

Toolkit

National Social Dialogues

to Ensure the Engagement of Civil Society, Community-Based Organizations and Key Populations in the Preparation of Funding Requests for the Global Fund Grant Cycle 7 (GC7) 2023 - 2025



National Social Dialogues to Ensure the Engagement of Civil Society, Community-Based Organizations and Key Populations in the Preparation of Funding Requests for the Global Fund Grant Cycle 7 (GC7) 2023 - 2025 / Toolkit, is a document prepared the Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform)

First edition

Lima, Peru. April 2023

© Vía Libre

Jr. Paraguay 490, Cercado de Lima, Lima 1, Peru

vialibre@vialibre.org.pe | www.vialibre.org.pe | www.plataformalac.org/

Teléfono: (+511) 203-9900

Executive Director

Dr. Robinson Cabello

Authors

Alfredo Mejía Duarte

Anuar I. Luna Cadena

LAC Platform Technical Coordinator

Anuar I. Luna Cadena

Layout & Desing

Juan Carlos Rodríguez Espinosa

Translation

Alejandro M. García

Regional Support, Communication and Coordination Platform for Latin America and the Caribbean (LAC Platform) is an initiative promoted by Via Libre with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The Platform is part of several interventions of the Global Fund to support and strengthen community and civil society participation at all levels within their processes. It is a component of the Strategic Initiative for Community Engagement (EI CP).

Table of Contents

Introduction	1
What is the purpose of this toolkit?	2
What areas are supported by the CE SI Short-Term Technical Assistance Program in the GC7?	3
Who is this Toolkit for?	4
What will you find in this too?	4
Profile of the facilitation team	5
Community Social Dialogue	6
Social Dialogue Goals	7
Criteria for defining key populations	8
Preparation phase	9
Document review	10
List of Participants	11
Dissemination of Social Dialogue	12
Themes and basic contents	12
Basic information about the Global Fund	12
Key information about the GC7: GC7 Modular Framework	13
Implementation / Prioritization Phase	16
Methodological Aspects of Social Dialogue	16
Development of the social dialogue	17
Social Dialogue – First Meeting: Priority exploration	18
Guiding questions	19
Systematization	21
Social Dialogue – Second Meeting: Prioritization	21
Prioritization criteria	22
Methodologies for community prioritization	24
Social Dialogue – Third Meeting: Validation	27
Developing a working plan or proposal	27
Validation Exercise	28
Other Recommendations for a Successful Dialogue Process	29
Guidelines for a Negotiation Strategy	29
Resolving potential conflicts and managing difficult situations	29
Challenges and Possible Solutions Identified in the Community	32
Social Dialogue during the GC7	32
Assessment of the social dialogue process	34
Tools for the development of social dialog products	34
Resources and Key Documents	36
Basic bibliography for the development of social dialogues within the framework of GC7 of the Global Fund	36



Introduction

Meaningful engagement and inclusion of people living with and affected by the three diseases are essential to ensure that the Global Fund's investments are informed by a strong evidence- and rights-based approach. Issues such as gender and human rights must become cross-cutting themes in funding applications and grants. Doing so will help maximize the impact and reach of Global Fund grants and strengthen transparency and accountability at the local level.

To ensure that civil society and communities are meaningfully engaged in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and the processes related to it, a Community Engagement Strategic Initiative (CE SI) has been launched. It works through three mutually reinforcing components:

Component 1: A short-term Technical Assistance program for communities and civil society groups to engage in national processes related to the Global Fund.

Component 2: Long-term capacity strengthening of HIV, TB and malaria networks and organizations, and

Component 3: Community, Rights and Gender Regional Platforms.





Since 2016, Vía Libre, a civil society organization in Peru, has hosted the Regional Support, Communication and Coordination Platform for Latin America and the Caribbean (LAC Platform) of the Global Fund's CE SI.

Given the importance of a meaningful engagement of the communities and key populations in developing funding requests to the Global Fund, this tool focuses on *“Component 1: Short-Term Technical Assistance” for Grant Cycle 7 (GC7)*.

What is the purpose of this Toolkit ?

The Global Fund has initiated Grant Cycle 7 (GC7) for 2023-2025. This new cycle incorporates new technical guidelines and partner feedback based on the [Global Fund Strategy Framework 2023-2028](#). [Eligible countries](#) in this new cycle for the three diseases (HIV, TB and Malaria) should prepare their funding requests following the guidelines in the information notes, the corresponding templates and the [Modular Framework Handbook](#) for the 2023 - 2025 Allocation Period—a guidance document that outlines standard modules, interventions and performance indicators to support the development of funding requests to the GF.



The purpose of the LAC Platform is to support the achievement of the overall goal of the Community Engagement Strategic Initiative: ***Civil society and communities should effectively engage and contribute to the development, implementation and monitoring of programs funded by the Global Fund.*** To this end, four strategic objectives are proposed:

-  Enhance community understanding of the Global Fund and its processes by regularly disseminating tailored and targeted information to a broad audience.
-  Strengthen coordination of community engagement in national and regional GF grants and related processes, making the processes more efficient and effective.
-  Support the development of strategic community capacity building by promoting spaces for peer-to-peer learning, community exchange, and capacity building support.
-  Improve community access to Technical Assistance (TA) through information sharing, linkages to TA providers, support in developing TA requests, and capacity building and coordination among TA providers.



In line with the aforementioned objectives, the LAC Platform has prepared this *Toolkit* to support the meaningful engagement of civil society, community-based organizations of people affected by the diseases and key populations (KPs) in preparing funding requests for the GC7 allocation period 2023-2025. This document outlines the experience of the LAC Platform in supporting Civil Society Organizations (CSOs) and KPs from countries in the region in processes related to the Global Fund.

What areas are supported by the CE SI Short-Term Technical Assistance Program in the GC7?


Situation Analysis and Needs Assessment

-  Community-, rights- and gender-related assessments to produce strategic information for decision making in the development of the Funding Request for the GC7.
-  Review of past grant programs to ensure that community perspectives contribute to improved service delivery and inform new funding requests.

Engagement in Country Dialogue Processes

-  Virtual or face-to-face community consultations to support in the identification, justification and inclusion of priorities in the development of the GF Funding Request for the GC7.
-  Coordination of community input into the new GF Funding Request for the GC7.

Other Areas of Work

-  Activities that support communities and KPs to cost the priorities and needs identified for inclusion in HIV, TB and malaria Funding Requests for the GC7. These activities may include resource development, briefings, or direct support.

This tool aims to support country dialogue processes among CSOs and KPs to identify priority needs and possible solutions. The tool will facilitate the preparation and implementation of actions to ensure that this constituency is effectively included in the broader dialogue processes with other stakeholders in the country and that the response to their needs is visible in GF funding requests.

