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# Overview of CLM in C19RM

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4 JUNE 2021

## The Problem & Opportunity

As the COVID-19 pandemic continues to challenge, and in some cases overwhelm health services, we must urgently take action to **understand the impact on people living with and impacted by HIV, TB, and malaria**, and work to make **adjustments in real-time** to ensure **ongoing access** to, and uptake of prevention, treatment, care and support services.

*Without CLM, HTM programs will be severely hampered; with it, HTM programs can succeed, even in the unpredictable context of COVID-19.*

With dedicated and deliberate investment in CLM for C19, we have **an opportunity for data and evidence** generated through CLM on COVID-related impacts on HTM services to support national responses to the pandemic and minimize disruptions of health services for those affected by the three diseases.

*CLM reveals the importance of community pandemic preparedness and reinforces how empowered communities can play a pivotal role in supporting the continuity of quality services by holding policy makers accountable.*

# CLM is embedded in the C19RM rationale and strategy



## Electronic Report to the Board

### Second Extension of C19RM and Operational Flexibilities

GF/B44/ER12 – Revision 2

Board Decision

## According to the Board's C19RM 2.0 Decision, CLM is needed:

- 1. To inform C19RM allocations:** “Data inputs used to inform the adjustments will include [...] data from community-led monitoring (CLM)” (pg. 15)
- 2. To address community engagement challenges:** “The Secretariat will provide support through [...] a portion of the centrally managed C19RM funds for broader CRG areas, e.g. community-led monitoring” (pg. 26)
- 3. To ensure the success of country-level C19RM investments:** “Some examples of such needs include: [...] support for global coordination on community-led monitoring (including for reporting on human rights violations and GBV and to address quantitative and qualitative data gaps on HIV, TB and malaria services” (pg. 29)
- 4. To ensure synergies with 6th replenishment grants:** “Additional strategic priority areas [for centrally managed C19RM funds ] [...] may include support for coordination on community-led monitoring” (pg. 60)

Board Decision Paper: value of CLM to C19RM investments for rapid feedback, centrally managed funds can be allocated to CLM for Covid-19, CLM contributes to the success of not only HTM grants, but now evident in C19 towards equitable access to control and containment, vaccine preparedness and access

# CLM is a core component of funded activities under C19RM

**CLM data can inform multiple pillars of C19RM grants:** such as indicating if there are stockouts or limited supply of tests, drugs, vaccines, supplies, commodities, etc.; whether COVID-19 measures are in place; if key or specific populations are being turned away from services; and what messages need to be disseminated to communities. In addition, the Global Fund’s COVID Information Note from April 2021 mentions:

Section	CLM mention
COVID-19 Control and Containment	<p>Pillar 1: Support to civil society and community organizations in order to play a meaningful part in country- level co-ordination</p> <p>Pillar 2: a) Identify and map marginalized and at-risk populations to engage with culturally appropriate messages using relevant channels and community networks/influencers. b) Establish mechanisms to embed the voice of communities into decision-making for emergency response</p>
Mitigation for Disease Programs	Pillar 9: Community response: Support the development, adaptation and delivery of additional services through CBOs and expansion of CLM
Health and Community System Strengthening, Respond to human rights and gender related barriers to services:	Scaling-up support for community-led monitoring (CLM) of human rights violations and equitable distribution and access of C19RM funded tools – be it through expanding existent systems and apps or instituting harmonized paper-based/e-mail based quick reporting forms. CLM may need to be expanded in scope, to capture access to PPE, non-discriminatory food support, etc.

“Understanding communities and adapting to reflect those insights will look different for every community.”

–Global Fund COVID-19 *Response Mechanism Information Note*, 8 April 2021

# Community-led-activities



Diversion of human resources for health



Diversion of financial resources

Communities are well placed to **monitor, alert, provide guidance** and services



Adapting HTM service delivery



Addressing vaccine hesitancy

**Testing for Covid-19**  
at a Community Based Assessment Centre

# 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

## Community-led monitoring must be embedded in C19RM grants to make them effective

The [Information Note](#) says funding requests can include CLM activities such as:

- **Development, support and strengthening of community-based mechanisms** that monitor: availability, accessibility, acceptability and quality of services (e.g. observatories, alert systems, scorecards); health policy, budget and resource tracking, and monitoring of health financing allocation decisions; and/or complaint and grievance mechanisms;
- **Community-led and/or -based monitoring of barriers to accessing services** (e.g. human rights violations, including stigma and discrimination and confidentiality; age and gender-based inequities; geographical and other barriers) for purposes of emergency response, redress, research and/or advocacy to improve programs and policies;
- **Tools and equipment for community-led and/or -based monitoring** (including appropriate technologies);
- **Technical support and training on community-based monitoring**: collection, collation, cleaning and analysis of data; and using community data to inform programmatic decision making and advocacy for social accountability and policy development; and
- **Community engagement and representation** in relevant governance and oversight mechanisms;
- **CBO monitoring of the impact of COVID-19** on health service providers in their communities;
- **Support communities to monitor and report stock-outs**, quality of services and human rights violations.

**Intel from civil society confirmed that C19RM Funding Requests include CLM activities.**

“These proposed activities will therefore support CBOs through community monitors to monitor the impact of COVID-19 in their communities, including who is being excluded from services” – **Botswana’s May 2020 C19RM funding request**



**Thank You**



# Backup

## 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**

# 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.

## 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**

**ACTIVITIES WHICH RESPOND TO THE SITUATION DESCRIBED HERE**

## 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.