

# **COVID-19 Response Mechanism**

## Modular Framework Handbook

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## Introduction

The Modular Framework Handbook is a guidance document that provides a list of interventions and performance indicators to support in the development of COVID-19 Response Mechanism (C19RM) funding requests to the Global Fund. All interventions for the C19RM fall under the Global Fund module “COVID-19”.

Recognizing the shifting nature of the pandemic, please refer to the [C19RM 2023 Technical Information Note](#) for guidance on programmatic priorities. The illustrative list of activities under each intervention is intended to guide applicants and Principal Recipients in selecting and organizing financial, procurement and programmatic information by strategic priority areas. The menu of impact, outcome and coverage indicators provided in this handbook supports the selection of relevant indicators for grant performance assessment.

This document updates the COVID-19 Modular Framework previously published on 19 April 2021.

# 1. Modular Framework

The table below provides a mapping of the programmatic priorities highlighted in the [C19RM 2023 Technical Information Note](#) and the interventions in this C19RM 2023 Modular Framework and the [C19RM 2023 M&E Framework](#).

**Table 1. Mapping C19RM 2023 Technical Information Note to C19RM 2023 Modular Framework**

<b>C19RM 2023 Technical Information Note Programmatic Priorities</b>	<b>C19RM 2023 Modular Framework Interventions</b>
Surveillance System Strengthening	Surveillance Systems
Laboratory and Diagnostics	Laboratory Systems
Human Resources for Health and Community Systems Strengthening	
A. Human Resources for Health	<ol style="list-style-type: none"> <li>1. Community Health Workers: Selection, Pre-service Training, and Certifications</li> <li>2. Community Health Workers: In-service Training</li> <li>3. Community Health Workers: Integrated Supportive Supervision</li> <li>4. Note: Some HRH activities are also included under the intervention Country-level Co-ordination and Planning</li> </ol>
B. Community Systems Strengthening: Community-led and -based Organizations <ol style="list-style-type: none"> <li>1. Community Capacity Building and Leadership</li> <li>2. Community-led Monitoring</li> <li>3. Community-led Advocacy and Research</li> <li>4. Community Engagement, Linkages and Coordination</li> </ol>	<ol style="list-style-type: none"> <li>1. COVID-19 CSS: Community-based Organizations Institutional Capacity Building</li> <li>2. Community-led Monitoring</li> <li>3. Community-led Advocacy and Research</li> <li>4. Social Mobilization</li> </ol>
C. Infection Prevention and Control and Protection of Health Workforce Beyond PPE	Infection Prevention and Control and Protection of Health Workforce
Medical Oxygen, Respiratory Care, and Therapeutics	Case Management, Clinical Operations, and Therapeutics (including Medical Oxygen and Respiratory Care, Test and Treat)
Health Product Management Systems	Health Products and Waste Management Systems

All other interventions that have not been mapped in the table above and that continue to be listed in the 2023 C19RM Modular Framework and 2023 C19RM M&E Framework should be discussed with Global Fund Country Teams for suitability of funding depending on country context and need. Applications should prioritize technical areas as described in the [2023 C19RM Technical Information Note](#).

