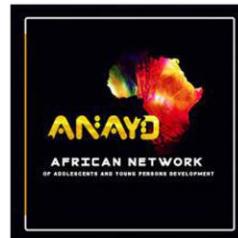


ASAP

 The Global Fund

Report of Technical Assistance provided to ANAYD to support Community Consultations with AYPs in their diversities and meaningful participation in the C19RM 2.0 Funding Request in Nigeria



REPORT TECHNICAL OF SUPPORT

JULY 2021



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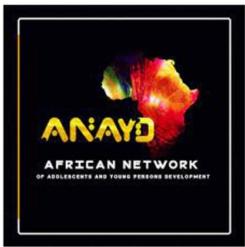
African Network of Adolescents and Young Persons Development - ANAYD



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The African Network of Adolescents and Persons Development (ANAYD)



ACRONYMS

ANAYD	African Network of Adolescents and Young Persons Development
ASAP	AIDS Strategy, Advocacy, and Policy (Ltd)
ASHWAN	Association of Women Living with HIV and AIDS in Nigeria
AYP	Adolescents and Young People
AYPLHIV	Adolescents and Young People Living with HIV
CCM	Country Coordinating Mechanism
CSS	Community Systems Strengthening
DRAC	Disability Rights Advocacy Centre
EHRAI	Equal Health Rights Access Advocacy Initiative
EVA	Education as a Vaccine
GBV	Gender-Based Violence
HTS	HIV Testing Services
IGA	Income Generating Activity
IPV	Intimate Partner Violence
NACA	National Agency for the Control of AIDS
NYNETHA	Nigeria Youth Network on HIV/AIDS
RSSH	Resilient and Sustainable Systems for Health
SRHR	Sexual and Reproductive Health and Rights
YFC	Youth Friendly Centre
YFSW	Young Female Sex Workers
YPWD	Young Persons with Disabilities
YMSM	Young Men having Sex with Men
YPWID	Young Persons Injecting Drugs

PREFACE

ANAYD received support from the Global Fund to enhance dialogue among affected groups on the COVID-19 Response Mechanism. This report shares an insight on the consultation with Adolescents and Young People (in their diversities) in southern Nigeria.

At ANAYD - African Network of Adolescents and Young Persons Development, we focus on improving the lives of adolescents and young persons (in their diversities) across Africa, particularly by supporting structures/processes and service delivery.

The support was provided to promote knowledge of the COVID-19 Response Mechanism and consult AYPs (in their diversities) on the issues/challenges related to the COVID-19 pandemic that they face in Nigeria. This report delves into the priorities of adolescents and young people with the aim of mainstreaming these priorities and meaningful engagement of AYPs in the Nigeria COVID-19 Response Mechanism grant application.



This is therefore a handy document for government, stakeholders and AYP-focused organizations in Nigeria as they respond to the COVID-19 needs of young people in their diversities in Nigeria.

Mr. Aaron Sunday
Founder/Executive Director

ACKNOWLEDGEMENT

Adolescents and Young People are the future of our world, therefore investing in the inclusion of this key population is of utmost importance. Thus, we are exceedingly grateful to Global Fund and ASAP for providing the support that made this engagement possible.

We appreciate the efforts Olayide Akanni, the consultant who led this process and Chinazo Anthonia Umenwobi, our Director of Media and Communication who developed this final report.

Very specially, we acknowledge the participation of the Adolescents and Young People (AYPs) in the southern part of Nigeria who participated actively in this process. Their stories and participation contributed to the development of a robust Nigeria grant request for the COVID-19 Response Mechanism.

The African Network of Adolescents and Young Persons Development (ANAYD) acknowledges the support and partnership of:

- Association of Positive Youth Living with HIV in Nigeria (APYIN)
- Education as a Vaccine (EVA)
- Nigeria Key Population Network Secretariat
- Disability Rights Advocacy Centre (DRAC)
- Equal Health Rights Access Advocacy Initiative (EHAII)
- Nigeria Youth Network on HIV/AIDS (NYNETHA)
- Network of People Living with HIV/AIDS in Nigeria (NEPHWAN)
- Association of Women Living with HIV and AIDS in Nigeria (ASWHAN)

We wish to sincerely appreciate the continued support and passion of our Staffs and Volunteers, whose efforts made this project successful.



Education as a Vaccine



EHAII

EXECUTIVE SUMMARY

This report provides information about the consultations with Adolescents and Young People for the Nigeria COVID-19 Response Mechanism.

A total of 69 young people in their diversities and 26 stakeholders (totalling 95 persons) participated in the Consultations. These consultations focused on identifying priorities for the diverse AYP groups as it relates to the COVID-19 pandemic.

Key findings from the consultations which held in 3 states – Lagos, Anambra and Rivers states of Nigeria showed that the following were major challenges:

- Misinformation/misinformation and lack of timely verifiable information about COVID-19
- Inability to access diagnostic, prevention, and treatment services
- Unemployment and loss of livelihoods / limited incoming generating opportunities due to COVID 19
- Human Rights Violations, Gender-Based Violence, and IPV

As a result of the challenges identified, the following were the emerging priorities for AYPs as it relates to the COVID-19 Response Mechanism:

- Strengthening and supporting AYPs engagement in prevention and Service delivery
- Expanding/ adapting Community-led and client-centred service delivery models
- Support for Socio-economic empowerment, livelihood, and mental health
- Address Human Rights Violations, Gender-Based Violence, and IPV

To tackle the challenges identified, participants proposed provision of PPEs, increased funding, sensitization/training of health/law enforcement personnel, scale-up/integration of Home delivery of nutritional support, face-to face/virtual outreaches/sensitizations, promotion of harm reduction, and data support for AYP networks to host regular social media information/education sessions, etc as response strategies.

