



# GCERF

Global Community Engagement  
and Resilience Fund

## **Preventing Violent Extremism through Community Participation in COVID-19 Prevention and Control**

Proposal to the Governing Board of the Global Community Engagement and Resilience Fund (GCERF)

### **Executive Summary**

1. This is a proposal for a new global round of GCERF grant-making to bolster community resilience to accelerating violent extremist agendas via activities that respond to the community crisis of COVID-19.
2. It is justified as a PVE-specific proposal with public health co-benefits; focused on ongoing prevention and based on a business case for ensuring return on past and future PVE investments. GCERF is the only global institution capable of delivering this programme of work; and has a moral obligation to do so.
3. The programme is based on GCERF's proven theory of change, deploying health-related outputs to deliver the outcomes of social cohesion, sense of purpose, community agency and equal access to opportunities, which have in turn been demonstrated to impact community resilience to violent extremist agendas.
4. Specific outputs will be co-created with grantees and designed for PVE-outcomes, covering improving recognition of COVID-19 symptoms and cases, improving health-seeking behaviour, promoting environment management, data collection, and community mobilization for vaccination campaigns. For example, a training workshop on handwashing that combines different ethnic groups can contribute to social cohesion; deploying young volunteers to protect the elderly can enhance the youth's sense of purpose.
5. Funding will bolster current commitments to 100 existing grantees across seven active countries, with the advantages of efficiency and effectiveness of grant-making and management, local knowledge, and trusted access. Their existing reach of over seven million people vulnerable to radicalization to violent extremism will be scaled through influencing national, regional and global PVE policies.
6. The programme will also contribute towards a sustainable community response to the PVE risks associated with likely COVID scenarios, including that the virus persists as a slow burn, and periodic lockdowns become normalized, all providing potential for further

recruitment by violent extremist groups unless checked; and provide a solid basis to respond to disinformation campaigns against an eventual vaccine.

7. GCERF's will apply its existing, robust monitoring and evaluation; gender sensitivity; and risk mitigation strategies to the programme.
8. The programme will leverage extensive experience and expertise in the Secretariat and GCERF Board; while assuring oversight from global experts on public health and health security.
9. For GCERF this proposal represents a unique opportunity, taking it to the cutting edge of PVE, reinforcing its relevance to community needs and priorities, fulfilling its prevention mandate, providing a realistic opportunity to attract private sector support, mobilizing the entire institution in a collective effort, and road-testing core elements of its new three-year strategy.
10. This is an 18-month programme of work starting on 1 January 2021 with a total budget of USD 5 million.

## **Introduction**

This is a proposal for a new global round of grant-making, via a dedicated PVE/COVID fund, to the 100 local non-governmental organizations (NGOs) currently supported by GCERF. It is intended to bolster community resilience to accelerating violent extremist agendas, *via* activities that specifically respond to the current community crisis of COVID-19. It promotes tried and tested methods in health education and community participation in health interventions that can help prevent and control COVID-19, while also achieving community outcomes proven to impact on violent extremism.

## **Justification**

This is a *PVE-specific* proposal:

- It targets communities that have been identified through GCERF's rigorous needs assessment process as especially vulnerable to radicalization to violent extremism;
- It responds to a new and rising risk of violent extremism, where a renewed focus on recruitment by violent extremist groups is exploiting individuals and communities whose resilience is reducing as a result of the disruption of COVID-19;<sup>1</sup>

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<sup>1</sup> <https://www.brookings.edu/blog/order-from-chaos/2020/04/28/preventing-violent-extremism-during-and-after-the-covid-19-pandemic/>

- It directly responds to emerging violent extremist propaganda, variously depicting the COVID-19 virus as a tool of social control, a purposeful plot to marginalize populations, or means to make money for individuals and institutions;<sup>2</sup>
- It revolves around a proven theory of change to bolster community resilience to violent extremism, by promoting social cohesion, sense of purpose, community agency and equal access to opportunities; and
- It builds on lessons learned by GCERF that the best way to engage and strengthen the resilience of communities against violent extremism is by focusing on quotidian community priorities.

As a *co-benefit*, the proposal promotes *prevention and control of the COVID-19 virus*. Health education and community participation in interventions have been demonstrated to play a key role in the prevention and control of other communicable diseases, for example by improving recognition of the disease by the population, improving health-seeking behavior, the promotion of hygiene, and community mobilization for vaccination campaigns.<sup>3</sup>

This is a proposal genuinely focused on *prevention*. In particular, it anticipates propaganda by violent extremist groups to discredit an eventual vaccine for COVID-19, with *proactive health education* within communities now providing a solid basis from which to push back, rather than relying on reactive counternarratives later.

