

The Global Fund C19RM Funding Request

TB Community, Rights and Gender Activities Guide

Purpose

To provide National Tuberculosis (TB) Programs, implementing partners, TB civil society and affected community partners, and relevant consultants with a comprehensive indicative list of TB Community, Rights and Gender (CRG) activities including possible new solutions and tools that can be included into national COVID-19 Response Mechanism Funding Requests (C19RM FR) to the Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF).

Background

TGF C19RM supports countries to mitigate the impact of COVID-19 on HIV, TB, and malaria programs and initiate urgent improvements in health and community systems. C19RM is consistent with WHO COVID-19 Response Pillar Framework¹ and will fund the following areas: (1) COVID-19 Response; (2) COVID-19 related adaption of programs to fight HIV, TB and malaria; and (3) Strengthening health and community systems. These three areas should also incorporate cross-cutting activities that bolster community responses to COVID-19.

The allocations for the funding requests represent an amount equivalent to 15% of the applicants 2020-2022 country allocation. Countries can also request an above allocation amount of up to 15% as well. Please note that the proposals require endorsement from the CCM, and, for COVID control and containment mechanisms, additional endorsement is required from the COVID-19 response coordination mechanism. As such it is very important that partners:

- Link up with the CCM, PRs and NTP for dialogue
- Engage in developing the Country C19RM Funding Request
- Request support when and if needed for the development of the C19RM funding request

STP provides strategic guidance, tools and technical support to countries to strengthen TB communities, rights and gender, national TB and health responses and will continue to provide guidance and technical assistance to national TB programs and TB civil society and affected community partners under the C19RM². In developing the C19 RM Funding Request, it is important to keep in mind the need to:

- Recover the losses of TB response from the COVID-19 impact
- Reaching the UNHLM 2022 commitments according to the country targets
- Addressing the Deadly Divide: TB Commitments vs TB Realities, the global TB community accountability report³, to “leverage COVID-19 as a strategic opportunity to end TB”. In addition, it provides clear calls to action for human rights and gender related programming and interventions, advancing community led monitoring with real time data for advocacy and accountability, and the crucial importance of building strong TB affected community systems as part of national health infrastructure.
- Even if a fast-track application is required to be submitted earlier, further time can be taken to develop a full application and include comprehensive CRG interventions for later application windows.

¹ <https://www.theglobalfund.org/en/covid-19/response-mechanism/>

² Should you need further support for C19RM FR development, please contact Stop TB Partnership: ta@stoptb.org

³ <http://www.stoptb.org/communities/divide.asp>

TB CRG activities to include in TGF C19RM FR



Community-based & community-led services

Every opportunity (ex. repurposing of existing programs and systems) should be considered to mitigate COVID-19 impact, restore and accelerate TB services, and bring services closer to people. Provide services at community level by engaging community health workers (CHW), support groups and civil society networks. For this, you should:

- a. Use short-term contracting for immediate mitigation of staff shortages and improve people-centered care;
- b. Explore contracting with non-government and private sector providers to fill the gap in availability of diagnostic services, including x-ray. Engage community groups to assist with the provision of TB services to identify and overcome barriers in accessing COVID-19 and TB care and support services, human rights violations, and stigma.

CHW, community support groups and civil society should be fully equipped to deliver community-based and community-led services, including PPE, transportation, other necessary equipment and materials. They should be trained and capacitated to deliver quality community services. Below is the indicative list of community interventions provided by CHW, support groups and civil society networks:

- **Integrated bi-directional COVID-19 & TB screening.** This can be done through outreach, door-to-door activities, mobile interventions (including x-ray) and linking services (or referral systems): both diseases present with similar symptoms, and people with these symptoms will likely consult with health care providers who can manage both diseases.
- **Integrated bi-directional COVID-19 & TB testing.** Increase COVID-19 and TB testing uptake at the community and household levels, expand community-led active case finding activities and strengthen specimen collection and transportation systems (including courier services). Make sure portable molecular tests which can be used for both diseases (e.g, GeneXpert and Truenat) and x-ray machines are available. Use digital innovations, ex. computer-aided diagnosis (CAD) of chest radiography for the screening and triage of TB/COVID-19. If the above are not available, make sure they are included in the C19RM FR procurement list.
- **Integrated contact tracing.** Use this opportunity for TB community contact tracing and testing followed by treatment for either TB disease or infection (TPT). Establish a systematic community contact tracing through active engagement of community support systems. Special focus should be given to high-priority groups, including people living with HIV and children under 5 years.
- **Integrated home care.** Consider distribution of medicines to people with TB to avoid treatment interruptions caused by restriction in mobility through home delivery. Explore possibility to use the same specimen collection and transportation community systems to also deliver medicines to people with TB and/or COVID-19. Promote and link to existing digital treatment adherence technologies and other digital tools (ex. call centers, mobile apps etc) to provide home-based support to people affected by TB for counselling, treatment monitoring and reporting adverse drug reactions. Support people with TB through the entire journey until treatment completion.
- **Integrated social support.** Distribute nutritional and other psychosocial support to people affected by TB and/or COVID-19 and their families, particularly to most vulnerable. Conduct vulnerability mapping to identify and map people at higher risk of TB and TB infection, preferably through digital data. Necessary protections should be taken to

ensure rights to information, privacy and confidentiality are promoted and protected, requiring even more attention to protect vulnerable people.



Stigma reduction

Stigma and discrimination are recognized as the most identified human rights-related barriers to ending the TB epidemic, limiting access to TB services and negatively impacting quality of life. Similarly, the fear associated with COVID-19 has given rise to increased stigma in communities. To reduce peoples' vulnerability to TB and COVID-19 infection, increase peoples' access to TB and COVID-19 services and improve treatment outcomes, it is important to: (1) understand the levels and dimensions of stigma; (2) sensitize all stakeholders; (3) build capacity among affected communities and civil society; (4) conduct outreach education and information campaigns at community and household level. Particularly, the following indicative list of interventions can be included in the C19RM FR:

- *Conduct bi-directional TB and COVID-19 awareness campaigns.* The campaigns are to reduce stigma and discrimination featuring shared transmission and symptoms, shared prevention and Infection control and the importance of positive health seeking behavior and rights-based health responses. Costings for the campaign should include development and consultation of TB/COVID-19 stakeholders (including Government, health workers, law enforcement officers, civil society and community), dissemination through mainstream media and social media, design of posters and flashcards, engagement celebrities and journalists, and translation in all relevant national languages, including those of migrants, refugees, indigenous populations, tribal populations, ethnic minorities and urban poor.
- *Build networks of community information workers.* It will leverage existing CHW, community support groups, TB affected community and TB civil society, including members of TB key and vulnerable populations with particular attention to gender representation. They have to be trained and sensitized in TB/COVID-19 through a developed curriculum, including stigma and discrimination – how stigma and discrimination manifests and how it can be remedied, and have them be paid to disseminate information, conduct outreach meetings and support local networks to develop local collectives to identify, access PPE, have vehicles to support engagement, document and direct instances of stigma and discrimination for official remedy in all communities and population groups.
- *Conduct rapid stigma assessment.* It is to understand the level and dimension of stigma and monitor the outcome of interventions. Additional information and costings are based on the [Stop TB Partnership TB Stigma Measurement Investment Package](#). The [TB Stigma Assessment](#) and [Data Collection Tools](#) can be adapted to include COVID-19.



Community-led monitoring

Every year, health systems miss millions of people because of barriers to health services, human rights violations, stigma, and a lack of access to support services. Driven by local needs and values, community-led monitoring (CLM) is based on routine and systematic oversight of local and national health and social systems by communities. Communities monitor access to and quality of services, feeding back to care and support services and work to co-create solutions so that quality services are available, accessible, and acceptable to all. For this you may consider the following interventions:

- *Build OnelImpact digital CLM platform for COVID-19 and TB needs.* For this, quickly adapt the existing OnelImpact solution. The [Stop TB Partnership CLM investment package](#) can

be adapted to integrate COVID-19 into a broader TB/COVID-19 intervention and include in C19RM FR.