As Nigeria prepared her grant request for the COVID-19 Response Mechanism, young people partook in the process, to share their priorities and engage the mainstreaming of these priorities in the country's grant request.

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BACKGROUND- COVID 19 and Nigeria's Response

Since the onset of the COVID19 pandemic, countries around the world have implemented different containment measures aimed at reducing the transmission of the C19 virus. One # of the most common measures has been the institution of lockdowns.

Nigeria's Federal Ministry of Health confirmed the first COVID-19 case in Ogun State, Nigeria, on February 27, 2020, making the country the third country in Africa to recognize an imported COVID-19 case after Egypt and Algeria.

On March 30, 2020, the President of Nigeria issued a series of stringent non-pharmaceutical interventions, including stay-at-home orders and cessation of non-essential movements and activities (collectively referred to as a "lockdown strategy") in Lagos and Ogun States and FCT for an initial period of 14 days, extended for an additional 21 days in the same three states and adding Kano State.

The states were selected based on a combination of the burden of disease and their risk: Lagos State was the initial epicentre of disease and had the highest number of cases; Ogun State borders Lagos State, was the source of the index case, and has a highly urban population with a high rate of travel into Lagos State; the FCT had the second-highest number of cases at that time.

After the initial two-week lockdown period, the incidence in Kano increased rapidly, prompting inclusion in the lockdown. The lockdown included the closure of schools and workplaces, bans on religious and social gatherings, cancellation of public events, curfews, restrictions on movement, and cessation of interstate and international travel.

Alongside the federal lockdown in Lagos, and Ogun States, and the FCT, many other states adopted measures as well, including school closure, movement restrictions, and curfews.¹

The drastic lockdown measures came with a significant economic and social cost. Crime and domestic violence reportedly increased during the period² and many people were unable to exercise their usual income-generating activities with effects most pronounced on vulnerable populations and those living in poverty³. Upon the completion of five weeks of a federally mandated lockdown, a gradual segmented easing of lockdown measures was initiated on May 4, 2020. This was a phased approach for an initial period of two weeks to create a balance between public health and economic consequences by progressively returning the population to normal activities.

¹ Nigeria's public health response to the COVID 19 Pandemic : January to May 2020 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7696244/>

² UNDP. Gender-based violence in Nigeria during the COVID-19 crisis: the shadow pandemic. Abuja; Brief 4. 2020 May. Available: <https://www.ng.undp.org/content/nigeria/en/home/library/mdg/the-covid-19-pandemic-in-nigeria-citizen-perceptions-and-the-se.html>.

³ Nigeria National Bureau of Statistics and the World Bank. May 2020. Nigeria COVID-19 COVID-19 National Longitudinal Phone Survey.

More than a year after based on data from the Nigerian Centre for Disease Centre (NCDC) over 167,543 cases have been confirmed, 163,985 cases have been discharged and 2,120 deaths have been recorded in the 36 states and the Federal Capital Territory as of June 2021 ⁴

How and to what extent were the human rights of civil society groups, communities affected by HIV, TB, and Malaria, adolescents and young people as well as key populations affected by these lockdowns?

In several states across the country, the restrictions in movement occasioned by the lockdowns though taken in the interest of public health had an impact on community-level services coordination and contributed to the disruption of access to essential health services including HIV, TB, and malaria services. The lockdown also exacerbated incidences of human rights violations, gender-based violence, reduced access to health care for marginalized communities, and created an atmosphere that caused stigma and discrimination as well as myths and misconceptions related to COVID 19 to thrive.

Justification

In recognition of the fact that the emergence of COVID-19 significantly threatens the progress being made in the response to HIV, TB, and Malaria particularly in regions such as Africa, South Asia, and Latin America, the Global Fund set up the COVID 19 Response Mechanism (C19 RM 1.0) in April 2020 to mitigate the impact of COVID19 on programs to fight HIV, TB, and malaria, and initiate urgent improvements in health and community systems.

As part of the 2nd phase of the C19 RM 2.0 initiative issued in April 2021, Global Fund is providing additional funds to countries to mitigate the impact of COVID19 on existing HIV, TB, and Malaria programmes.

Based on the experiences from the C19RM 1.0, the meaningful engagement of civil society and communities in the C19RM funding request was also prioritized and the communities and CSO groups were encouraged to meaningfully engage in the funding request processes including but not limited to country dialogues and the fund request writing process.

As part of efforts to support the process of dialogue among affected communities, the Global Fund through its Communities Rights and Gender Strategic Initiative Department offered small grants to CSOs, groups that will enable them to:

- Conduct situation and needs assessments to generate strategic information for better decision making to inform C19RM funding request Engagement in C19RM country dialogue processes

⁴ <https://covid19.ncdc.gov.ng/>

- Organize virtual or face-to-face community consultations to inform priorities for the C19RM Funding request.

ANAYD Nigeria (the Requesting Organisation) had received approval for its C19 RM Technical Assistance Request submitted to the CRG SI Department. ANAYD requested TA to conduct face-to-face community consultation(s) to inform priorities for C19RM 2.0 funding requests issued in April 2021.

