

# RAIN OR SHINE: Meaningful Engagement in Global Fund Processes During COVID-19

A Global Civil Society and Community Roundtable  
5 November 2020 • 2:00pm-4:00pm (GMT+2:00)

Convened by the Six Regional Platforms for Communication and Coordination, part of the Community, Rights and Gender Strategic Initiative



**Plateforme Régionale**  
Afrique francophone



**Regional Platform**  
for Communication and Coordination  
on HIV/AIDS, Tuberculosis and Malaria  
For Anglophone Africa



**Regional Platform**  
EECA



المنصة الإقليمية بمنطقة الشرق الأوسط وشمال أفريقيا  
**Plateforme Régionale MENA**  
MENA Regional Platform



**Regional Platform**  
Latin America and Caribbean  
Support, Coordination and Communication

**apcrg**  
The Asia-Pacific Platform on  
Communities, Rights & Gender

# OBJECTIVES

1. **Share information** from civil society and community-led surveys and case studies on the specific COVID-related barriers that impede meaningful engagement in Global Fund-related processes, and how these can be overcome.
2. **Highlight good examples** of effective community engagement in Global Fund country dialogue during COVID-19 for HIV, TB, malaria and C19RM funding requests submitted in Windows 1-3, and make recommendations for Windows 4-6 applicants.
3. **Promote cross-regional learning** and exchange, so that civil society and community organizations may replicate or adapt effective community engagement strategies.



# PROGRAM

Time	Topic	Speaker
2:00-2:10	Welcoming Remarks	Kate Thomson, Global Fund
2:10-2:40	<b>SESSION 1: “Information is Power: Understanding barriers, amplifying voices”</b> <ul style="list-style-type: none"> <li>Key populations at the center of the response: A community-led survey to ensure key populations’ voices drive COVID-19 service adaptations in HIV Global Fund grants in MENA (5-7 minutes)</li> <li>Meaningful Engagement in Global Fund Processes During COVID-19: Delegation of People Living with HIV in the Bolivian CCM (5-7 minutes)</li> <li>Community and Civil Society Resilience, Leadership, and Mobilization: During Pandemic and Post-Pandemic Situations. Asia-Pacific Reflections on What COVID-19 teaches us about investing in CSS (5-7 minutes)</li> <li>Community engagement in the C19RM funding request development processes: Insights from a rapid Global Fund survey (5 minutes)</li> </ul>	MENA Platform (Elie Ballan & Roy Wakim)  LAC Platform (Gracia Violeta Ross)  Asia-Pacific Platform (RD Marte)  Global Fund (Gilles Cesari)
2:40-3:00	Q&A and discussion	Gemma Oberth, Global Fund
3:00-3:30	<b>SESSION 2: “Against all odds: Stories of effective engagement in times of COVID-19”</b> <ul style="list-style-type: none"> <li>A community-led C19RM: How communities fought (and won) for stigma and discrimination activities in Botswana, and community-led monitoring (the C-Tracker App) in South Africa (5-7 minutes)</li> <li>Civil society leadership and coordination of virtual technical groups during the preparation of Russia’s Window 3 HIV funding request (5-7 minutes)</li> <li>Supporting meaningful community engagement in grant-making negotiations in Burkina Faso, Burundi, Mali and Niger – the national country dialogue facilitator model (5-7 minutes)</li> </ul>	Anglophone Africa Platform (Mlewa Kalama)  EECA Platform (Ivan Varentsov)  Francophone Africa Platform (Ida Savadogo)
3:30-3:50	Q&A and discussion	Gemma Oberth, Global Fund
3:50-4:00	Closing Remarks and Way Forward	Gavin Reid, Global Fund





**SEPTEMBER 2020**

**GLOBAL FUND REGIONAL PLATFORM COMMUNITY SURVEY**  
**THE SITUATION OF KEY POPULATIONS IN THE CONTEXT OF COVID-19**  
*in The MENA REGION*

*Mission and Report Produced by: Roy Wakim*

## MENA REGION

Key populations at the center of the response: A community-led survey to ensure key populations' voices drive COVID-19 service adaptations in HIV Global Fund grants in MENA

*By*

*Elie Ballan , Mcoalition*  
*Roy Wakim, Consultant*

# COVID- 19 In MENA region

COVID- 19 is generally having a negative socio-economic impact on key populations in the MENA region

Usual coping strategies for the key populations became no longer viable

key populations had to deal with increased violence, marginalization, discrimination, and stigma as part of their “new daily life”

***Study conducted in July-August 2020 (47 Online questionnaire + 5 interviews resource persons)***

• **Income:**

- 36% reported having a loss in income
- 38.3% were worried about losing their jobs
- 6% of PLWHIV vs. 13% of people not living with HIV declared loss of income

**Emotional & physical well-being:**

- 26% increase in stigma and discrimination during confinement
- 44% of PLWHIV vs. 22% of People Not Living w/ HIV subjected to stigma & discrimination
- 11% of all respondents endured physical violence and abuse
- ON THE OTHER HAND, 37% of PLWHIV exposed to physical violence versus 45% of respondents Not Living with HIV

**Food, Basic Commodities and Medications:**

- -50% worried food & commodities weren't enough
- -58% worried of shortage of essential medications

**Effect of restrictive measures & limitations of movement**

- 72% of respondents felt nervous, anxious or on edge
- 62% felt depressed
- 72% declared having felt lonely while confined
- Only 23% stated that they were not worried at all about their future
- 61.7 % of respondents wanted & had access to family support when needed
- 57.5% to community support
- Only 17.1% had access to professional psychological support
- 21.3% access to COVID-19 related support

**Access to HIV and Health Services during COVID-19**

- 38% of PLWHIV feared exposure to COVID-19
- 32% had difficulties in accessing services due to travel restrictions
- 26% were not able to liaise regularly with their doctors

**Main Challenges to Access services related to STIs:**

- 44% of respondents had fear of exposure to COVID-19
- 38% declared there was limited availability of STI services during lockdown



