

## Case Study on

---

Experiences of community participation in the consultation processes for the development of C19RM 2021 Global Fund applications in Latin America and the Caribbean



**Experiences of community participation in the consultation processes for the development of C19RM 2021 Global Fund applications in Latin America and the Caribbean**, is a document prepared jointly between The Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform) and the International Council of AIDS Service Organizations /ICASO

First edition

Lima, Peru. December, 2021

© Vía Libre & ICASO

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

[vialibre@vialibre.org.pe](mailto:vialibre@vialibre.org.pe) | [www.vialibre.org.pe](http://www.vialibre.org.pe) | [www.plataformalac.org/](http://www.plataformalac.org/)

Telephone: (+511) 203-9900

Executive Director

Dr. Robinson Cabello

Authors

Alfredo Mejía Duarte

Lídice López Tocón

Technical and Editorial Supervision

Anuar Luna

Mary Ann Torres

LAC Platform Technical Coordinator

Anuar I. Luna Cadena

Translation

Yuria Elsy Rojas Aldama

Layout & Design

Juan Carlos Rodríguez

The Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform), is an initiative implemented by Vía Libre, with financial support of 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 Community on Rights and Gender, Strategic Initiative (CRG SI).

# Table of Contents

Table of Contents .....	ii
Acronyms .....	1
1. Introduction .....	2
2. Objectives .....	3
3. Methodology .....	4
4. Outcomes .....	5
4.1 General information of the consultation processes .....	5
4.2 Community priorities .....	8
4.2.1 Community-led monitoring .....	9
4.2.2 Community-led research and advocacy .....	10
4.2.3 Social mobilization, community networking and coordination .....	12
4.2.4 Institutional capacity building, planning, and leadership development .....	13
4.2.5 Prevention and attention to gender-based violence .....	14
4.2.6 Responding to human rights and gender-related barriers to services .....	16
5. What worked well in the consultation processes .....	19
6. Lessons learned from the consultation processes .....	21
7. Challenges and solutions in the consultation process .....	25
8. Conclusions .....	28
9. Recommendations .....	29
10. Annexes .....	31
Annex No. 1 Open questionnaire on the participation of CSOs and communities in the consultation processes for the formulation of the request for financing before the GF's C19RM 2.0. ....	31
Annex No. 2 Discussion questions guide - webinar on lessons learned in the participation of CSOs and communities in the consultation processes for the formulation of the funding request C19RM 2.0 .....	32

# Acronyms

BEL	Belize
BOL	Bolivia
C19RM	COVID-19 Response Mechanism
CCM	Country Coordination Mechanism
CLM	Community Lead Monitoring
COL	Colombia
COR	Costa Rica
COVID19	Infectious disease caused by SARS-CoV-2 virus
CRG SI	Communities, Rights and Gender Strategic Initiative
CSO	Civil Society Organizations
DOR	Dominican Republic
ECU	Ecuador
ESA	El Salvador
GBV	Gender Based Violence
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GUA	Guatemala
GUY	Guyana
HON	Honduras
HIV	Human Immunodeficiency Virus
HHRR	Human Rights
JAM	Jamaica
KVP	Key and Vulnerable Population
LAC	Latin America and the Caribbean
LGBT	Lesbians, Gays, Bisexuals and Trans
NIC	Nicaragua
PAN	Panama
PAR	Paraguay
PER	Peru
PPK	Personal Protection Kits
PR	Principal Recipient
SUR	Surinam
TA	Technical Assistance
TB	Tuberculosis
VEN	Venezuela
W4GF	Women for Global Fund

# 1. Introduction

In April 2020, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) created the COVID-19 Response Mechanism (C19RM) to support countries to respond to COVID-19 and mitigate its impact on HIV, TB and malaria programs, thereby strengthening institutional and community health systems<sup>1</sup>. In April 2021 the GF launched a second phase, known as C19RM 2021, in which all GF grant-eligible countries were invited to apply for C19RM 2021<sup>2</sup>. In addition, to mitigating the impact of COVID-19 on HIV, TB and malaria responses, C19RM also represents an opportunity for strengthening the participation of the most vulnerable communities in the response to the pandemic.

According to the C19RM 2021 guidelines, applicant countries must conduct consultation processes with Civil Society Organizations (CSOs), Key and Vulnerable Populations (KVP) and other community groups, including those most affected by COVID-19<sup>3</sup>. In addition, the C19RM 2021 funding requests had to be endorsed by the Country Coordinating Mechanism (CCM) as a whole, including representatives of communities and civil society.

Via Libre/LAC Platform, ICASO and the key and vulnerable population networks and organizations supported by the Communities, Rights and Gender Strategic Initiative (CRG SI) were requested by the GF to support communities in conducting consultations to identify community priorities to be included in C19RM 2021 funding requests. For this reason, it is in the interest of Via Libre/LAC Platform and ICASO<sup>4</sup> (to document the experiences in providing technical assistance to support communities in carrying out the consultations in the different countries of the region, from the perspective of the community leaders in the countries, as well as the consultants).

This document describes the results of the community participation in the consultation processes for the development of the GF C19RM 2021 funding requests in Latin America and the Caribbean (LAC).

---

1 The Global Fund (2020). Mitigating the impact of COVID-19 on countries affected by VIH, tuberculosis and malaria.

2 The Global Fund (2021). C19RM Funding: Applications materials and guidelines. Retrieved from: <https://www.theglobalfund.org/en/covid-19/response-mechanism/how-to-apply/>

3 The Global Fund (2021). Global Fund COVID-19 Response Mechanism Funding Request Instructions The Global Fund (2020).

4 ICASO is one of the 26 pre-qualified TA providers of the CRG SI: [https://www.theglobalfund.org/media/10402/crg\\_technicalassistanceprovider\\_list\\_en.pdf](https://www.theglobalfund.org/media/10402/crg_technicalassistanceprovider_list_en.pdf)

## 2. Objectives

To learn about the experiences and results of community consultation processes to identify priorities and alternative solutions to be included in the C19RM 2021 funding requests in Latin America and the Caribbean from the perspective of the actors who participated in these processes.

### Specific objectives

- To characterize the priorities of CSOs and communities in the consultation processes for the development of the C19RM 2021 funding requests in LAC.
- To describe the lessons learned in the consultation processes from the perspective of involved actors (community representatives and consultant teams) in LAC.
- To identify the challenges and the solutions derived from the consultation processes from the perspective of those involved in LAC.



#### Photographic record / FIRST SOCIAL DIALOGUE

Consultancy to Promote Significant Participation of Communities, Key Populations and People Affected by Diseases in the Preparation of the C19RM 2021 Financing Application in Peru.

### 3. Methodology

A document review was conducted, prioritizing the reports of the national consultations or dialogues from the 17 countries and a multi-country HIV project (ALEP and Key Populations) that received technical support to conduct consultations to identify priorities for C19RM 2021 ([see table 1](#)), as well as the guidelines of the GF's C19RM 2021. A matrix was designed that included the areas of funding for the CSOs and communities, accordingly with those guidelines; as well as general information on the consultation process, community priorities, lessons learned, challenges and solutions.