- *Include sensitisation and training on CLM, human rights and gender barriers to accessing COVID-19 and TB services (guided by priority rights areas discussed in the human rights barriers section below).*
- *Ensure system maintenance and IT support, including data packs, phones, access to information, paid engagement and coordination by TB affected community and civil society organisations, as well as incidental in person activities, access to PPE and other equipment.*

Human rights & Gender related barriers

COVID-19 has exacerbated existing human rights and gender related barriers while also triggering additional barriers as well. Human rights and gender interventions should include TB/COVID-19 related: freedom from stigma and discrimination; information, privacy and confidentiality; culturally and gender sensitive services; access to quality and affordable drugs and diagnostics; inclusive and comprehensive social protection systems (including mental health, income support, nutrition support, housing and transportation support); right to participation; access to justice and legal aid and recourse or remedy mechanisms. The following indicative activities can be considered to be included in C19RM FR:

- *Sensitize and build capacity of TB & COVID-19 survivors through the adaptation and translation of TB/COVID-19 human rights training materials, hosting of training workshops, and ongoing engagement and follow up through paid coordination and engagement led by TB affected community and civil society organizations to sensitize among local communities. Refer to [TB CRG Investment Package on TB Human Rights Sensitization](#). Build and strengthen networks of people affected by TB to become a national level stakeholder. A significant proportion of women should be among those engaged.*
- *Develop a partnership with national legal aid and legal professional societies to: sensitize lawyers on TB/COVID-19 legal and human rights issues; engage and formalize a network of TB/COVID-19 community paralegals that are extensively trained in TB/COVID-19 law, human rights and gender through an adapted training curriculum that is implemented by professional TB/COVID-19 law trainers; support a paid network of people affected by TB or TB civil society to formalize engagement of community paralegals, maintain partnership with law society, document TB/COVID-19 human rights and gender barriers, develop publications on experiences relating to TB/COVID-19, human rights and gender (including among KVPs), explore administrative and legal remedies to the documented barriers and supporting access to these remedies for people affected by TB/COVID-19. Trainings of lawyers can be informed based on this [CRG Investment Package](#).*
- *Build mental health and peer support capacity amongst networks of people affected by TB/COVID-19 through training (with follow up engagement) of TB/COVID-19 community representatives in a psychosocial support curriculum (inclusive of information on gender based violence), delivered by a combination of mental health and community experts, the provision of translated information materials, partnership with professional mental health services, and paid in person and virtual outreach activities by trained TB/COVID-19 community representatives with budgeting considerations for curriculum, training, trainers, IT support, adaptation of relevant applications, phones and data packages, community member time for engage and outreach, and budget for engagement of professional mental health service providers.*

- Compose a TB/COVID-19 human rights score card for accountability. Human rights score cards can be informed based on the OneImpact framework for community led monitoring, as well as from CRG Assessment findings and recommendations. [The score card](#) can document challenges and opportunities for an enabling environment to ensure effective implementation of other TB/COVID-19 interventions. Budgeting considerations should include consultation meetings with national stakeholders, data collection, consultants to draft and test the tool, community and civil society level project coordination, community data collection, and validation and dissemination of results.
- Integrate gender in TB/COVID-19 responses. It can be based on this [TB Gender Investment Package](#).



Specific interventions for key and vulnerable populations

Key and vulnerable populations are communities with established systems of operation and governance. Efforts must be made to strengthen these community systems for TB, COVID-19 and future airborne pandemics. TB /COVID-19 key and vulnerable populations include people affected by TB (people who have had TB previously, have TB currently, or are vulnerable populations). TB key and vulnerable populations include urban poor and homeless people, prisoners, people who use drugs, migrants, refugees, and people living with HIV. These populations have been disproportionately impacted by COVID-19 and require nuanced TB/COVID-19 services and interventions and access to comprehensive social protection.