The LAC Platform has created a specific tool to guide communities in preparing applications for the CE SI Short-Term Technical Assistance Program. [Click here to access the tool.](#)



Who is this Toolkit for?

This document outlines a Toolkit to support teams of consultants and facilitators providing technical assistance to **representantes de las comunidades** involved in CSOs, KPs and HIV, TB or malaria communities in countries eligible for GF funding. In particular, it aims to provide technical assistance to strengthen community engagement in identifying and prioritizing the programmatic needs of their constituencies so that they can be included in the funding requests submitted by LAC countries to the GF during the GC7.

What will you find in this Toolkit ?

This document provides a set of tools to guide the social dialogues of CSO and KP representatives during the contextual analysis to identify and prioritize their needs. It also aims to support the development of possible solutions from a civil society perspective to be included in the GF Funding Request for the GC7.

You will find practical suggestions for coordinating and negotiating with other national stakeholders, facilitating meetings, and some practical examples and strategic questions to consider when developing social dialogue. Recommendations for dealing with difficult situations and conflict resolution are also included.

The Toolkit is organized according to the phases for achieving the social dialogue objectives: preparation, identification of needs, prioritization, validation and negotiation. It offers content and methodologies that have been used in previous social dialogue processes to prepare funding requests for C19RM 2.0, as well as in previous accompaniment processes for CSOs and communities.


The Toolkit is meant to be an instrument to help consultants, facilitators and community leaders achieve their goals. **This Toolkit can be used partially or as a whole.** As it is intended to guide and support the technical teams, it should be adapted to the national context, the needs of each country and the dynamics of CSOs and KPs.


Profile of the facilitation team

Consultants with experience in HIV, TB or malaria and/or working with CSOs and KPs, and community leaders who have developed the capacity to guide these processes can serve as facilitators. It is recommended that facilitators/consultants meet the following requirements:

Profile of the facilitation team

- ✓ It is desirable that the consultant or consultants be a member of the communities (KPs or people affected by HIV, TB or malaria)
- ✓ Have strong communication and facilitation skills
- ✓ Have current knowledge of GF and its funding model
- ✓ Have knowledge of current GS7 guidelines
- ✓ Have extensive experience working with CSOs and KPs
- ✓ Have the ability to facilitate group work
- ✓ Demonstrate synthesis and writing skills
- ✓ Have a basic understanding of indicators
- ✓ Be ethical and objective in the development of their monitoring activities
- ✓ Show ability to foster cooperation, collaboration and networking
- ✓ Demonstrate skills to deal with conflict and use techniques to negotiate and resolve difficult situations.

According to the GF guidelines, **meaningful engagement of CSOs and KPs is a mandatory requirement for the submission of funding requests**, Evidence of engagement must be provided by completing **Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria Annex**, (Form 5). 



Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria

Date Published: 31 July 2022

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund.¹ This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with maximum 20 items may be submitted.

Country	Activity included in the final funding request submitted to the Global Fund	Activity included in the final PAAR submitted to the Global Fund	Additional comments
Components ² CCM Civil Society Representative(s)	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	
<i>(Add rows as needed)</i>			

List of civil society organizations and constituencies consulted and represented in the development of this list.

Organization, Constituency and Email

¹For Focused portfolios, these priorities should be in line with the areas of focus (as indicated in the allocation letter or otherwise agreed with the Global Fund).
²If a country submits a joint Funding Request (for example, for TB and HIV components) only one list should be presented.
³If possible, interventions should be listed in priority order with estimated cost.

Page 1 of 1

Community Social Dialogues

It is important to note that the community social dialogues are part of the [Country Dialogue](#), where different national stakeholders engage in developing a funding request to the Global Fund.

The earlier the social dialogue takes place, the better the chances of ensuring that priorities and possible solutions are included in the funding request. According to the timeline established by the CE SI, the TA process for GC7 should start six months before the funding request submission date.

The process begins with the preparation of the TA request, the definition of the areas requiring technical support, the selection of the organization that will submit the TA request, review of the TA request by the CE SI, approval and assignment of the TA provider, and preparation and implementation of the TA. The process concludes with developing a list of agreed priorities to be included in the Country Dialogue and subsequently in the funding request.

Due to the specific characteristics of the communities (including unequal access to information, lack of resources for face-to-face meetings, limited access to technological resources for participation, and differences in the technical capacities of some leaders, among others), these processes must be carried out before the Country Dialogue and in separate spaces. Once the outcomes of the community social dialogue have been formulated, it will be easier to incorporate them into the Country Dialogue, which will help to ensure that no one is left out.

Social dialogue is a space for civil society and key populations to reflect on their needs and priorities in response to HIV, TB and malaria, and a means of ensuring their **effective** in decision-making.



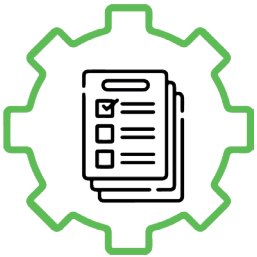
Social Dialogue Goals



Contribute to the effective engagement of CSOs and KPs in developing funding requests in line with the CG7 of the GF.



Promote coordinated work between CSOs, KPs, CCMs and other technical support teams (consultants) in developing funding requests.



Help ensure that priorities identified by CSOs and KPs in GF-funded countries are included in funding requests.

To conduct consultations with communities, broad and participatory social dialogues with CSOs and KPs should be organized to elicit a list of priorities and possible solutions that correspond to the needs identified by the communities in the countries. The development of participatory social dialogue may include the following phases:

- **Preparation**
- **Dissemination**
- **Development**
- **Prioritization**
- **Validation**
- **Negotiation**

Criteria for defining key populations

Most likely, the KPs for the three diseases are already clearly defined in the country; however, there may be some difficulties in defining them in some contexts. Developing a common definition of KPs for the three diseases may be challenging, as they have very different characteristics.

According to the Global Fund's [Key Populations Action Plan](#), a group will be deemed to be a key population if it meets all three of the criteria below:

- ✓ Epidemiologically, the group faces increased risk, vulnerability and/or burden concerning at least one of the three diseases – due to a combination of biological, socioeconomic and structural factors;
- ✓ Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group; and
- ✓ The group faces frequent human rights violations, social and economic marginalization and/or criminalization – which increases vulnerability and risk and reduces access to essential services.



Preparation phase

1

The first step is to develop a work plan that will enable CSOs and KPs to achieve the goals of the technical assistance process. This plan should include activities and deadlines.