The participation of the key actors involved in the process was carried out through an online questionnaire, which was answered by 15 consultants and 9 leaders of the communities of the 17 countries and the multi-country project that received technical support and that participated in the process; It should be noted that these key actors belong to the groups of people affected by the diseases and belong to key and vulnerable populations who participated in the process. A 3-hour online discussion on lessons learned was also carried out with the participation of 16 consultants.

[Annex No. 1](#) corresponds to the *Questionnaire on the participation of CSOs and communities in the consultation processes for the formulation of the funding request for C19RM 2021 of the GF*. [Annex No. 2](#) corresponds to the *Guide of questions for the discussion on lessons learned in the consultation processes for the formulation of the funding request for C19RM 2021*.

The systematization and analysis of the information included the organization of the information from the documentary review in a data matrix, as well as the organization of the information from the online questionnaires, the transcription and analysis of the conversation, and finally the triangulation of the three sources. These primary sources are the basis for the preparation of this document.

## 4. Outcomes

### 4.1 General information of the consultation processes

This study includes a description of the consultation processes in 17 countries in the region as described in the following table:

Table No. 1: Countries included in the analysis of community participation in the C19RM 2021 funding request processes		
Sub region	Country	TA provider
South America	Bolivia	Partners in Health (TB and malaria) / LAC Platform (HIV and HIV & KVP)
	Colombia	ICASO
	Ecuador	LAC Platform (HIV)
	Paraguay	NSWP (female sex workers)
	Peru	Partners in Health (TB) / LAC Platform (HIV)
Caribe	Venezuela	Partners in Health (TB) / LAC Platform (HIV)
		ICASO
	Belize	LAC Platform (HIV)
	Cuba	No data
	Jamaica	ICASO & W4GF (women living with HIV - JCW+)
Central America	Guyana	LAC Platform (HIV)
	Haiti	No data
	Dominican Republic	W4GF (female sex workers)
	Suriname	ICASO
Central America	Costa Rica	LAC Platform
	El Salvador	Partners in Health (TB) / LAC Platform (HIV)
	Guatemala	ICASO
	Honduras	ICASO
	Nicaragua	ICASO
Multi country grant ALEP & KP	Panama	LAC Platform (HIV)
	Bolivia	ICASO
	Colombia	
	Costa Rica	
Multi country grant ALEP & KP	El Salvador	
	Ecuador	
	Guatemala	
	Honduras	
	Nicaragua	
Multi country grant ALEP & KP	Panama	
	Paraguay	
	Peru	



In order to improve the participation of communities in the dialogue processes, the LAC Platform, in collaboration with ICASO and GATE, developed the toolkit: [“National social dialogues to ensure the participation of civil society, community organizations and key populations in the preparation of funding requests for the Global Fund C19RM 2021”](#). It was reported that 14 countries (82.3%) used this toolkit in the consultation processes.



According to the data reported from the consultation processes corresponding to 17 countries (Cuba and Haiti carried out independent processes), 813 community representatives participated. The highest participation occurred in El Salvador (123 participants, 15.1%), followed by Bolivia (96 participants, 11.8%) and Ecuador (85 participants, 10.5%). The lowest participation was observed in Suriname (8 participants, 1%) and in the Dominican Republic (11, 1.4%) . By subregion, the largest participation was for South America (397 participants, 48.8%). The following table describes in detail the participation by country and subregion.

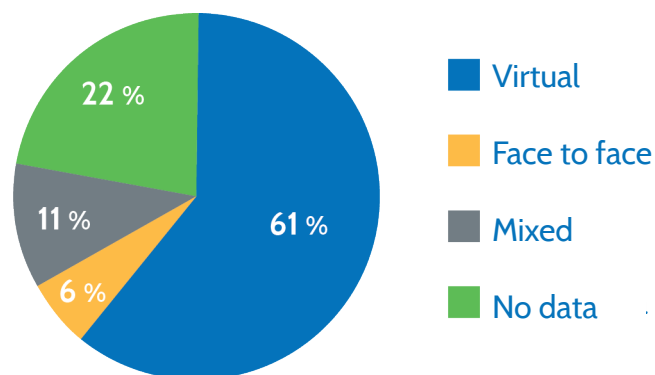
**Table No. 2: Representatives of the communities that participated in the consultation processes for the elaboration of the C19RM 2021 funding requests.**

Region/Country	Participants	Percentage
<b>South America</b>	<b>397</b>	<b>48,8 %</b>
Bolivia	96	11,8 %
Colombia	60	7,4 %
Ecuador	85	10,5 %
Paraguay	54	6,6 %
Perú	69	8,5 %
Venezuela	33	4,1 %
<b>Central America</b>	<b>315</b>	<b>38,7 %</b>
Costa Rica	23	2,8 %
El Salvador	123	15,1 %
Guatemala	56	6,9 %
Honduras	33	4,1 %
Nicaragua	61	7,5 %
Panama	19	2,3 %
<b>The Caribbe</b>	<b>98</b>	<b>12,4 %</b>
Belize	16	2,0 %
Guyana	18	2,2 %
Jamaica	48	5,9 %
Dominican Rep	11	1,4 %
Suriname	8	1,0 %
<b>Total</b>	<b>810</b>	<b>100 %</b>

5 There is information that another consultation process was carried out with MSM in this country, but the information was not available for this Case Study.

**Graph No. 1 Modality of consultations for the C19RM 2021 funding requests in the LAC countries.**

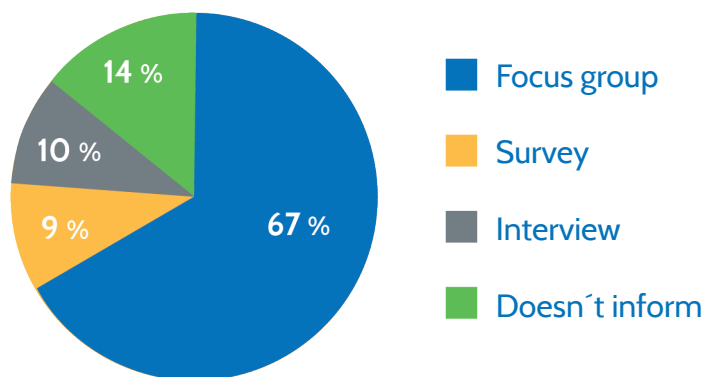
The methodologies used (face-to-face/virtual), 10 out of the 17 countries report having carried out consultations exclusively virtually. This figure may be higher, given that the reports of some countries did not inform data.



It is important to highlight that the virtual modality of the consultations allowed a broader participation of the communities, in terms of number and geographic coverage, since it was not necessary to invest in transportation and other expenses related to face-to-face meetings. However, at least two consultants commented through the online questionnaire that the face-to-face modality allowed for greater and more active participation in the analysis and definition of priorities.