In addition, for those living and working in confined or congregate settings, the [CRG Investment Package on TB and Prisons](#) may be of use. Evidence and understanding around the experiences and barriers relating to key and vulnerable populations and the nuance and particulars around interventions and services that are most appropriate are not well understood. Operational research for reaching, engaging and ensuring access for TB KVPs to TB/COVID-19 services should be included into funding requests. Importantly this research must formally involve the leadership of key and vulnerable populations and civil society. Specifically, you may consider the following indicative activities to include in C19RM FR:

- Ensure that bidirectional TB/COVID-19 screening and testing, as well nutritional and mental health support are incorporated into congregational contexts, including prisons and detention centers (including migrants and refugees).
- Conduct community and civil society-led operational research to document human rights and gender related barriers to accessing TB/COVID-19 services and culturally appropriate best practices for reaching, engaging and supporting TB KVPs in the context of TB/COVID-19 interventions. Costings should include researchers, ethical approval, engagement of community leaders and representatives, consultation events, peer data collectors, academic institutional oversight, documentation and publication of results, findings and lessons learned.



Advocacy and communication campaigns

Advocacy and communications campaigns are needed to gain the attention and commitment of stakeholders at all levels to maintain and accelerate the TB and COVID-19 response. This includes engagement of TB community and civil society in the response and ensure inclusive and accessible health care, especially for the most marginalized and vulnerable populations. Mobilize parliamentarians, medical professional associations, TB affected communities, civil society, media, and celebrities to reach and influence decision makers, address TB in the COVID-19 pandemic needs to be on the agenda item of every high-level meeting on COVID-19. The communication should address stigma reduction, the challenges related to health seeking

behavior of people with TB symptoms, provide community level messaging for both diseases, and mobilize community support to contribute to the response.¹

The attention received globally on airborne infection prevention and control measures needs to be utilized for TB prevention with sustained public health messaging on prevention measures like the use of masks, handwashing, physical distancing, and ban on spitting, to influence community behavior. Adequate personal protective equipment for health care workers, trainings on its proper use, ensuring health care facilities have the necessary measures in place to protect health care workers and people seeking TB services, training and monitoring implementation of infection prevention and control measures in health facilities, including laboratories, are all critical to prevent the spread of TB. The pandemic has also emphasized the need for triaging people with symptoms of infectious diseases. Health facilities need to establish or strengthen mechanisms to systematically identify people with presumptive TB and/or COVID-19 attending health care facilities, separate them from other clients, and enable fast-tracked rapid diagnosis and treatment initiation to prevent further transmission.

Conduct action campaigns at workplace to ensure coverage of high density or high-risk environments, including mining, factories, brick works, construction, health care facilities, detention centers (prisoners and staff) and education facilities have access to prevention and infection control, health care, nutritional support and mental health support as well as review and support mechanisms and protections from loss of employment through national and subnational legislation. Support through several national and sub-national roundtables between members of parliament, industry leaders and people affected by TB/COVID-19 coordinated by TB civil society and affected communities.



Planning and programming

Develop national and sub-national restorative and catch-up plans to address key gaps considering the local context and the feasibility of implementation, while promoting innovative and prioritized interventions to restore and accelerate TB diagnosis, treatment and prevention activities. If restorative/catch-up plans exist, consider updating them to include innovative interventions which can work in the specific context. Conduct [rapid assessment of TB /COVID-19 CRG barriers](#) (if not implemented before) and consult with in-country stakeholders, including TB affected communities and civil society. It is important to financially support the information dissemination, coordination and engagement of affected communities and civil society in governance and decision-making structures for TB/COVID-19 and HSS/CSS.

Where to include the CRG activities in TGF C19RM FR

The TB CRG activities should be included in combination and under each type of interventions described in [TGF C19RM FR Instructions](#) and [TGF C19RM Guidelines](#):

1. Covid-19 control and containment interventions
2. Covid-19 related mitigation measures for TB program
3. Expanded reinforcement of key aspects of health systems, including community-led systems.

¹ COVID-19 Information Note: "Catch-up" Plans to Mitigate the Impact of Covid-19 on TB Services, 23Oct2020, page 05.

Application form (Full submission):

- Section 2.1.1. Context (describe role of CS is playing in each country's overall Covid-19 response) & challenges encountered in the Covid-19 including consultation and people affected by TB
- Section 2.1.2. Summarize which stakeholders have been engaged in the development and decision making for full funding request (TB civil society and vulnerable populations)
- Section 2.3.2. Provide information on disruption of TB services (particularly for key and vulnerable populations) including information from community led consultations and CLM
- Section 2.3.4. Describe the impact of Covid-19 on gender-based violence and human rights. Consider consulting [A Deadly Divide: TB Commitments vs. TB Realities](#) report for more info.

