Examples of Community, Rights and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities

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Background

This list of examples of concrete activities to address Community, Rights and Gender (CRG)-related challenges due to COVID-19 is based on 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, 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.

This non-exhaustive list of examples includes activities that may be prioritized for C19RM 2021 funding to address some of the challenges faced by communities. Each funding request will be evaluated separately by the C19RM Investment Committee (based on programmatic rationale, implementation feasibility and grant assurance) and it is not guaranteed that activities (including those from this list) will be approved.

Meaningful engagement of communities is essential to minimize risks, maintain momentum towards global targets, and to ensure the COVID-19 epidemic and its response does not lead to adverse effects, such as aggravated discrimination against key populations.

It is advisable to build on existing activities in grants or expertise at Principal Recipient level, instead of constructing new activities and processes, to ensure implementation readiness, fund absorption by 31 December 2023 and adequate risk mitigation. However, where specific capacity is required, such as an existing organization hosting a gender-based violence (GBV) hotline that is not currently receiving Global Fund financing, it may be possible to fund existing and expert community-led or -based organizations as service providers, Sub-recipients or Sub-sub-recipients.

Non-exhaustive examples of eligible activities

1. Adaptation of existing programs

Fifteen months after the start of the pandemic, existing programs continue to be adapted to respond to new needs of patients and communities. The activities below are important to ensure the adaptations are evidence-based and respond to a constantly changing environment:

- **Rapid assessments of safety and security of KVPs** program clients and implementers considering COVID-19 restrictions, and **support for adjusting program delivery** based on findings
- **Support policy review and revision** to allow easier access to HIV, TB and malaria services, including multi-month dispensing and allowing third-party collection of treatment
- **Support costs** of programmatic adaptations converting the content and approach (from face to face to online) of trainings and sensitization sessions

2. 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 (Stop TB Partnership). Communities are needed more than ever and are well placed to alert and provide guidance and services.

Community-led-delivery of services:

- **Strengthen existing community platforms** (drop-in centres, safe spaces, community-based clinics) as well as community networks to deliver services (related to GBV/Intimate partner violence (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), TB/COVID-19 bidirectional active case finding, screening and testing, community tracing and supported isolation**
- Invest in sensitization of 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 against KVPs in the context of COVID-19

Community-led-monitoring:

- Support CBOs to **monitor the impact of COVID-19** on health service providers in their communities
- Support the development of **advocacy materials** on the importance of preserving access to HIV, TB and malaria services and reproductive health services, and relevant **activities on monitoring and reporting on access to services**
- Support communities to monitor and report on quality of services, **stock-outs, and human rights violations**
- Invest in integration of community-based education and advocacy to overcome vaccine hesitancy within ongoing advocacy activities, as appropriate

3. Intimate partner violence / gender-based violence

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:

- **Invest in** social media, radio and other internet-based tools to raise awareness on prevention of IPV and GBV; encourage use of **violence response services**
- **Invest in** enhancing the capacity of existing **helplines for IPV/GBV** reporting/referrals to address increased GBV/IPV implications due to COVID-19 pandemic
- 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

4. Support community-based-organisations' (CBOs) engagement in prevention and service delivery

For an efficient response to the challenges caused by COVID-19, communities need to be engaged in the design, decision-making, implementation and monitoring. These activities should take the gendered impacts of COVID-19 into consideration including issues of the gendered digital divide, increased gender-based and intimate partner violence and disproportionate rates of increased poverty for women.

- **Female health workers:** are 3x more likely than male counterparts to become infected with COVID-19 (UN Women); PPE is often not designed to fit many women's bodies and women may not have equal access to it (Ahmed & Dumananski, 2020).
- **People in prisons or other detained settings:** COVID-19 has highlighted serious issues prisons face worldwide, including poor conditions, overcrowding and a lack of resources which pose serious threats to the 11 million people in prisons worldwide and communities outside. Over 100,000 people in prisons have had COVID-19 worldwide (UNODC).
- **Migrants, Refugees and Internally Displaced People:** often face additional health vulnerabilities due to socioeconomic status; being in crowded or otherwise suboptimal environments; limited access to health services, cultural-linguistic barriers or limited health information (IOM).

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

- **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 strengthening 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; and
- Support community adolescents treatment supporters who **link young people to testing and treatment** (W4GF).
- 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;

  While all activities must be subject to robust grant assurance, the need for this is highlighted for activities to procure data packs/IT support/phones/data credit. The budget for any such activities is expected to be modest and to constitute only a minor part of the total funding request.

5. Social protection and mental health

COVID-19 has magnified existing inequities - in many settings key and vulnerable populations (KVPs) face increasing criminalization, stigma, discrimination, violence, homelessness, and food insecurity which can increase vulnerability to COVID-19 (Iverson, Sabin, Chang et al. 2020). C19RM 2021 should respond not only to challenges of KVPs related to HIV, TB and malaria but also to populations with a higher risk of developing severe illness with COVID-19. These populations are older people, and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, and cancer (WHO).

- **65 years old or older:** eight out of ten COVID-19 deaths reported in the US have been in adults 65 years old or older (CDC).
- **People with disabilities:** have a higher risk of COVID-19 mortality (3-3.5x higher) and people with learning disabilities have up to 25x higher risk (Missing Billions) (IFRC).
- **Sex workers:** sex workers face increasingly precarious conditions during COVID-19 lockdowns, taking additional health and safety risks (riskier clients, pressure for sex without a condom) as they are often excluded from accessing social protections (OSF; UNAIDS; Reuters, 2020).
- **Gay men and other men who have sex with men:** 25% of LGBTI respondents to a global UNAIDS survey unable to meet “basic needs” during lockdown.
- **Transgender people:** have experienced increased police harassment, particularly where sex-segregated lockdowns have been ordered **(HRW; OHCHR).**
- **People who use drugs (PWUD):** PWUD are often more vulnerable due to criminalization, stigma and discrimination and higher rates of underlying health conditions with less access to resources (Chang J, Agliata J, Guarinieri M., 2020).
- **Young people:** closure of schools and community centers has disrupted access to HIV and sexual and reproductive health and rights (SRHR) services for young people (UNFPA).

- **Stigma and Discrimination**: 61% of survey respondents reported an increase in stigma and misinformation about people with TB as a result of COVID-19 (Stop TB Partnership).

To facilitate KVPs' continued access to prevention services and to support those on treatment for better treatment outcome, it may be necessary 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

While all activities must be subject to robust grant assurance, the need for this is highlighted for activities related to nutritional support and social support. The budget for any such activities is expected to be modest and to constitute only a minor part of the total funding request. Please see Annex 1 for further information on pre-requisites that must be in place for nutritional and other social 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

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.