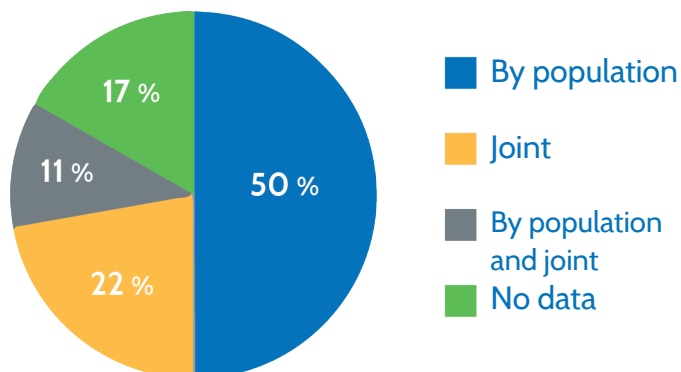
**Graph No. 2 Information-gathering instruments used in the consultation processes for the C19RM 2021 funding requests.**

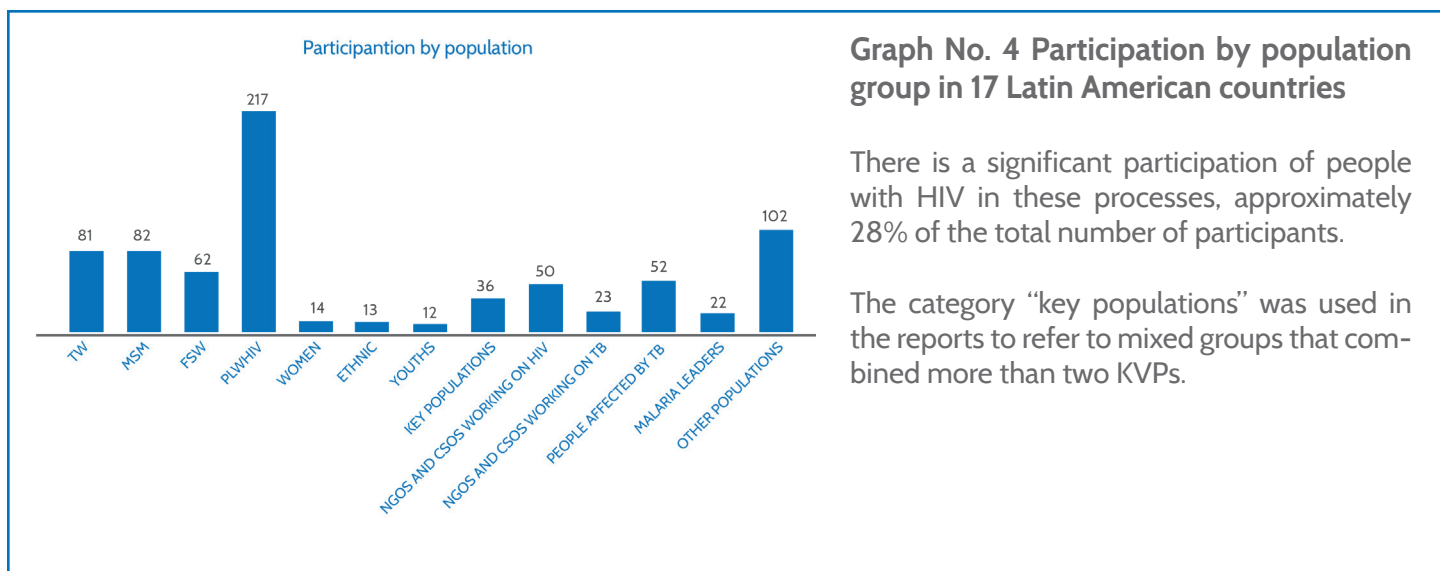
The most frequently used information gathering instruments in the processes were the discussion groups, 67%



**Graph No. 3 Modality of participation in the consultation processes by the communities in the LAC countries.**

It was asked whether the consultations were carried out by population, by several populations or mixed (by population and several populations). 50% of the countries carried them out by population.





The category “Other populations” include Lesbian, Gay, Bisexual and Transgender (LGBT) people, people with human rights (HHRR) work, people deprived of freedom or people that provide services to this population, men, migrants, elderly people, homeless people, and people with disabilities, and to a lesser extent, people who use drugs. It is important to note that only in Paraguay did the consultations include representatives of indigenous peoples. In most cases, people from key and vulnerable populations participated, as well as people affected by the diseases who also acquired COVID-19.


























## 4.2 Community priorities

The Global Fund guidelines on C19RM propose strategies focus in the strengthening of the health and community systems, that include community-led monitoring (CLM), community-led research and advocacy, social mobilization, community liaison building and coordination; institutional capacity building, planning and leadership development, prevention and care on gender-based violence (GBV) and responding to human rights and gender-related barriers to services. Based on these guidelines, the priorities of the communities in the consultation processes for the C19RM 2021 funding requests are described.

## 4.2.1 Community-led monitoring

According to the Global Fund guidelines, this category may include CLM actions related to: access to quality health services, public policies, human rights violations of KVP, gender inequalities, social participation, as well as technical assistance, among others. The priorities of the representatives of the communities that participated in the consultations, stand out:

**Table No. 3: Community-led Monitoring Priorities Identified by During C19RM Social Dialogues**












Priorities	BEL	BOL	COL	ECUA	ESA	GUA	GUY	NIC	PAR	PER	DOR	SUR
Human Rights Observatory to follow up on violations against KVP												
Observatory for monitoring epidemiological indicators on HIV, TB and COVID-19 and how they impact KVP												
CLM training												
Quality of care monitoring (telemedicine)												
Follow-up on the implementation of the GF grants												
Follow-up strategies to the 95-95-95 Goals												
Vaccination follow-up and COVID-19 testing												
Monitoring of access to personal protective equipment (PPE) for KVP												
Tracking access to HIV diagnosis and prevention for KVP												
Monitoring compliance with public policies												
Monitoring access to nutritional supplements												
Mapping the capacities of civil society organizations												

As can be seen in community-led monitoring, highlight the need of inclusion and oversight of monitoring of epidemiological indicators (HIV, TB and COVID19) and their impact on key populations inclusion in the C19RM 2021 funding requests of (6 countries), as well as the need to follow up on the violation of human rights of key populations (4 countries). The need for training in community-led monitoring is also observed in four countries in the region (4 countries).

## 4.2.2 Community-led research and advocacy















In this program area, the GF guidelines include as fundable strategies: research on human rights and gender, legal barriers to community response, program and project evaluation, development of advocacy and resource mobilization campaigns, and effective participation.

**Table No. 4: Priorities on research during the social dialogues of C19RM 2021.**

Priorities	BEL	BOL	ESA	HON	JAM	NIC	PAN	SUR
To know the effect of COVID-19 on KVP								
To understand the impact of violence against KVP in the context of the COVID-19 pandemic								
Systematization of the response of CSOs and communities in the framework of the COVID-19 pandemic								
Systematization of access to justice for victims of GBV for KVP								

Although not many research priorities were expressed, communities are clear about the importance of having evidence-based information as input for advocacy, as well as evidence of the success of community strategies. The need for evidence on the impact of COVID-19 in key populations (6 countries) is highlighted.

