

Women4GlobalFund ACTION ALERT

Everything women need to know about the second phase of the Global Fund COVID-19 Response Mechanism (C19RM)



Use this W4GF action alert to understand:

- › The COVID-19 Response Mechanism (C19RM) initiative, scope and timelines
- › What you need to know and do to effectively influence the process in a way that advances the rights and needs of women and girls in all of our diversity – including by getting technical assistance to support meaningful engagement.
- › What can be funded under the initiative, with concrete gender responsive examples
- › How to formalise your submission: Don't miss the template at the end



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Everything you need to know about the process

What is the COVID-19 Response Mechanism (C19RM)?

On 7 April 2021, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) launched the [second phase of its COVID-19 Response Mechanism \(C19RM\)](#). Through this, **additional funding** is available at country and regional level (through multi-country grants) to address challenges to the delivery of HIV, TB and malaria services that are caused by the COVID-19 pandemic and countries' responses to it. C19RM full funding requests must comply with the Global Funds principles of **gender equity and human rights**.

Key resources

The International Council of AIDS Service Organizations (ICASO) – in partnership with GATE, APCASO/APCRG and Global Fund Community, Rights and Gender LAC Regional Platform – have prepared a short paper that outlines everything [you need to know about the process](#).

The Global Fund has prepared a number of C19RM [Guidance Notes](#) that are important. If you only have time to read one or two documents, then we recommend the following two, which discuss what the Global Fund will support related to women, girls and gender:

- › [Examples of Community, Rights and Gender-related investments during COVID-19: summary of COVID-19 Guidance Notes and recommendations from Civil Society and Communities](#), which includes a key list of examples that women can apply for. 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.
- › The COVID-19 Guidance Note: Community, Rights and Gender can be downloaded in [English](#) | [Español](#) | [Français](#) | [Русский](#)

What does the C19RM have to do with women and girls?

Everything! COVID-19 has deepened existing inequalities and has been harmful to the health and lives millions of women and girls by making us even more vulnerable. Worldwide, we are facing greater threats to our economic stability, our food and nutrition security, our overall health and security (including significantly increased risk and experience of violence), our self-determination, and our ability to enjoy our sexual and reproductive rights and health. All of these vulnerabilities heighten our risk to HIV, TB and malaria and make the lives of those of us living with the three diseases even more challenging.



Why is it urgent that you get involved?

Without your engagement, there is a significant risk that C19RM submissions will be gender blind, failing to meet the needs and uphold the rights of women and girls or, even worse, putting them in the way of further harm. It is important that we do better in this second phase of C19RM submissions compared to a year ago. A Global Fund survey of C19RM submissions following that first cycle found that:

- › 24% of civil society members of Country Coordinating Mechanisms (CCMs) did not have timely and relevant information on C19RM
- › Of the civil society members that did have information, less than 15% were involved in the writing, costing and budgeting of the proposal
- › 32% of civil society CCM members did not see the final version of the funding request
- › 51% of civil society CCM members said their priorities were not included in the funding request

These findings refer to civil society in general. But it is a fair assumption that if data were collected in terms of the specific engagement of women and girls, the percentages would have been even smaller because we are often ignored and marginalized. Let's not allow this to happen again.

Do not wait to be invited. Engage to ensure that the needs of women and girls are integrated with existing programmes on HIV, TB and malaria, including all initiatives supported or introduced through the C19RM initiative. Connect with civil society representatives on **your CCM** and push your countries to respond to the needs of women and girls when applying for and using these additional funds.

Keep the following in mind before and during your involvement:

- › **You have the right to information from your government.**
Countries are required to provide information on the impact of COVID-19 on key and vulnerable populations, on gender-based violence and on human rights. They must provide analysis and interventions that address the gaps in programming and they are required to submit the full list of civil society suggestions for inclusion in the C19RM funding request (including those suggestions that were not prioritized).
- › **You have the right to resources to meaningfully engage.**
Additional funding has been made available to CCM Secretariats to support your engagement to develop the C19RM funding requests, coordinate with national COVID-19 response bodies and to ensure that all communities (including those not on the CCM) are included in the development of the funding requests.

Applicants **MUST** submit the full list of civil society suggestions with their C19RM funding request (including those suggestions that were not prioritized). Therefore, it is important that communities officially document and submit their priorities to the CCMs. You can read more if you want in the [Global Fund Guidance Note](#).



What is the process to apply for C19RM support?

Countries can request C19RM funding in two stages:

› **Fast-track funding request:**

Applications can be submitted on an accelerated basis to support urgent procurement of health products (except vaccines) for COVID-19 any time after 7 April. This fast-track opportunity is optional.

› **Full funding request in four windows:**

As indicated in the table below, there are four 'windows' in which full funding requests will be considered, with the first on 14 May and the final one on 30 June. During one of these windows, applicants that have submitted a fast-track funding request should also submit the remainder of their C19RM funding request, including additional interventions as needed under the three eligible investment categories.