ANAYD's TA request was premised on the need to equip AYPs in their diversities with knowledge and skills on understanding and meaningfully engaging in Global Fund processes. In addition, ANAYD requested that the Technical Assistance provided through the CRG SI Department was expected to:

- A. Promote knowledge on COVID-19 response mechanism,
- B. Define priorities for adolescents and young people in their diversities in the C19RM process and
- C. Support AYPs meaningful involvement in priority setting and ensure priorities identified are mainstreamed into Nigeria COVID-19 Response Mechanism Grant Application

Key expectations from the process were that the AYPs C19RM priorities identified will be used to engage with the consultant /team working on the country C19RM grant to ensure it gets mainstreamed, also young people will be engaged to ensure active participation during the process, and should the need for a country dialogue arise to discuss the C19RM grant they will be supported to engage.

METHODOLOGY

Consultations Preparatory Phase

A kick-off call was held on 28th April 2021 with the requesting organization (ANAYD), ASAP, members of the CRG-SI Department, and the Consultant in attendance to discuss the scope of work and expectations.

A follow-up meeting was also held between ASAP, ANAYD, and the consultant on 3rd May to discuss the methodology and timelines; how the TA will be executed based on processes outlined in Nigeria's CCM roadmap and C19 funding request June 30, 2021, submission window timeline.

Based on the discussions it was agreed that the face-to-face Consultations will provide contextual information on C19RM as well as community systems strengthening related areas based on the technical guidance. It was also agreed that the Consultations will hold in 3 out of Nigeria's 6 geopolitical zones with AYPs in their diversities. Criteria for selection include the regions with high incidence of COVID 19 cases and the presence of active networks of Adolescents and young people in their diversities. The following dates were agreed on for the planned consultations:

- Lagos (South West) 8th May
- Rivers (South-South) – 12th May
- Anambra (South East) – 14th May

Designed as One-day meetings the objectives of the consultation were:

- To disseminate key and relevant information on the C19RM Fund to the constituencies of AYPs in their diversities
- To facilitate consultations that will enable AYPs in their diversities to identify HIV, TB, and Malaria programmes priorities, gaps in the context of COVID 19, and relevant responses to address them
- To contribute to ensure that priorities identified by AYPs in their diversities are included in Nigeria's 2021 C19RM funding requests
- To support meaningful engagement and participation of AYPs in their diversities in Nigeria's process of formulating requests for C19RM funding from the Global Fund

Participation

Participants from the Consultants include representatives from the following groups:

- Adolescent Girls and Young Women (AGYW)
- Young LGBTQI
- Young Persons with Disabilities (YPWDs)
- Adolescents and Young People Living with HIV (AYPLHIV)

- Young Female Sex Workers (YFSW)
- Young MSMs (YMSM)
- Young Persons Who Inject Drugs(YPWIDs)

ANAYD in collaboration with its partner organizations namely **Association of Positive Youth Living with HIV in Nigeria (APYIN)**, **Education as a Vaccine (EVA)**, **Nigeria Key Population Network Secretariat**, **Disability Rights Advocacy Centre (DRAC)**, and **Equal Health Rights Access Advocacy Initiative (EHAAI)** worked together to identify and recommend representatives from the various AYP constituencies to attend the meeting

A total of 69 young people in their diversities and 26 stakeholders (totalling 95 persons) participated in the Consultations. *Please find the participation by constituency breakdown below.*

	AGYW	YLGBTQI	YPWDs	AYPLHIV	YFSW	YMSM	YPWID	AYPs Total	Stakeholders
Lagos	5	4	5	6	-	2	2	24	7
Rivers	5	5	2	3	6	3	2	26	12
Anambra	4	5	-	5	1	2	2	19	9
									69

Each of the 3 Consultations had a rich mix of participants from the identified AYP constituencies as well as Stakeholder groups. Although some groups such as Female Sex workers were underrepresented in the Consultations held in Lagos; they were amply represented in the Rivers State Consultation. The participation of Stakeholders (including representatives of Government agencies, leaders of the partner organizations, journalists and some of the sub-recipients implementing the Global Fund grants in Anambra State) also helped to enrich the discussions.

The Consultations were also structured in a manner that will support the achievement of the key objectives of the TA.

⁴ ANAYD holds One Day Consultation in Anambra <https://www.odogwublog.com/anayd-holds-one-day-consultation-on-covid-19-response-mechanism-with-adolescents-in-anambra/>
Group urges Anambra Govt. to prioritize COVID-19 Investment <https://www.odogwublog.com/group-urges-anambra-govt-to-prioritize-covid-19-investment/>

Promoting knowledge on the C19RM

Discussions during the consultations in the 3 locations were divided into 2 major segments.

The first segment focused mainly on providing participants with an overview of the C19 RM Funding, the rationale for the C19RM initiative, eligibility criteria for countries to access the funding key pillars; funding envelope available to Nigeria based on the allocation letter, eligible and ineligible investments including key community Rights and Gender interventions that are eligible for support through the C19 RM Funding request.

Reference documents used during the overview session include the power point slides and C19RM Technical Notes received from CRG Department. Highlights from the COVID 19 situational analysis on the impact of COVID 19 on Adolescents conducted by ANAYD were also discussed at the session.

Following the sessions, participants sought clarifications on how the funding request will be approved and follow up processes that ensure that the funding request processes and eventual grant implementation reflect the priorities of Adolescents and young people in their diversities

Defining priorities for adolescents and young people in their diversities in the C19RM
The 2nd segment of the Consultations focused on group activities. Participants from the various constituencies were assigned to groups to discuss and respond to a series of questions outlined below to help them define gaps in the HIV, TB, and Malaria programming resulting from the COVID 19 imposed lockdown; how this has impacted their ability to access HIV, TB and Malaria prevention and treatment service; the innovations and adaptations that were made in service delivery and their recommended priorities for inclusion in the funding request.