**Table No. 5: Priorities on Community-led Advocacy during the social dialogues of C19RM 2021.**

Priorities	BOL	COL	ECU	ESA	GUY	PAN	PER	DOR	SUR
Inclusion of KVP in social protection services provided by the State									
Communication strategies aimed at KVP on HIV and COVID-19, with a human rights perspective									
Updating regulatory frameworks to accommodate changes brought about by the COVID-19 pandemic									
Improving the quality of health services									
Access to HIV prevention for KVP in pandemic settings COVID-19									

In relation to community-led advocacy, the inclusion of KVPs in the State's social protection services and the development of communication strategies on HIV and COVID-19 with a human rights perspective aimed at KVPs stand out.



Other advocacy priorities identified by the communities in the countries of the region are described in the following table.

Table No. 6: Other Advocacy priorities during the social dialogues of C19RM 2021.	
Advocacy priorities	Country
Prioritization of KVP in the vaccination plans	COL
Social inclusion of KVP in education, health, and work	BOL
Support in the creation of advocacy plans for KVP	BOL
Eliminate stigma and discrimination against KVP	BOL
Reactivation of the post-pandemic HIV response COVID19	BOL
Social contracting of CSOs	COL
Creation of TB care protocols	PER
Active TB/HIV case-finding from the community	PER

















































Photographic record /  
Workshop with Members of different representatives of malaria civil society organizations,  
held in the City of Cobija / BOLIVIA

## 4.2.3 Social mobilization, community networking and coordination

In this programmatic area, the GF proposes as fundable actions for the communities: participatory needs assessment processes, strengthening the use of and access to ICTs, development of social mobilization plans, mapping of community organizations and networks, strengthening community services, among others.














**Table No. 7: Priorities on social mobilization, community networking and coordination during the social dialogues of C19RM 2021.**

Priorities	BEL	BOL	COL	COR	ECU	ESA	GUA	GUY	HON	JAM	NIC	PAN	PAR	PER	DOR	VEN	SUR
Strengthening of accompanying, advisory and support services for KP																	
Implementation of COVID-19 prevention campaigns targeting KP																	
Food assistance and provision of nutritional supplements for KP																	
Social entrepreneurship and productive projects																	
Social mobilization to impact the responses to HIV, TB, and malaria epidemics																	
Training for KP on the right to health and citizen oversight																	
Halfway houses and safe spaces for the most vulnerable KP																	
Support to the migrant population on HIV, TB and COVID-19 issues																	
Strengthening the community TB response																	
Prevention of institutional violence against key populations																	
Promote in the media access to COVID-19's prevention and care services for KP																	
Creation and / or strengthening of platforms that improve intersectoral coordination between communities and formal health systems to respond to COVID-19																	
Strengthening the provision of health services from the community																	

This is one of the areas in which CSOs and communities identified the most priorities, in this regard it is observed that the ones that presented the highest frequency were: the strengthening of accompaniment, advisory and support services for KVPs (9 countries); the implementation of COVID-19 prevention campaigns aimed at KVP (8 countries); food assistance and provision of nutritional supplements for KVPs, social enterprises and productive projects, social mobilization to influence national responses to the three diseases (with 5 countries each).

## 4.2.4 Institutional capacity building, planning, and leadership development

Specific activities that may be supported in this area, according to the GF guidelines, include participation, technical and programmatic development (monitoring and evaluation, communications, administrative processes, governance, accountability, human rights and gender), and infrastructure and associated costs.

Table No. 8: Priorities on Institutional capacity building, planning, and leadership development during the social dialogues of C19RM 2021.							
Priorities	ESA	HON	JAM	NIC	PAN	PER	SUR
Comprehensive response in COVID-19 contexts							
To guarantee spaces with biosafety conditions for the attention and development of activities with KP							
Trained and remunerated human resources in the teams of social organizations							
Strengthening active TB case-finding from the community level							
Emergency response training for CSOs and communities							
Strengthening peer-to-peer work for adherence							
Institutional support and capacity building for the civil society network for advocacy							































Regarding institutional capacity building, planning and leadership development, it can be observed that the priority most frequently identified is the comprehensive response to COVID-19 (4 countries).



## 4.2.5 Prevention and attention to gender-based violence






















Specific activities supported under this line include training of staff and volunteers in the care and support of GBV victims, as well as the provision of post-violence counseling and support services, including telephone lines, among other services. The following activities were prioritized by the community representatives who participated in the consultation processes on GBV care.

**Table No. 9: Priorities on GBV Care during the social dialogues of C19RM 2021.**

Priorities	BEL	BOL	COL	COR	ECU	ESA	GUA	GUY	JAM	PAR	DOR	VEN	SUR
Programs for psychosocial support, counseling and individual and group accompaniment for victims of GBV													
Training of community leaders in GBV care, including training in psychological first aid													
Articulation of CSOs and CBOs to the services that prevent and address GBV													
Advocacy to improve mental health care services for GBV victims in the health sector													
Support hotlines for GBV reporting and counseling													
Shelters, safe spaces and hostels for victims of GBV or people at risk of GBV													
Access to legal counsel for victims of GBV													
Guarantee of financial resources for transportation and other needs													

CSOs and communities that participated in the consultations consider the GBV care as a priority, according to their frequency, the development of psychosocial support programs, counseling and individual and group accompaniment to victims of GBV, which can be related to with the increase of this phenomenon in the context of the pandemic (10 countries); followed by the need to articulate CSOs and CBOs with services that prevent and treat GBV (5 countries); In a third place, the training of community leaders to respond to GBV can be placed as priorities, including training in psychological first aid, as well as the implementation of telephone support lines for complaint and advice on GBV (4 countries each ).

**Table No. 10: Priorities on GBV Prevention during the social dialogues of C19RM 2021.**

Priorities	BOL	ECU	ESA	GUA	JAM	PAR	DOR
Training of peer promoters on GBV prevention							
Telephone support lines as a prevention strategy							
Awareness-raising and training of authorities in prevention							
Addressing GBV to KVP in COVID-19 settings							
Design and implementation of communication campaigns for the prevention of GBV against KP							
Training with a rights perspective, access to justice and empowerment of KVP							
Strengthening of GBV information systems							
Advocacy to promote public policies to address GBV							

The priorities related to the prevention of GBV, to the training of peer promoters in GBV prevention, the awareness and training of authorities in the prevention of GBV and the approach of GBV and KVP in pandemic contexts were mainly highlighted. (4 countries for each priority). Secondly, there is the need to design and implement communication campaigns for the prevention of GBV and KVP (3 countries).



**Photographic record /**

Preparing the report on the results of the social dialogue of the community members representing the key populations of Belize for the funding request for C19RM 2021. May 2021.

