

COVID-19 Guidance Note: Community, Rights and Gender

Date issued: 15 May 2020

This document consolidates resources related to communities, rights and gender and has recommendations to ensure a gender responsive and rights-based response during COVID-19.

Meaningful engagement of communities and civil society in Global Fund processes during COVID-19

Despite the many new challenges the outbreak of COVID-19 presents, the Global Fund remains committed to the core principle of meaningful community and civil society engagement. This commitment extends to their engagement in efforts to respond to the new pandemic and mitigate its effect on the global HIV, TB and malaria responses. The following list of tools and resources is intended to support meaningful engagement by civil society and communities:

- **Updated technical guidance:** the Global Fund, in collaboration with technical partners and civil society partners, has released new guidance in response to COVID-19. These guidance documents serve as the primary reference for interventions that can be supported through the Global Fund's COVID-19 Response Mechanism (C19RM). For information on the COVID-19 Response Mechanism (C19RM), see the Global Fund's [website](#). The Global Fund will work to ensure communities and civil society remain informed on new guidance, and provide the option to receive technical assistance when desired, as described below.
- **Virtual dialogue:** for ideas on how to ensure continued efforts are made for a transparent and inclusive country dialogue, see the [Virtual Inclusive Dialogue Guidance Note](#).
- **Technical Assistance:** supporting civil society and community engagement in Global Fund related processes could be done through virtual technical assistance, for example, to develop communities' key priorities for the funding request/grant reprogramming. Consider applying for CRG [Technical Assistance](#). Contact CRGTA@theglobalfund.org for more information.
- **Safety and security:** prioritize the need for data privacy and protection when considering new virtual platforms to engage with communities and civil society. Platforms with end-to-end encryption, such as Signal, should be favored given the risk of criminalization, discrimination, and persecution many communities face. See the [Guidance on ensuring safety and security of key populations](#).
- **Reliable information:** ensure communities are linked to reliable information sources, such as the CRG Regional Platforms. They hold webinars and disseminate guidance on COVID-19 in a community-friendly manner and in different languages. If you are not connected to the Platform for your region, please contact: Rene.Bangert@theglobalfund.org. The Global Key Populations Networks, [MPACT](#), [INPUD](#), [NSWP](#), and [GATE](#) have regularly updated COVID-19-related information on their websites.

- **Engagement of key and vulnerable populations:** support meaningful engagement of women, young people, and key and vulnerable populations, such as gay, bisexual and other men who have sex with men, sex workers, transgender people, people who inject drugs, adolescent girls and young women, at the community level to ensure efforts and response are not further discriminating and excluding those most at risk.

Human rights and gender

The recommendations below, while relevant during all circumstances, are especially critical during COVID-19. Prioritization should happen with input from communities most affected by the three diseases. For additional recommendations, see the [Guidance Note on Human Rights in Times of COVID-19](#) and IASC's [Gender Alert](#).

- Principal Recipients and sub-recipients must continue to adhere to the [five minimum human rights standards](#) that are part of every grant agreement. If a violation of these standards occurs, report it through the Global Fund's [Office of Inspector General's I Speak Out Now](#) form, email ispeakoutnow@theglobalfund.org, or call the hotline +1 704 541 6918. Free service is available in English, French, Spanish, Russian, Chinese and Arabic.
- To relay human rights concerns, service disruptions, or barriers to civil society and community engagement contact your respective **CRG Regional Platform**. If you do not know who your regional platform is, please contact: CRGTA@theglobalfund.org.
- **Implementer safety:** In contexts of strict lockdown, ensure program implementers, including community workers, have written authorization to deliver goods/services, to deter police harassment, as well as the necessary personal protection equipment following [WHO guidance](#).
- If **law enforcement agents** violate rights—such as harassment of LGBTI, sex workers, people who use drugs—ensure there is access to legal aid.
- **Community-led monitoring:** Support communities to monitor and report human rights violations, including heightened stigma, discrimination and violence against key and vulnerable populations who seek services (HIV, COVID-19 or otherwise).
- Apply a **gender and age lens** to best respond to COVID-19 and the three diseases. For example, ensure the response to COVID-19 does not exacerbate or perpetuate harmful gender norms, discriminatory practices and inequalities, such as only providing financial support to the male head of household. See [UNFPA COVID-19 Gender Lens Guidance Note](#).
- **Children** face heightened risk of abuse, neglect, exploitation and violence during containment. [UNICEF](#) provides recommendations on how to respond, such as virtually training staff on child protection risks like sexual exploitation and how to report concerns.
- Ensure programs to reduce **human rights**-related barriers, including interventions to end discrimination and other barriers to HIV, TB, and malaria services.
- **Ensure access to essential sexual and reproductive health and rights services package** including family planning, dual protection methods, and maternal health care.
- **Intimate partner violence/gender-based violence:** People, including key and vulnerable populations, may experience elevated risks of interpersonal violence linked to quarantine or “stay at home” policies.
 - Advocate for domestic violence and other GBV response mechanisms to be included in definitions of essential services to enable them to continue operating.
 - Increase funding for social media, radio and other internet-based tools to raise awareness around IPV and GBV, encourage use of violence response services.