## A respond for meaningful community engagement

### **Communication:**

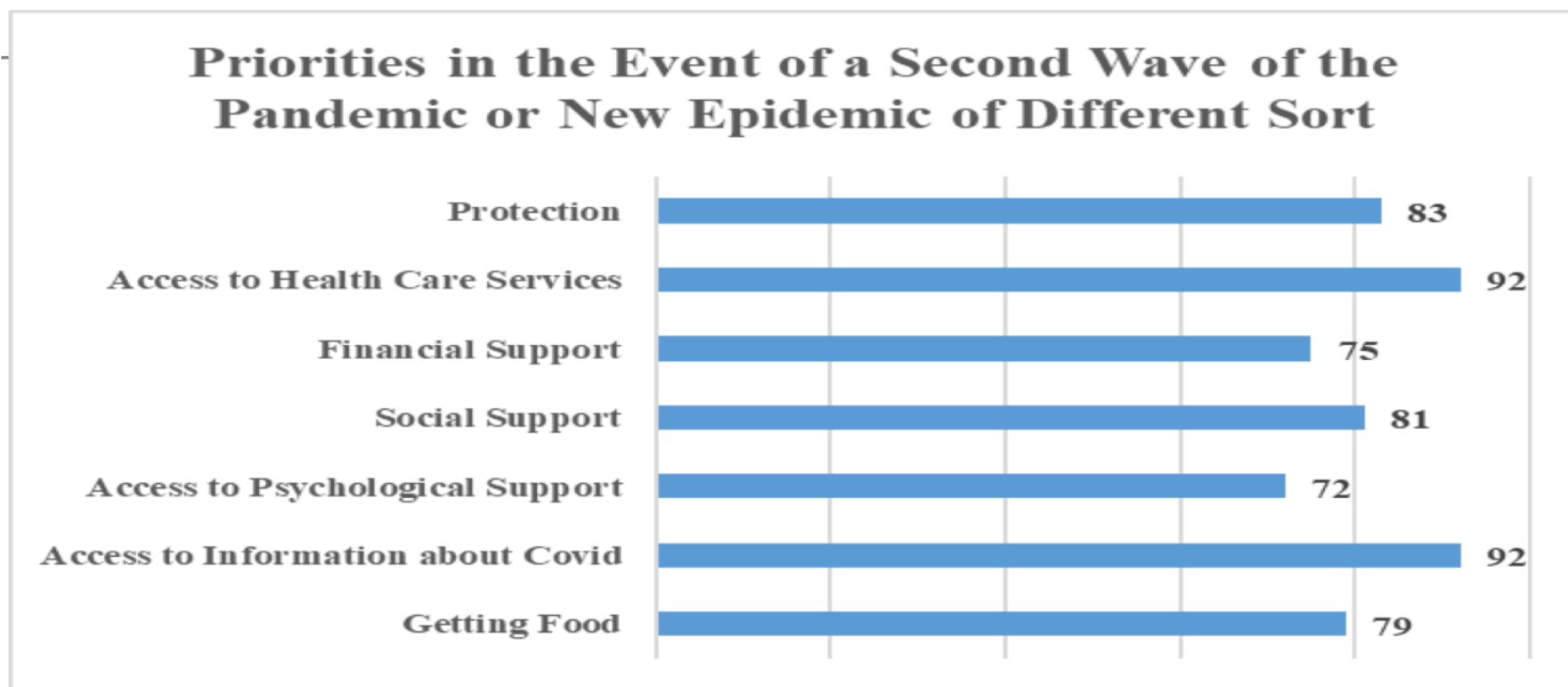
- 92% communicated with neighbors, friends and family
- 60% calling and/or texting on a daily basis
- Communication between organizations & beneficiaries very challenging during the pandemic:
- Organizations used social media like WhatsApp and Zoom to connect with their beneficiaries
- BUT contacts insufficient & sporadic

**“We had no direct interaction with our beneficiaries. We only had echoes of their problems”**

### **VARIOUS INITIATIVES in the Region:**

- patients had to be switched to “alternative molecules/regimens” MMD
- Some NGOs donated hygiene kits, food, & medications to PLWHIV.
- Special authorization to circulate during lockdown for support & home visits for PLWHIV and OST distribution to IDUs

## Interventions results



**organizations (2 in Egypt and 1 in Algeria – selected competitively)** to further understand the impact of the pandemic on PLHIV at country-level, improve access to information, and engage communities in defining HIV and TB program modifications.



Meaningful Engagement in Global Fund  
Processes During COVID-19

**Gracia Violeta Ross**

Delegation of People Living with HIV in the  
Bolivian CCM

**[graciavioleta@gmail.com](mailto:graciavioleta@gmail.com)**

**WhatsApp + 591 70678041**



# Issues

- **ARV medications:** Risk of re allocation of public funds (95% of medications). Difficulties of transport for people with HIV from rural areas and not urban zones. Illegal market of Kaletra, donation of Kaletra to COVID-19 patients.
- **CD4 and viral load testing:** Even larger delay in access. Main testing laboratories are now COVID-19 testing centers. Lack of reagents and disruption of international chain supply. Equipment needed repair by experts in other countries, but international flights were suspended. The Ministry of Health issued a recommendation to re assign functions of GenXpert machines purchased with the Global Fund in the HIV project for COVID-19 testing.
- **Economic challenges and hunger:** Most people with HIV are informal workers but could not work during the rigid quarantine; therefore, experienced great economic challenges and hunger.

# Responses

- **ARV medications:** Demanded an early recommendation for the continuation of ARV prescription, even for people with HIV who were not resident in a given city. Demanded 3 to 6 months prescription as per the recommendation of WHO in 2016. We demanded the use of cars of the Global Fund country project (Unidades Moviles), normally used for primary prevention with key populations, in order to have their support in transport and deliver of ARV medications. We made public denounces of the purchase of Kaletra in social media and demanded public information of the reasons why the National HIV Program was donating Kaletra to COVID-19 patients.
- **CD4 and viral load testing:** We rejected the recommendation of the Ministry of Health and started vigilance with community members on the use of GenXpert machines. The equipment could not be taken out of the HIV centers; otherwise the guarantee was going to be lost. We made clear the contribution of the HIV project to the COVID-19 response, 350.000 \$US. We demanded an official recommendation of the National HIV Program in order to prioritize viral load testing before any COVID-19 testing could be considered.
- **Economic challenges and hunger:** We demanded the Bolivian President, a bonus for all people living with a chronic disease (not responded). We organized volunteer support with food supplies from local governments and small organizations, in this way covered a lot of people with HIV in great economic need. We asked the next Global Fund proposal to include food supply for people with HIV in great need.