<b>Module</b>	<b>Intervention</b>	<b>Illustrative List of Activities</b>
COVID-19	<b>Surveillance Systems</b>	<p>A progressive transition from pandemic response to recovery and pandemic preparedness will require a renewed focus on building sustainable, resilient systems for health, informed by and building from the COVID-19 response. Countries are encouraged to invest in systems that can help transitioning from COVID-19 pandemic response mode (universal COVID-19 surveillance such as case investigation, contact tracing) to scale down and prepare mode.</p> <p>The following activities are recommended:</p> <ul style="list-style-type: none"> <li>• Revision and/or development of national guidelines, standard operating procedures (SOPs), training materials for early warning surveillance.</li> <li>• Implementation, strengthening and/or integration of early warning surveillance including: <ul style="list-style-type: none"> <li>○ Event-based surveillance in communities (community health workers (CHWs), communities at large, congregate settings) and health facilities (both public and private).</li> <li>○ Indicator-based surveillance including sentinel site surveillance and notifiable disease surveillance. This includes strengthening sentinel surveillance systems for respiratory viruses (including laboratory capacity) with capabilities to improve understanding of disease transmission, signal surges and start of epidemic season and define thresholds for investigation and response.</li> </ul> </li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>○ Mapping private health facilities and develop policies, mechanisms and processes that intentionally include private health facilities in event- and indicator-based surveillance.</li> <li>● Investments in foundational digital health and/or routine data systems (Health Management Information System (HMIS)/Community Health Information System (CHIS), lab/epi linked systems) that will contribute to early warning surveillance.</li> <li>● Development of capabilities to ensure that early warning surveillance and response data (programmatic, lab, logistics and others) are analyzed, presented, interpreted and used for decision-making, and mounting targeted and appropriate response.</li> <li>● Development, implementation, or revision of National Action Plan for Health Security (NAPHS) and joint external evaluations (JEE).</li> <li>● Surveillance and related intra-action and after-action reviews, including application of <a href="#">7-1-7 metric</a>, and simulation exercises to assess and remediate preparedness and response capabilities based on local outbreaks and epidemics.</li> <li>● Institutional capacity building support to health coordination bodies engaged in surveillance such as a public health emergency operation centers or national public health institutes (NPHIs), e.g., in response management.</li> </ul> <p>Specific surveillance activities related to antimicrobial resistance (AMR) include:</p> <ul style="list-style-type: none"> <li>● Assessment of existing surveillance systems or related laboratory capacities for identification and antibiotic susceptibility testing of common bacteria.</li> <li>● Definition of national AMR surveillance objectives and development of a national AMR surveillance strategy including priority specimens, bacteria, and drug–bug combinations for national reporting.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Execution of AMR surveillance in line with methods outlined by the national surveillance strategy or <a href="#">WHO’s global antimicrobial use and surveillance system</a> (GLASS), including surveillance targets, related laboratory standards, definitions, priority specimens, pathogens and drug–bug combinations, designated surveillance laboratories, defined datasets, metrics, data production, analysis and reporting, quality management, monitoring and evaluation.</li> <li>• Identification of national priority multi-drug resistant organisms (MDRO), using published or surveillance data, including presence and frequency of highly transmissible genotypes such as carbapenemase-producing or extended-spectrum beta-lactamase producing genotypes.</li> <li>• Developing a national strategy or guidance for MDRO detection, reporting, and prevention that addresses colonization and transmission of MDRO, and infection prevention and control (IPC), and public health authorities. . Improving national, sub-national or clinical facility ability to detect MDRO and transmissible genotypes, including genotyping or phenotypic measures.</li> <li>• Support for the implementation of strategies for health care associated infection surveillance that link with public health notification in line with national efforts for surveillance.</li> </ul> <p>→ <b>While in many instances laboratory activities could be considered as a part of surveillance systems, activities that are predominantly laboratory-focused (e.g., equipment, reagents, wet lab capacitation) should be included in the “Laboratory Systems” intervention.</b></p>
COVID-19	<b>Laboratory Systems</b>	<ul style="list-style-type: none"> <li>• Laboratory surge capacity planning (infrastructure, staffing and operations) as part of pandemic preparedness allowing for large-scale testing, such as:</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>○ Establish access to a designated international/national reference laboratory for priority diseases, identification of new and emerging pathogens and antimicrobial resistance testing.</li> <li>○ Adopt and disseminate SOPs as part of disease outbreak investigation protocols for specimen collection, management and transportation for diagnostic testing.</li> <li>● Integrated specimen transport networks, quality management systems (including pathogen specific external quality assessment (EQA) schemes), laboratory information systems, infrastructure, equipment, laboratory supply chain management systems and human resource capacity.</li> <li>● Laboratory-based surveillance which could include AMR, zoonotic disease surveillance activities, genomic surveillance and multipathogen testing.</li> <li>● Improvement of laboratories' capabilities to test and return results of tests from outbreak and epidemic prone diseases, including investments to support electronic reporting from community level to national level.</li> <li>● Technical assistance for the establishment/maintenance of national/regional/international accreditation schemes.</li> <li>● Identification of hazards and performance of biosafety risk assessment at participating laboratories. Use of appropriate biosafety measures to mitigate risks. See for example <a href="#">WHO Assessment tool for laboratories implementing SARS-CoV-2 testing: interim guidance</a>.</li> <li>● Adoption of standardized systems for molecular testing (including AMR), with assured access to reagents and kits.</li> <li>● Development and implementation of plans to link laboratory data with key epidemiological data for timely data analysis.</li> </ul>



Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Procurement of IT equipment and software to strengthen laboratory systems.</li> <li>• Develop and implement surge plans to manage increased testing demand; consider measures to maintain essential lab services, (e.g., limiting testing to people at high risk of poor outcomes and based on establishing key epidemiologic trends, if needed, in anticipation of possible widespread pathogen transmission.</li> <li>• Development or update of national genomic surveillance strategy as per <a href="#">WHO guidelines</a>, and implementation of genomic surveillance activities.</li> <li>• Sharing of sequence data according to established protocols.</li> <li>• Monitoring and evaluation of diagnostics, data quality and staff performance. Incorporation of findings into strategic review of national laboratory plan and sharing of lessons learned.</li> <li>• Development of quality assurance mechanisms for each testing methodology, including point-of-care.</li> <li>• Technical assistance for the preparation of funding requests, with a proposed menu of interventions.</li> <li>• Development and implementation of guidelines and workflow SOPs to account for integrated testing and prioritization (e.g., COVID-19, EID, VL, TB, Hepatitis, HPV, STIs, testing on molecular multipathogen instruments).</li> <li>• Training, supervision and salary for staff supporting the above including at community level (e.g., contracting of community-based organizations (CBOs) for rapid testing of multiple pathogens).</li> </ul>
COVID-19	<b>Community Health Workers: Selection, Pre-</b>	Activities related to selection, competency-based pre-service training and competency-based certification of CHWs (all types) who are responsible for providing integrated, people-