- Increase funding for and the capacity of helplines for IPV/GBV reporting/referrals, including capacity strengthening for addressing IPV/GBV among key populations.
- Continue the availability of safe shelters that are inclusive of LGBTI communities, gender-based violence police complaint departments, or other means of protection for people facing violence in the home. Advocate for shelters to be included in essential services.
- Ensure the availability of and inform IPV survivors and communities (including key populations) of the need to seek HIV post-exposure prophylaxis, emergency contraception and other emergency services, including psychosocial support/mental health and trauma services through virtual platforms.

Community systems and responses

The Global Fund recognizes the resilience and responsiveness of community organizations as a critical resource for health and is committed to ensuring resources continue to flow to CBOs. This is so they can adapt and respond to rapidly changing public health imperatives and get essential HIV, TB and malaria services to those who need them. Adapting HIV, TB and malaria responses during COVID-19, will increase the need for communities to deliver services. Communities should be informed, capacitated and compensated for their work to respond to the diseases. Community leaders can play an important role in strengthening the response, in sharing information and building trust between communities and others involved in the response. See the [RSSH Guidance Note](#) for additional recommendations.

- Remind PRs/SRs that **salaries**, including for community outreach workers/peer educators, should continue to be paid. [Global Fund Q&A](#)
- Utilize and strengthen existing **community platforms** (drop-in centers, safe spaces, community-based clinics) as well as community networks to deliver services. This includes informal systems to avoid disruptions in the supply of HIV prevention and contraception commodities such as male and female condoms, lubricants, harm reduction commodities (including methadone and buprenorphine, sterile needles and syringes), contraceptives and lifesaving HIV treatment.
- Where **social protection** measures are being planned by governments, advocate to ensure that key populations and other vulnerable groups are included, even when this population is normally criminalized or not recognized.
- **Virtual approaches**: where community-based and peer-led approaches can no longer be used, community engagement could be achieved through expansion of **online programs** and social media platforms.
- Community outreach workers, community treatment supporters, peer educators should receive **phones or data credits** to be able to provide remote support.
- **Support community-based and led monitoring**: Community-led monitoring, both during COVID-19 and in every day circumstances, can provide rapid, granular data on where bottlenecks or other challenges to HIV, TB and malaria program delivery are occurring. This could include reporting of service disruptions, commodity stockouts or monitoring human rights violations. Within the context of COVID-19, it provides an additional level of information on the rapidly shifting situation in countries as the pandemic progresses.

Key and vulnerable population programming

These populations are particularly vulnerable to COVID-19 and during the COVID-19 pandemic due to a number of risks, behaviors, and pre-existing stigma and discrimination, as well as the threat of disruption of services. [USAID / PEPFAR Guidance on KP Programs](#) outlines risk factors

and clear recommendations on how to ensure **continuity of services** in a safe way to protect those that deliver and receive services. COVID-19 measures in many contexts exacerbate issues many key populations face, including economic distress and access to health care that is non-stigmatizing. Key and vulnerable populations should have access to services such as: prevention services, adherence support, testing, multi-month disbursement of ARVs, PrEP, IPV services, and LGBTQI friendly shelters.