All CCMs have received allocation letters that **urged them to submit their C19RM funding requests by 14 May 2021, with the latest possible deadline for submission being 30 June 2021**. For multi- country grants, the RCMs receive the letter but the request must be endorsed by the CCMs and the national COVID-19 bodies in the participating countries of the multi-country grant.

The Global Fund tracker highlights country C19RM funding requests [Allocations](#) and [Requests](#).

APPLICATION DEADLINES		Funds must be used by 31 - 12 - 2023
FAST-TRACK	ANY TIME AFTER 7 APRIL 2021	
Window 1	14 May 2021	
Window 2	31 May 2021	
Window 3	15 June 2021	
Window 4	30 June 2021	

What this timeline means is that your engagement is urgent. As you read this action alert, chances are that your CCM is already preparing its submission. Don't let this opportunity slip by: **reach out now to W4GF, ICW Eastern Africa or to the Community, Rights and Gender Communication Platforms in your region.**

What support, including technical assistance, is available for women advocates to be meaningfully engaged?

Women's rights organizations, networks and advocates can request technical assistance through the Community, Rights and Gender (CRG) Strategic Initiative to engage in C19RM submission processes. You can request support no later than 30 June 2021 in the following two areas aligned to the windows:



› **Activity track A:**

Situational analysis and needs assessment including those related to community, rights and gender. This could also include (desk reviews and/or including key informant interviews) to generate strategic information for better decision-making to inform C19RM funding request development

› **Activity track B:**

Engagement in C19RM country dialogue processes: Virtual or face-to-face community consultation to inform priorities for C19RM funding request.

Reach out to the [CRG Regional Platforms](#) to obtain more information and submit your request as early as possible since this technical assistance is only available until the end of June 2021.

ICW Eastern Africa is also providing some technical assistance for women living with HIV and adolescent girls and young women in Anglophone Africa (Uganda, Kenya, South Africa, Botswana, Tanzania). For more information click [here](#).

What can be supported through the C19RM initiative and timelines

C19RM funding can **only** be used for the following types of interventions, according to the Global Fund's specific guidelines:

- › COVID-19 control and containment interventions
- › COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis and malaria, including, but not limited to, support for COVID-19 interventions needed to safely implement campaigns, community and health facility-level HIV, TB and malaria programs, and additional delivery and procurement costs for HIV, TB and malaria programs where related to addressing COVID-19 disruptions
- › Expanded reinforcement of key aspects of health systems, such as laboratory networks, supply chains and community-led response systems, to address advocacy, services, accountability and human-rights based approaches.

**C19RM
funds cannot
support the
procurement
of vaccines**

This also includes the following around community systems and community, rights and gender interventions eligible for funding:

- › 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
- › Community responses should also be included in the other interventions, even those that are "COVID-19 interventions", such as contact tracing, testing, work on vaccine hesitancy, etc.



Understanding C19RM Allocation

The C19RM Allocation Letter – sent to the CCM – provides guidance on the **amount allocated to your country**. Contact your CCM civil society representative if you have not seen this letter or do not know how much money can be allocated to your country. All countries that have active Global Fund grants are eligible to receive a C19RM allocation. C19RM funding is additional to a country's 2020-2022 allocation and consists of **Base Allocation** (15% of the 2020 Global Fund country allocation across HIV, TB and malaria) + **Above Base Allocation** (15% of country allocation or more or less than 15% dependent on prioritized programmatic needs). If you want more information on this check out the **Eastern Africa National Networks of AIDS and Health Service Organizations** (EANNASO) explanations on **country allocations**.

Countries should be submitting both base and above allocations. Women's advocates should be lobbying for their priorities to be included in the base allocation request, rather than above base, where possible.

Actions for you to take

- 1 Contact your CCM now. Remember to document your communications.
- 2 If you need technical assistance, get in touch with your CRG regional platform (no later than 30 June 2021), ICW Eastern Africa or W4GF (no later than 30 May 2021).
- 3 Get in touch with other women's rights advocates to identify key priorities
- 4 Make the case on why these priorities need to be included in the country C19RM application, using the template available in this document



What to advocate for to address the needs of diverse women and girls in the C19RM submission?