Module	Intervention	Illustrative List of Activities
	<b>service Training and Certification</b>	<p>centered health services, including for the three diseases (HIV, TB and malaria), pandemic preparedness, community surveillance, risk communication and community engagement.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Selection of CHW candidates for competency-based training.</li> <li>• Capacity building of national or subnational health training institutions.</li> <li>• Development or revision of standard competency-based pre-service training curriculum covering all functions of the expected role and full package of services to be delivered by a particular type of CHW.</li> <li>• Provision of competency-based pre-service training.</li> <li>• Development, maintenance and strengthening of systems for competency-based certification of CHWs.</li> <li>• Formal competency-based certification prior to service.</li> </ul> <p>→ <b>Opportunities for integration of pre-service training across more than one disease should be prioritized, including integrated community case management (iCCM), and activities related to identification and reporting of notifiable diseases and early warning to appropriate authorities, e.g., community-based surveillance.</b></p>
COVID-19	<b>Community Health Workers: In-service Training</b>	<p>Activities related to in-service training of CHWs (all types) who are responsible for providing integrated, people-centered health services, including for the three diseases (HIV, TB and malaria), pandemic preparedness, community surveillance, risk communication and community engagement, depending on the expected role.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Capacity building of national or subnational health training institutions for competency-based in-service training of CHWs.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Development or revision of standard competency-based in-service training curricula covering all functions of the expected role and full package of services to be delivered by a particular type of CHW.</li> <li>• Provision of standard competency-based in-service training for CHWs based on their expected functions and role.</li> <li>• Application, use and integration of digital health platforms and tools, including development of blended learning solutions for continuous professional development.</li> </ul> <p>→ <b>Applicants are encouraged to support CHWs who provide an integrated package of services. Where epidemiological or programmatic needs require it, in-service training for single-disease CHWs should be included in the relevant COVID-19 intervention.</b></p>
COVID-19	<b>Community Health Workers: Integrated Supportive Supervision</b>	<p>Activities related to supportive supervision for CHWs (all types) and supervisors of CHWs who are responsible for providing integrated, people-centered health services, including for the three diseases (HIV, TB and malaria), pandemic preparedness, community surveillance, risk communication and community engagement, depending on the expected role.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Development of SOPs for integrated supportive supervision of CHWs, including group supervision for problem-solving, community and patient feedback and audits, observation of the CHW in the community and one-on-one feedback with the CHW.</li> <li>• Development of tools and digital checklists for integrated supportive supervision.</li> <li>• Training of CHW supervisors and supervisors of CHW supervisors on SOPs for integrated supportive supervision, leadership and management skills.</li> <li>• Support for CHWs protection and safeguarding, including mental health, such as identification and management of work-related stress.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Integrated supportive supervision of CHWs following SOPs and using digital tools/checklists.</li> <li>• Supervision of CHW supervisors.</li> <li>• Approaches to engage private sector in integrated supportive supervision of CHWs.</li> </ul> <p>→ <b>Applicants are encouraged to support CHWs who provide services for multiple diseases and integrated supportive supervision. Disease-specific or specialized intervention-specific supervision, if required, should be included under the relevant COVID-19 intervention.</b></p>
COVID-19	<b>COVID-19 CSS: Community-based Organizations Institutional Capacity Building</b>	<p>This intervention maps to the <a href="#">C19RM Technical Information Note</a> section: <b>Community capacity building and leadership development.</b></p> <ul style="list-style-type: none"> <li>• Strengthening of community-led organizational planning and leadership capacities to respond to disease outbreaks and emergencies (e.g., emergency planning for service disruptions, safety and security protocols and systems to maintain service access for marginalized and/or criminalized communities, surge planning to respond to increases in gender-based violence (GBV) and human rights violations).</li> <li>• Leadership, professional development, and resourcing to enable effective community representation in emergency response decision-making processes and platforms.</li> <li>• Program management costs of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, and community monitoring and advocacy, in line with the Global Fund <a href="#">Guidelines for Grant Budgeting</a>.</li> </ul>

Module	Intervention	Illustrative List of Activities
COVID-19	<b>COVID-19 CSS: Community-led Monitoring</b>	<ul style="list-style-type: none"> <li>• Activities that strengthen community-led monitoring system capacities to adapt and respond to disease outbreaks and their impacts on service availability, accessibility, acceptability and quality. This includes monitoring of human rights and gender-related impacts.</li> <li>• Activities that strengthen community-led monitoring of health policy, budget and resource decisions and development, health financing allocation decisions, and/or complaint and grievance mechanisms.</li> <li>• Technical support, training and mentoring on community-led monitoring: collection, collation, cleaning and analysis of data; and use of community data to inform programmatic decision making, policy development, and advocacy for social accountability.</li> </ul>
COVID-19	<b>COVID-19 CSS: Community-led Advocacy and Research</b>	<ul style="list-style-type: none"> <li>• Qualitative, quantitative and operational community-led research on health system preparedness and resilience in the context of disease outbreaks, including system capacities to assess and mitigate for potential human rights, health equity and gender related implications.</li> <li>• Community-led mapping and analysis of legal, policy and other barriers that hinder/limit community-led and -based responses in disease outbreaks.</li> <li>• Budget advocacy for domestic resource mobilization for health and community systems in pandemic preparedness and responses.</li> </ul>
COVID-19	<b>COVID-19 CSS: Social Mobilization</b>	<p>This intervention maps to the <a href="#">C19RM 2023 Technical Information Note</a> section: <b>Community engagement, linkages and coordination.</b></p> <ul style="list-style-type: none"> <li>• Community engagement and representation in national policy processes, decision-making and accountability mechanisms, and in the development of local, regional and national strategies and plans. These include JEE and NAPHS, intra-action reviews (IARs), after</li> </ul>