2

To enrich and improve the work plan, coordination calls should be held with the TA provider, the Global Fund CE SI's team, and, if possible, the Global Fund Portfolio Manager and Country Team before the start of the project.

3

It is recommended to hold a meeting to present the TA work plan to the CCM members. During this process, it is crucial to engage the representatives of the CSOs and KPs of the CCM.

4

CCM members can provide recommendations and feedback on the work plan, making it more effective. Engaging CCM members from the outset can positively impact the negotiation process to include CSO and KP priorities in the funding request.

5

It is highly recommended to request the roadmap for the development of the Funding Request from the CCM Technical Secretariat, as this document will help to coordinate and align the social dialogue activities with the broader process.

6

Another strategic step is to seek the support of representatives of KPs and people affected by the diseases on the CCM to agree on a list of participants in the social dialogue. Ensuring meaningful community engagement in the process is the responsibility of the representatives of these constituencies in the CCM.

7

Knowing, coordinating, and working with the team responsible for writing the funding request is also crucial. Coordination and collaboration are not always easy tasks, but they are critical to the success of the overall process.

Document review

The team of consultants and process facilitators should obtain, study, systematize and synthesize the **available information on the GC7 from the GF (Modular Framework Handbook, Forms and Guidance Materials)**.¹⁰ It is important to remember that the guidelines change with each new grant cycle, so the documentation to be reviewed must be up to date.



In the **Key Documents** section, you will find a list of documents we have compiled for this purpose. Please note that this list is current as of the date of this Toolkit ; additional documents may be added in the future.

The consultant or facilitation team should be clear about the areas prioritized in the Modular Framework for Community Systems. They should know how to communicate them to CSO and KP leaders not to raise expectations that cannot be met.

It is also advisable to review updated documents on the country's situation analysis and response, such as epidemiological information, national regulatory frameworks, national strategic plans and, if available, any contributions of CSOs and KPs to fulfilling these plans. These will contribute to the development activity and can be an element to justify the priorities and possible solutions identified by CSOs and KPs.

Technical Assistance requests to the Global Fund's CE SI include an exclusive situational analysis component:

Situational Analysis and Needs Assessment

-  Community, Rights and Gender assessments to provide strategic information for decision making in the development of the GC7 funding request.
-  Review past grant programs to ensure community perspectives contribute to improved service delivery and justify the new funding requests.

In such cases, the methodology for this process should be well-defined. The output of this component can be used as the basis for needs assessment and prioritization processes.

List of Participants

The next step in the preparation phase is to coordinate, **a meeting with CCM members, specifically KP representatives, to draft an agreed list of participants** define tasks to be developed, and disseminate invitations to the consultation. It is highly recommended to reach a consensus with other key stakeholders on who should be included in the final list, e.g., other CSOs and KPs not participating in the CCM.

Initially, an invitation e-mail should be sent directly to the participants—the list should contain the participants' e-mail addresses. To expand the call's reach, it is recommended that the participants on the list help spread the information to other people and organizations that may be interested (voice to voice). The use of WhatsApp has proven to be very effective for this purpose. In addition, invitations can be distributed through various printed or electronic media.

Once the list is finalized, convene a briefing for HIV, TB and/or malaria civil society members (depending on the eligible components in the country), as well as community and KP representatives who are part of the CCM. It is recommended that the briefing be held with the support of community leaders. These briefings can be held virtually or face-to-face, depending on location, internet access, budget, etc.



Dissemination of Social Dialogue

Ensuring that communities are well represented is one of the critical aspects of strengthening the process and achieving effective engagement. For this reason, efforts must be made to disseminate social dialogue and reach out to the most vulnerable or typically less engaged groups.







Develop a broad dissemination strategy for the social dialogue in a public and transparent manner, explaining how and when to participate through social networks (*Facebook, Instagram, WhatsApp, Telegram, Messenger, e-mail, and institutional websites*, among others). Consider which media are most accessible to communities.

Disseminating the activity schedule is crucial, given that participants need to be able to plan around key dates.

Themes and basic contents

Preparing a **presentation based on the reviewed documents, with basic information about the GF and the GC7:**

Basic information about the Global Fund

-  What is the Global Fund?
-  How does it work?
-  Where are investments made? Methodology for eligibility and eligible countries in Latin America and the Caribbean.
-  Methods for prioritizing beneficiary populations and allocating resources to countries
-  What is the CCM? How does it work? Who are its members?
-  What are the roles of Principal Recipients (PRs), Sub-Recipients and the Local Fund Agent (LFA)?

Key information about the GC7: GC7 Modular Framework

The Modular Framework is a document that helps identify areas for strategic investment while guiding the preparation of funding requests, grant-making, and the subsequent reporting process. It has been updated to reflect the GC7 guidelines.

The document helps organize the country's funding request logically and strategically. It also guides on how to summarize activities in GF funding requests and grants into components, modules, interventions, scope, description of the package of interventions, impact indicators, results and coverage. It is organized into four modules:

- ✓ **HIV, TB and malaria activities:** Activities to strengthen the delivery of quality HIV, TB or malaria services
- ✓ **Resilient and Sustainable Systems for Health (RSSH) and pandemic preparedness activities:** Activities related to strengthening cross-cutting RSSH, i.e., benefiting more than one disease.
- ✓ **Program Management**
- ✓ **Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)**

The Resilient and Sustainable Systems for Health and Pandemic Preparedness Activities Module includes Community Systems Strengthening activities. These activities are organized into four fundable categories:

Community-Led Monitoring (CLM)

These are activities related to accountability mechanisms led and implemented by CSOs and communities to improve the accessibility, acceptability, affordability, quality and impact of health programs and services.

It may include the development of CLM national frameworks on health services (observatories, alert systems), development of surveys, evaluation of health policies, monitoring of resources and budgets, mechanisms for complaints and grievances, barriers that prevent access to services, and any information that will improve the impact of health services.

It may also include purchasing tools and equipment with data management and storage technology, technical training in selecting indicators, collecting, collating, cleaning, analyzing and using data for programmatic decision-making and advocacy, etc.

Community-led advocacy and research

Research: It aims to strengthen CSOs and communities in producing information by developing quantitative, qualitative and operational research studies and producing and disseminating evidence-based publications, reports and communication materials. It also includes the development of situational analysis, community needs identification, program evaluation and shadow reporting.

Advocacy: Includes activities to support community-led advocacy that may relate to health services, disease-specific programs, human rights violations, stigma and discrimination, age and gender inequalities, sustainable financing, social contracting, legal and policy reform, and others. Examples of advocacy activities include advocacy to maintain or expand access to services for KPs, support and training to promote an enabling environment, use of information to influence policy, accountability, disease-specific health strategies and plans, and access to universal health coverage.

