COVID-19 Modular Framework

Date Created: 19 April 2021
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### COVID-19 Modular Framework 2021

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| COVID-19                          | Country-level coordination and planning  | • Meetings related to governance of COVID-19 response, e.g. planning to support inter-sectoral or cross-border collaboration;  
• Financial support of civil society and community organizations;  
• Intra-action reviews and simulation exercises;  
• Institutional capacity building support to a health coordination body, e.g. in program management;  
• Public financing systems to enable governments to increase fund flows to local levels, including via social contracting;  
• Direct financing support to health facilities to enable them to respond more effectively to the local context.                                                   | Pillar 1: Country-level coordination, planning, and monitoring              | COVID-19 control and containment                                        | COVID-19 control and containment including health systems strengthening |

### Interventions Overview

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| COVID-19    | Risk communication | • Develop/update national COVID-19 RCCE action plans;  
• Identify and map marginalized and at-risk populations;  
• Prepare, pilot and disseminate culturally appropriate messages using relevant channels and community networks/influencers targeting key stakeholders;  
• Establish mechanisms to embed the voice of communities into decision-making for emergency response;  
• Activate or strengthen RCCE coordination mechanisms and working groups in coordination with UN agencies, levels of government, civil society and partners;  
• Develop and implement information materials and campaigns, including on COVID-related community mobilization and sensitization messages including SMS/text messages, radio messages, and/or announcements in the site;  
• Community mobilization activities that involve affected communities, key and vulnerable populations, women and girls, men or other groups in the development of Information, Communication and Education (ICE) materials on COVID-19.  
• Capacity building and engagement of communities in support of longer-term preparedness and emergency risk management functions;  
• Salary, risk allowances, training and supervision for temporary staff supporting the above, including at community level. | Pillar 2: Risk communication and community engagement | COVID-19 control and containment | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | Surveillance- Epidemiological investigation and contact tracing | • Capacity assessment and risk analysis for specific settings, including mapping of vulnerable populations or events such as mass gatherings, as appropriate;  
• Strengthen contact tracing, active case finding, isolation, cluster investigation, and testing at all levels;  
• Strengthen diagnostic capacity at all levels;  
• Genetic and serological surveillance or sero-epi studies;  
• Multisectoral household or community surveys that monitor adherence to PHSM, socio-economic impacts, and COVID-19-induced barriers to basic needs including health;  
• Risk–benefit analysis using defined indicators adapted to the existing systems and local context;  
• Local situation assessments (transmission level and response capacity and performance) to guide actions or changes to response strategy;  
• Develop and/or regularly update: a) COVID-19 national surveillance strategy / guidelines including on public health and social measures; and b) COVID-19 national contact tracing strategy including international contact tracing; as well as case definition and investigation protocols in line with WHO guidance;  
• Salary, training and supervision for temporary staff supporting the above, including at community level. | Pillar 3: Surveillance, rapid response teams, and case investigation | COVID-19 control and containment | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | Surveillance systems | • Technical assistance for development of SARS-CoV-2 sequencing strategy  
• Payment of fees for sequencing  
• Procurement of sample transport services (national or international)  
• Procurement of consumables for transportation of samples  
• Procurement of reagents or software  
• Hiring temporary staff to support surveillance activities;  
• Training in bio-informatics  
• Integration of COVID-19 surveillance and routine reporting, including for contact tracing, in existing HMIS platforms.  