Module	Intervention	Illustrative List of Activities
		<p>action reviews (AARs), simulation exercise (SimEx), and country level platforms, working groups and mechanisms with a role in preparedness.</p> <ul style="list-style-type: none"> <li>• Support to, and reinforcement of community mobilization initiatives and approaches as agile and adaptable in the context of sudden disease outbreaks and health emergencies.</li> <li>• Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between community stakeholders and organizations and formal health systems in disease outbreak preparedness planning.</li> <li>• Support to the establishment or strengthening of community engagement in risk communication and community engagement (RCCE) coordination mechanisms and working groups.</li> </ul>
COVID-19	<b>Infection Prevention and Control and Protection of the Health Workforce</b>	<p>Infection Prevention and Control (IPC) is a cross-cutting clinical and public health specialty area that strengthens the health system to be more resilient against outbreaks and pandemics and helps to ensure continuity of essential health services. It is crucial to engage IPC stakeholders in the planning and application writing process. Directors of national IPC programs are typically within Ministries of Health in the clinical services area, within epidemiology/disease control programs, or within national public health institutes. Other key stakeholders include national laboratory directors, surveillance directors, national TB program managers, AMR focal persons, and community and prison health directors.</p> <p>The establishment of a coordinated IPC approach for preparedness and emergency response activities at a national level is critical. National IPC programs should: (1) oversee IPC efforts at the national, sub-national and health care facility level; (2) establish country IPC policies, guidelines and standards; and (3) ensure monitoring and improve adherence to appropriate IPC practices during health care delivery across multiple settings.</p> <p>Priority activities include:</p>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Support for a national IPC program. The IPC coordinator should have sufficient authority to engage the health sector, issue policies, and coordinate activities. The coordinator should engage across programs and departments as needed for coordination, planning and implementation of IPC best practices.</li> <li>• Development/revision and implementation of a national IPC strategy including guidelines, standards, training/supportive supervision, quality improvement, and other policies for COVID-19 and other emerging diseases.</li> <li>• Support for sub-national IPC programs. Sub-national coordinators should work with the national IPC coordinator and assist with implementing the national strategy, including monitoring and reporting of key IPC indicators.</li> <li>• Development of a national M&amp;E system for IPC, including key indicators. This system should ideally be a central reporting system that collects and reports data on IPC status of health facilities, personal protective equipment (PPE) stock levels, or nosocomial health care workers or patient infections. Data should be used for quality improvement.</li> <li>• Conduct of a health facility and IPC tabletop exercise that aims to examine implementation of IPC strategies required to prevent or limit intra-facility transmission of SARS-CoV-2 or other emerging infectious diseases.</li> <li>• Implementation of protocols for patient screening and triage to rapidly identify people with suspected infectious diseases including COVID-19 and TB, such as screening, identification, and management of health care worker exposures or illnesses; inpatient and health care staff cohorting and isolation; visitor management.</li> <li>• Development or installation of isolation areas in health care facilities, including respiratory isolation for TB or other airborne pathogens, and contact isolation for hemorrhagic fevers or highly resistant bacteria.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Implementation of physical barriers and regulation of patient flow to minimize crowding; ensuring adequate ventilation in patient care and waiting areas.</li> <li>• Support for IPC training, supportive supervision, and/or quality improvement in informal sectors, including CHWs.</li> </ul> <p>Additional activities and programs may include:</p> <ul style="list-style-type: none"> <li>• Improvement of appropriate environmental cleaning and waste management practices (training, job aids, guidance and protocols, use of indicators to monitor practices).</li> <li>• Improving water/sanitation infrastructure and supplies for hand hygiene.</li> <li>• Improvement of facility level IPC response to MDRO detection, including colonization screening, isolation, environmental cleaning and other IPC measures consistent with WHO guidelines.</li> </ul>
COVID-19	<b>Case Management Clinical Operations and Therapeutics</b>	<p>Maps to <a href="#">C19RM 2023 Technical Information Note</a> Programmatic Priority: <b>Medical oxygen, respiratory care and therapeutics.</b></p> <p>Investment priorities in this intervention will focus on medical oxygen, respiratory care and therapeutics. Activities are to specifically support the availability, access, delivery and use of oxygen at the point of care for severe and critical cases of COVID-19 and to support test and treat approaches for high-risk patients with COVID-19.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• Dissemination of regularly updated information and evidence, training and refresh of the health workforce in management of COVID-19 and respiratory pathogens, using protocols based on international standards and WHO guidance.</li> <li>• Quality, safe and cost-effective pharmaceuticals, medical devices, oxygen and other health technologies considered essential for the treatment of COVID-19, including novel</li> </ul>