Key questions the groups responded to are as follows:

1. What are the main barriers to providing HIV, TB, and Malaria services including treatment, prevention, diagnosis, and engagement of AYPs in the context of the COVID 19 pandemic?
2. How can these barriers be addressed in the context of COVID 19?
3. What responses/interventions best address the priorities areas that should be addressed based on the eligible funding categories?
4. What are the top 3 interventions you'd propose to address the AYP priority areas that have been identified?
5. Please be specific about what barriers these interventions will address?
What is the scale of the proposed interventions -Nationwide; State level etc.?



Feedback from the group sessions

From the group discussions, participants identified disruption of health services as a major fallout of the lockdowns which impacted severely on AYPs in their diversities.

These disruptions affected both the health facilities and community systems, resulting in the inability of key populations (sex workers, men who have sex with men and injecting drugs) to conduct peer outreaches; difficulties in accessing prevention commodities namely; condoms, lubricants; clean needles and syringes which also heightened the vulnerabilities and risk of exposure of these populations to HIV.

Even after the gradual easing of the lockdown, fear of COVID 19 infection and isolation, stigma, and discrimination from health workers, due to the prevailing misinformation, myths, and misconceptions about COVID 19 has also impacted the health-seeking practices of AYPs in their diversities.

However, the disruptions in health services have also created opportunities to adapt and innovate – KPs and other groups reported using virtual platforms to hold outreaches with their constituencies although poor internet connectivity, limited resources to purchase phone credit and data also posed significant challenges.

Adolescents and Young People Living with HIV and FSWs also reported that measures such as multi-month drug dispensing and peer-driven community-based drug delivery services put in place by the Government agencies and implementing partners helped significantly in ensuring that PLHIV continued to access their needed treatment. While some APLHIV reported ARV stock-outs, there were also reports of TB diagnosis and treatment services being stalled in some states because of limited community-based service delivery interventions and the fears of being diagnosed for COVID19 given the similarities in modes of transmission and presentation between TB and COVID 19.

While the community-based drug delivery mechanisms were commended by some populations; injecting drug users (IDUs) on their part noted that the peer-driven community-based drug delivery services had their challenges as several IDUs who were on antiretroviral treatment were forced to relocate from their bunks, and were difficult to track; as a result, several incidences of loss to follow up were recorded.

Young MSMs reported instances of HIV-positive peers who had not disclosed their status to their family members and who encountered difficulties in accessing treatment or who had to covertly take their pills at home. They noted that during the lockdown 'safe spaces 'were not accessible to such individuals and impacted their ability to adhere to treatment.



Another significant fallout of the lockdown was the spike in incidences of human rights violations and gender-based violence. Participants cited several examples of human rights violations that they encountered such as police raiding of IDU bunks and FSW brothels, harassment of LGBTQI populations, and rape of sex workers including the burning of a brothel.

Sex workers particularly noted that the lockdown resulted in a loss of customers/ livelihoods which made them more financially dependent on their 'boyfriends' and male brothel owners. Their vulnerability and financial dependence on these boyfriends and brothel-owners also increased their exposure to intimate partner violence and Gender-based violence. The sex workers also noted that condom stock-outs during the lockdown also meant that they were having unprotected sex as they were barely able to feed talk less of purchasing condoms. Some sex workers also reported that feeding during the period was a problem and more difficult for those of them on antiretroviral treatment.

"There were no palliatives or foodstuffs made available to those of us in the brothels. Cooking is not allowed in the brothels. As the Chairlady of my brothel, I have some privileges so I am allowed to cook. During the lockdown, I had to feed other sex workers particularly those who are on ARVs so they could continue to adhere to treatment. Condoms were also not readily available. Our clients believe that the FSW should provide condoms. A few FSWs, resorted to having unprotected sex. When you can't feed yourself, how do you buy a condom "? – Comment from Sex Worker

Based on the myriad of human rights violations reported, participants highlighted the need to put in place safe spaces as well as systems that will enable individuals whose human rights have been violated to seek redress.

Limited access to PPEs and tailored COVID19 information for specific populations was identified as a major barrier. Specifically, young people living with disabilities expressed concerns that informational materials in circulation did not take into consideration the peculiarities of diverse categories of persons with disabilities. They also noted that the hesitancy regarding the uptake of available COVID 19 vaccines in the country stems from the failure to deploy effective risk communication and education strategies at community levels.

Participants also stressed the socio-economic factors such as loss of livelihoods, limited resources, and the lockdown has further heightened anxiety attacks, aggression, depression and emotional breakdown and has exacerbated stress, mental health issues among AYPs in their diversities.

Priorities

From the various Consultations and group sessions the following interventions emerged as the topmost priorities AYPs in their diversities would like to see reflected in the C19(RM) Funding Request (with variations on how these interventions would apply to the various constituencies represented) Please refer to the summary sheet in Annex 3 for additional information.