# Changes

- **ARV medications:** No interruption of ARV treatment, 2 month supply. The cars of the Global Fund country project (Unidades Moviles), supported HIV medication distribution.
- **CD4 and viral load testing:** No GenXpert machine was moved from the HIV centers. The National AIDS Program issued a recommendation for the viral load testing in people with HIV as a priority.
- **Economic challenges and hunger:** Volunteer support with food supplies continue to be delivered. The next Global Fund proposal includes food support for people with HIV in great need and is about to be implemented, we are finishing the list of beneficiaries as we speak.
- Question for Latin America and The Global Fund: **How does TRANSITION look like after the COVID-19 pandemic?**

# Community and Civil Society Resilience, Leadership, and Mobilisation During Pandemic and Post-Pandemic Situations

Asia-Pacific Reflections on What COVID-19 can teach us about the importance of investing in CSS

RD Marte, APCASO <[www.apcaso.org](http://www.apcaso.org)>



*APCASO hosts the Global Fund Community, Rights, and Gender  
Communication and Coordination Platform for Asia-Pacific (APCRG)*

## YES THERE WERE NUMEROUS CHALLENGES to HIV, TB, malaria communities brought on or magnified by COVID-19

- Restricted mobility = decreased ability to access services and treatment
- Disruptions to service delivery – from closure to shorter hours of operation
- Difficulties in organising and mobilisation (including for the Global Fund country dialogues)
- Challenges to enjoyment of other rights
  - Food security
  - Mental health
  - Increase in GBV among KP groups/sex workers
  - Increased vulnerability brought on by travel restrictions: esp. migrant workers
- For networks and orgs, apprehensions re pandemic and post-pandemic era: viability, ability to operate and find relevance in “new normal”

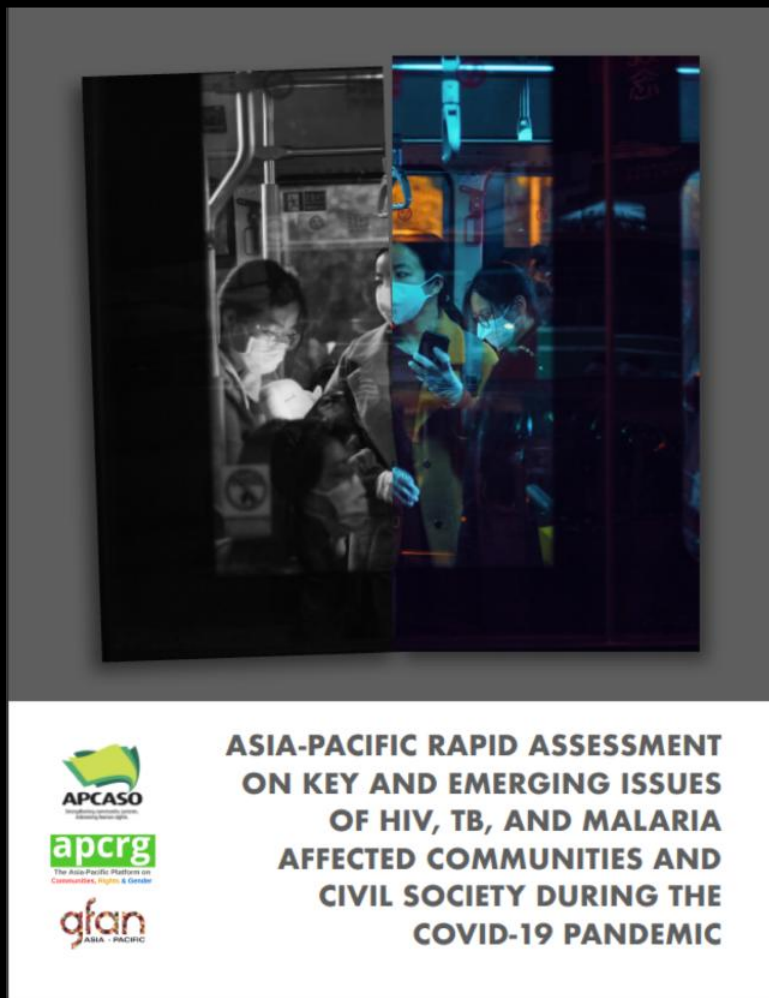
## BUT COMMUNITY & CS FIND WAYS TO RESPOND AND OVERCOME

### RAPID RESPONSES

- Strong community & CS networks stepped up:
  - outreach
  - making use of CS and community systems to protect their own constituencies
  - evolving new responses



## Responses looking at the longer term: Documentation of experiences, framing issues, formulating policy recommendations



*APCASO/APCRG and partners info-  
resources available at APCASO website*



## In The Asia-Pacific Pipeline:

(with UNFPA APRO)  
**Community and CS Dialogue  
Series with Policy-Makers on  
Pandemic/Post-Pandemic  
Responses and:**

- UHC for KVM pops
- Mental health of KVM pops (regional + country)
- Community and CS navigation and operation in the “new normal”

(with Japanese and VN’ese colleagues)

- Homelessness and foodlessness and social economic preparedness

## LESSONS a.k.a., What we know all along – investing in CSS is critical

- Communities and CS have demonstrated ability to navigate amongst these challenges
- Pandemic merely amplified strength or fragility of community and CS systems to engage and mobilise; Community networks and CS evolve/are evolving ways of organizing, lockdown context becomes incidental to a point for some
- Outside of the COVID-19 pandemic, there will be (and there have been) other crisis situations. Countries (community networks, CCMs, govts) need to have crisis situation SOP and guidelines in place
- Gov't and technical partner's pandemic and post-pandemic policies need to incorporate community responses to be effective; community and CS need to be integral part of pandemic and post-pandemic responses policy-making