Community engagement, linkages and coordination

These are activities to mobilize communities and KPs, and their articulation with other stakeholders, in response to the three diseases. They address barriers to access to health and other social services, advocate to address the social determinants of health, and aim to move towards universal health coverage and achieve the Sustainable Development Goals (SDGs).

Engagement: Activities to enhance engagement in advisory bodies, health governance and oversight committees (health facilities), and disease control councils and other decision-making fora.

Coordination: Activities that enable articulation by strengthening the use of information and communication technologies (ICTs), developing social mobilization strategies, building community networks and organizations, and identifying service packages for KPs.

Linkages: Coordination activities between CSOs and other stakeholders in the response to the three diseases, which may include the creation of platforms that promote coordination, joint planning, and effective linkages between communities and health systems, other health stakeholders, and broader movements, such as human rights movements. These activities includes establishing partnerships between community service providers and health services, health worker associations, jointly organized outreach activities, and referral and counter-referral mechanisms between health and community services.

Capacity building and leadership development

These activities relate to the establishment, strengthening and sustainability of CSOs, especially those led by communities (formal and informal), KPs, women, people living with or affected by the diseases, as well as community networks and associations. These activities include strengthening, training and sharing knowledge and experience among peers, capacity building (technical, administrative and programmatic) to provide quality health services, development of tools to assess existing capacity and development of training plans.

It also includes small grants for delivering health services (prevention, diagnosis and treatment), social mobilization, development of social dialogue and mobilization of basic resources and infrastructure (furniture and equipment) for service delivery.

In the **Key Documents** section, you will find the most essential guidance documents related to the GF and GC7. These resources will be of great value in your work.

Implementation / Prioritization Phase

Methodological Aspects of Social Dialogue

It is recommended that groups be organized by component (i.e., one for HIV, one for TB, and one for malaria, as appropriate), depending on the country's eligibility. Since there are usually more organizations in the HIV component, organizing groups by population (MSM, FSWs, PLHIV, etc.) would make virtual or face-to-face meetings more efficient.

In the case of a virtual meeting, ensure that all participants have Internet access so that they can efficiently connect to the meeting. Identify those who do not have Internet access and notify the CCM to help resolve this potential challenge.

The dialogue should be attended by representatives of the KPs, people affected by the diseases and communities who know the needs of their constituencies.

Since decision-making and prioritization processes will be taking place, it is vital that everyone is on an equal footing. If a meeting is held with representatives from different KP groups or different components (HIV, TB, or Malaria), ensure that there is a balance in the number of participants per group or component. Make sure there is a gender balance as well, if appropriate.

Confirm the attendance of those invited to social dialogues. In the case of virtual meetings, ensure that everyone understands the mechanisms for accessing the working sessions, depending on the digital platform chosen. Consider planning sessions in plenary format and working in small groups. Allow time for breaks.

If organizing meetings proves difficult, an alternative could be to develop online questionnaires to explore CSOs' and KPs' priorities in advance.

Development of the social dialogue

Most CCMs have created roadmaps for the development of the funding request. You should contact the funding request development teams at the CCM to obtain this information, as knowledge of these roadmaps could be strategic in planning and coordinating your social dialogue with other key stakeholders.

Consultations should be conducted in at least three sessions, meetings, or phases: (1) briefing and initial exploration, (2) prioritization, and (3) validation of the action plan and negotiation. Depending on the complexity of the dynamics among the stakeholders involved, holding more than three sessions is sometimes necessary. These sessions can be face-to-face or virtual; if virtual, it is recommended that at least the third session be face-to-face.

First Session	Second Session	Third Session
<ul style="list-style-type: none">• Briefing on the GF• Community priority areas in the GC7• Initial priorities exploration	<ul style="list-style-type: none">• Prioritize needs and possible solutions according to the Modular Framework	<ul style="list-style-type: none">• Validation of priorities and activities• Negotiation strategy

These meetings are intended to be an exclusive space of reflection for the civil society. They should emphasize the importance of **effective community engagement** in the decision-making process.

Social Dialogue – First Meeting: Priority exploration

Goals of the first meeting

- Provide basic and relevant information on the GF and the GC7 Guidelines.
- Preliminary identification of needs and priorities of CSOs and communities

Agenda for the first meeting



Welcome to the participants



Objectives, methodology and expected outcomes



Basic information on the GF and the GC7 Guidelines



Discussion of GF priority areas for communities and key populations



Period of questions and answers focused on identifying community priorities
(see examples of suggested guiding questions)



Group discussion based on guiding questions



Synthesis of outcomes



Next steps






Closing remarks

Guiding questions




Below are suggested guiding questions to work through by component, theme and priority, according to the GC7 Community Priority Areas. Adapt them according to the disease prioritized for the country, i.e., whether you submit a funding request for HIV, TB, or Malaria.

General Guiding Questions for HIV, TB or Malaria:





-  What are the main issues in sustaining the delivery of community-based **prevention, diagnosis and linkage to care services** for HIV, TB or malaria KPs in your country?
(Only proceed to the next question once you receive responses for the three areas highlighted).
-  How can these difficulties be solved?
-  What would organizations need to do to address these challenges?

Disaggregation by disease, intervention or population is suggested, e.g., for prevention or diagnosis / for men having sex with men (MSM), transgender women (TW), people who inject drugs (PWID), persons deprived of liberty (PDL), and so forth.

Guiding questions for community-led monitoring (CLM) in HIV, TB or malaria:





-  How can CSOs and KPs integrate CLM into the GF grant or the National Response?
-  What aspects of the grant or the National Response require CLM?
-  What resources are needed for that?

Guiding questions for Human Rights (HR) and stigma and discrimination (S&D) related to HIV, TB or malaria:






-  What are the challenges in responding to ongoing violations of the human rights of KPs related to HIV, TB or malaria?
-  What are the challenges in responding to persistent stigma and discrimination related to HIV, TB or malaria?
-  How can these challenges be addressed?
-  What do organizations need to address these challenges?

Disaggregation by disease, intervention or population is suggested, e.g., for prevention or diagnosis / MSM, TW, PWID, PDL, etc.





Guiding questions for community-led advocacy and research

-  What are the key issues in the HIV, TB or malaria response that require advocacy?
-  From a community perspective, what issues need research to understand better the dynamics of the HIV, TB, or malaria epidemics in the country?
-  How can these challenges be addressed?
-  What resources are needed?

Guiding questions for community engagement, linkages and coordination in HIV, TB or malaria:

-  What do we need to improve community engagement in the response to HIV, TB and malaria?
-  What do we need to strengthen linkages between CSOs and KPs in the response to HIV, TB and malaria?
-  What do we need to improve coordination with other stakeholders in the response to HIV, TB and malaria?
-  How can these challenges be addressed?
-  What resources are needed?