1. Strengthening and supporting AYPS engagement in prevention, treatment and service delivery and integrate COVID 19 information

Participants emphasized the need to:

- Sensitize health care workers on issues of stigma and discrimination against AYKPs, AYPLHIV and AYPs in their diversities
- Adapt COVID 19 prevention information for AYPs
- Sensitize audiences of AYPs in their diversities including AYPs with disabilities to debunk myths and misconceptions and address Vaccine hesitancy

2. Expand Community-led and client-centred service delivery models

Given the success stories and feedback from the differentiated service delivery (DSD) models, innovative approaches and adaptions employed in some states to ensure continued access to treatment services; participants stressed the need to:

- Support community/peer-led outreaches as well as expand access to mobile HIV and TB testing self-test kits, PPEs, and prevention commodities (condoms, lubricants) to AYPs in their diversities in their various hotspots as well as grassroots and hard to reach areas.
- Support face to face Interpersonal communication intervention by AYKPs to reach vulnerable populations in hard-to-reach areas (For AYPs with limited access to mobile devices)
- Set up Safe Houses/or Spaces for those (AYPLHIV; AYPKPs) encountering difficulties accessing treatment or encountering barriers placed by caregivers or suffering from GBV /IPV.
- Scale-up client centred DSD models for eligible AYPLHIV
- Expand access to Viral load in select locations such as brothels for FSWs living with HIV; Safe Spaces for AYPLHIV and KVPs
- Provide PrEP to AYPs, KPs in OSS centres, and FSWs in brothels

3. Support for Socio-economic empowerment, livelihood and mental health

Participants unanimously agreed that COVID 19 resulted in unemployment and loss of livelihoods and limited incoming generating opportunities for AYPs in their diversities.

This in turn impacted their mental health, treatment adherence; access prevention commodities to mention a few. They recommended that support for socio-economic empowerment livelihood and mental health of AYPs in their diversities be addressed through:

- Providing Stimulus funds and financial empowerment for AYPs, AYKPs, AYPWD, AGYW across vulnerable communities in Nigeria
- Scaling up /Integrating home delivery of nutritional support into existing programmes particularly for those who have lost their livelihoods similar to those conducted by KP and PLHIV Network leaders in Lagos
- Integrating Socio-economic empowerment through Skills Acquisition Programmes with the provision of start-up capital for AYPs, FSWs
- Training mental health counsellors
- Strengthening existing community platforms (drop-in centers, safe spaces, community-based clinics) as well as community networks to deliver services including mental health support services both in person and virtually

SUPPORT AYPS MEANINGFUL INVOLVEMENT IN PRIORITY SETTING AND ENSURE PRIORITIES IDENTIFIED ARE MAINSTREAMED INTO NIGERIA COVID-19 RESPONSE MECHANISM GRANT APPLICATION

Following the consultations, the summary report highlighting the Key priorities from the AYPs in their diversities was shared with the selected youth representatives as well as CCM Excos to enable them to put forward these priorities in their discussions on the Technical Working Group set up by the CCM to support the Funding Request development process.

The report was also shared with the Civil Society Lead Consultant appointed by the CCM / UNAIDS who was responsible for collating the emerging issues from the various civil society consultations for inclusion in the funding request.

In addition, ANAYD also supported AYP divers populations groups engagement in the following activities:

Gaps Analysis Meeting: ANAYD supported 3 AYP divers' groups with 2 ANAYD officials for a 1 day epidemiology and COVID-19 gaps analysis meeting on 18th May at Education as a Vaccine (EVA) conference Hall Abuja.

CSO C19RM Priority Harmonization, Activity and Costing Meeting:

ANAYD supported 12 AYP divers groups (7 in persons and 5 virtual) to participate in a 3 days CSO C19RM Priority Harmonization, Activity and Costing Meeting which held at Bolton White Hotel Abuja on 16th – 18th June 2021 the meeting culminated with another review with other APYIN and Youth Rise Global Supported beneficiaries at Top Rank Hotel Abuja on 18th June 2021 to reflect on AYPs engagement and develop next steps and action plans for further engagement post C19RM application.

Advocacy: ANAYD got 2AYPs supported for a 1day advocacy visit on 1st July 2021 to National AIDS Control Agency (NACA) the C19RM principal recipient to discuss the AYP component of the grant and strengthen partner relation.

ANAYD consultant also specifically engaged in the country C19RM meeting and one amongst such she worked on the segment related to Expanded reinforcement of key aspects of health systems and community-led response systems: Respond to Human Rights and Gender-related barriers to services and incorporated feedback from the AYPs Consultations to support the narrative on human rights and gender in that segment. I also developed a brief background document on Gender and Human Rights for consideration and inclusion in the Funding request at the request of the CCM Core Writing team members. (Refer to Annex 2)



LESSONS LEARNED

The following lessons were learnt as a result of these engagements:

- It is always more beneficial to consult a population to identify their actual needs, than to assume that general or perceived needs applies to them
 - Linkage and information sharing with AYPs in their diversities is vital for the successful implementation of the COVID-19 HIV Response Mechanism

CONCLUSION

As the world continues to respond to the COVID-19 pandemic, it is important that we do not lose sight of young people who are often forgotten in emergencies. This project has a very useful step towards ensuring that the COVID-19 Response Mechanism in Nigeria is impactful.

Young people will continue to experience challenges of Mental Health, access to information and services, human rights violations and/or GBV unless they are fully involved in the implementation of the proposed response. It is time for young people to take the lead, and creatively/energetically respond to their own needs themselves.

