogue processes:** Virtual or face-to-face community consultation to inform priorities for C19RM funding request *(12 expert days*)*

→ *For more information contact the [CRG regional platform](#) in your region or crgta@theglobalfund.org*

Support to key and vulnerable population networks and organizations and CRG regional platforms:

- Support C19RM focal points in each network/platform to facilitate **coordination, information sharing and provide virtual technical guidance**
- Disseminate C19RM guidance to **CS and communities** in GF eligible countries
- Convene **regional webinars**
- Develop and disseminate **constituency-specific / regional-specific resources to support inclusion** of community responses and address human rights and gender related barriers
- **Convene civil society and community in-country consultations** to identify C19RM priorities
- Provide line of sight and **prompt feedback to GF secretariat** on engagement bottlenecks

→ *For more information contact the [KVP network](#) and [CRG regional platform](#) focal points*

*TA will be provided by the following providers: APN+, ASAP, ECOM, Frontline AIDS, ICASO, ICI SANTE

COORDINATION & ENGAGEMENT

C19RM Funding Request Development

- Must demonstrate **multi-sectoral consultation** and **fully-inclusive decision-making**, with partners, communities (including communities most impacted by COVID-19) and civil society; and

- Ensure coordination with **national COVID-19 response coordinators** and **in-country COVID-19 response partners**.

CCM Funding

- **Minimum of 15% of their regular budget** for **civil society organization engagement**, and flexibility to realign costed workplans to C19RM consultation priorities.

- **Additional CCM funding (up to 25% of 2021 funding)** available, to support engagement of key stakeholders/communities and coordinate with national COVID-19 response bodies.

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TECHNICAL GUIDANCE AND TEMPLATES

Streamlining content and developing strong technical guidance.

C19RM Technical Information Note

- Provides applicants with technical guidance on eligible C19RM interventions, based on WHO COVID-19 Response Pillar Framework

- Emphasis on community-led responses

HIV, TB & Malaria Information Note: Mitigation of COVID-19 Effects on HIV, TB & Malaria Services & Programs

- Supports CCMs, national programs for HIV, TB & malaria, & in-country partners with C19RM funding request development

Technical Information Note on Community Systems & Responses: to improve community engagement

- In addition to the interventions covered in the guidance, examples of CRG-related investments during COVID-19.

Guidelines for Grant Budgeting

WHO Strategic Preparedness & Response Plan for COVID-19

UNDER PREPARATION AND REVIEW WITH PARTNERS

COMMUNITY SYSTEMS AND RESPONSES MORE VISIBLE

6 "CRG" interventions covered in the guidance (out of 18 in total):

- Community-led monitoring

- Community-led advocacy and research

- Social mobilization, building community linkages and coordination

- Institutional capacity building, planning and leadership development

- Gender-based violence (GBV) prevention and care

- Respond to human rights and gender related barriers to services

Regular CSS interventions

! **Note:** Community-led responses should be included across the other interventions (or pillars) of C19RM; for example, community-led organizations could be engaged in contact tracing of COVID-19 patients, testing, etc.

SECTION 2: C19RM FULL FUNDING REQUEST (CRG)

2.1 CONTEXT

2.1.2: Summarize which stakeholders have been engaged in the development and decision-making for this Funding Request, including the national HIV, TB and malaria programs, central medical stores (or equivalent), laboratory systems, **civil society and key and vulnerable populations** (including both CCM members and non-CCM community representatives), **and communities most severely affected by COVID-19.**

2.3 FUNDING REQUEST & PRIORITIZATION

2.3.4: Impact of COVID-19 on **gender-based violence and human rights**

2.3.5: Prioritization of interventions & activities
- Provide a brief overview of which considerations guided the prioritization process.