There is a clear *business case* to support this proposal. The acceleration of recruitment by violent extremist groups to take advantage of the growing risk of radicalization in the context of the disruption caused by COVID-19, risks undermining the investment of GCERF donors in the target communities. If these communities feel abandoned by GCERF now, there is also a significant risk that the trust and confidence that has allowed GCERF unique access will dissipate, reducing the return on any future PVE investment.<sup>4</sup>

As a global institution mandated to support local communities, we also have a *moral obligation* to support these communities, which are experiencing unprecedented socio-economic challenges ranging from high levels of unemployment, through school closures, to increasing levels of domestic abuse. This is particularly because the significant majority of GCERF's grant recipients receive no other funding, and so GCERF is in many cases their only source of external support through the current crisis.

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<sup>2</sup> <https://www.isdglobal.org/wp-content/uploads/2020/06/COVID-19-Briefing-03-Institute-for-Strategic-Dialogue-12th-May-2020.pdf>

<sup>3</sup> [https://apps.who.int/iris/bitstream/handle/10665/96340/9241546166\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/96340/9241546166_eng.pdf?sequence=1)

<sup>4</sup> <https://www.defenceweb.co.za/featured/africom-continues-to-combat-terrorism-in-africa-amidst-covid-19/>

GCERF is the *only global institution* capable of rapidly, efficiently and effectively deploying global funds to local communities at the intersection of PVE and COVID-19, using its proven grant-making and -management policies and procedures, mobilizing an existing network of PVE-capacitated local NGOs that ensure trust access to local communities, and leveraging PVE, health and security expertise within its team and network.

### **Pathway to Change**

Through five years' extensive grant-making experience, GCERF has tested and refined its *theory of change*. Targeting the overall *impact* of strengthened community resilience to violent extremist agendas, GCERF grants have helped build the *outcomes* of equal access to opportunities, community agency, sense of purpose, and social cohesion, through a wide range of activities (*outputs*), co-created with grantees.

Our experience is that communities are best engaged in *activities that resonate with their own concerns and priorities*. Thus: vocational skills workshops for unemployed youth are better attended and receive more positive feedback than training sessions on the warning signs of radicalization.

Our proposal here is to support a new round of activities that focus on the prevention and control of COVID-19, a *clear and urgent priority* across the communities that GCERF supports. Community participation in active case-finding, identifying and protecting population groups at risk, and promoting health-seeking behavior, are all structured ways to achieve the outcomes proven to promote the impact of preventing and countering violent extremism.

### **Proposed Action**

Table 1 shows a sample of the health-related outputs that will be promoted to achieve these PVE-related outcomes. As with all GCERF programming, these outputs will be defined through a *participatory and bottom-up methodology*, engaging the grantees and target populations. Some of these activities are already underway as a result of the re-purposing of a proportion of some GCERF grants towards COVID-19 earlier this year. They fall within the following main categories:

- Improving recognition of COVID-19 symptoms and cases
- Improving health-seeking behaviour
- Promotion of environment management
- Data collection
- Community mobilization for vaccination campaigns

All these outputs will be designed to ensure direct relevance to social cohesion, sense of purpose, community agency and equal access to opportunities, and thus their relevance for PVE. For example: participatory training sessions on hygiene and handwashing can be used to build understanding and trust between different ethnic groups or generations (*social cohesion*). Using community members to collect health data is a way to give young people a meaningful role in their community (*sense of purpose*). Community involvement in the implementation of health activities entails *community agency*. Communities can be mobilized for routine vaccinations at present (*equal access to opportunities*).