APPENDICURESS

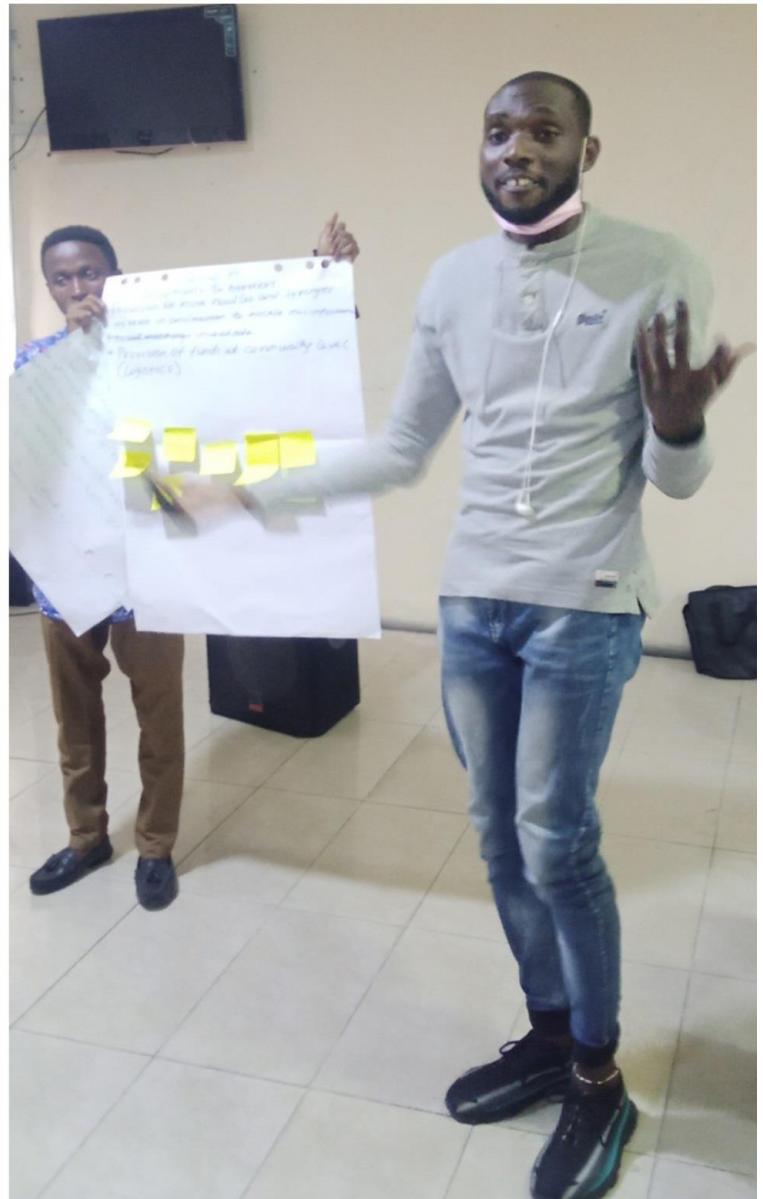
Consultation participants in Anambra state, Nigeria



AYPs and Stakeholders at consultation in Rivers state, Nigeria



Group Activities



C19RM Consultation Agenda

Organised by ANAYD and Partners with support from The Global Fund CRG_SI Team through ASAP @ Venue – King David Hotel, Awka 14th May 2021

Meeting Objectives

- To disseminate key and relevant information on the C19RM Fund to the constituencies of AYPs in their diversities
- To facilitate consultations that will enable AYPs in their diversities to identify HIV, TB, and Malaria programmes priorities, gaps in the context of COVID 19, and relevant responses to address them
- To contribute to ensure that priorities identified by AYPs in their diversities and included in Nigeria's 2021 C19RM funding requests
- To support meaningful engagement and participation of AYPs in their diversities in Nigeria's process of formulating requests for C19RM funding from the Global Fund

ACTIVITY	TIME	Person Responsible
Arrival and Registration	8:30 - 9:00	All
Introduction of participants	9:00 - 9:10	All
Welcome Remarks	9:10 - 9:15	ANAYD
Goodwill messages - AHNI, YLGBTQI	9:15 - 9:25	SASCAP SACA Implementing Partners
Meeting Rationale & Objectives	9:25 - 9:35	ANAYD
Overview of the COVID-19 Response Mechanism (C19RM) Session to respond the following : - What is the C19RM - How does the C19RM work? - Who is the C19RM for - What are the key pillars? - What are the fundable programme areas/Categories eligible for funding?	9:35 - 10:00	Olayide Akanni
Q and A Session	10:00 - 10:15	All

Strengthening Community Engagement in the COVID-19 Response Mechanism (C19RM)	10:15 - 10:45	Olayide Akanni
Tea/ Coffee Break	10:45 - 11:15	All
Overview of Findings from COVID 19 Situational Analysis conducted by ANAYD & Introduction to Group Activity	11:15 - 11:30 11:30 – 12:30	Olayide Akanni All
Group Activity 1 –Identifying gaps and priorities 1. Identifying gaps and defining our priorities in the context of HIV, TB, and Malaria 2. What are the main barriers to providing HIV, TB, and Malaria services including treatment, prevention, diagnosis, and engagement of AYPs in the context of the COVID 19 pandemic 3. How can these barriers be addressed in the context of COVOD 19?		
Group Presentations & Prioritisation Exercise	12:30 - 1:30	All
Group Lunch	1:30 – 2:15	All
Group Activity 2 – Defining responses What responses/interventions best address the priorities areas that we should be addressed based on the eligible funding categories? 1. What are the top 3 interventions you'd propose to address the AYP priority areas that have been identified? 2. Please be specific about what barriers these interventions will address? what is the scale of the proposed interventions -Nationwide; State-level, etc.?	2:15 - 3:15	All Participants
Group presentations	3:15 - 3:45	All
Next Steps	3:45 - 3:55	Olayide Akanni
Closing remarks	3:55 - 4:00	ANAYD ED

APPENDIX 2- Gender-Based Violence and Human Rights

Background

Between March and June 2020, Federal and State level lockdowns and restrictions in movements resulting from the COVID 19 exacerbated incidences of GBV and exposed women and girls as well as key and vulnerable population groups in Nigeria to greater levels of violence by heightening the vulnerability of women and girls by trapping them with their abusers. School closures also put young and adolescent girls at increased risk of exposure to sexual abuse and teenage pregnancy.