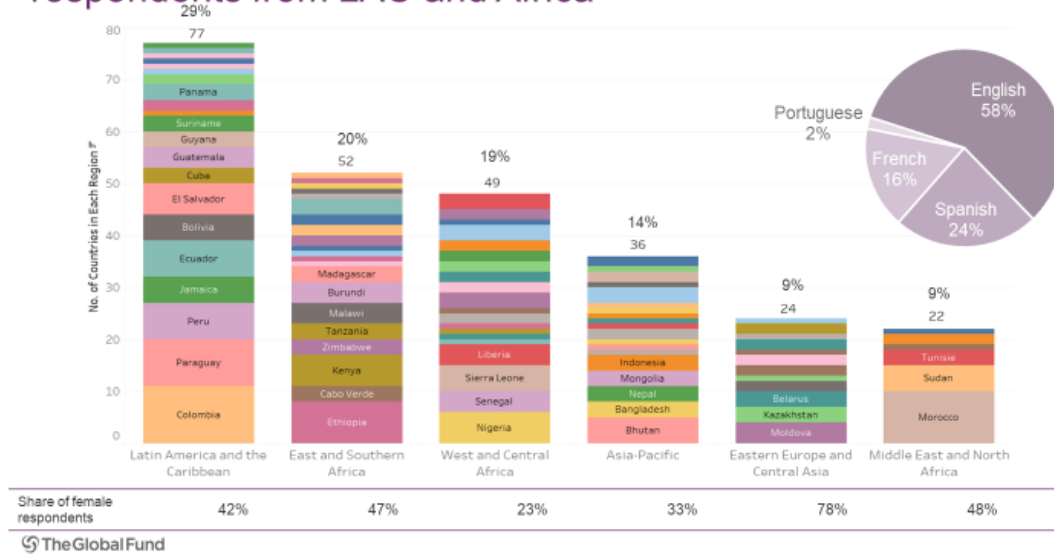
# Civil Society and Community Engagement – COVID- 19 Response Mechanism Survey Results

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COMPLETED IN SEPTEMBER  
2020 TO INFORM OCTOBER  
CONSULTATIONS



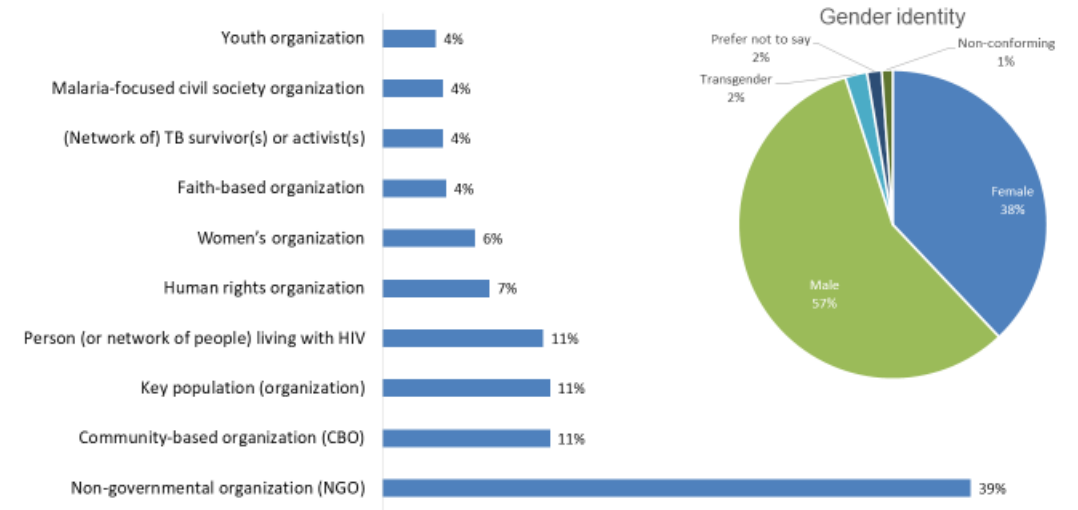
## Geographic breakdown | Broad representation with most respondents from LAC and Africa



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## Demographics of the survey 300 respondents

### Broad representation with the majority from NGOs and male, 80% current CCM members

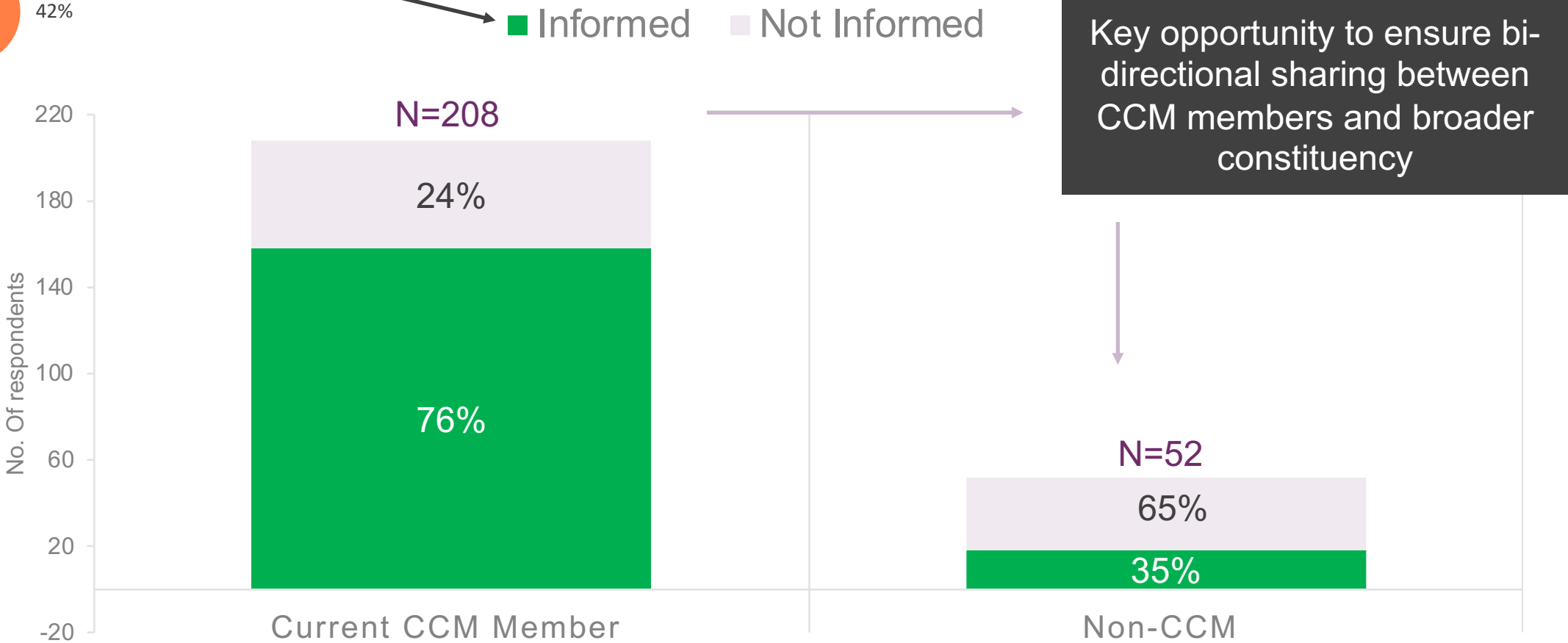
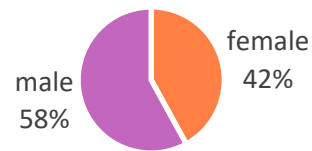