• Activities to ensure data availability and use of disaggregated covid-19 data at all levels for planning and programmatic decision making  
• Investments for HIV, TB, malaria and/or or cross-cutting/integrated data systems for routine reporting and surveillance that require more funds than originally funded in the grants due to covid-19. For example:  
o Update assessment, review, or situational analysis of M&E systems/ HMIS  
o Update national M&E/ Health Information Systems strategies or implementation plans to incorporate covid-19  
o Additional human resource, training, and/or technical Assistance needed for data collection, reporting, analysis and use  
o Integrate reporting of community setting covid-19 health services in the existing Community Health Information Systems  
o Additional data systems governance or coordination support mechanisms  
o Additional data quality improvement activities  
o Development / updating of georeferenced master facility and CHW lists and analytics, capturing GPS coordinates of health facility and CHWs to inform COVID-19 planning and response. | Pillar 3: Surveillance, rapid response teams, and case investigation | Health and community systems | COVID-19 control and containment including health systems strengthening |
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| COVID-19   | COVID Diagnostics and testing | • Procurement of SARS-CoV-2 molecular assays  
• Procurement of SARS-CoV-2 antigen (Ag) rapid tests  
• Support small scale verification studies for introduction of SARS-CoV-2 Ag RDTs  
• Training and refresher sessions for end-users for diagnostic activities  
• Procurement of PPE  
• Develop quality assurance mechanisms for testing methodology, including point-of-care testing  
• Develop and disseminate standard operating procedures for specimen collection, management, and transportation for COVID-19 diagnostic testing;  
• Assess biosafety risk at participating laboratories;  
• Use of appropriate biosafety measures to mitigate risks;  
• Support specimen collection, management, and referral network and procedures;  
• Conduct network assessment to develop surge plans to manage increased testing demand;  
• Procurement of molecular testing platforms  
• Procurement of ancillary equipment related to molecular testing  
• Support minor rehabilitation of testing site infrastructure  
• Up-grade equipment to maintain electrical supply | Pillar 5: National laboratories | COVID-19 control and containment | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | Laboratory systems| • Adapt and strengthen existing specimen transport networks to integrate COVID-19 samples-for example, provide technical assistance to review transportation routes, network expansion, costing exercises, procurement of consumables, hiring of additional temporary drivers and sampling/testing staff;  
• Technical assistance for establishing / maintaining national/regional /international accreditation schemes  
• Technical assistance to develop and implement plans to link laboratory data with key epidemiological data for timely data analysis and interconnectivity with EMR, LMIS and HMIS.  
• Procurement of IT equipment and software;  
• Enhance biosafety environment to provide relevant standards required for COVID testing;  
• Support biosafety risk assessment;  
• Strengthen supply chain management (especially for products with short shelf life) support mutualization of equipment for multiple testing protocols, stock management and supply planning for lab testing will need support.  
• Hiring temporary staff and training. | Pillar 5: National laboratories | Health and community systems | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | Infection prevention and control and protection of the health workforce | • Provision of Personal Protective Equipment (PPE), including face masks/shields, protective clothing, gloves, goggles, hand sanitizer, etc.\(^9\), based on implementation of national and sub-national policies and strategies and according to WHO guidelines for all relevant cadre including at community level.  
  → **Note that all COVID related PPE needs for HTM mitigation activities should also be included here:**  
  • Provide training to health workers (including at community level) and essential staff, including volunteers, peer educators, etc., according to national strategy, on IPC measures and on rational use of PPE in COVID-19 context;  
  • Implement strategies and tools for preventing, investigating and managing health care worker infections (including at community level);  
  • Implement improvements to health facility water and sanitation according to road maps;  
  • Conduct health facility (and CHW) and IPC tabletop exercise that aims to examine implementation of IPC strategies required to prevent or limit intra-facility transmission of SARS-CoV-2;  
  • Support access to WASH services in public places and community spaces most at risk, with special considerations for vulnerable populations;  
  • Adapt, disseminate and implement IPC guidance such as the use of standard and additional precautions for health care settings including home and community care providers.  