Module	Intervention	Illustrative List of Activities
		<p>therapeutics to address future variants of concern, including service and maintenance where appropriate to ensure continuous availability of equipment.</p> <ul style="list-style-type: none"> <li>• Medical oxygen and respiratory care interventions that are eligible for Global Fund support. These include bulk oxygen supply, oxygen distribution and storage, oxygen delivery and respiratory care, oxygen support systems. Establishment of medical surge capacity according to epidemiological scenario and health services network context. Surge should take into account maintenance of essential health services to avoid excess mortality; as well as biomedical technicians and clinicians with capacities to manage oxygen systems and provide care of severely ill patients. Surge also needs to take into account safe hospital spaces with engineering and administrative controls to care for COVID-19 patients (see IPC). More information is available in the Global Fund Health Product Management Template (HMPT) and the HPMT User Guidelines.</li> <li>• Integration of training packages developed for the management of sudden increased health needs into curricula for different occupations of health workers and managers.</li> <li>• Monitoring of performance indicators at patient level to assess whether processes of care are improved.</li> <li>• Evaluate implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, elderly patients, and immunocompromised patients), and adjust guidance and/or address implementation gaps as necessary.</li> <li>• Enhancement of informal caregivers' capacity in community to provide social support and outreach.</li> <li>• Implementation of national assessment of medical oxygen demand and gaps.</li> <li>• Salary, training and supervision for temporary staff supporting the above.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Support and coordination for novel therapeutics introduction (NPI) activities, for oral COVID-19 antivirals, including generics (e.g.: registration, update of national guidelines, dissemination of the guidelines including creation of job aids, training of health care workers including at community-level, demand generation activities, development of forecasting tools, integration into the supply chain and in the supply of monitoring tools).</li> <li>• Pilot and implementation of Test and Treat activities, in coordination with NPI activities and focused on surge preparedness, with other in-country stakeholders and partners.</li> <li>• Medical equipment for integrated and multi-disease screening and diagnosis within respiratory care and case management services, such as digital x-rays with or without computer assistance. Per WHO guidance, optimal use of this technology needs to consider how it would fit within the clinical setting where it will be deployed, e.g., portable radiographic digital systems should not be used for patients whose location, clinical condition and/or isolation status would permit transport to hospital radiology departments.</li> </ul>
COVID-19	<b>Health Products and Waste Management Systems</b>	<p><b><u>Health Product Management</u></b></p> <p><b>Quality Assurance</b></p> <ul style="list-style-type: none"> <li>• Implementation of pre- and post-market surveillance activities, including combination of pre-shipment inspection, sampling and testing to monitoring of the quality of core personal protective and medical devices throughout the supply chain.</li> <li>• Guidelines on Post-Market Surveillance of PPE and medical devices.</li> <li>• Monitoring of activities with the relevant national regulatory authority.</li> <li>• Pre- and post-market surveillance requirements (e.g., sampling, transportation and testing, including outside of the country when necessary) Perform Regulatory strengthening activities. .</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Training of regulators and procurement agencies on minimum quality assurance requirements for pre-market and primary post-market verification work.</li> <li>• Strengthening of Regulatory Information Systems to increase efficiency, store and share critical regulatory data.</li> </ul> <p><b>Supply Chain</b></p> <ul style="list-style-type: none"> <li>• Temperature-controlled storage for PCR assays and control materials and distribution vehicles.</li> <li>• Support for Track and Trace verification systems to mitigate threats of falsification and illegal diversion of legitimate COVID-19 related products including diagnostics, therapeutics and vaccines.</li> <li>• Systems to verify COVID-19 related health products and vaccines in support of broader supply chain efforts of evolution towards full traceability.</li> <li>• COVID-19 forecasting capacity building to ensure consistent availability of COVID-19 related health products and robust quantifications.</li> <li>• Enabling of flexible capacity, including for both warehousing and distribution, to manage surge demands with agility, effectiveness, and efficiency.</li> <li>• Integration of supply chain information systems, including warehouse management systems with logistics management information systems and HMIS systems to strengthen data management.</li> <li>• Management of in-country reverse logistics for diagnostic products to avert expiries or where unavoidable, for effective, environment-friendly and safe health care waste management.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Management of country specific strategic stockpile of critical health products through existing capacity or additional temporary capacities.</li> <li>• Support for implementation of WHO standards-based <a href="#">health product information systems</a> to enable the fulfilment of reporting requirements, such as stock and consumption reporting and analytics on the efficiency and effectiveness of downstream supply chain processes.</li> <li>• Supply chain governance including the creation, review and renewal of national supply chain strategic plans. Those should include elements of pandemic preparedness that directly work to strengthen the oversight of key supply chain functions and governance bodies.</li> <li>• Regular preventive maintenance of all medical equipment, such as laboratory diagnostic platforms, oxygen.</li> <li>• Promotion of climate-smart waste management systems and practices.</li> </ul> <p>See: <a href="#">Guide to Global Fund Policies on Procurement and Supply Management of Health Products</a>.</p> <p><b><u>Medical and Laboratory Waste Management Systems</u></b></p> <p>Examples of activities include:</p> <ul style="list-style-type: none"> <li>• Systematic assessment of health care waste and needs, to inform development of a national or subnational waste management strategy.</li> <li>• Development of national, sub-national, and facility level policy frameworks, guidance or operational plans for management of health care and laboratory waste and/or supply chain wastage.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Support of national waste management programs and engagement of key stakeholders including IPC, water, sanitation and hygiene (WASH), environment and communities.</li> <li>• Risk assessment and development of sustainable, safe and environmentally friendly interventions for the management and/or disposal of specific health products (e.g., PPE, diagnostics, lab material, vaccines, and others), and non-health products in line with the national waste management system or strategy.</li> <li>• Maintenance and servicing of waste treatment technologies.</li> <li>• Training of human resources across all tiers in the public and private sector to increase awareness and improve competency in waste management practices including the Return Supply Chain.</li> <li>• Infrastructure and equipment for the collection, transport, treatment and disposal of health care waste that are compliant with environmental and occupational health standards.</li> <li>• Evaluation of carbon footprint of 'End to End' Supply Chain, especially waste management and disposal options and promotion of climate-smart waste management systems and practices, including via public-private partnerships, engagement with communities and civil society, and innovative methods.</li> </ul>
COVID-19	<b>Country-level Coordination and Planning</b>	<p>Activities illustrated under this intervention map to the <a href="#">C19RM 2023 Technical Information Note</a> programmatic priority of <b>Human resources for health and community systems strengthening</b>.</p> <ul style="list-style-type: none"> <li>• Human resources for health (HRH) policy or strategic planning, such as development and monitoring of a national HRH strategy.</li> <li>• Strategic framework to nationally prioritize resources and investments in One Health workforce development.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Rapid responses for public health events, rapid workforce planning exercises/ analysis to inform workforce skills optimization and re-deployment.</li> <li>• Certificate, diploma and degree-conferring field epidemiology training programs, including advanced field epidemiology training program (FETP) that comprise trainees from human and animal health professionals, including development of curriculum, capacity building of health training institutions.</li> <li>• Temporary recruitment schemes for appropriately licensed health workers (e.g., retired HRH, unemployed HRH) to support surge capacity for health emergency response.</li> <li>• Leadership and management training for national, regional, district health managers, including measures to promote increased female leadership and gender equity.</li> <li>• Capacity building of national or subnational health training institutions.</li> <li>• Support to civil society and community organizations to play a meaningful role in country-level co-ordination and planning.</li> </ul>
COVID-19	<b>COVID Diagnostics and Testing</b>	<p>This intervention is not highlighted as a programmatic priority in the <a href="#">C19RM 2023 Technical Information Note</a>.</p> <ul style="list-style-type: none"> <li>• Procurement of SARS-CoV-2 molecular assays.</li> <li>• Procurement of SARS-CoV-2 antigen (Ag) rapid tests.</li> <li>• Support for small scale verification studies for introduction of SARS-CoV-2 Ag RDTs.</li> </ul>
COVID-19	<b>Surveillance – Epidemiological Investigation</b>	<ul style="list-style-type: none"> <li>• Support for COVID-19 contact tracing, active case finding, isolation, cluster investigation and testing at all levels.</li> </ul>