## 4.2.6 Responding to human rights and gender-related barriers to services

Under this program area, according to the GF, fundable activities include biosafety strategies and COVID-19 prevention campaigns in care settings, access to media for telecare and telemedicine, monitoring of human rights violations in health care settings, strengthening media and journalist training to reduce stigmatizing messages, and activities to address stigma towards people with TB. All the above in response to the access barriers imposed by the COVID-19 sanitary emergency. According to the reports, the priorities in this area were oriented to:



**Advocate to improve the quality of comprehensive care for people living with HIV and KVP**, which requires the development of differentiated care guidelines by population, training and sensitization of health personnel, quality assessments of services, integration or deconcentrating of services according to needs, reduction of stigma and discrimination in services, adaptation of facilities, equipment and increase in health personnel, and strengthening of mental health services. The countries that prioritized these actions were: Belize, Bolivia, Costa Rica, Ecuador, El Salvador, Guatemala, Jamaica, Paraguay, Dominican Republic, and Venezuela.



**Accompanying KVP to reduce access barriers to health services** through mobile brigades, awareness-raising and training, legal advice, telemedicine, alternating care, access to PPE, citizen oversight, self-support group, multi-month and home delivery of ARV drugs, training on the Right to Health for KVPs, actions to strengthen adherence, linkage to health services, psychosocial support, and access to health insurance, among others. The countries that prioritized these actions include: Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Jamaica, Panama, Paraguay and Dominican Republic.



**The strengthening of combined prevention actions** from CSOs as a strategy to reduce barriers to access to health services is a priority for: Bolivia, Colombia, El Salvador, Guatemala, Nicaragua and Panama.



**Promoting the social inclusion of KVP** to improve their access to work, education, regularization of sex work, regularization of migration status, among others, as well as reducing stigma and discrimination associated with these populations, was particularly a priority for: Colombia, Costa Rica, Ecuador and El Salvador



Related to the above, **advocacy for the inclusion of KVP as beneficiaries of the State's social Security or assistance programs**, was prioritized in: Colombia, Ecuador, and Guyana.



**Promoting access to the COVID-19 vaccine for KVP** was a priority for: Guatemala, Guyana, and Honduras.



Bolivia included as a priority the **prevention of violence towards KVP in health services**, Paraguay proposed the **provision of health care services by the CSOs**, as strategies to respond to access barriers.



Suriname included as priorities the **strengthening of human rights reparation systems and mechanisms**, the compilation of **information on human rights violations** in the field of health **legal literacy** for KVP and PLHIV and the **sensitization of key actors from a rights perspective** (police, health personnel).



## Multi - Country Grant Positive Leadership Alliance (ALEP) and Key Populations



### Consortium Alliance on Positive Leadership and Key Populations (ALEP and KP)

It brings together ten community networks who worked together on a funding request for C19RM 2021. The ALEP and KP consortium requested support from the LAC Platform to receive technical assistance from ICASO to identify gaps in the priorities of 11 countries.

With the support of external consultants, needs were identified that were prioritized on a scale of high, medium and low priority, and were delivered to the coordination of ALEP and KP as input for the construction of the funding request. The technical support focused on helping to identify the obstacles related to the exercise of human rights that communities still experience, access to differentiated health services free of stigma and discrimination, and gender-based violence.

Some challenges faced by the Consortium were: a) limited time to submit the funding request according to the timing of the call, b) difficulties of coordination with a considerable number of regional actors, c) complexity of systematizing the information, due to the diversity of the results of the consultations with the communities and their verification at the country level, d) need to verify that the actions of the regional request were not included in the national funding requests to guarantee the non-duplication of efforts, e) need to carry out a prior analysis of financial, technical and human resources needs and gaps; and, f) difficulties in obtaining the endorsement of the CCMs due the lobby takes lot of time process.

It is also highlighted that the processes of dialogue and articulation such as those related to the C19RM 2021 process highlighted the technological gap in the communities, therefore, technological skills should be promoted and strengthened in the communities for a meaningful participation in virtual spaces of the communities. communities.

The Social Dialogues made it possible to identify common objectives at the regional level and coordinated work spaces between the various communities of the different countries: to face all forms of stigma, discrimination and violence, as well as to seek a more leading role in the monitoring processes and in the provision of community services.

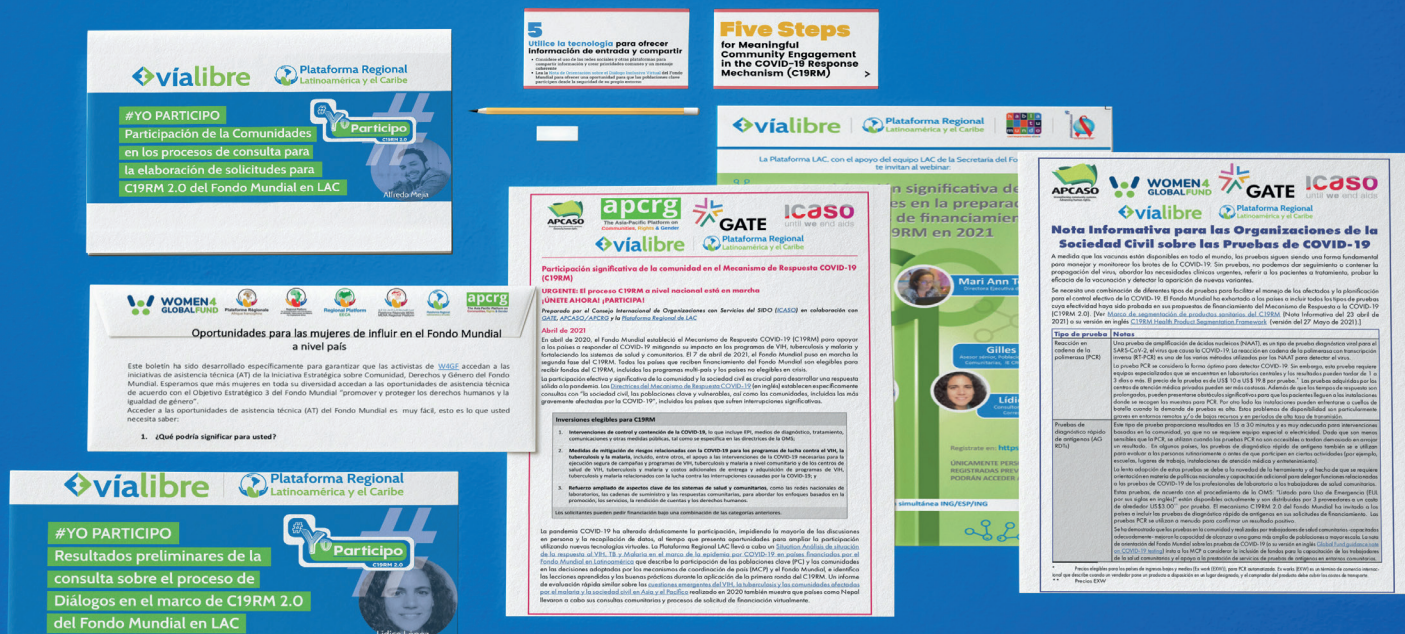
## 5. What worked well in the consultation processes

Participants who responded to the online questionnaires described most of the processes as productive, orderly, comprehensive, dynamic, and participatory. They also highlighted the collaborative work between CSOs, CCMs, PRs and consultants as a successful experience.