Several incidences of human rights violations include constant police raids on brothels, bunks of people who inject drugs, and harassment of sex workers were also reported during the period. Economic difficulty and loss of livelihood during the lockdown also increased the risk of women engaging in transactional sex, thereby heightening exposure to STDs, sexual exploitation, and unwanted pregnancies.

Anecdotal evidence from CSO consultations with sex workers and other key populations highlighted that the lockdowns resulted in a loss of customers/livelihoods causing the sex workers to be more financially dependent on their ‘boyfriends’ and male brothel owners who took advantage of their vulnerability and exacerbated their exposure to IPV/GBV. This condition was worsened by condoms stock outs and increased incidences of unprotected sex ⁶

Data from the Federal and State Ministries of Women Affairs indicated that there was a positive correlation between lockdown and rising GBV incidents particularly in States where stringent lockdown measures were put in place. In the three Nigerian locations that initially went into lockdown, Lagos, Abuja, and Ogun, the number of domestic violence cases rose by 297% from 60 in March to 238 in April. ⁷

In response to the unprecedented surge in cases, the Nigerian Governors’ Forum in June 2020 declared a state of emergency on sexual and gender-based violence and called on governors to adopt relevant gender-based bills as well as the updated penal code. ⁸ In July 2020, the Federal Minister of Women Affairs and Social Development noted that no fewer than 3,600 cases of rape were reported in Nigeria during the lockdown ⁹

⁶ Findings from COVID 19 Community Consultations with AYPs in their diversities held May 2021 organised by ANAYD in Port Harcourt, Rivers State

⁷ Effect of COVID 19 on Gender Based Violence - <http://www.perlnigeria.net/storage/resources/October2020/p6oK1VSo4cgPGsmWBvPu.pdf> - Appendix 1;

⁸ <https://www.vanguardngr.com/2020/06/governors-declare-state-of-emergency-on-sexual-gender-based-violence/>

⁹ <http://saharareporters.com/2020/07/14/3600-rape-cases-recorded-during-lockdown%E2%80%94minister>

A situation update on the GBV trends in Adamawa, Borno, and the Yobe States between January and June 2020 for instance indicated that the COVID 19 pandemic presented key challenges in displacement contexts with increased risk of domestic violence, intimate partner violence, and sexual exploitation and abuse resulting from loss of income and household stress.¹⁰

Similarly, rapid analysis of the situation in the North-East Region indicated that COVID 19 situation amplified deeply entrenched gender inequalities and resulted in an upsurge in the demand for existing GBV shelter services during the period of the lockdown.¹¹

¹⁰ Gender Based Violence (GBV) Sub Sector Nigeria , Mid-Year Report (January-June 2020)
¹¹ Rapid Gender Analysis –North East Region Nigeria, Care, UN Women and OXFAM

APPENDIX 3- Summary from Consultations

Thematic Area	Key Findings from the Consultations in Anambra, Lagos, and Rivers States COVID-19 related challenges faced by AYPs in their diversities	Emerging Priorities	Proposed Solutions	Proposed Activities for Costing (Need to define Scope / Frequency)
Prevention, Treatment and Service Delivery	<p>Misinformation / Misconceptions and lack of timely and verifiable information about COVID - 19 fuelling:</p> <ul style="list-style-type: none"> • Fear of seeking care in the health facilities • Fear of being Stigmatised Discriminated against by health care workers (particularly for AYPs living with HIV, TB or affected by malaria, AYPKPs and AYPs with disabilities • Loss to follow up • Limitations/ restrictions in movement placed by Caregivers particularly for Adolescents living with HIV • Poor health-seeking practices of AYPs post- COVID 19 • Vaccine Hesitancy 	<p>Strengthening and supporting AYPS engagement in prevention and Service delivery</p>	<p>Sensitize health care workers on issues of stigma and discrimination against AYKPs and AYPLHIV AYPs in their diversities</p> <p>Adapt COVID 19 prevention information for AYPS</p> <p>Sensitize audiences of AYPs in their diversities including AYPs with disabilities to debunk myths and misconceptions and address Vaccine hesitancy through :</p>	<p>Sensitization/ Orientation meetings with frontline staff / health workers to address stigma and discrimination and inclusion of disability sensitive sessions</p> <p>Support for face to face and Sensitisation meetings with AYPs in their diversities integrating COVID -19, TB, and HIV prevention information</p> <p>Data Support to AYP Networks to host regular Twitter, IG, WhatsApp, Facebook Live information/ education sessions to debunk COVID -19 Vaccines myths and misconceptions and inviting Celebrities to share with their followers</p> <p>Support for IPC/Peer-led sessions among the various AYP population groups</p>