<b>Module</b>	<b>Intervention</b>	<b>Illustrative List of Activities</b>
	<b>and Contact Tracing</b>	<ul style="list-style-type: none"> <li>• Multisectoral household or community surveys that monitor adherence to public health and social measures (PHSM), socio-economic impacts and COVID-19-induced barriers to basic needs including health.</li> <li>• Risk–benefit analysis using defined indicators adapted to the existing systems and local context.</li> <li>• Local situation assessments (transmission level and response capacity and performance) to guide actions or changes to response strategy.</li> </ul>
COVID-19	<b>Risk Communication</b>	<ul style="list-style-type: none"> <li>• Development/update of national COVID-19 RCCE action plans.</li> <li>• Identification and mapping of marginalized and at-risk populations.</li> <li>• Preparation, pilot and dissemination of culturally appropriate messages using relevant channels and community networks/influencers targeting key stakeholders.</li> <li>• Activation or strengthening of RCCE coordination mechanisms and working groups in coordination with UN agencies, levels of government, civil society and partners.</li> <li>• Development and implementation of information materials and campaigns, including on COVID-19 related community mobilization and sensitization messages including SMS/text messages, radio messages and/or announcements in the site.</li> </ul>
COVID-19	<b>Gender-based Violence Prevention and Post Violence Care</b>	<ul style="list-style-type: none"> <li>• Support to existing shelter and provision of nutritional support for women victims of intimate partner violence (IPV)/gender-based violence (GBV) and their children in need or at risk as a result of COVID-19 restrictions.</li> <li>• Trainings for frontline staff and volunteers during COVID-19 response on psychological first aid, GBV referral pathways, and how to support a survivor and relay information on available GBV services, including remote modalities, such as hotlines.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Support for existing GBV hotlines (temporary staff, training materials, communication tools, and others.).</li> <li>• Post violence counseling, referral and linkages to provision of post exposure prophylaxis (PEP), clinical investigations, medical management, clinical care, forensics management and medical-legal linkages, psychosocial support, including mental health services and counselling required as a result of COVID-19 restrictions.</li> <li>• Development and implementation of systems for linkages to protection services (i.e. police, neighborhood watch, peer counsellors).</li> <li>• Support to women and affected key populations with linkages to access justice interventions or to legal redress for human rights violations experienced as a result of COVID-19 restrictions.</li> </ul>
COVID-19	<b>Respond to Human Rights and Gender-related Barriers to Services</b>	<ul style="list-style-type: none"> <li>• Rapid assessments of safety and security of key population program clients and implementers given COVID-19 restrictions, and support to adjusting program delivery based on such findings.</li> <li>• Adaptation of COVID-19 prevention information to minorities and indigenous people to improve access to health services.</li> <li>• Online trainings and sensitization of communities, law enforcement and health care workers, including conversion of the content and approach on optimal platforms for online trainings and considering internet access for target audiences.</li> <li>• Scale-up of support for community-led monitoring (CLM) of human rights violations and equitable distribution and access of C19RM funded tools, through expansion of existent systems and apps or establishment of harmonized paper-based/e-mail-based quick reporting forms.</li> </ul>



Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Linking cases of human rights violations to support and redress, including through expanded community paralegal programs, with provision of PPE, transportation and enhanced internet access.</li> <li>• Scale-up of rapid response mechanism, including temporary shelters with comprehensive services.</li> <li>• Engagement and awareness raising with community leaders on the potential rights violations in the context of COVID-19 against key and vulnerable populations, and engagement of community leaders as part of the CLM and rapid response.</li> <li>• Strengthening of engagement with journalists on non-stigmatizing messaging around COVID-19 and on key and vulnerable populations to HIV, TB, malaria and COVID-19.</li> <li>• Training of law enforcement officers on responsive policing, including responding to and addressing intimate partner and gender-based violence which increased because of COVID-19.</li> <li>• Reduction of TB stigma (both at facilities level and in communities) due to the similarity of symptoms with COVID-19.</li> <li>• Review and revision of TB Policy to allow easier access to TB services, including multi-months dispensing and allowing third-party collection of the treatment to mitigate the impact of COVID-19 restrictions.</li> <li>• Scaling-up of TB community mobilization/treatment support groups for treatment support, monitoring, and strengthening of the linkage to TB services for the management of side-effects to mitigate the impact of COVID-19 restrictions.</li> </ul>
COVID-19	<b>Mitigation for HIV Programs</b>	<ul style="list-style-type: none"> <li>• Adaptation of HIV service delivery for prevention, testing and treatment prioritizing innovative service delivery methods, such as community models (e.g., outlets, pharmacy, drug stores for product distribution; HIV self-testing; community-based care) and pop-up</li> </ul>

Module	Intervention	Illustrative List of Activities
		<p>models; Take-home dosing arrangements (multi-months dispensing/MMD) for key prevention and treatment products; Modifications in health and community facilities for modified patient flow and dispensing.</p> <ul style="list-style-type: none"> <li>• Development and scaling of electronic information and behavior change communication and virtual and social media platforms; digital health platforms.</li> <li>• Reinforcement of systems related to social protection and GBV including communication about access to critical services.</li> <li>• Communication about COVID-19 to HIV communities.</li> <li>• Support to CBO-led entities for provision of additional services.</li> <li>• Training for health and community workers on HIV and COVID.</li> <li>• Technical Assistance for development and implementation of costed mitigation plans including service adaptations.</li> </ul>
COVID-19	<b>Mitigation for TB Programs</b>	<ul style="list-style-type: none"> <li>• TB diagnosis, including operational cost of active and intensified case finding, outreach campaigns, bi-directional screening/testing for TB and COVID-19 and tools/commodities (x-rays with computer-aided detection/software, molecular diagnostic tests and consumables for TB testing), specimen transportation.</li> <li>• Adaptation of TB services including scale-up of innovative TB diagnosis, treatment and prevention activities, operationalization of people-centered and community-based services, contact tracing including integrated for both TB and COVID-19, transition to all-oral regimens (for DR-TB and TB prevention), remote support for people on treatment.</li> <li>• Digitalization of TB services including real-time reporting/surveillance, connected diagnostic, digital adherence tools, digital transfer of enablers package.</li> <li>• Technical Assistance for development and implementation of costed mitigation plans.</li> </ul>