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# CCM members had timely and relevant information on C19RM

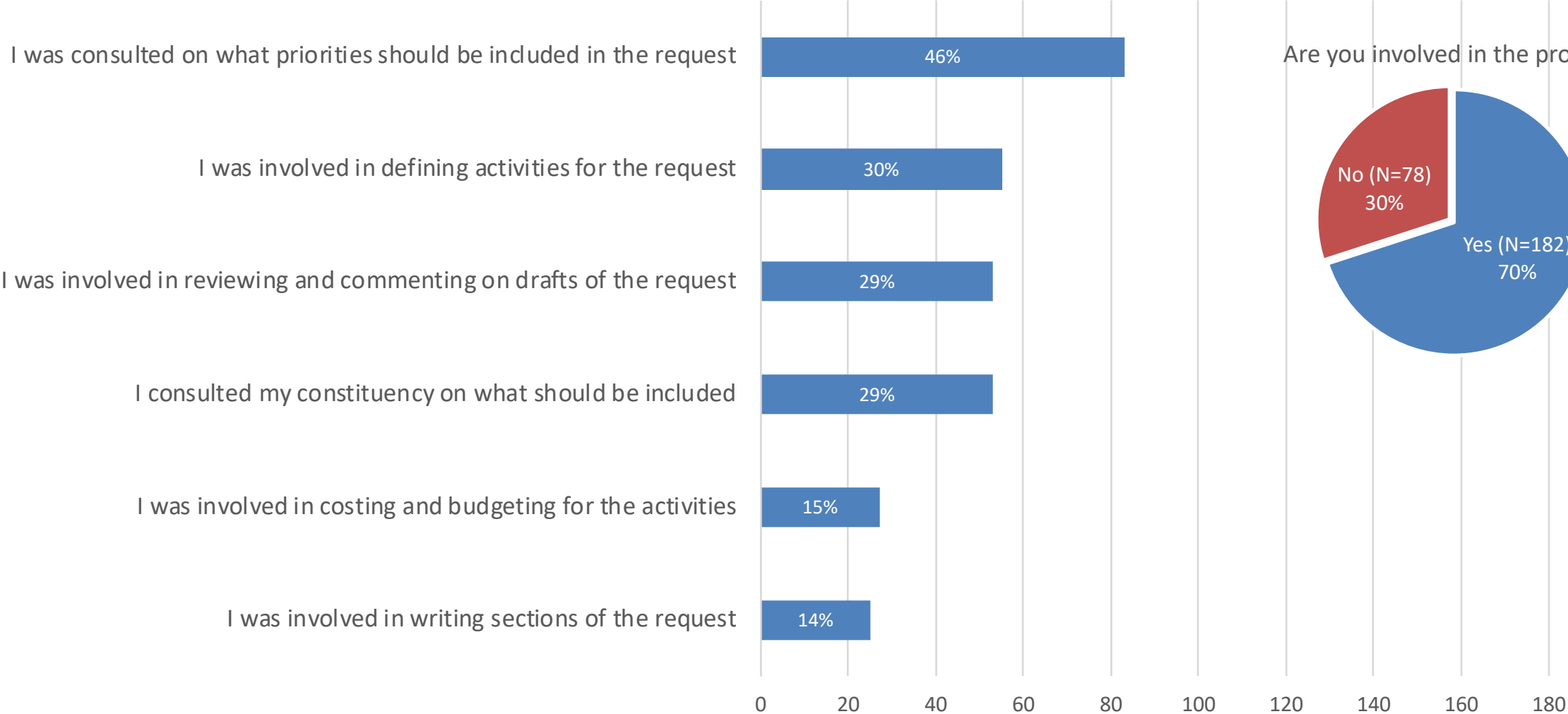
## Non-CCM members felt less informed

Among respondents  
rated "informed"





# While high level of involvement in initial drafts, less in costing and writing

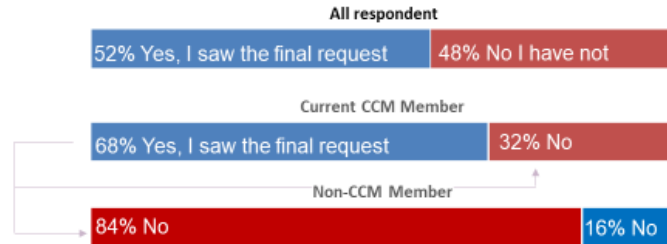


# Half responded key priorities not included in the funding request



Many respondents are not seeing final drafts – important opportunity to enhance information sharing among and by CCM members

Response Rate 85.3%



Many requests included Key and Vulnerable Populations while few included GBV/IPV or social protections (N=100, multi choices)

Response Rate 37.7%



## 4. Looking Ahead – recommendations from Civil Society and Communities

### How to improve the application process of C19RM funding requests

- Ensure **more time** for civil society/community engagement, especially **youth** engagement and adequate time for CCM members to receive **feedback from constituencies**
- Messaging from Secretariat should stress the importance of **funding community system strengthening, human rights, GBV, support to key and vulnerable populations including economic and psychosocial support** and emphasize process is **not owned by the Principal Recipient nor the government**
- **Support virtual engagement** (data packs for communities where relevant/IT support)
- Make sure information is **public and transparent** – such as final requests on CCM/GF website
- Adapt application form to guide applicants to fund CRG and measure CRG investments (C19RM FR template)

### How to support more “CRG investments” in the C19RM funding requests

- Provide a dedicated % of funding to community-based organizations involved in the response?
- Ensure funding for mental health, social protections, nutritional support for key populations and some people living with/affected by the diseases
- Given the diversion of human and financial resources (from TB to COVID-19 for example), encourage the use of community-led-monitoring and service delivery
- Provide evidence that CSS is a good investment to help communities advocate during CCM discussions



## A community-led C19RM:

“How communities fought (and won) for stigma and discrimination activities in Botswana, and community-led monitoring (the C-Tracker App) in South Africa”

By: Onesmus Mlewa  
(Anglophone Africa Platform Coordinator)

5<sup>th</sup> June 2020



Regional platform for communication and coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa

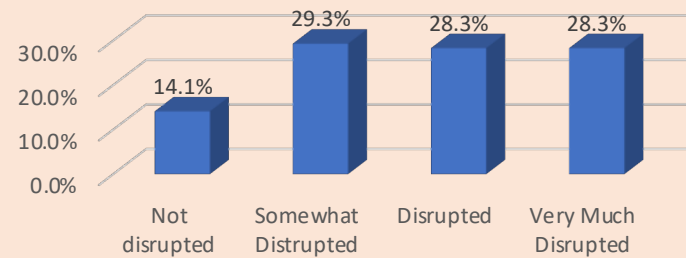


# UNDERLYING ISSUES CAUSED BY COVID-19 FOR TB AND MALARIA COMMUNITIES



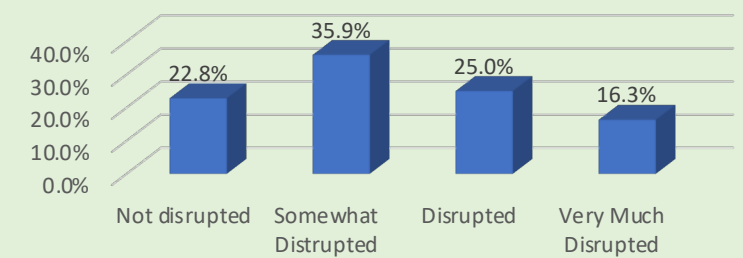
- TB and malaria service disruptions
- Limited engagement of TB/malaria CS in national COVID-19 response including reprogramming
- Engagement in Country Fund Request and grant making processes by CS/CG interrupted
- TB and Malaria grant implementation impacted
- Stigma and discrimination due to similarity of TB and malaria symptoms to COVID-19
- Lack of a people centered approach to COVID-19 response

Level of disruption of TB services due to COVID-19



- Community level programs disrupted
- TB screening and sputum collection stopped due to lockdowns
- Loss of follow up and treatment disruption up due to restricted movements
- Difficult to implement contact tracing
- Treatment interruptions and adherence to TB medication due to transport challenges occasioned by travel restrictions

Level of disruption of Malaria services due to COVID-19



- Increased self prescription and over the counter buying
- Community level programs disrupted (indoor spray, net distribution) due to restricted movements
- No mass campaigns on malaria control and elimination
- Patients refusing to present to health facilities for fear of quarantine as Malaria presents high temperatures as those of COVID-19

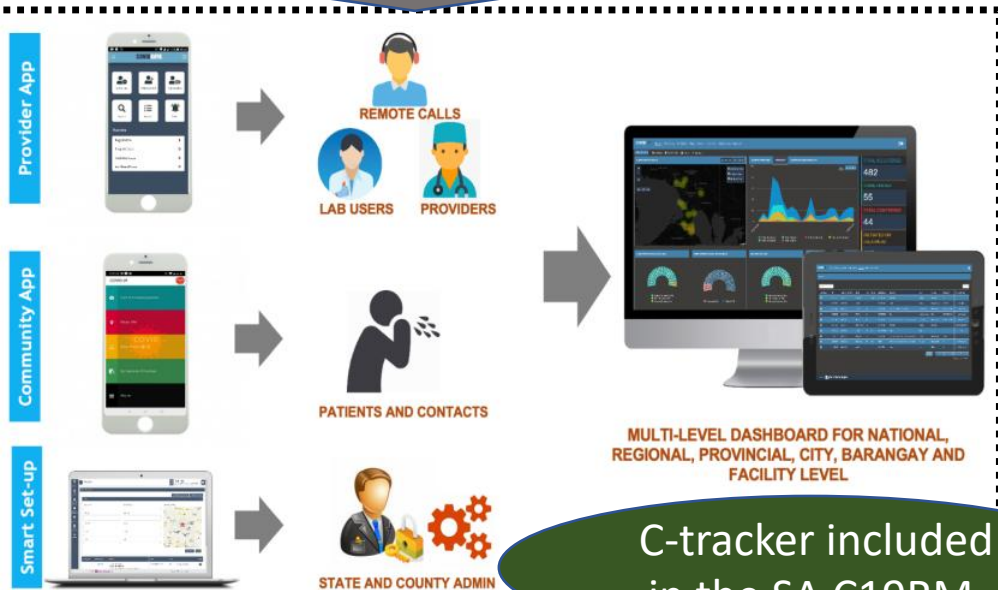
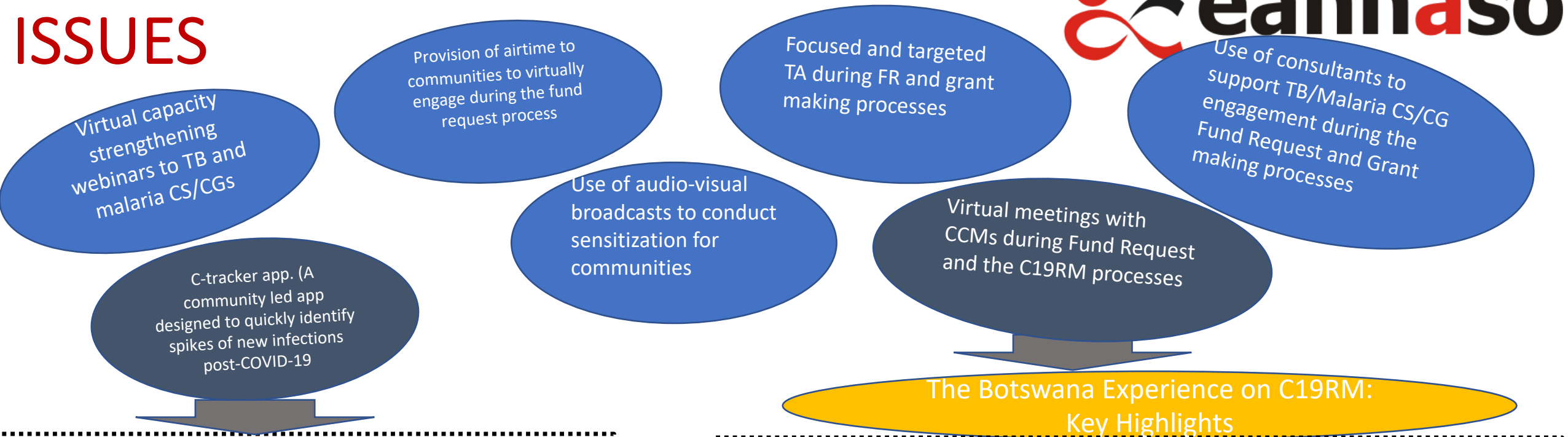