In terms of the consultants' roles, they were generally well evaluated; some of the highlights were: they provided key information, were clear in explaining the GF's fundable and non-fundable guidelines for C19RM 2021, as well as their knowledge of the national context. Some participants evaluate local consultants higher than external consultants; and those who belonged to the communities or were recognized by them were more highly.

Coordination between consultants (those in the writing team and those responsible for the social dialogues) was also emphasized, sometimes those responsible for writing the funding request participated in the meetings with the communities, which facilitated the process of including the communities' priorities in the funding requests.

Several participants describe successful convening processes due to their coordination with other instances and the use of different means of communication (phone calls, emails, use of WhatsApp, social media, etc.), which allowed reaching all sectors in the different countries.





The entire process was accompanied by an intense communication campaign on social networks, in the MailChimp alert system and the LAC Platform newsletters. Through them, various materials prepared in collaboration with strategic partners such as ICASO, GATE, W4GF, PANCAP, the other CRG SI Platforms and Key Correspondents were disseminated.

Prior to civil society consultations for the preparation of the funding requests, materials were disseminated, among which the following stand out: a Guide with 5 steps to favor the meaningful participation of communities, short animation videos that synthesize each of these steps, the organization of a webinar in collaboration with the CRG SI to encourage community involvement, an information session in collaboration with the LAC Team of the GF secretariat to explain in detail the components and guidelines of the C19RM to key actors in the region, as well as the dissemination of the Toolkit for Social Dialogues in 4 languages aimed at the communities.

After the consultations, the testimonial video campaign called #YoParticipo was promoted, which in a first phase disseminated 20 testimonies from civil society activists who participated in the consultations, and in a second phase, it included another 20 testimonies with the identified lessons learned by the consultants who supported the consultations.

From the experience of the LAC Platform, the communication campaign served to position the issue among the communities and prepare their participation in the consultation processes; highlight the importance of their involvement in all Global Fund processes and account for some of the obstacles, achievements and lessons learned derived from the implementation of C19RM 2021 in LAC.



## 6. Lessons learned from the consultation processes

Within the framework of this document, lessons learned are understood as the knowledge acquired about the process or experience through reflection and critical analysis of the factors that may have positively or negatively affected the results. The main lessons learned identified by the participants are described below

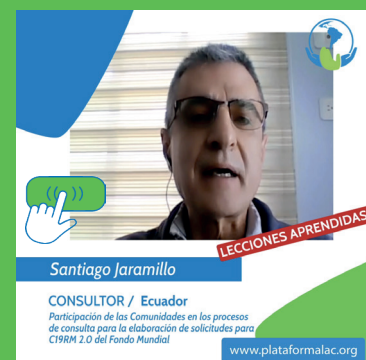
- Some steps of the funding request development process were not clearly established, such as the socialization of the results of the consultations, which led some communities to consider that they had not had the opportunity to know the intermediate or final versions of the funding request. Therefore, **it is necessary to design, from the beginning and with the broad participation of those involved, a critical path that includes all the steps: discussion, prioritization, analysis, and review of the final funding request and that allows the results of each stage of the work to feed key information to the next.** <https://youtu.be/LxTqtFycP-M>
- The expectations of civil society organizations when faced with a funding opportunity generally tend to exceed the real possibilities; although in some cases a meeting was planned at the beginning of the process to clarify the budget lines and eligible interventions and analyzed epidemiological information, as well national strategies to face COVID-19. Nevertheless, this did not occur in all countries; **it is therefore important to define from the outset the lines to be funded and eligible interventions according to the guidelines of the GF. An ideal process should conclude with a priority consolidation workshop.**
- In C19RM 2021, virtual spaces helped to include larger, more diverse groups from different regions of the countries; however, not everyone had devices, accounts, access to data and the skills to manage them effectively; it is important to also provide for digital literacy and the inclusion of resources to ensure participation in virtual consultation processes. **Some consultants consider that face-to-face meetings would have allowed for more effective participation and others mention that holding regional consultations within countries can also improve participation.**

To listen to the lessons learned in the voice of the protagonists, click on the image





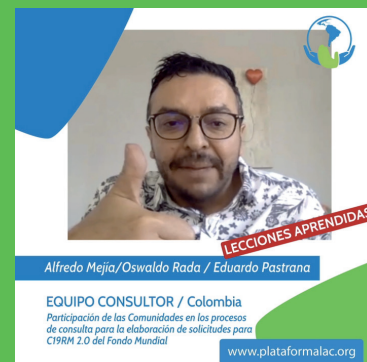
- Consultations by population contributed to a genuine understanding of the needs of differentially affected populations, a space for their recognition and, in general, were identified as more effective as they did not generate competition among the communities; however, they require more work time. **The implementation of this methodology should consider the time needed to carry out multiple consultations, the resources available and the workload for the consultants.** In the case of Bolivia, there were 4 separate consultations (people with HIV, key populations, tuberculosis and malaria) at the end there was a consolidation process that, although complex, was extremely productive since Bolivia was successful in including a great diversity of priorities and allocate up to \$ 1.5 million to fund them. <https://youtu.be/cBcmD-PDU7c>
- In a few countries there were discrepancies among the communities themselves, which prevented the consolidation of priorities from a single front; in these countries the negotiation process with the CCM was more complex. **It is necessary for communities and CSOs to have long processes of discussion of common objectives that can be defended as a block against other actors.**
- Countries usually define a proposal writing committee or a “lead” consultant in charge. In some cases, this committee did not maintain the necessary articulation with the social dialogue consultant, which made it difficult to include community priorities in the overall request.. **It is necessary that such articulation be established from the beginning of the process to ensure a meaningful inclusion of civil society needs in the proposal. This process of articulation should be in charge of the CCMs, so maintaining a solid communication and coordination process is essential to ensure success in the inclusion of priorities in the final stage.** <https://youtu.be/qhsmlqpYvrs>



- In most countries, community representatives on CCMs, with the support of consultants, negotiated or advocated for their priorities to be included in the final version of the funding request. In other countries, the results of the consultation were forwarded to the proposal committee. The multiplicity of actors, including consultants, leaders and CCM members, who participated on an ongoing basis, allowed for several perspectives and more critical analyses, while demanding a greater and better disposition for dialogue and negotiation from all actors. **Activities and priorities with clear support and more discussion were more easily incorporated. In most cases, some form of lobbying was required in the face of the CCMs refusal to incorporate community-led strategies.** In the case of Bolivia, female sex workers presented social enterprise initiatives to mitigate economic precariousness; however, they did not have sufficient evidence to support the priority and were therefore rejected. However, after lobbying by the SW in the Assembly to approve the funding request, they managed to include other types of support. The identified weakness led to a request from TA to strengthen Bolivia's FSW sector.