  • Monitor and evaluate IPC guidance dissemination, implementation and impact;  
  • Monitor the continuity of WASH services, supplies, prices and financial sustainability, analyze trends, estimate gaps, and propose corrective actions when needed;  
  • Plan and procure waste management supplies and equipment for appropriate implementation of waste management protocols; could you please make it more COVID specific to differentiate from waste management activities listed under the intervention below and  
  • Salary, training and supervision for temporary staff supporting the above. | Pillar 6: Infection prevention and control | COVID-19 control and containment | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | Health products and waste management systems | Quality Assurance (QA):  
• Implement 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;  
• Guidelines on Post-Market Surveillance of personal protective equipment and medical devices;  
• Monitoring activities with the relevant national regulatory authority;  
• Pre- and post-market surveillance requirements (e.g., sampling, transportation and testing, including outside of the country when necessary)  
Perform Regulatory strengthening activities:  
• Training of regulators and procurement agencies on minimum quality assurance requirements for pre-market and primary post-market verification work;  
• Strengthen Regulatory Information Systems to increase efficiency, store and share critical regulatory data.  
Supply Chain  
• Warehousing and distribution capacity building.  
• Temperature-controlled storage for PCR assays and control materials and distribution vehicles;  
• Integration of Supply Chain Information Systems with logistics management information systems;  
• Strengthen upstream logistics planning;  
• Support Track and Trace verification systems to mitigate threats of falsification and illegal diversion of legitimate COVID-19 related products including diagnostics, therapeutics and vaccines;  
• Systems to verify COVID-19 related health products and vaccines in support of broader supply chain efforts of evolution towards full traceability;  
• COVID-19 Forecasting Capacity building to ensure consistent availability of COVID-19 related health products and robust quantifications. | Pillar 6: Infection prevention and control | Health and community systems | COVID-19 control and containment including health systems strengthening |
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<td>COVID-19</td>
<td>Waste Management</td>
<td>• Assessment and development of policy frameworks, guidance and operational plans for management of health care waste and/or supply chain wastage; • 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, etc.) as well as non-health products as part of the national waste management system; • Outsourcing or setting up and strengthening of national waste management systems including the safe collection, classification and segregation, handling, return transportation, recycling and/or treatment as well as disposal of waste; • Training of human resources across all tiers in the public and private sector in waste management practices including the reverse logistics. • Infrastructure and equipment for the collection, transport, treatment and disposal of health care waste to ensure compliance with standards; • Public-private partnerships for sustainable and environmentally friendly health care waste management; • Engagement with communities and civil society to implement environmentally friendly health care waste management practices; • Evaluate carbon footprint of 'End to End' Supply Chain, especially waste management and disposal options and promotion of climate-smart waste management systems and practices. <a href="https://www.theglobalfund.org/media/5873/psm_procurementsupplymanagement_guidelines_en.pdf">https://www.theglobalfund.org/media/5873/psm_procurementsupplymanagement_guidelines_en.pdf</a></td>
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<td>COVID-19</td>
<td>Case management, clinical operations, and therapeutics</td>
<td>• Dissemination of updated information and evidence; • Training and refresher training of the health workforce in management of COVID-19, using protocols based on international standards and WHO guidance; • Procurement of quality, safe and cost-effective pharmaceuticals, medical devices, oxygen and other health technologies considered essential for the treatment of COVID-19, according to level of care and context. These include provision of the following: – Pulse oximetry, medical oxygen systems, including disposable, single-use, oxygen-delivering interfaces (nasal cannula, Venturi mask and mask with reservoir bag); generators; dexamethasone/steroids, anticoagulants, ICU beds, ventilators; • Setting up of screening and triage areas at all health care facilities with capacity for isolation of suspected and confirmed cases; and set up screening capacities in the community; • Establishment of medical surge capacity according to epidemiological scenario and health services network context; • Training packages for the management of sudden increased health needs and integration into curricula for different occupations of health workers and managers; • Evaluation of implementation and effectiveness of case management procedures and protocols (including for pregnant women, children, elderly patients, and immunocompromised patients); • Capacity building of informal caregivers in community to provide social support and outreach; • National assessment of medical oxygen demand and gaps; and • Salary, training and supervision for temporary staff supporting the above.</td>
<td>Pillar 7: Case management</td>
<td>COVID-19 control and containment</td>
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| COVID-19    | Mitigation for HIV programs | • 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 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.  
• Development and scaling of electronic information and behavior change communication and virtual and social media platforms; Digital health platforms.