Detailed budget Excel file. The template contains one module on Covid-19 with a series of interventions to pick up for the C19RM FR as following:

- *Intervention 1.* Case management, clinical operations and therapeutics (dissemination and updated info; enhance capacity of informal caregivers in community to provide social support and outreach; salary, training, supervision for CHW, community groups and civil society)
- *Intervention 2.* Mitigation for TB programs (community-based and community-led services, campaigns, adaptation of TB services to WFH, remote/digital support etc)
- *Intervention 3.* Gender-based violence and post violence care (support women and affected key populations with linkages to access justice interventions or to legal redress for human rights violations experienced as a result of C19 restrictions as well as counseling/referral care and psychosocial support)
- *Intervention 4.* Respond to human rights, stigma and gender related barriers to services (rapid assessments, online trainings and sensitization, linking cases of human rights violations to support and redress, expand paralegal programs, scale-up rapid response mechanism, including temporary shelters; support engagement with community leaders and raise awareness, trainings of law enforcement officers; TB/COVID-19 stigma measurement and reduction etc.)
- *Intervention 5.* COVID-19 CSS: Community-led monitoring (development, support and strengthening community-based mechanisms to monitor services, ex. OnelImpact; policy, budget and resource tracking, monitor health financing allocation decisions; community-based monitoring of barriers to accessing services, including stigma and discrimination and confidentiality; tools and equipment for community-based monitoring; technical support and training; community engagement, coordination & representation in relevant governance and oversight mechanisms).
- *Intervention 6.* Covid-19: Community-led advocacy and research (qualitative, quantitative and operational community-led research that takes into account human rights, stigma, gender and age considerations; production, publication and dissemination of reports and communication materials, development of national costed TB and TB/COVID Action Plans to overcome the gaps and barriers; capacity building etc)
- *Intervention 7:* Covid-19 CSS: Social mobilization (community-led participatory needs assessments, rapid TB/CRG Assessments and action plans; building capacity on use of appropriate new information communication tools and technologies; community-led development/revision of strategies, plans, tools, resources and messages for social mobilization; mapping of community-led and community-based organizations and networks and their service packages as basis for improved planning, resourcing, integration and coordination of service delivery and advocacy; creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors).
- *Intervention 8:* Covid-19 CSS: Community-based organizations institutional capacity building (capacity building of community organizations, technical and programmatic development to ensure high quality delivery of integrated community-based services; assessing capacity and developing appropriate capacity building plans; infrastructure and core costs of community-led and community-based organizations and networks to

support/strengthen their capacity for service provision, social mobilization, community monitoring, coordination and advocacy).

Additional TGF CRG aspects of C19RM FR development

For the C19RM FR, effective TB community and civil society engagement are crucial for developing a robust response to the pandemic, including opportunities to support community-led initiatives, to both mitigate the impact on TB services, and strengthen the national COVID-19 response. The applications must be consulted with the civil society and key and vulnerable populations as well as communities most severely affected by COVID-19. This includes CCM members and non-CCM representatives. Even if a country is experiencing significant disruption, CCMs are still expected to make efforts to invite inputs from civil society, communities and key populations using virtual tools.¹

C19RM FR development should include consideration of appropriate community, rights and gender-related interventions, in alignment with TGF's underlying principles of gender equity and human rights, and funding requests must articulate national TB program adaptation needs and how these needs will be covered. Technical guidance will focus on the strengthening of health and community systems and responses to enable response to Covid-19 and promote access to TB services.² The Global Fund CRG will review alignment with the principles of community engagement, gender equity and human rights.³

¹ COVID-19 Response Mechanism Guidelines, 7 April 2021, page 07.

² Funding Request Instructions – COVID-19 Response Mechanism Issue Date: 6 April 2021, page 02-03.

³ COVID-19 Response Mechanism Guidelines, 7 April 2021, page 12.