2.3.1: Provide information on disruption of **HIV services**
2.3.2: Provide information on disruption of **TB services**
2.3.3: Provide information on disruption of **malaria services**

particularly for key and vulnerable populations

2.4 IMPLEMENTATION ARRANGEMENTS

2.4.2: Community-based Organizations & Implementation Arrangements

- Describe the role CBOs will play in the response

- Indicate whether there are opportunities to reinforce the role and effectiveness of CBOs in the national COVID-19 response, including through supporting the most vulnerable communities, community tracing, supported isolation and addressing vaccine hesitancy

Examples of Community, Rights and Gender-related investments during COVID-19: summary of COVID-19 Guidance Notes and recommendations from Civil Society and Communities

Background:

This list of examples of concrete activities to address CRG-related challenges due to COVID-19 is based on the two CRG COVID-19 Guidance Notes, partners' reports and extensive consultations with communities and civil society. This list is complementary to the C19RM Technical Information Note, specifically the activities found within the six Intervention categories under Community Systems. These detailed activities are cross-cutting elements found across multiple Intervention categories.

This illustrative list can be used by civil society and communities and CCMs when preparing C19RM 2021 funding requests. It contains activities that support affected communities with immediate needs to ensure continuation of service delivery and respect of human rights during the COVID-19 pandemic.

SUPPORT COMMUNITY-BASED-ORGANISATIONS (CBOS) ENGAGEMENT IN PREVENTION AND SERVICE DELIVERY

Communities need to be able to communicate, provide relevant information and protect their frontline healthcare workers:

- Procuring **data packs**/IT support for communities to foster engagement in all processes

- Procuring **phones or data credits** for community outreach workers, community treatment supporters and/or peer educators to enable remote support to patients

- **Equipping CBOs** and key populations groups with **PPE** to ensure they have the means and capacity for continued participation

- **Adapting COVID-19 prevention information to mobile populations, minorities and indigenous people** to improve access to health services

- Scaling-up community mobilization/treatment support groups for **treatment support** and monitoring and strengthen the linkage to HIV and TB services for the management of side-effects

- Support **access to services for people in prison** (condoms and lubricants in discrete locations) and advocacy for early release programs

- Support community adolescent's treatment supporters who **link young people to testing and treatment**

SOCIAL PROTECTION AND MENTAL HEALTH

COVID-19 has magnified existing inequities - in many settings key and vulnerable populations face criminalization, stigma, discrimination, violence, homelessness, and food insecurity which can increase vulnerability to COVID-19. To facilitate KVPs to continue accessing prevention services and to support those on treatment for better treatment outcome, it is essential to provide social protection:

- **Nutritional support (and other livelihood packages)** for KVPs and some people living with/affected by the diseases

- Scale-up existing rapid response mechanisms, including existing **temporary shelters with comprehensive services** for victims of GBV and human rights violations

- Prioritize continuity of services supporting people with disabilities, and scale up if possible, including phone /online support.

Directly respond to the increase in **poor mental health** outcomes that arise from COVID-19 fears and social isolation:

- **Build on existing infrastructure for KVPs to support** one another, such as peer support (support groups, online/phone-based support mechanisms)

- **Support social mobilization and education of communities** including through organizing online or phone-based activities that are informative and allow for social connection

- **Increase mental health support** available to beneficiaries through online and virtual platforms

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SOCIAL PROTECTION AND MENTAL HEALTH

Annex A

Information on funding nutritional support and other social support as part of C19RM

Decisions on funding for nutritional/social support will be made on a case by case basis, taking into consideration the context in which the support is requested. Requests for nutritional/social support should include a well-articulated and clear rationale and *can* be approved if:

- It is clearly linked to maintaining TB and HIV program deliver, access and outcomes, e.g. in case of TB, used as an incentive for patients to be retained on treatment;
- It is only a small proportion (in terms of $ amount) of the overall C19RM funding request;
- Enrolment criteria should be well defined – with focus on most vulnerable populations with most critical needs – and specifications on how funds are going to flow to these specific beneficiaries should be provided;
- The country demonstrated exploration of alternative sources of domestic and/or international donor support ahead of requesting this support from the Global Fund;
- It is time-bound and linked to an exit strategy and can be efficiently implemented within the timeframe of C19RM funding;
- The requested funds are intended to fill a specific gap in an existing program for nutritional/social support (with implementing organizations that have demonstrated capacity to manage nutritional/social support programs) and plans to transition to government and other funding (if applicable) should be documented;
- The risk acceptance and assurance mechanisms are well documented and in line with Global Fund standards (risk and control framework). Implementation monitoring and M&E processes should be in place, e.g. periodic review by the LFA or other assurance provider may be requested.

COMMUNITY-LED-ACTIVITIES

Survey results are showing that both human and financial resources have been diverted from government diseases programs to the fight against COVID-19. Communities are needed more than ever and are well placed to alert, provide guidance and services.

- Finance CBOs to **monitor the impact of COVID-19** on health service providers in their communities

- Finance community-based education and advocacy to overcome vaccine hesitancy

- Support communities to monitor and report on quality of services, **stock-outs, and human rights violations**

- Finance the development of **advocacy materials** on the importance of preserving access to HIV, TB and malaria services and reproductive health services

- **Strengthen existing community platforms** (drop-in centres, safe spaces, community-based clinics) as well as community networks to deliver services (related to GBV/IPV, HIV, TB, malaria, and COVID-19.)

- **Expand** the provision of community-led HIV or malaria **rapid testing to COVID-19 (and future vaccines and therapeutics)**

- Sensitize COVID-19 health care workers on issues of **stigma, discrimination** and unconscious bias against KVPs and people living with HIV (PLHIV) and the need to provide care to these groups in a non-stigmatizing, non-discriminatory manner

- Support engagement with community leaders and raise awareness on the potential rights violations in the context of COVID-19 against KVPs

INTIMATE PARTNER VIOLENCE (IPV) / GENDER-BASED VIOLENCE (GBV)

Dramatic increases in GBV/IPV worldwide have been documented since the COVID-19 pandemic began, in part due to restrictions of movement and loss of livelihoods.

- Some countries reported incidents of GBV increased by 56% in first two weeks of lockdown (UN Women).

- In low-income countries, an estimated 37% of women have experienced intimate partner violence, with some countries having a prevalence as high as 50% (WHO).

- Exposure to GBV and IPV is strongly associated with increased risk of HIV acquisition and poorer health outcomes for PLHIV.

To reduce the risk of HIV acquisition:

- **Increase funding** for social media, radio and other internet-based tools to raise awareness on prevention of IPV and GBV, encourage use of **violence response services**

- **Increase funding** for and the capacity of existing **helplines for IPV/GBV** reporting/referrals

- Ensure the availability of and inform IPV survivors and communities (including KVPs) of the need to seek **HIV post-exposure prophylaxis**, emergency contraception and other emergency services, including **psychosocial support/mental health** and trauma services

- Train health care workers and law enforcement officers on the increased risk of IPV and other forms of violence that beneficiaries may face during the pandemic and on how to document and respond appropriately to disclosures of violence

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CRG CONSIDERATIONS | KEY MESSAGES

- **Meaningful community engagement is key.** (and a commitment to the Board and donors): important to maintain community engagement during C19RM funding request development, particularly during **writing and budgeting.**

- Civil Society and Communities can request **TA support** via the CRG SI partners (TA providers, CRG Regional Platforms and CRG KVPs Networks) to:
    - ✓ do a **situational analysis** (data, impact of COVID-19 on services, etc.).
    - ✓ work on **prioritization** of interventions for the funding request.
    - ✓ help engage with **non-HTM actors** (communities most severely affected by COVID-19).

- Although PRs and SRs will remain the same, it is possible to **engage new expert implementers** as service providers for specific interventions (example: GBV hotlines).

- C19RM 2021 is an opportunity to strengthen community systems and responses

GRACIAS

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