• Reinforcement of systems related to social protection and GBV including communication about access to critical services.
• Communication about COVID-19 to HIV communities.
• Support to CBO-led entities for provision of additional services.
• Training for health and community workers on HIV and COVID.
• Technical Assistance for development and implementation of costed mitigation plans including service adaptations. | | | |
| COVID-19    | Mitigation for TB programs | • 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.  
• 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  
• Digitalization of TB services including real-time reporting/surveillance, connected diagnostic, digital adherence tools, digital transfer of enablers package.  
• Technical Assistance for development and implementation of costed Mitigation plans  
• Training (including e-training and capacity building) and advocacy on TB and COVID-19 similarities, stigma reduction, provision, and availability of services for both. | Pillar 9: Maintaining essential health services and systems | Mitigation for disease programs | Risk mitigation for disease programs |
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| COVID-19    | Mitigation for Malaria programs | • Adaptation of malaria vector control and chemoprevention interventions (ITN, IRS, SMC campaigns, and routine ITN distribution or 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;  
--- **Note:** Procurement of all PPE for health facility and CHWs should be included under the Infection Prevention and Control intervention  
--- **Note:** No malaria case management commodity procurement to be included here.  
• Adaptation of malaria case management interventions, including all activities associated with modifications/decentralization (including CHW expansion if not included under an alternate intervention)/digitization of approaches in order to mitigate COVID-19 impact, including but not limited to: in-country transport, storage, waste management, personnel, training, supplies;  
• Technical assistance for development and implementation of costed malaria mitigation plans or components thereof;  
• 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;  
• Assessments of, and interventions to improve, equity of access to services for specific groups. | Pillar 9: Maintaining essential health services and systems | Mitigation for disease programs | Risk mitigation for disease programs |
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| COVID-19        | Gender-based violence prevention and post violence care | • Support existing shelter and provide nutritional support for women victims of IPV/GBV and their children in need or at risk as a result of COVID-19 restrictions;  
• 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;  
• Support for existing GBV hotlines (temporary staff, training materials, communication tools, etc.);  
• 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;  
• Development and implementation of systems for linkages to protection services (i.e. police, neighborhood watch, peer counsellors);  
• 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 COVID-19 restrictions. | X               | Health and community systems | COVID-19 control and containment including health systems strengthening |
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| COVID-19   | Respond to human rights and gender related barriers to services | • Rapid assessments of safety and security of key population (KP) program clients and implementers given COVID-19 restrictions, and support to adjusting program delivery based on such findings;  
• Adapting COVID-19 prevention information to minorities and indigenous people to improve access to health services  
• Online trainings and sensitization – of communities as well as of law enforcement and Health Care Workers – require support in converting the content and approach so that it works for online trainings, as well as internet access;  
• Scaling-up support for community-led monitoring (CLM) of human rights violations and equitable distribution and access of C19RM funded tools – be it through expanding existent systems and apps or instituting harmonized paper-based/e-mail based quick reporting forms. CLM may need to be expanded in scope, to capture access to PPE, non-discriminatory food support, etc.;  
• Linking cases of human rights violations to support and redress, including through expanded community-ty paralegal programs, with provision of PPE, transportation and enhanced internet access;  
• Scale-up rapid response mechanism, including temporary shelters with comprehensive services;  
• Engagement with community leaders and raise awareness on the potential rights-violations in the context of COVID-19 against key and vulnerable populations, and engage them as part of the CLM and rapid response;  
• Strengthening engagement with the journalists on non-stigmatizing messaging around COVID-19 and on key and vulnerable populations to HIV, TB, malaria and COVID-19;  
• Trainings of law enforcement officers on responsive policing, including responding to and addressing intimate partner and gender-based violence which increased because of COVID-19;  
• TB stigma reduction (both at facilities level and in communities) due to the similarity of symptoms with COVID-19;  
• TB Policy review and revision 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;  
• Scaling-up TB community mobilization/treatment support groups for treatment support, monitoring and strengthen the linkage to TB services for the management of side-effects to mitigate the impact of COVID-19 restrictions. | X | Health and community systems | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | COVID-19 CSS: Community-led monitoring | • Development, support and strengthening of community-based mechanisms that monitor: availability, accessibility, acceptability and quality of HIV, TB, malaria and COVID-19 services (e.g. observatories, alert systems, scorecards); health policy, budget and resource tracking, and monitoring of health financing allocation decisions; and/or complaint and grievance mechanisms;  
• Community-based monitoring of barriers to accessing HIV, TB, malaria and COVID-19 services (e.g. human rights violations, including stigma and discrimination and confidentiality; age and gender-based inequities; geographical and other barriers); for purposes of emergency response, redress, research and/or advocacy to improve programs and policies  
• Provide tools and equipment (e.g. PPE to protect from COVID-19) for community-based monitoring (including appropriate technologies);  
• Technical support and training on community-based monitoring: collection, collation, cleaning and analysis of data (HIV, TB, malaria or COVID-19); and using community data to inform programmatic decision making and advocacy for social accountability and policy development;  
• Community engagement and representation in relevant COVID-19 governance and oversight mechanisms.  