Regional platform for communication and coordination on HIV/AIDs, Tuberculosis and Malaria for Anglophone Africa





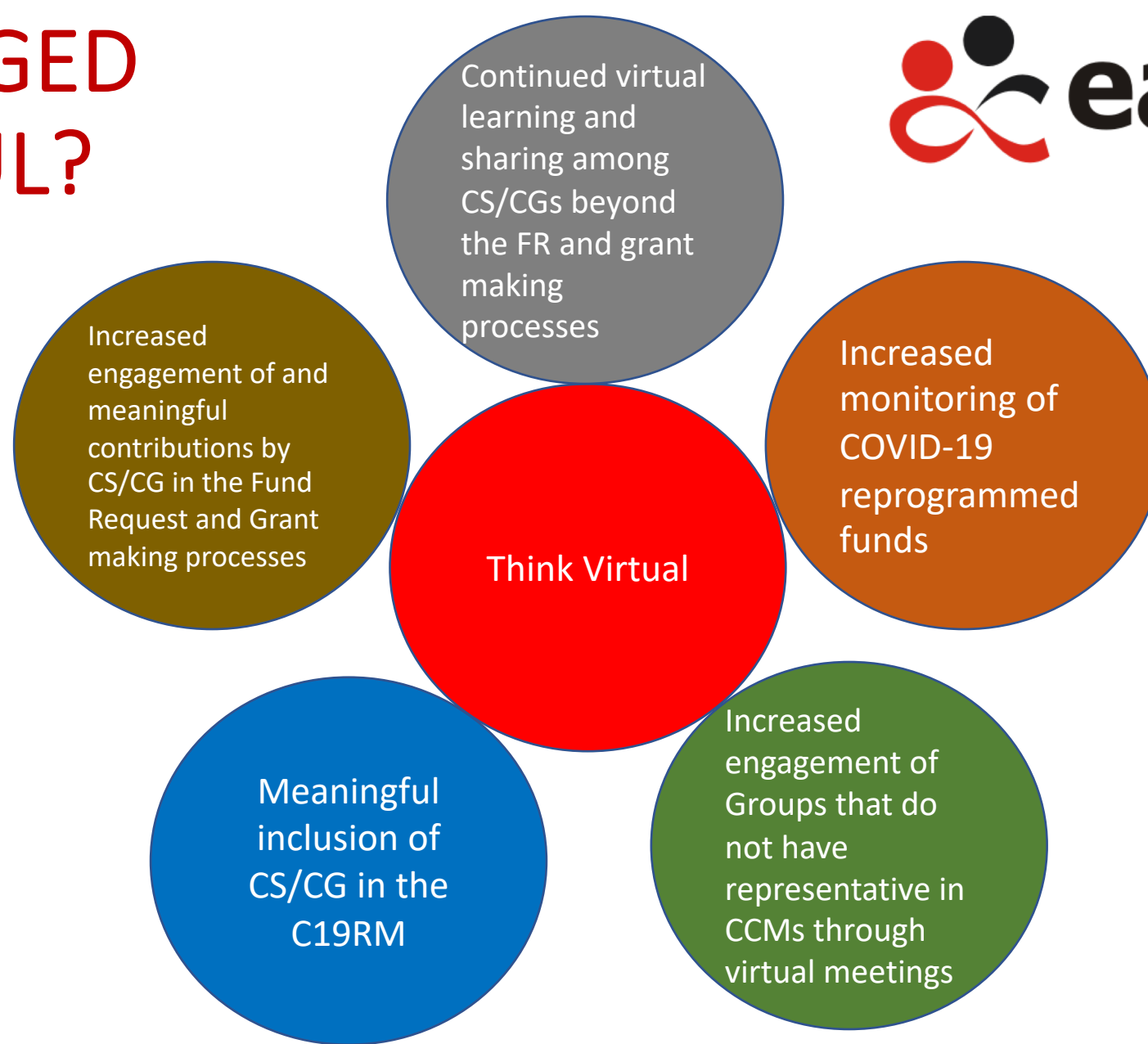
# RESPONSE TO THE UNDERLYING ISSUES



- Address national human rights response system. Online training on human rights with updated content on COVID-19
- Integrate stigma and discrimination guidance on COVID-19
- Continuous community monitoring of COVID response and provide feedback to policy makers to ensure rights-based policies
- Addressing intimate partner violence and other forms of domestic violence on AGYW, women, children, sex workers and LGBTQI

- Integrated task force (Government, Civil Society, Development partners).
- CS in CCM continuously engaged with their constituents including KPs—face to face and virtual to build consensus on potential areas of focus for the C19RM

# WHAT CHANGED IS COLOURFUL?



Thank you  
for  
listening!



# Civil society leadership and coordination of virtual technical groups during the preparation of Russia's Window 3 HIV funding request

Ivan Varentsov

EECA Regional Platform Coordinator  
Eurasian Harm Reduction Association

05.11.2020



**Regional Platform**  
**EECA**

Regional Civil Society & Community  
Support, Coordination & Communication Platform