Module	Intervention	Illustrative List of Activities
		<ul style="list-style-type: none"> <li>• Training (including e-training and capacity building) and advocacy on TB and COVID-19 similarities, stigma reduction, provision, and availability of services for both.</li> </ul>
COVID-19	<b>Mitigation for Malaria Programs</b>	<ul style="list-style-type: none"> <li>• Adaptation of malaria vector control and chemoprevention interventions (insecticide treated nets (ITN), indoor residual spraying (IRS), Seasonal Malaria Chemoprevention (SMC) campaigns, and routine ITN distribution or Malaria in Pregnancy (MiP) services), including all activities associated with modification/decentralization/digitization of approaches in order to mitigate COVID-19 impact, including but not limited to personnel, trainings, transport, supplies, waste management, digitization.</li> <li>• Technical assistance for development and implementation of costed malaria mitigation plans or components thereof.</li> <li>• Social and behavior change communication (SBCC) activities to support continued access to prevention and case management services, including development and scaling of behavior change communication and virtual and social media platforms.</li> <li>• Assessments of, and interventions to improve, equity of access to services for specific groups.</li> </ul> <p>→ <b>Note that procurement of all PPE for health facility and CHWs should be included under the Infection Prevention and Control intervention.</b></p> <p>→ <b>No malaria case management commodity procurement to be included here.</b></p>

## 2. List of Programmatic Indicators

This list of programmatic indicators supports the selection of relevant indicators to be included in the grant performance assessment. The [C19RM 2023 M&E Framework](#) lists all indicators that will be monitored.

<b>Intervention</b>	<b>Indicator code</b>	<b>Indicator</b>
<b>Surveillance Systems</b>	M&E-4.1	Percentage of service delivery reports from community health units integrated/interoperable with the national HMIS.
	M&E-5.1	Percentage of reporting units which digitally enter and submit data at the reporting unit level using the electronic information system.
	RSSH/PP M&E-9	Percentage of districts reporting events (per national guidelines).
<b>Laboratory Systems</b>	RSSH/PP LAB-2	Percentage of molecular diagnostic analyzers achieving at least 85% functionality (ability to test samples) during the reporting period.
	RSSH/PP LAB-4	Percentage of laboratories that have electronic test ordering and results return capability via a remote test order module of the laboratory information management system (LIMS).
	RSSH/PP LAB-6	Percentage of instruments covered by a service contract during the reporting period.
	RSSH/PP LAB-7	Percentage of health facilities able to provide SARS-CoV-2 testing services (+ specify technology).

<b>Intervention</b>	<b>Indicator code</b>	<b>Indicator</b>
	RSSH/PP M&E-5	Percentage of labs which are able to return patient lab results electronically to the patient-level programmatic data system.
<b>COVID-19 CSS: Community-based Organizations Institutional Capacity Building</b>	CSS-2	Number of community organizations that received a predefined package of training.
<b>Infection Prevention and Control and Protection of the Health Workforce</b>	RSSH/PP IPC-1	Number of health facilities renovated to improve triage, isolation, bed spacing, patient flow, or ventilation.
	RSSH/PP IPC-2	Percentage of health facilities with active triage sites.
	RSSH/PP IPC-3	Percentage of health facilities with access to an IPC specialist.
	RSSH/PP IPC-4	Percentage of health facilities participating in HAI/AMR surveillance.
	RSSH/PP IPC-5	Percentage of health facilities with access to MDRO phenotype confirmation.
	RSSH/PP IPC-6	Percentage of health facilities that have implemented IPC programs.

<b>Intervention</b>	<b>Indicator code</b>	<b>Indicator</b>
<b>Case Management, Clinical Operations, and Therapeutics:</b> Medical Oxygen, Respiratory care, and Therapeutics	RSSH/PP RCS-2	Number of health facilities that have functioning oxygen systems.
	RSSH/PP RCS-3	Number of PSA plants installed with Global Fund investments and functional.
	RSSH/PP RCS-5	Number of health facilities that have functional pulse oximeters.
<b>Health Products and Waste Management Systems</b>	HPM-1	Logistics management information system (LMIS) reporting rate: percentage of all health facilities that are required to report that submit an LMIS report to central authority.
	RSSH/PP HPM-1	Number of waste management treatment sites equipped and functional that were supported by Global Fund investments.
<b>Risk Communication</b>	RSSH/PP RCO-1	Percentage of health facilities that conduct integrated outreach sessions.
<b>Mitigation for Malaria Programs</b>	Malaria O-13	Proportion of malaria cases detected by the surveillance system.

### 3. Illustrative List of Work Plan Tracking Measures

In addition to the Programmatic Indicators, this table includes a list of examples of Work Plan Tracking Measures (WPTM). Some WPTMs are consistent across interventions, others are tailored to the activities in the intervention. Specific WPTMs should be developed in consultation with the Global Fund Country Teams.

<b>Intervention</b>	<b>WPTM Category</b>	<b>Illustrative Work Plan Tracking Measure</b>
<b>Surveillance</b>	Evaluations and Assessments	Program reviews/evaluations/surveys/studies conducted.
	Meetings and Consultation	Proportion of district quarterly or semi-annual review meetings conducted during the reporting period.
	Recruitment and Hiring	Number of CHW hired from Global Fund investments.
	Recruitment and Hiring	Number of technical staff hired from Global Fund investments.
	Strategy and Planning	National Health Information Systems Strategy and costed implementation plan developed.
	Strategy and Planning	National eHealth or Digital Health Strategy and costed implementation plan developed.
	Systems Development	Development and dissemination of standard operating procedures (SOPs) for data use at national and sub-national levels.
	Systems Development	Routine event-based surveillance reports developed and disseminated.
	Systems Development	Geocoded master facility list developed/updated.
	Training	Number of people trained.