Guiding questions for capacity building and leadership development in HIV, TB or malaria:

-  What areas of capacity building are needed to improve the community response to HIV, TB or malaria?
-  What capacities and skills do CSOs and KPs bring to the national response?
-  What interventions (promotion, prevention, diagnosis and treatment) can be implemented in the HIV response?
-  What resources are needed?

Systematization

- Systematizing and organizing the information gathered is a key task to be completed between the first and second meetings.
- The consultant team should systematize the lists of priorities from each question and categorize them according to funding areas and types of funding as described in the modular framework. This information will serve as the basis for the action plan.
- Priorities can also be organized into the prevention, diagnosis, and treatment pillars.
- The consultant team will define the action plan, including needs and required responses.
- The consultant will schedule a second meeting with the same community members who attended the first meeting (new participants may be added). This meeting should be held close to the first meeting (a maximum of one week later).

Use whatever technology is available to record or document the discussions. This activity will not only help you remember points of agreement during the discussions but can also help clarify possible future disagreements.

Social Dialogue – Second Meeting: Prioritization

“Although the Global Fund recognizes that a broad range of interventions to strengthen and engage community systems can play an important role in a country’s response to HIV, TB and malaria, as well as overall health, some interventions are prioritized.”

Prioritization is a challenging task because it must consider various factors, such as the problems faced by populations, various possible solutions, different stakeholder perspectives, and limited financial resources. For this reason, a clear and objective set of criteria is needed to guide the process.

Prioritization criteria

The following are some basic criteria that can guide the prioritization exercise with communities and KPs:

- ✓ There is a scenario of limited resources available where more needs may arise.
- ✓ Prioritization should ponder the general interest of having a national response to the diseases that will contribute to their eradication.
- ✓ Priorities must respond to the collective interest, not the interest of individuals or organizations.
- ✓ Needs and possible solutions should be within the community priority areas funded by the GF.
- ✓ Activities should be cost-effective (higher impact, lower resource investment).
- ✓ Wherever possible, needs should be evidence-based.
- ✓ Presence of an innovative approach based on lessons learned and recognizing what works and what does not.
- ✓ Scale of the problem (size, severity, social impact)
- ✓ Effectiveness of the intervention
- ✓ Feasibility (outputs, outcomes, indicators, measurement of change)

Goals of the second meeting

- Prioritize needs and possible solutions in accordance with previously defined criteria.

A sample agenda for the second meeting is provided below:

Agenda for the second meeting

-  Welcome to the participants
-  Objectives, methodology and expected outcomes
-  Summary of the first meeting
-  Prioritization exercise
-  Next steps
-  Closing remarks

Methodologies for community prioritization

In health promotion, prioritization refers to the process of assessing the health needs of an area or territory. Prioritization helps organize health needs to address them in the future and guides resource allocation decisions. Over the past decade, a community perspective has strengthened the assessment of the health needs of diverse populations. When a community is involved in prioritization, it perceives itself as playing a leading role in improving its own reality, becoming co-responsible for the process and thus promoting its empowerment¹.

¹ National Institute for Health and Care Excellence (NICE). Community engagement: improving health and wellbeing and reducing health inequalities. NICE Guideline [NG44]; 2016. 33 p.

Methodologies for community prioritization

*Options for the Community Prioritization Exercise*²

When conducting a prioritization process, various challenging factors must be considered: the problems faced by populations, the diversity of possible solutions, the different perspectives of stakeholders, and limited financial resources, among others.

Below are a variety of prioritization methodologies that involve community engagement. Evaluate which may be most effective for the prioritization process in your social dialogue:

- Weighted voting prioritization
- Multiple voting prioritization
- Nominal group prioritization
- Impact and feasibility matrix

Weighted voting prioritization

Each person has a number of votes and distributes them among the different options according to their own criteria. For example, if each person has five votes, they can distribute them among five different options or concentrate them on one or two options.

Multiple voting prioritization

This consensus technique is used to reduce the list of issues to be prioritized until the desired number of issues to be addressed is reached. Two rounds of voting are established:

First round: Each participant votes on the issues they consider a priority (a maximum number of votes per person can be set). In the end, the items that received at least half the number of votes of the number of people in the group remain on the list (e.g., if there are 20 people, the items that received at least 10 votes remain on the list).

Second round: Each participant votes on the issues they consider a priority from the condensed list that. At this stage, each participant can vote as many times as half the number of items on the list. For example, if there are 10 items on the list, each participant can vote up to five times.

This step is repeated until the list is reduced to the desired number of issues to be addressed.

This technique provides an objective and participatory process. Care should be taken, however, as some participants may be more persuasive and influence the opinions of others. Check that the final list reflects the actual priorities.

2 Sánchez-Ledesma, E., Pérez, A., Vázquez, N., García-Subirats, I., Fernández, A., Novoa, A. M., & Daban, F. (2018). La priorización comunitaria en el programa (Programmatic Community Prioritization). *Barcelona Salut als Barris. Gaceta Sanitaria*, 32, 187-192.

Nominal group prioritization

This face-to-face consensus technique is developed in two phases: the first phase generates ideas, and the second phase prioritizes them. Representatives of all possible discourses of interest are invited to participate. Prioritization is done individually. The sum of individual priorities achieves consensus.

Both phases can be done in different ways:

1. **Brainstorming:** writing ideas individually on cards, in individual verbal rounds, in small groups, etc. (This technique was suggested in the previous consultation session).
2. **Prioritization:** assigning numerical scores, using color ranking, or ordering the problems in a list, among others. Voting by a show of hands or in public is not recommended at this stage.

Impact and feasibility matrix

The ICASO consulting team for GC7 in Honduras and Guatemala proposed this methodology. It provides strategic guidelines for the appraisal process with the communities.

Two prioritization criteria with a score from 1 to 5 are used: impact (positive change achieved by the intervention) and feasibility (possibility of implementation).

What **IMPACT** would it have on our population or community to address this issue to move toward ending the epidemic?



Impact score:

- 5** = Very significant impact to move toward the end of the epidemic
- 4:** Significant impact
- 3:** Moderate impact
- 2:** Small impact
- 1:** Very small impact

What is the **FEASIBILITY** of implementing interventions with the population or community to address this issue and end the HIV pandemic?




Feasibility score:


- 5:** Interventions are very easy to implement (there is evidence that they work)
- 4:** Easy to implement with external support
- 3:** Moderately easy
- 2:** Difficult to implement, no proven strategies available
- 1:** Very difficult to implement at this time

Once each participant has individually analyzed each issue in terms of **IMPACT** and **FEASIBILITY**, they give their rating. The tool automatically scores each issue, and the result is displayed in a graph with four quadrants showing the interventions that could solve the problems prioritized by Civil Society in terms of their impact and feasibility.