Table 1 Results framework

Impact	Outcomes	Outputs
Strengthened community resilience against violent extremist agendas	Social cohesion	<ul style="list-style-type: none"> <li>- Participatory mapping of priorities and needs</li> <li>- Community training on hygiene, handwashing etc.</li> <li>- Community involvement in implementation of activities</li> </ul>
	Sense of purpose	<ul style="list-style-type: none"> <li>- Volunteer collaboration</li> <li>- Regular data collection</li> <li>- Becoming a COVID/COVAX Community Champion</li> </ul>
	Community agency	<ul style="list-style-type: none"> <li>- Community involvement in active case-finding, surveillance, health education, implementation of health activities etc.</li> <li>- Promotion of environment management</li> <li>- Increased engagement with health authorities</li> </ul>
	Equal access to opportunities	<ul style="list-style-type: none"> <li>- Promotion of health-seeking behavior</li> <li>- Community mobilization for vaccination campaigns</li> <li>- Increased knowledge about vulnerable members of the community for support</li> </ul>

Following public health principles on volunteer collaboration, and tapping its own network of community change agents, GCERF will identify *COVID Community Champions* (CCCs) in each community. Their role will be to work with local health staff, participate in mapping of priorities and needs, support community leaders for advocacy and support, and report to local authorities. GCERF will seek sponsorship from local businesses to recognize and reward CCCs and develop a global network of CCCs. As a vaccine is developed and distributed, COVID Community Champions will become *COVAX Community Champions*, mobilizing for vaccination campaigns and against anti-vaccine propaganda.

### **Target Populations**

The proposal is to target grants on the 100 local NGOs working in local communities that are currently GCERF grant recipients in seven 'active' countries (Bangladesh, Kenya, Kosovo, Mali, Nigeria, The Philippines, and Tunisia).<sup>5</sup> This has three main advantages:

*Efficiency and effectiveness:* As current GCERF grantees, the intended recipients have already been screened through GCERF's due diligence process; and have been trained on GCERF's financial and activity reporting requirements.

*Local knowledge:* One of the principles of community participation in preventing and controlling communicable diseases is local knowledge - of social structures, vulnerable groups, formal and semi-formal organizations, family/kin networks, customs and practices etc. - in order to identify community concerns and priorities, identify volunteers, and involve the community in the implementation of activities.

*Trusted access:* GCERF is already a trusted donor and partner in these communities. The decision in April 2020 by the GCERF Governing Board to 're-purpose' a proportion of existing grants to address the COVID-19 crisis significantly boosted the communities' confidence.

*Gender sensitivity and responsiveness* has been key in COVID-19 interventions already supported by GCERF through re-purposing grants. Tailored messaging for women, men, boys, and girls were crafted during sensitization campaigns. Gender-sensitive distribution of personal protective equipment also took place in some of the partner countries. In addition, age-sensitive materials were produced, for example cartoons for children, and information graphs and pictogram charts for illiterate members of the community. Gender and age-responsiveness will be maintained throughout this new programme.

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<sup>5</sup> Albania, Northern Macedonia, Somalia and Sri Lanka are also GCERF partner countries, but grant-making has not yet commenced

GCERF grants channeled through the network of 100 local NGOs have reached over *seven million people* directly or indirectly; comprising the immediate audience for this programme. Further scaling of its impact will be achieved through:

- Regular feedback to GCERF Country Support Mechanisms (CSMs) in each country, to inform PVE and health security policies at the national level;
- The development of a best practice guideline on 'Community Health Interventions for Preventing Violent Extremism' for the CVE Working Group of the Global Counterterrorism Forum (GCTF), to inform global policy and practice on preventing and countering violent extremism; and
- Regular reporting to GCERF's Governing Board, to inform national and regional policy and planning

### **Sustainability**

This proposal is for an 18-month intervention. To ensure the sustainability of the outcomes beyond this period, GCERF will:

- Seek to replenish the PVE/COVID fund depending on needs and results;
- Continue to fund effective initiatives through non-earmarked regular contributions;
- Engage and sensitize state and non-state actors, including the private sector, to continue the initiative;
- Strengthen the capacity of individual grantees; and
- Promote a global Community of Practice between local NGOs on the interface of PVE and COVID-19

It is intended that the programme will contribute towards *a sustainable community response to the PVE risks associated with likely COVID scenarios*, including that the virus persists as a slow burn, and periodic lockdowns become normalized, all providing potential for further recruitment by violent extremist groups unless checked.

An eventual vaccine is also likely to prompt significant disinformation campaigns by violent extremist groups. A subsequent programme would respond to this threat, mobilizing vaccination campaigns within communities already sensitized by positive health education on COVID-19, and using their experiences to inform positive responses.

## Monitoring and Evaluation

GCERF is committed to the *systematic monitoring and evaluation of all grants*, from their design through implementation to results. GCERF's monitoring is based on the regular and continuous assessment of how each grant is performing in terms of outputs, and on the verification of whether reported progress is accurate. GCERF's evaluation focuses on the assessment of how and to what extent a grant has achieved its intended outcomes and contributed to realizing impact to ensure the continued relevance of the investment.