<p>Inability to access diagnostic, prevention, and treatment services</p> <ul style="list-style-type: none"> Limited transportation/ funding and restrictions in movement placed by Governments leading to difficulties in accessing HIV, TB treatment services (Some AYPLHIV resorted to pill sharing) Limited Outreaches to Key and Vulnerable populations affected by HIV, TB Stock-outs/Shortages of HIV Prevention commodities (Condoms, Lubricants, Needles and Syringes, PREP and Sexual and Reproductive Health Commodities/ Services leading to increased risk of exposure of HIV through unprotected sex (for AGYW and FSWs) and sharing used needles (For PWID communities access to needles and syringes has been made more difficult post-COVID 19 lockdown due price hikes Limited access to Personal Protective Equipment (PPEs) The limited engagement of AYPs in their diversities in the planning, design, and implementation of the COVID 19 interventions Additional difficulties encountered by AYPs living with disabilities in accessing information and services 	<p>Expanding/ adapting Community-led and client-centered service delivery models</p>	<ul style="list-style-type: none"> Leveraging In-school communication channels;(for in-school youth) Traditional and social media communication channels Entertainment and Social Media influencers Sign language translators and disability sensitive messaging Interpersonal and peer education channels; PLHIV support groups Chairladies for Brothel Based Sex Workers <p>Support community / peer-led out reaches as wellL as expand access to mobile HIV / TB self-test kits, PPEs, and prevention c ommodities (condoms, lubricants)to AYPs in their diversities in their various hotspots as well as grassroots and hard to reach areas.</p>	<p>Support for face to face / Virtual Training of local language journalists; social media influencers to address myths, misconceptions, and Vaccine Hesitancy (Data reimbursement; Call expenses)</p> <p>Support for face to face and Virtual Outreaches (e.g. with AYP Key Populations and AYPs with disabilities</p> <p>Promote harm reduction among PWIDs through targeted outreaches educating on COVID 19 and integrating the provision of clean needles and syringes</p> <p>Support to organize and scale up patient education and treatment literacy programmes for AYP Networks</p> <p>Engaging AYP Treatment supporters at facility levels</p>
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		<p>Support in person Interpersonal communication intervention by AYKPs to reach vulnerable populations in hard to reach areas (For AYPs with limited access to mobile devices)</p> <p>Treatment Support Removal of Consultation/ Appointment fees and patients out of pocket costs</p> <p>Set up Safe Houses/ or Spaces for those (AYPLHIV; AYPKPs) encountering difficulties accessing treatment or encountering barriers placed by Caregivers or suffering from GBV /IPV.</p> <p>Scale-up client centred DSD models for eligible AYPL HIV through:</p> <ul style="list-style-type: none"> • Multi-month scripting • Peer pick up; • Drug delivery via courier /waybill services; • Mobile drug delivery (door to door) • Community refill 	
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			<p>Expand access to Viral load in select locations such as :</p> <ul style="list-style-type: none"> • Brothels for FSWs living with HIV; Safe Spaces for AYPLHIV and KVPs <p>Provide PrEP to AYPs, KPs in OSS centres and FSWs in Brothels</p>	
Social Protection and Mental Health	<p>Unemployment and loss of livelihoods / limited incoming generating opportunities due to COVID 19 resulting in :</p> <ul style="list-style-type: none"> • Inadequate income to purchase drugs, PPEs, harm reduction materials/services and commodities • Inability to access food/nutritional support made HIV, TB treatment adherence difficult for AYPLHIV and FSWs living with HIV <p>Mental Health</p> <p>Anxiety attacks, aggression, depression, and emotional breakdown have exacerbated stress, mental health issues among AYPs in their diversities</p> <p>Limited Mental Counselling expertise in the facilities</p>	<p>Support for Socio-economic empowerment, livelihood, and mental health</p>	<p>Provide Stimulus funds and financial empowerment for AYPs, AYKPs, AYPWD, AGYW, and AYPWID across vulnerable communities in Nigeria</p> <p>Prioritize continuity of services supporting people with disabilities, and scale up if possible, including phone /online support.</p> <p>Integrate Socio-Economic Empowerment initiatives, Skills Acquisition Programmes; and provision of start-up capital for AYPs, FSWs</p> <p>Training counsellors to respond to mental health issues arising from COVID 19</p>	<p>Scale-up / Integrate Home delivery of nutritional support into existing programmes particularly for those who have lost their livelihoods similar to those conducted by KP and PLHIV Network leaders in Lagos</p> <p>Strengthening existing community platforms (drop-in centers, safe spaces, community-based clinics) as well as community networks to deliver mental health support services both in person and virtually</p>

<p>Human Rights Violations, Gender-Based Violence, and IPV</p>	<ul style="list-style-type: none"> • Fear of Stigmatisation Molestations for AYPKPs • Fear of harassment by security personnel • Fear of arrests while seeking treatment particularly for AYP KVPs • Brothels were burnt down in some cities (Port Harcourt) • Sex workers experienced continuous raids by security personnel who frequently extorted fines from them during the COVID 19 lockdowns • Lockdowns and restrictions in movement meant Sex workers had limited clients; were financially dependent on their 'boyfriends', and this increased their exposure to IPV/GBV and increased unprotected sex worsened by lack of access to condoms 	<p>Address Human Rights Violations, Gender-Based Violence, and IPV</p>	<p>Organize Seminars/training to educate OSS staff/ health care workers and security personnel on how to report and address human rights abuses</p> <p>Increase public awareness about IPV / GBV and available services</p> <p>Strengthen existing community platforms (drop-in centers, safe spaces, community-based clinics) as well as community networks capacity to offer Post Exposure Prophylaxis as well as IPV/GBV reporting and referral services</p> <p>Support FSWs, AYPKPs, and AGYW with access to legal redress for human rights violations experienced as a result of COVID-19 restriction</p>	<p>Train health care workers and law enforcement officers on the increased risk of IPV and other forms of violence that beneficiaries may face during the pandemic and on how to document and respond appropriately to disclosures of violence</p> <p>Providing post-exposure prophylaxis (PEP), basic trauma and mental health counseling as well as referral and linkages, through the drop-in centres, safe spaces, and community-based clinics</p> <p>Increase funding for and the capacity of existing helplines for IPV/GBV reporting/ referrals</p>
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