Regardless of the methodology chosen for prioritization, participants should be reminded of the previously agreed criteria and, **above all, their articulation with the areas prioritized in the Modular Framework for GC7.**

Suppose the country has requested Technical Assistance in costing the priorities and needs identified for inclusion in the GC7 HIV, TB and Malaria funding requests. In that case, it is recommended that a **Costing session**, be included to address this component after the **Prioritization session** and before the **Validation session**.

The LAC Platform has produced Strategic Prioritization and Costing - A Policy Brief for HIV, TB and malaria CSOs in the LAC region to guide preliminary discussions on identifying and costing priorities. [The document is available here.](#) 

CE SI and Frontline AIDS have developed a Costing Guide and a Costing Tool. [These documents are available here.](#) 

Social Dialogue – Third Meeting: Validation

Validation means to give strength or solidity to something, to make it valid; valid is also understood as *something appreciated or valued*. In this case, the validation process implies the legitimization of a process and its products by a community: a voice has been given to respond to the needs of the community, and a collective contribution with possible solutions has been made as a result of a participatory dialogue³. Its added value is the sense of belonging, empowerment, the identification of needs and the development of participants' skills in analyzing their own problems and alternatives.

Given the importance of the validation process, this meeting should preferably be conducted in person.

Goals of the third meeting

- Validate the consolidated action plan to include CSO and community needs in the GC7 funding request.
- Agree on a negotiation strategy with the CCM to include priorities and possible solutions in the funding request.

Developing a working plan or proposal

The consulting team organizes the priorities into a work plan that addresses the needs identified by the community.

This work plan should include, at a minimum, general and specific objectives, strategies, activities, impact and process indicators, and, if possible, costing. This output is the purpose of the validation process.

3 Carrizosa, H. G., Diaz, J., & Aparicio, E. (2020). The Value of Validating a Participatory Project..Arteterapia. Papeles de arteterapia y educación artística para la inclusión social, 15, 157-168.

Agenda for the third meeting (optional)



Welcome to the participants



Objectives, methodology and expected outcomes



Rules for participation



Summary of the second meeting



Presentation of the Action Plan



Validation exercise



Next steps



Closing remarks

Validation Exercise



When explaining the rules for participation, emphasize that the results to be presented have been prioritized, and unless there are exceptional circumstances, these priorities will not be changed.



Provide an agile but detailed presentation of each of the priorities and possible solutions.



Elicit participants opinions, feedback, and comments on each of the priorities and possible solutions.



Try to reach a consensus among the participants.



If consensus cannot be reached, return to the prioritization methodologies.



At the end of the session, ask for the approval of all the participants.



Write a commitment act.




Jointly draft a memorandum to the CCM, to be signed by the participants, that includes three key points:

- Evidence of the participatory process.
- Statement that the identified needs and possible solutions result from a collective process.
- Request to include these priorities in the funding request to the GF.


Other Recommendations for a Successful Dialogue Process

Guidelines for a Negotiation Strategy

Because the needs of disease programs are many and the resources available are limited, the inclusion of community priorities and possible solutions must be the subject of negotiation. Some key steps are suggested below:

-  Jointly request a formal meeting with the CCM to disseminate the community action plan.
-  Select one or two spokespersons from the communities. They should show negotiation and social influence skills and commit to speaking on behalf of all communities represented in the social dialogue.
-  Following the country's roadmap for developing the funding request, these representatives should participate in the broader national dialogue meetings.

Finally, reach agreements for collaboration among participating organizations to:

-  Monitor the inclusion of priorities and possible solutions in the funding request.
-  Follow up on the feedback from the Technical Review Panel (TRP) of the GF.
-  Once the request has been approved, actively engage in the negotiation and alignment process with the PR and GF.
-  Monitor the implementation of the grant.
-  Actively engage in the implementation of the grant.

Other Recommendations for a Successful Dialogue Process









Resolving potential conflicts and managing difficult situations

Moderating these processes presents many challenges, including managing problematic behaviors and conflicts in decision-making due to the diverse interests of CSO and KP representatives, limited resources, different types of leadership, and the need for these processes to be participatory.




Being aware of this fact, having management skills or preparing for conflict in advance are tools that allow for more successful processes and achieving social dialogue goals.

The following are general recommendations for dealing with these difficult situations:

Conflicts with agreements

-  Establish clear rules for participation in the process in general and in the group sessions in particular. Put them in writing.
-  Make a broad, participatory, and democratic call that offers equal opportunity for all to participate.
-  Some people may be less participative than others. Encourage them individually to improve their participation.
-  Communicate the activity schedule to all stakeholders, including dates, times, participation mechanisms, and other details to ensure participation.
-  Ensure that all participants understand the objectives of the process and the proposed methodologies.
-  Take minutes or make reports of key agreements and share them. Make a summary or recap at the end of a meeting or the beginning of another.
-  If you identify people dissatisfied with the process, have a calm and personal conversation with them.
-  To maintain the focus of the activity, break down discussions into problems and possible solutions.

Key principles for conflict resolution

-  Teamwork and cooperation help everyone achieve their goals while maintaining relationships (win-win).
-  Win some, lose some, it's okay (You give in, I give in).
-  Working towards a common goal is more important than any particular concern.

Difficult Situations

A difficult situation can manifest itself in many ways, primarily through aggressive, disruptive, passive, disengaged, and other behaviors. Here are some suggestions for dealing with them.

- Establish clear rules for participation in the process in general and in the group sessions in particular. Put them in writing.
- Ensure that all participants understand the goals and objectives of the process and the proposed methodologies.
- Try to deal with difficult situations calmly and objectively, suggesting possible solutions.
- Maintain a **hands-off approach** to avoid becoming confrontational.
- Ask yourself: Is this behavior keeping most people from doing what they came here to do? If the answer is yes, then you need to intervene; if the answer is no, you do not.
- If possible, delay your intervention and allow the group to deal with the problem behavior. They almost always do, and this will keep you out of direct conflict.
- Sometimes just listening, taking note of difficult people's input or suggestions, and recognizing their added value is all you need to handle the situation.
- Ask the person with difficult behavior to help in the facilitation task.
- Change the methodology or use paper-based and anonymous techniques. This can help minimize disruptive behavior.
- When creating workgroups, try to put people with similar characteristics in the same group.
- To maintain the focus of the activity, break down discussions into problems and possible solutions.