Current monitoring and evaluation practices are:

- Quality at Entry (technical advice and support during programme design)
- Quarterly and annual progress and financial reports (by PRs)
- Completion reports (end of grant period)
- Third-party Monitoring (sample)
- End-of-grant Evaluation (sample)
- Various communities of practice, training and learning events
- Regular internal grant performance assessment

The *participation, responsibility and ownership of grantees* in the review of progress is central to GCERF's monitoring and evaluation. Here is another advantage of supporting current GCERF grantees, who have already received training on GCERF's monitoring, evaluation and reporting systems.

## Risks and Risk Mitigation

*COVID-19 pandemic:* The pandemic and government responses to it are likely to continue to restrict activities within communities, and field visits to communities. In response GCERF is accelerating the *digitalization* of community-based activities, as well as monitoring and evaluation processes.

*Political resistance:* Health security is deeply politicized; although no more so that preventing violent extremism. The programme will be presented to each of the *national Country Support Mechanisms* (CSMs) established by GCERF in partner countries, and regular reporting undertaken.

*Programmatic expertise:* While GCERF has global expertise and experience in community-based PVE interventions, it lacks expertise and experience in public health. For this reason, the project will be advised by Professor David Heymann (see 'Expertise' below). Grantees will



receive health management and COVID-19 related trainings within the framework of global capacity strengthening.

*Unpredictability.* COVID-19 is likely to continue to impact the countries and communities targeted by this programme, often differentially. Through its *Country Managers* and *National Advisors*, GCERF will maintain regular contact with national government interlocutors and grantees, to respond to changing circumstances that may affect programming.

GCERF will apply its standard safeguards against *financial*, *fiduciary* and *security* risks.

### **Expertise**

At GCERF, the project will be overseen by Dr Lilla Schumicky-Logan. As Head of the Portfolio Management Unit, Lilla is responsible for GCERF's entire investment portfolio, and will ensure coordination with existing initiatives and alignment with GCERF's new three-year strategy. Lilla has led numerous community health and HIV/AIDS prevention programmes including in Kenya.

She will be supported by Dr Khalid Koser, the Executive Director, who was for three years a Fellow at the Centre on Universal Health at Chatham House, has published on public health including in *The Lancet*, is on the editorial board for the journal *Healthcare*, and has led global executive education courses on health security.

Professor David Heymann will advise the project. David is professor of infectious disease epidemiology at the London School of Hygiene and Tropical Medicine and a distinguished fellow at the Centre on Universal Health (Chatham House). He is also an elected fellow of the Institute of Medicine of the National Academies (US) and the Academy of Medical Sciences (UK). Previously he was the World Health Organization's Assistant Director-General for Health Security and Environment, and representative of the Director-General for Polio Eradication. From 1998 to 2003 he was Executive Director of the WHO Communicable Diseases Cluster, during which he headed the global response to SARS, and prior to that was Director for the WHO programme on emerging and other communicable diseases. Before joining WHO he worked for 13 years as a medical epidemiologist in sub-Saharan Africa, on assignment from the US Centers for Disease Control and Prevention (CDC), where he participated in the first and second outbreaks of Ebola haemorrhagic fever, and supported ministries of health in research aimed at better control of malaria, measles, tuberculosis and other infectious diseases. David is currently the chair of the Independent Strategic and Technical Advisory Group on Infectious Hazards (STAG-IH), the advisory group to the WHO emergencies programme that is leading the WHO COVID-19 response.

The programme also takes advantage of unique expertise on the GCERF Governing Board, which includes the former Minister of Health for Kenya, a former senior consultant to the Gates Foundation on polio vaccination, and the former Executive Director of UNICEF.

### **Taking GCERF to the Cutting Edge**

For GCERF this proposal represents a unique opportunity. It takes GCERF to the cutting edge of PVE, responding to and pre-empting renewed violent extremist propaganda and recruitment deriving from the COVID-19 pandemic and its consequences. It reinforces GCERF's commitment to local communities, and direct relevance for community needs and priorities. It provides for the first time a realistic opportunity to attract private sector support. It mobilizes the entire institution in a truly collective effort. It lays the foundation for core elements of GCERF's new three-year strategy.

### **Timeframe and Budget**

The programme of work is for 18 months commencing on 1 January 2021 and with a total budget of USD 5 million.