- **Although each country made the pertinent adjustments, having a toolkit in a relatively large and time-constrained consultation contributed significantly and efficiently to achieving the objectives of the consultation and to guaranteeing the participation of the communities.** In Colombia, the consulting team for the development of the new HIV funding request requested authorization to use the Toolkit in the consultations with the different actors. <https://youtu.be/-fomSczypHA>

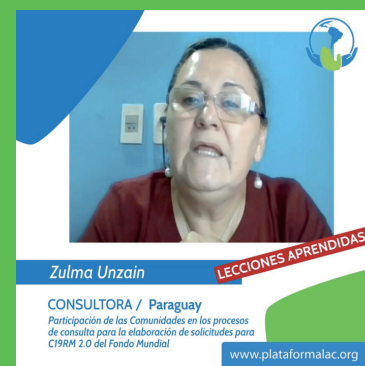
- **The use of various information gathering tools and methodologies facilitated greater community participation and allowed for more robust information on their priorities,** as was the case in Nicaragua, Peru and Venezuela, where, in addition to virtual consultation meetings, an online survey was developed, or individual interviews were conducted.



- It is important to note that some communities that participated in this consultation were unaware of the GF's funding model. The inclusive consultation processes were an opportunity for training and learning for social participation, as well as awareness of their rights, for some people and communities. The participation of ethnic groups and other populations (people with disabilities) in some countries, groups that had never participated in these processes, is noteworthy. Specifically, in the case of Paraguay, consultations were organized with indigenous people and in Costa Rica with organizations that work with homeless people. <https://youtu.be/RuMI7Ts3EQU>

- The support given by the CRG SI, Via Libre / LAC Platform, ICASO, W4GF and the Key and Vulnerable Populations Networks in conducting social dialogues or consultation processes for the communities was an opportunity to make visible their contributions in the response to the epidemics and the interest of the GF in guaranteeing their participation, before the different actors (government, PRs, CCMs, etc.), given that historically their participation has been underestimated or limited to respond to a requirement.

- In most cases there was excellent communication and coordination with CCMs and Portfolio Managers / Country Teams. In all the countries the process began with the involvement of the Technical Secretariats of the CCMs; the role of the Secretariat to facilitate the convening of the communities for the first informational meetings was crucial. In the case of Bolivia, even the Chair of the CCM was participating in the process. **In countries where there was tension, the Portfolio Managers also facilitated the resolution and clarification of aspects related to the process. Maintaining a solid channel of communication with key stakeholders helps to develop more efficient and participatory processes.** Also noteworthy is the close collaboration with Pharos, a technical assistance provider that assisted in various countries in the construction of evidence and other requirements specific to the Funding Request.



## 7. Challenges and solutions in the consultation process

Challenges, in the context of this document, are understood as situations and circumstances that hindered the achievement of the objectives or results and the solutions and strategies that were implemented to respond to these challenges, it is important to clarify that some challenges were not identified as solutions in the process.

- Among the difficulties encountered were time constraints and hurried processes for the development of the consultations, which may have limited greater community participation. In some countries, several sessions were held, groups were organized by population and subsequent consultation meetings were scheduled to ensure broader participation. **The constant and rigorous monitoring of the people summoned for the consultations was another strategy that improved participation..**
- In some cases, time constraints did not allow the consultants to provide clarity on fundable areas, resulting in increased expectations and an overloaded list of priorities. This is an aspect to be improved in future consultation processes..
- The implementation times of the grants were also mentioned, in this case CRM19 2020, which has not finalized its implementation, which generated mistrust in some participants of the consultations, specifically in the case of Panama. <https://youtu.be/wFWpK9WkwSw>
- Some participants perceived that the areas eligible for GF funding did not meet the most urgent needs of the communities, which was a challenge; to address these concerns, some consultants spent time explaining these aspects. **However, in some cases these situations were used to transform them into advocacy actions and turn them into an opportunity within the process.**
- In some countries, there was some perceived dissatisfaction with the selection of consultants, which may have limited effective participation, particularly from TB and malaria communities. . **Knowing the opinion of key community stakeholders in the consultations could help to improve the consultant selection process in the future.**



- In other countries, the absence of a link between the CCM community representatives and the grassroots was perceived; in fact, one of the consultants mentioned that the CCM member community representatives defend the interests of the CCM more than those of their communities. Although this dynamic is not general to all countries, with a view to a more articulated process for grant construction and implementation, **it is important to strengthen the articulation processes between representatives and constituencies.**

- **When the prioritization processes were not consolidated by the CSOs themselves, the negotiation processes with the CCM were more complex.** In the cases of Panama and Paraguay, ad hoc committees were created to overcome these bottlenecks. **The analysis, prioritization and negotiation skills of both consultants and community leaders need to be strengthened.**

- In the cases of Bolivia and Paraguay, **there were greater difficulties in incorporating the priorities in the final proposal, which revealed the weaknesses of some communities in achieving consensus among the population.** [https://youtu.be/EQtXfR\\_OIYA](https://youtu.be/EQtXfR_OIYA)

- Some historically excluded groups, such as ethnic groups, people who use drugs, people deprived of their freedom, homeless people, young people, people affected by TB and malaria were not invited or had difficulties in their participation, **so it was necessary to open and expand the calls for participation outside the formal representations.** In all the countries there was participation of people from the communities that attended COVID-19.





- **Limitations in accessing communication tools: postpaid telephone lines, electronic equipment such as smart phones and computers also meant a limitation in access to participation.** In the case of Colombia, this was solved by including telephone recharges for participants in the consultancy budget; the latter was more difficult where technical assistance was assigned to an organization with no administrative or financial structure.

- In Bolivia, the TB consultation included the participation of the TB authorities, which, although appreciated by some sectors, may have affected the dynamics of civil society meetings, effective participation, and prioritization of their needs; **perhaps a greater induction of consultants on community spaces and greater leadership of key populations may improve this aspect in future consultations.** <https://youtu.be/CPAfi-kqXl5g>

- Finally, in some countries, the low participation of people affected by TB was observed, and given this situation, there was a great deal of intervention by the health sector. **Although it is recognized that this is evidence of the lack of strengthening of CSOs in the area of TB. No strategy was put in place to provide an immediate solution.**

## 8. Conclusions

- The analysis of the information shows that there was an important and effective participation of leaders working on HIV, TB, and malaria in the region in the consultation processes, highlighting a greater participation of people affected by HIV, compared to the rest of the communities.
- A positive evaluation of the consultation processes is also evident, highlighting the performance of both local and external consultants, as well as their knowledge of the national context, the calls for to participate in the consultations and the use of tools and technologies, the sustained communication and the number of participants, mainly.
- There is a high number and variability of needs and priorities on the part of CSO representatives and communities that respond to the fundable areas proposed by the GF; such variability reflects the gaps in national responses and the particularities of these responses in the different countries of the region.
- The low prioritization of needs around research stands out, which could be related to the lack of experience of these sectors in the area of research; however, it is clear that for the participants it is important to have evidence for the evaluation of their processes, as well as for political advocacy.
- It is evident that the capacity for prioritization and consensus are key skills that must continue to be developed with community leaders, as well as the capacity for dialogue on common needs among the movements, which are transcendental tools for more effective participation and advocacy.
- The participation of new community leaders, i.e., those who had not previously participated in GF processes in their countries, was significant.