<b>Intervention</b>	<b>WPTM Category</b>	<b>Illustrative Work Plan Tracking Measure</b>
<b>Laboratory Systems</b>	Policy and Guidelines	National laboratory policies developed/updated.
	Policy and Guidelines	National quality laboratory standards and system for licensing public/private labs established.
	Policy and Guidelines	National policies/guidelines for waste management, biosafety, biosecurity developed.
	Renovations	Integrated facility-based laboratory services upgraded/scaled-up.
	Recruitment and Hiring	Number of technical staff hired from Global Fund investments.
	Strategy and Planning	National laboratory strategic plans developed/updated.
	Systems Development	Standard Operating Procedures (SOPs) for waste management, biosafety, biosecurity developed and disseminated.
	Systems Development	Integrated specimen transport network for all diseases developed.
	Training	Number of people trained.
<b>Community Health Workers: Selection, Pre-Service Training and Certification</b>	Recruitment and Hiring	Number of CHW hired from Global Fund investments.
	Strategy and Planning	HRH strategy and plan developed.
	Training	Number of people trained.
<b>Community Health Workers: In-</b>	Training	Number of people trained.



<b>Intervention</b>	<b>WPTM Category</b>	<b>Illustrative Work Plan Tracking Measure</b>
<b>service Training</b>		
<b>Community Health Workers: Integrated Supportive Supervision</b>	Policy and Guidelines	Policy/guidelines developed.
	Recruitment and Hiring	Number of CHW hired from Global Fund investments.
	Systems Development	Referral system between health facility and community set-up.
	Systems Development	HRH information system developed and rolled out.
	Training	Number of people trained.
<b>COVID-19 CSS: Community-led Monitoring</b>	Meetings and Consultation	Consultations held with relevant stakeholders.
	Systems Development	System for community-led monitoring developed including definition of different levels of functionality.
<b>COVID-19 CSS: Community-led Advocacy and Research</b>	Meetings and Consultation	Engagement and representation of communities in national fora, processes and decision-making bodies.
	Strategy and Planning	Advocacy plan developed.
	Strategy and Planning	Business case for sustainability of community-led and -based services for key and vulnerable populations developed.
	Strategy and Planning	National strategies (e.g. NSPs, community health strategies, prevention roadmaps, adolescent girls and young women) articulating roles of communities available (including differentiated service delivery, health governance, monitoring and advocacy).

<b>Intervention</b>	<b>WPTM Category</b>	<b>Illustrative Work Plan Tracking Measure</b>
	Systems Development	National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened.
<b>Infection Prevention and Control and Protection of the Health Workforce</b>	Policy and Guidelines	National IPC program and guidelines, and IPC plan developed.
	Policy and Guidelines	Number and percent of facilities with IPC guidelines developed or updated from national guidelines.
	Recruitment and Hiring	Number of technical staff hired from Global Fund investments.
	Systems Development	Referral system between health facility and community set-up.
	Training	Number of people trained
<b>Case Management, Clinical Operations, and Therapeutics</b>	Policy and Guidelines	Policy/guidelines developed.
	Recruitment and Hiring	Number of technical staff hired from Global Fund investments.
	Technical Assistance	Number of health facilities that received technical support (e.g. biomedical or mechanical engineering) for maintaining oxygen systems (PSA plants).
	Technical Assistance	Number of health facilities that received technical support for implementation of Test and Treat.
	Technical Assistance	Technical support received to support integration or sustainability of Test and Treat activities into existing health system platforms.
	Training	Number of people trained.

<b>Intervention</b>	<b>WPTM Category</b>	<b>Illustrative Work Plan Tracking Measure</b>
<b>Health Products and Waste Management Systems</b>	Evaluations and Assessments	Assessment of the national medical products regulatory systems conducted.
	Policy and Guidelines	National policies/guidelines for waste management, biosafety, biosecurity developed.
	Renovations	Waste management treatment sites upgraded.
	Renovations	Central and/or peripheral level infrastructure upgraded- e.g. warehouses, and others.
	Recruitment and Hiring	Number of technical staff hired from Global Fund investments.
	Strategy and Planning	National health care waste management strategy or action plan developed.
	Systems Development	Administrative lead time of procurements conducted through National Systems- Percentage of purchases meeting tender/procurement request to Purchase Order submission benchmark among the total number of Purchase Orders.
	Systems Development	Affordability of procurements conducted through National Systems- Percentage of products within the defined set of core products procured with a weighted average price (per grant) at or below the Pooled Procurement Mechanism (PPM) reference price among the total number of products procured.
	Systems Development	Logistic Management Information System established.
Training	Number of people trained.	
<b>Country-level Coordination and Planning</b>	Evaluations and Assessments	Assessments conducted.

<b>Intervention</b>	<b>WPTM Category</b>	<b>Illustrative Work Plan Tracking Measure</b>
	Meetings and Consultation	Number of joint planning and review meetings of MoH with disease programs to improve cross-program coordination.
	Strategy and Planning	Operational action plan based on recommendations developed and costed.
	Strategy and Planning	Civil society organizations and networks supported to engage in coordination and planning.
	Strategy and Planning	National health sector policy/strategy/plan developed.
	Training	Number of organizations (e.g. community-based organizations) trained.
<b>Risk Communication</b>	Strategy and Planning	Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed.
	Training	Number of people trained.
<b>Respond to Human Rights and Gender-related Barriers to Services</b>	Evaluations and Assessments	Assessments conducted.
	Strategy and Planning	Gender assessment plan/protocol developed.
	Strategy and Planning	Local human rights networks have developed plans for stigma and discrimination reduction and legal literacy.