# Background

## The new GF HIV grant for Russian and the role of civil society in proposal development

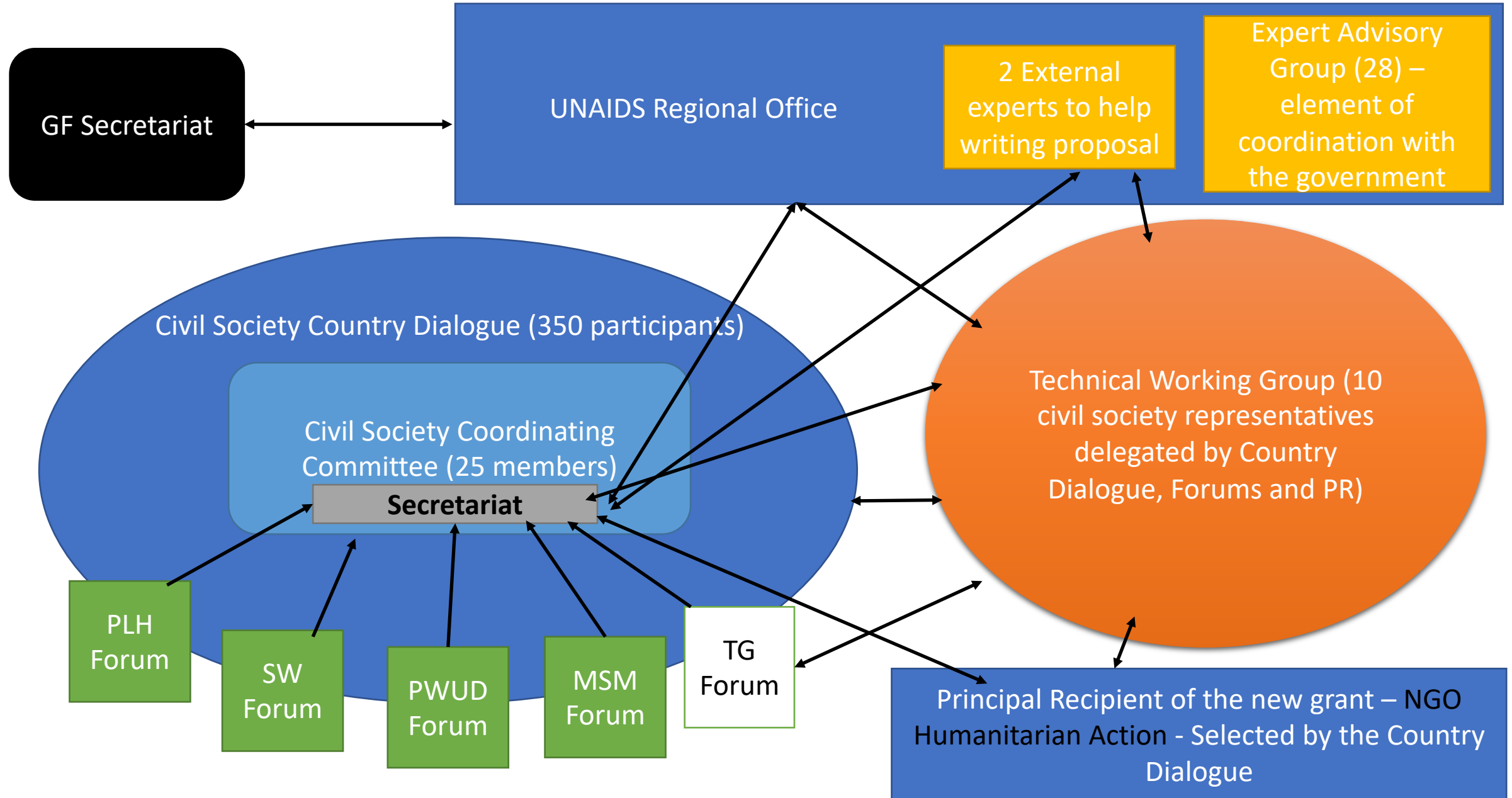
- The only grant in the globe due to the provision of Eligibility Policy formerly known as “NGO rule”
- Non-CCM proposal
- Principle recipient should be NGO
- Active national civil society dialogue process
- Oversight of the proposal development process and ownership of the content of the proposal
- Initiative group of civil society representatives established to work on the concept and content of the proposal

## COVID-19 related Challenges

- Experts sub-contracted to help with writing the proposal were not able to come to country due to the COVID-19
- No face-to-face meetings were possible to discuss the proposal
- Due to the COVID lockdown people were working from their homes (Active period of working on the content of the proposal: April – August 2020)



# Structure of the Country Dialogue to develop the new proposal for GF HIV grant in Russia



# What worked and what are the lessons learnt?

## What worked

- Numerous conference calls of the members of the Working Group with leading experts and UNAIDS colleagues, in Zoom and other online Platforms (sometimes 10 hours long when relevant people just switching on and of)
- Periodical online Info sessions for the members of the Country Dialogue on different aspects of the proposal development process – transparency, inclusiveness, open process
- Accountability of the members of the Working Group to the Key Population Forums – nothing about us without us
- TG Forum was established to ensure the needs and interests of transgender people are properly taken into account when developing the content of the proposal
- Support of the work of the CC Secretary by the EECA Regional Platform – key role in coordination of the whole process

## Lessons Learnt

- Due to COVID restrictions it was managed to save funding (30000 UDS for the meetings) but not the time
- Online communication could be much more time consuming if to compare with the in person meetings
- Difficult to work online with foreign expert not speaking native language and not knowing the country context – very time consuming and impacts the quality of the process / content of the proposal
- Civil society experts are the major resource ready to work on a voluntary basis for the greater good of the communities
- With the right motivation it is always possible to do the work effectively and of the same quality even when less resources are available

# Supporting meaningful community engagement in grant-making negotiations in Burkina Faso, Burundi, Mali and Niger – the national country dialogue facilitator model



Presented by Ida Savadogo  
Francophone Africa CRG Regional  
Platform



# Issue of COVID-19 in Francophone Africa region

- Slowing down of health activities in the field, especially the supply of countries, health structures and populations with drugs and other inputs
- Maintenance of HIV, tuberculosis and malaria control activities
- Community involvement in patient supply; eg: PODI - DRC
- Adaptation of interventions in COVID-19 contexts
- Issue of stigmatisation ; eg: common symptoms between TB and COVID19 which is cough is a stigmatizing effect



# How did we response to the issue ?

- ❖ Recruitment of local consultants to facilitate the participation of Civil Society (CS) actors in the Global Fund processes in 4 countries (Burkina Faso, Burundi, Mali and Niger)
- ❖ Participation in country dialogues at all levels
- ❖ Organisation of CS workshops in the 4 countries
- ❖ Support for the organization of consultation meetings





# What changed as a result of our intervention?

- ❖ CS able to meet during workshops (in-person and virtual)
- ❖ Facilitators collected difficulties specific to each countries
- ❖ Weaknesses knew from the countries; eg: the question of accountability for Burundi and Mali due to the lack of a coordination structure for civil society
- ❖ Specific recommendations made according to each country; eg: Needs for strengthening the CS representatives on the CCM/Mali; Niger: need to set up a mechanism enabling the DES-ICI platform to participate in the selection and evaluation of Recipients (PRs and SRs) and consultants for the Community Components of Global Fund grants.







04 PO Box 8038 Ouagadougou 04

Street Sœur Delphine, sector 04

Tel. : 25 33 41 16

Email : [secretariat@rame-int.org](mailto:secretariat@rame-int.org)

Site web : [www.rame-int.org](http://www.rame-int.org)