Challenges and Possible Solutions Identified in the Community Social Dialogue during the GC7

The following challenges were identified during the social dialogue processes in the Latin American and Caribbean countries that submitted funding requests in Window 1 of the GC7. Some possible solutions identified by the consulting teams that accompanied the processes are included. For reasons of confidentiality, the names of the countries are not mentioned.

Identified Challenge

Possible Solutions

Malaria and TB communities and certain key populations for HIV are poorly organized.

- Organized groups such as neighborhood councils, community kitchens, grassroots organizations, etc., exist within the communities most affected by HIV, TB, or malaria. Once identified, informational meetings were held, and they were invited to participate.
- Due to their lack of organization, female sex workers (FSWs) in one country did not respond to calls. With the help of a local NGO for FSWs, discussions were held in their workplaces to ensure that their needs were included.
- Where the community response is weak or less participation has been identified (transsexual women, FSWs, ethnic groups, health promoters, etc.), priority has been given to developing and generating new leadership to strengthen the response to the various diseases.

Fragmentation and conflict between CSOs and KPs delegitimize the processes and make it difficult to reach agreements and consensus.

- The rules of participation, methodologies and expected outcomes were agreed upon at the beginning of the social dialogue, and the agreement of all participants was confirmed. The rules were recalled during all the activities of the process.
- Common priorities were identified for organizations to articulate around. Common agendas were made visible in social dialogue activities. The principle of working for the common good over individual profit was established.
- A space for conflict resolution was opened during the meetings or workshops to address and resolve potential conflicts.
- Consulting teams conducted broad and transparent calls to ensure that all organizations and key populations were included in the process.
- Phone calls or virtual meetings were held with those who disagreed with the process, and they were asked to join the process.
- The entire process was documented and the various stakeholders were informed, when necessary. Documentation included: calls, minutes of meetings and agreements, phone follow-ups, lists of participants with emails, phone and WhatsApp numbers, etc.
- Internal and external influential stakeholders not involved in the conflict were identified to help mediate and resolve differences or conflicts promptly.

Identified Challenge

Possible Solutions

Mobility and transportation difficulties for social dialogue participants (poor highways, low air service, dangerous roads, long distances, etc.).

- Face-to-face meetings and virtual meetings were organized to ensure those in remote areas could better participate in the process. Resources were provided to ensure Internet connectivity (prepaid data cards or a stipend to cover connectivity).
- To ensure community engagement, consulting teams traveled to remote locations where transportation was difficult. Local leaders and authorities helped with convening and logistics.

Stakeholders external to CSOs and KPs (cooperation agencies, government, GF, etc.) intervene in community processes, creating conflicts and hindering the processes.

- The impact of the presence or intervention of external stakeholders was identified and assessed. When necessary, it was made clear that social dialogues are exclusive spaces for the communities.
- The leadership of the consulting team was crucial to neutralizing this type of intervention. Broad and participatory calls were made to ensure neutrality, and clear rules of participation were established based on the principle that these were exclusive spaces for the communities.

CCM members and other stakeholders underestimate the importance of the community social dialogue process in identifying community priorities.

- At the first meeting to present the Technical Assistance to the CCM, meaningful community engagement was emphasized as a core principle and requirement for developing the GF funding request.
- As part of the social dialogue, community advocacy actions have been established to ensure that their priorities are included in the country dialogues.

There is a conflict of interest in the participation of CCM members who are also community representatives in social dialogue.



- A space was created for social dialogue participants to disclose conflicts of interest.
- The CCM Ethics and Conflicts of Interest Policy was applied in the country where conflicts of interest were identified.
- Recommendations were made to develop an Ethics and Conflict of Interest Policy within the CCM in a country where such a policy did not exist.
- From the beginning of the process, it was established and required that key populations base their priorities and proposed activities on evidence (available epidemiological information, lessons learned, etc.).

The tight timelines for submitting funding requests challenge meaningful community engagement and can jeopardize the inclusion of priorities.






- The CCM was asked to provide a critical roadmap for the country's funding request development process, and community participation and consultation activities were incorporated.
- Community participation was emphasized among community leaders as a key principle and requirement for submitting the funding request.
- Community-based advocacy actions were established to ensure their priorities are included in the country dialogues.

Assessment of the social dialogue process


Assessment is a valuable tool for creating opportunities for improvement and learning. Establish a mechanism for those involved in the assessment to provide feedback:


-  Online survey
-  Participatory meeting (if possible, during the last validation meeting)

Suggested Criteria to Include in the Evaluation Process

-  Quality of the activity
-  Fulfillment of expectations and goals
-  Methodologies employed
-  Skills of the facilitation team
-  Aspects to be improved

Tools for the development of social dialog products

The Priority List is a document that must be completed with the results of the process. It is a requirement for the submission of the country's funding request and allows for a disaggregation between those priorities included in the funding request and those not. Priorities should be listed in the **Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria Annex (Form 5)**. 



Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria

Date Published: 31 July 2022

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund.¹ This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with maximum 20 items may be submitted.

Country Component(s) ² CCM Civil Society Representative(s)			
Description of recommended intervention and expected impact or outcome ³	Activity included in the final funding request submitted to the Global Fund. <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	Activity included in the final PAAR submitted to the Global Fund. <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	Additional comments
<i>(Add rows as needed)</i>			
List of civil society organizations and constituencies consulted and represented in the development of this list.			
Organization, Constituency and Email			

¹ For Focused portfolios, these priorities should be in line with the areas of focus (as indicated in the allocation letter or otherwise agreed with the Global Fund).
² If a country submits a joint Funding Request (for example, for TB and HIV components) only one list should be presented.
³ If possible, interventions should be listed in priority order with estimated cost.

Page 1 of 1

Final Report of the Social Dialogue

Report on the results of the social dialogue between Civil Society Organizations and Key Population communities for the Grant Cycle 7 funding request to the Global Fund

City and date:

Participants: Describe in general terms who attended the meetings and include the list of attendees by meeting.

Population(s): Indicate whether a single or multiple populations (e.g., TW, MSM, migrants, miners, people living with the disease, etc.) were represented and whether they belonged to a single or multiple components (HIV, TB, malaria).

Goals of the Social Dialogue: Outline the intended goals.

Meeting agendas: Briefly describe the agenda or attach it to the document.

Methodology: Briefly describe the steps involved in conducting social dialogue: preparation, dissemination, development of meetings, identification of needs and prioritization.

Outcomes: Summarize the priorities and possible solutions identified with the community. You can follow the questions or use the categories below:

- Community-led monitoring
- Community-led advocacy and research
- Community engagement, linkages, and participation
- Capacity building and leadership development

Or you can use the pillars of the cascade of care. Always link the possible solutions to the categories described above:

- Advocacy
- Prevention
- Diagnosis
- Treatment

You can include the list of priorities with the communities as an annex.