• Finance CBOs to monitor the impact of COVID-19 on health service providers in their communities  
• Support communities to monitor and report on stock-outs, quality of services and human rights violations | X | Health and community systems | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | COVID-19 CSS: Community-led advocacy and research | • Qualitative, quantitative and operational community-led research that takes into account human rights, gender and age considerations; and the production, publication and dissemination of reports and communication materials;  
• Community-led mapping of legal, policy and other barriers that hinder/limit community responses (including barriers that impede registration, funding of community organizations);  
• Data collection and analysis to inform development and/or improvement of key and vulnerable population programs to mitigate the impact of COVID-19;  
• Research and advocacy to sustain/scale-up access to services by key and vulnerable populations, including public financing for the provision of services by community-led and based organizations (e.g. costing of services and implementation arrangements; analysis of the legal and policy context, tendering and selection processes, and monitoring of implementation);  
• Capacity building to develop and undertake campaigns (e.g. COVID-19 awareness, vaccine hesitancy), advocacy and lobbying, for improved availability, accessibility, acceptability and quality of services and social accountability;  
• Capacity building to develop and implement advocacy campaigns for domestic resource mobilization for COVID-19 and the three diseases and Universal Health Coverage;  
• Advocacy activities, including conducting situational analysis, engagement and representation in policy processes, decision-making and accountability mechanisms and processes, and in the development of local, regional and national strategies and plans (including national health; disease-specific; community health and Universal Health Coverage)  
• Development of simple advocacy materials on the importance of preserving access to HIV, TB and malaria services and reproductive health services during COVID-19 | X | Health and community systems | COVID-19 control and containment including health systems strengthening |
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| COVID-19    | COVID-19 CSS: Social mobilization | - Community-led participatory needs assessments;  
- Building capacity on use of appropriate new information communication tools and technologies to maintain social mobilization during COVID-19;  
- 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 (including COVID-19 services) and advocacy;  
- Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems to respond to COVID-19, other health actors and broader movements such as human rights and women’s movements.  
- Procuring data packs/IT support for communities to foster engagement in all COVID-19 processes (C19RM 2021 and national process)  
- Strengthen existing community platforms (drop-in centres, safe spaces, community-based clinics) as well as community networks to deliver HIV, TB, malaria and COVID-19 services | X              | Health and community systems                             | COVID-19 control and containment including health systems strengthening |
| COVID-19    | COVID-19 CSS: Community-based organizations institutional capacity building | - Capacity building and mentorship of community organizations and networks in a range of areas necessary for them to fulfil their roles in social mobilization, community-based monitoring and advocacy during COVID-19  
- Technical and programmatic development to ensure high quality delivery of integrated community-based COVID-19 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 and advocacy. | X              | Health and community systems                             | COVID-19 control and containment including health systems strengthening |