- **Transgender people:** ensure there is limited disruptions to gender-affirming treatments, including hormone replacement therapy. Economic distress may cause people to hide their gender identity and live in abusive situations.
- **Sex workers:** ensure sex workers continue to have access to condoms and lubricants, and other essential health commodities and that those living with HIV have uninterrupted access to ARVs. Containment measures affect the livelihood and safety of sex workers; many will have fewer clients, increasing the risk of homelessness and the need to accept riskier clients. The closing of bars and other hot spots may also cause sex workers to move from a more protected environment to street-based activities.
- **Men who have sex with men:** are at increased risk for intimate partner violence when sheltering at home; homeless gay and bisexual men are no longer able to move between friends and shelters and experience compromised sense of safety. Provide appropriate support to beneficiaries who disclose violence (including online or phone-based first-line support). Provide mental health services through virtual platforms.
- **Adolescent girls and young women:** school closures disproportionately affect AGYW by increasing their vulnerability to physical and sexual abuse. After schools reopen, there may be an increase in dropout rates as domestic and caring responsibilities grow when they are home. Provide community sensitization on the importance of AGYW education; adopt distant learning practices where feasible, including sexuality education; safeguard vital services such as food distribution and virtual social support. AGYW who engage in sex work are particularly vulnerable. Additional recommendations: [UNESCO and Plan International](#).
- **People who use drugs:** ensure continuity and sustainability of comprehensive HIV and Hepatitis C and other low-threshold services for people who use drugs, and their partners. [UNODC Guidance](#). Advocate for take-home dosing and flexibility in dosing, as well as naloxone given people who use drugs are at increased risk of overdose due to COVID-19. Adapt NSP programs so that sterile injecting equipment is less reliant on person to person/hand to hand distribution. Ensure supplies of sterile injecting equipment, harm reduction commodities and condoms are secure. Women who use drugs may be at increased risk of violence. Where people are being accommodated in newly established shelters – this must be voluntary and include assistance to those experiencing withdrawal from drugs, and other harm reduction services.
- **Prisons and other detention facilities:** advocate for early release from prison for those incarcerated for drug or sex work related offences. [See IDPC briefing](#) for further info on this. Ensure that health services in prisons are at least commensurate to those outside and that people living and working in prison have access to preventive and control measures, diagnostics and care for COVID-19 and other health conditions (HIV, HCV, drug dependence, mental health), in a manner that respects medical ethics and human rights. [UNODC Guidance](#)
- **PLHIV:** ensure access to information on specific needs based of PLHIV, including young people and key populations living with HIV. This could include up to date information regarding how to access ARVs and other essential health commodities and diagnostics. This may involve providing transport services, PPE, and allowing designated members of the community to collect ARVs for a group of people – while protecting the confidentiality of people accessing ARVs.

- **Mental health:** use social media and other internet platforms to provide support for mental health, against stigma and discrimination, and other psychological support. These could be virtual support groups that provide emotional support in economically distressing situations.
- **Reaching key populations:** intensify efforts to reach key populations through online approaches, where this is not possible, ensure mapping continues and populations without access to digital communications are still reached.
- For more guidance refer to the: [COVID-19 Information Note: Considerations for Global Fund HIV Support](#).

TB-specific considerations

- Increase **remote support**, including raising awareness on the treatment literacy and counselling, which should be expanded to family members of TB patients to ensure continuing support.
- Ensure psychological, wellbeing and rights of patients and people with TB symptoms are protected; including addressing **stigma** and the possible need of isolation. See the [Declaration of the Rights of People Affected by TB](#) for more information.
- Support community-based monitoring to collect and act of data to improve access to services and report service disruptions or human rights violations. The Stop TB Partnership has developed a tool [One Impact](#) which can be implemented by community organizations.
- Advocate for TB patients to receive social protection, such as nutritional support.
- For additional guidance, see the [COVID-19 Information Note: Considerations for Global Fund TB Support](#) and the [Stop TB Partnership website](#).

Malaria-specific considerations

- **Malaria Matchbox Tool:** While in many contexts, carrying out this [equity assessment](#) may be put on hold, consider carrying out the desk review and virtual interviews.
- Integrate malaria core activities for refugees, migrants and mobile populations, prisoners, and other underserved populations with COVID-19 responses. Refer to the [Global Fund's guide to human rights and gender programming in challenging operating environments](#).
- For additional guidance, see the [COVID-19 Information Note: Considerations for Global Fund Malaria Support](#) and the [RBM Partnership to End Malaria website](#).

Resources:

- [AFAO: Making Sense of COVID-19 – LGBTQ and HIV Communities](#)
- [Canada Drug Policy Coalition: Sex Work COVID-19: Guidelines for Sex Workers, Clients, Third Parties, and Allies](#)
- [Harm Reduction Coalition: COVID-19 Guidance for People Who Use Drugs and Harm Reduction Programs](#)
- [INPUD, IDPC and HRI: In the time of COVID - Civil Society Statement on COVID-19 and People who use Drugs](#)
- [INPUD: Comprehensive Harm Reduction Tips for People who Use Drugs during COVID-19](#)
- [LANCET: Centering sexual and reproductive health and justice in the global COVID-19 response](#)
- [MPact – Protecting ourselves in the age of COVID-19](#)

- [MPact – Tips for LGBTI advocates, sex and sexual health](#)
- [National LGBT Cancer Network: What LGBTQ+ Communities Need to Know and An Open Letter to Media and Health Officials on COVID19](#)
- [NSWP and UNAIDS Joint statement Sex workers must not be left behind in the response to COVID-19](#)
- [Resources for drug use and COVID-19 risk reduction](#)
- [Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs](#)
- [UN Women: COVID-19 Ending Violence against Women and Girls](#)
- [UNAIDS COVID-19 webpage](#)
- [UNAIDS Report - Rights in the time of COVID-19 — Lessons from HIV for an effective, community-led response](#)
- [UNAIDS: What people living with HIV need to know about HIV and COVID-19](#)
- [UNFPA: COVID-19: A Gender Lens](#)
- [WHO: Coronavirus disease \(COVID-19\) Pandemic](#)
- [WHO: COVID-19 and Violence Against Women](#)