Next steps: Include the next steps to ensure that CSO and community priorities are included in the GF funding request.





Feedback: Provide feedback and recommendations for action, if applicable












Challenges and solutions : Include any challenges you encountered and how they were overcome.

Include key findings from the process assessment: What did you like best about the process? What could be improved in the process?

The report should be concise and easy to read, so it is recommended that it be six pages at most.

Basic bibliography within the framework of GC7 of the Global Fund

Name of the document	Author	Source
Modular framework handbook	The Global Fund	https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf 
Manual del marco modular	El Fondo Mundial	https://www.theglobalfund.org/media/8973/fundingmodel_modularframework_handbook_es.pdf 
Diálogos sociales nacionales para garantizar la participación de la sociedad civil, organizaciones comunitarias y poblaciones clave en la preparación de solicitudes de financiamiento para el C19RM 2.0 del Fondo Mundial	Plataforma LAC	https://www.plataformalac.org/wp-content/uploads/2021/05/Dialogos-sociales-Caja-de-herramientas180521.pdf 
Monitoreo dirigido por la comunidad. Guía técnica para la programación del VIH, la tuberculosis y la malaria.	EANASSO, Frontlineaids, Stop TB partnership, UNOPS, LAC Platform, Regional Platform for anglophone Africa	https://www.plataformalac.org/2022/07/herramientas-de-monitoreo-liderado-por-la-comunidad/ 
Prioridades de financiamiento de la sociedad civil y de las comunidades más afectadas por el VIH, la tuberculosis y la malaria	El Fondo Mundial	https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/ 
Formato de solicitud de financiamiento con sus anexos, énfasis anexo 5	El Fondo Mundial	https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/ 
Herramienta para presentar solicitudes al Programa de Asistencia Técnica a Corto Plazo de la Iniciativa Estratégica de Participación Comunitaria focalizado para el nuevo modelos de financiamiento del Fondo Mundial (NMF4).	Plataforma LAC	https://www.plataformalac.org/2022/08/herramienta-para-presentar-solicitudes-al-programa-de-asistencia-tecnica-a-corto-plazo-de-la-iniciativa-estrategica-de-participacion-comunitaria-focalizado-para-el-nuevo-modelos-de-financiamiento-del/ 
Luchar contra las pandemias y construir un mundo más saludable y equitativo. Estrategia del Fondo Mundial (2023-2028)	El Fondo Mundial	https://www.theglobalfund.org/media/11502/strategy_global-fund2023-2028_executivesummary_es.pdf 
Guide to Influencing the Global Fund's Grant Cycle 7 for Transgender People	GATE / Plataforma LAC	https://www.plataformalac.org/2023/03/guia-para-que-las-personas-transgenero-influyan-sobre-el-ciclo-de-subservicios-7-del-fondo-mundial/ 
Strategic Prioritization and Costing. A Policy Brief for HIV, TB and malaria CSOs in the LAC region	Plataforma LAC	https://www.plataformalac.org/en/2023/04/strategic-prioritization-and-costing-a-policy-brief-for-hiv-tb-and-malaria-csos-in-the-lac-region/ 
Eligibility List 2023	The Global Fund	https://www.theglobalfund.org/media/12505/core_eligible-countries2023_list_en.pdf 

Nombre del documento	Autor	Fuente
Guía de cálculo de costos para las prioridades de la sociedad civil y las comunidades en el NMF 4. Versión 4.5	El Fondo Mundial	https://www.plataformalac.org/wp-content/uploads/2023/01/Guia-de-calculo-de-costos-160123.pdf 
Country Dialogue	The Global Fund	https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/country-dialogue/ 
PLAN DE ACCIÓN PARA LAS POBLACIONES CLAVE 2014-2017	El Fondo Mundial	https://www.theglobalfund.org/media/5952/publication_keypopulations_actionplan_es.pdf 
Vigilancia dirigida por la comunidad de políticas y programas relacionados con el VIH, la tuberculosis y la malaria. Guía de apoyo a la incorporación de la vigilancia dirigida por la comunidad en las solicitudes de financiamiento al Fondo Mundial	International AIDS Society (IAS)	https://www.plataformalac.org/wp-content/uploads/2023/02/IAS-CLM-Guide-final_SP.pdf 
Manual para solicitantes. Período de asignación 2023-2025	El Fondo Mundial	https://www.plataformalac.org/wp-content/uploads/2022/12/fundingmodel_applicanthandbook_guide_es.pdf 
Preguntas frecuentes. Periodo de asignación 2023-2025	El Fondo Mundial	https://www.plataformalac.org/wp-content/uploads/2022/12/core_2023-2025cycle_faq_es.pdf 
Annex of Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria. Frequently Asked Questions	The Global Fund	https://www.plataformalac.org/wp-content/uploads/2023/02/Annex_Funding-Priorities-of-Communities-and-Civil-Society_FAQ.pdf 
IE Participación Comunitaria: Asistencia Técnica a corto plazo para NFM4	El Fondo Mundial	https://www.plataformalac.org/wp-content/uploads/2022/07/NFM4_TA_Guidance-presentation_ESPANOL-270622.pdf 
Technical Brief: Community Systems Strengthening. Allocation Period 2023-2025	The Global Fund	https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf 
Community-led monitoring of programs and policies related to HIV, tuberculosis and malaria. A guide to support inclusion of CLM in funding requests to the Global Fund	The Global Fund	https://www.differentiatedservicedelivery.org/resources/community-led-monitoring-of-programs-and-policies-related-to-hiv-tuberculosis-and-malaria-a-guide-to-support-inclusion-of-clm-in-funding-requests-to-the-global-fund/ 
ADVOCACY GUIDES TO 1/4/6x24 – SHORTER REGIMENS FOR TB	Global Fund Advocates Network	https://www.globalfundadvocatesnetwork.org/resource/advocacy-guides-to-1-4-6x24-shorter-regimens-for-tb/?eType=EmailBlastContent&eld=820fe154-3971-423c-923f-50e5ca0df720 
National Social Dialogues to Ensure the Engagement of Civil Society, Community-Based Organizations and Key Populations in the Preparation of Funding Requests for the Global Fund Grant Cycle 7 (GC7) 2023 – 2025 / Toolkit	Plataforma LAC / ICASO	https://www.plataformalac.org/en/2023/04/national-social-dialogues-to-ensure-the-engagement-of-civil-society-community-based-organizations-and-key-populations-in-the-preparation-of-funding-requests-for-the-global-fund-grant-cycle-7-gc7-20/ 