When advocating for your countries/regions funding proposal under the C19RM to include interventions that will support the rights and well-being of women and girls, be realistic, strategic and concise. Where possible, build on work already being undertaken or gender transformative work that has been adversely affected by the COVID pandemic. To help you make your case, use the template in the final section of this document to prepare and submit your input to the CCM. Priority areas to advocate for may fall under the following areas, for example:

- › Support women-led organisations' engagement in prevention and service delivery
- › Responding to the increase in Intimate-partner violence /gender-based violence
- › Online adaptations for school based or in-person learning or support interventions
- › Community led monitoring
- › Social protection and mental health

Support women-led organisations' engagement in prevention and service delivery

Women must be engaged in the design, decision-making, implementation and monitoring of C19RM activities if countries are to effectively respond to the full range of challenges caused by COVID-19. Potential interventions could include:

- › **Equipping women-led organisations** with PPE to ensure they have the means and capacity for continued participation;
- › Sensitization of COVID-19 health care workers on issues of **stigma, discrimination** and unconscious bias against key and vulnerable women and girls living with HIV, so that they will provide care in a non-stigmatizing, non-discriminatory manner
- › **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.)
- › Support engagement with community leaders and raise awareness on the potential rights violations against key and vulnerable women and girls in the context of COVID-19
- › Support community adolescents treatment supporters who **link young people to testing and treatment** ^{W4GF}.
- › Procuring **phones or data credits** for women outreach workers, community treatment supporters and/or peer educators to enable remote support to communities.¹

Responding to intimate partner violence / gender-based violence

Dramatic increases in GBV/IPV worldwide have been documented, 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 people living with HIV. Potential interventions could include:

- › **Enhance direct financial support** to women's rights organisations as they respond to the increased violence that women are experiencing^{W4GF}.
- › **Expand on 'implementer safety' guidance** and raise the status of how organisations addressing human rights and gender-related barriers are classified. Advocate for domestic violence and other GBV response mechanisms to be included in definitions of essential services to enable them to continue operating.
- › 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.

1 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.



Community-led-monitoring

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*. Community-led responses are essential to continue reaching those living with and most affected by the three diseases. Potential interventions could include:

- › Support women-led organisations/networks to **monitor the impact of COVID-19** on health service providers in their communities
- › Support the development of **advocacy materials** to reinforce access to HIV, TB and malaria services and reproductive health services, and relevant **activities on monitoring and reporting on access to services for women and girls**
- › Support women to monitor and report on quality of services, **stock-outs, and human rights violations**.

Social protection and mental health

COVID-19 has magnified existing inequities. For example, in many settings key and vulnerable populations (KVPs) face increasing criminalization, stigma, discrimination, violence, homelessness, and food insecurity, all of which can increase vulnerability to COVID-19 *Iverson, Sabin, Chang et al. 2020*. 61% of survey respondents reported an increase in stigma and misinformation about people with TB as a result of COVID-19 *Stop TB Partnership*. Potential interventions could include:

- › Scale-up existing rapid response mechanisms, including existing **temporary shelters with comprehensive services** for survivors of GBV and human rights violations
- › Prioritize continuity of services supporting people with disabilities, who are predominantly women and girls, 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, including women and girls:
- › **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



W4GF is a dynamic global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and priorities of women and girls in all our diversity.

For more information, please contact Sophie Dilmitis, W4GF Global Coordinator.

[EMAIL](#) | [WEB](#) | [FACEBOOK](#) | [TWITTER](#)

Formalising your submission: (Name of country) C19RM funding request priorities: Addressing women and girls across ages and diversities

This form is intended to support women and women's rights advocates to formally request to the CCM that interventions focusing on women and girls be included in the CCMs or RCMs formal funding request under C19RM.

It includes three key sections:

- 1 Country context, with a focus on women and girls during COVID19
- 2 Priority areas to be supported and cost
- 3 Meaningful engagement of women in implementation

1 Country context, with a focus on women and girls most affected by COVID19

Introduction and Background

Provide a high-level summary on the impact of COVID-19 on public health and relevant socio-political areas such as human rights, gender, community mobilization as well as implications for HIV, TB and Malaria programming.

Context for women in your country

Include evidence of the situation and well-being of women and girls in your country. Focus on the areas that have been most affected by COVID-19 or your country's response to it. For example, has access to health services been restricted? Has violence against women become more common? Have women had less access to sexual and reproductive health services and commodities?

2 Funding Request Priorities

In this section you can outline the key priorities identified by women and girls to support the (Name of country) C19RM funding request being submitted to the Global Fund for consideration in x window. Be realistic and strategic about the asks, including no more than 3 to 5 points – a long list will be less successful.

Be specific: Where possible, specify localities – there may be areas of the country that are more affected than others. Recognize the diversity of women and girls: Are certain communities of women more affected or differently affected than others? For example, adolescent girls and young women; women of reproductive age; female sex workers, women who use drugs, transgender women?

For each area write no more than **one page** that addresses each of the points below.

- › Why this priority area is important and how women will benefit
- › What data and evidence supports it
- › What interventions this includes
- › When will the intervention be implemented?
Remember, C19RM 2.0 grants run until December 2023.
- › Cost

3 Meaningful engagement of women

Include here a full list of the people who were part of formulating this request, the organisation they represent and the key population or health area (e.g. TB, malaria) that they represent

Outline how women and girls will be involved in the implementation – remember to include a reminder that C19RM full funding requests must comply with the Global Funds principles of **gender equity and human rights, and therefore should include meaningful engagement**

Offer to support the proposal writing team and express your desire to stay meaningfully involved