## 9. Recommendations



### To the communities

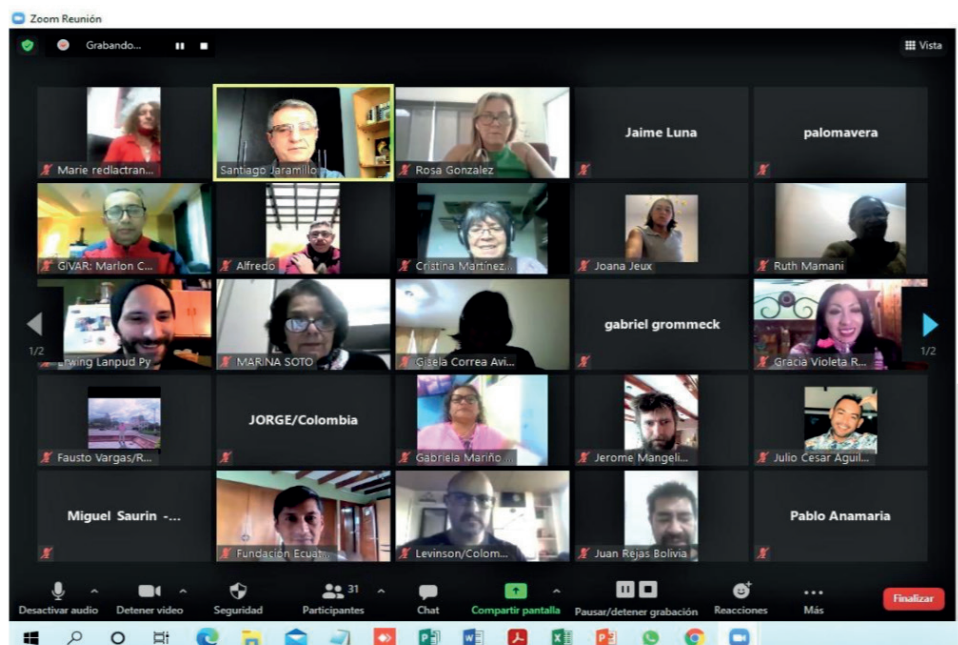
The inclusion of a lobbying strategy with the CCM and other key stakeholders as part of the consultation process can have a greater impact on the inclusion of CSO and community needs and priorities in the GF funding application process.



### To consulting teams to identify community priorities

Prior preparation of CSOs and communities on funding guidelines and to identify common objectives and improve consensus, can have a better impact on the participation of these actors in the elaboration of funding requests to the GF.

During the consultation process to identify priorities for C19RM 2021, there are two key moments. The first is the initial meeting in which a clear framework is established and real expectations are established according to the areas of funding and eligible interventions. Another key moment -in cases where various consultation processes were carried out with different groups due to illness and PCV, is the organization of consolidation workshops where the priorities identified in each Social Dialogue can be agreed upon. It is necessary that in future processes both critical moments are conducted appropriately.



#### Photographic record /

Consultancy for Technical Assistance to Ensure the Significant Participation of Communities, Key Populations and People Affected by HIV and COVID19 in the preparation of the C19RM 2.0 Financing Request for ALEP / Key Populations





## **To the partners of the IE CRG (Platforms, AT Providers and Networks of Key and Vulnerable Populations and of people living with diseases)**

Update the toolkit: “National Social Dialogues for the participation of Civil Society Organizations and Communities in the development of Global Fund C19RM 2.0 funding requests”, as a new edition, in order to serve for other consultation processes for the CSOs and communities, thus improving their participation in the application for GF grants.

Generate guidelines for the presentation of standard reports by the different consultants and technical assistance providers who participated in the consultation processes, in order to make the systematization processes more user-friendly.

Conducting case studies on the processes of community participation in consultations related to GF grants allows for the generation of knowledge that contributes to better involvement and participation in future similar processes.



## **To the Global Fund**

Securing resources (financial and technical) to promote greater participation of community leaders in future consultation processes and national dialogues related to the GF processes can significantly enhance their participation.

In the context of confinements due to COVID-19, the use of information and communication technologies is essential to ensure the meaningful participation of communities; However, to face the digital challenges that the pandemic has posed, it is necessary to invest in ensuring that there are capacities for the use of digital platforms, but also the financial resources for connectivity and access to equipment.

## 10. Annexes

### Annex No. 1

#### Open questionnaire on the participation of CSOs and communities in the consultation processes for the formulation of the request for financing before the GF's C19RM 2.0.

- 1 How was the process of consultations or social dialogues of CSOs and communities for the formulation of the request for funding of the GF's C19RM 2.0? Briefly describe aspects such as the performance of the consultants, dissemination of information on social dialogues, convening process, development of meetings (virtual or face-to-face), methodology to identify community priorities, articulation with other key stakeholders, lobbying actions during the process of negotiating the priorities of other sectors and their incorporation in the final application, etc. (Maximum one page).
- 2 After having a list of needs / priorities / alternative solutions, what were the steps that were followed? Consider the following criteria: Who did they socialize with? Who validated them? Who were they delivered to? Was there clarification or request for additional information? Were the priorities costed? Who decided which priorities were incorporated into the funding request?
- 3 In your experience, what do you consider to be the main lessons learned from the consultation to identify community priorities and incorporate them into the C19RM 2.0 funding request? Consider the following criteria: What worked well? What should not be done again? What can be changed to improve?
- 4 In your experience what do you consider to be the main challenges from the consultation to identify community priorities and incorporate them into the C19RM 2.0 funding request? How were they faced?
- 5 What CSO and community priorities were not included in the final funding request? What were the arguments for not including them?
- 6 In your opinion, did the consultation process help CSO and community to include their priorities and needs in the funding request? What were the main priorities and needs identified by the CSOs and communities that were included?
- 7 Did you used the document "National social dialogues for the participation of Civil Society Organizations and Communities in the preparation of funding requests for the C19RM 2.0 of the Global Fund" (Toolkit)? If the answer is yes, please respond the next questions, using the following criteria: Was it useful? Why? What was the best for you? What did you not use? What aspects could be improved in this toolbox ?
- 8 Any additional information you want to share with us about the process?
- 9 Based on experience, what would be your recommendations for future consultation processes of CSOs and Communities on GF's funding requests processes?

Thanks so much for your participation!

**Annex No. 2 Discussion questions guide - webinar on lessons learned in the participation of CSOs and communities in the consultation processes for the formulation of the funding request C19RM 2.0**

**Questions guide for the discussion - Lessons Learned Webinar**

- |   |  |        |
|---|--|--------|
| 1 | What worked well in the priority's consultation processes of CSOs and communities to be incorporated in the C19RM 2.0. funding request process? What did we learn about coordinating with other key actors involved in the process?  | 15 min |
| 2 | What were the main difficulties encountered in the process and how were they resolved? What were the main methodological challenges? How were potential conflicts between different civil society groups resolved? What were the experiences in the convocation processes?   | 15 min |
| 3 | What do you consider to be the lessons learned in this process?<br>What worked well? What were the challenges at the national level?<br>How could they be faced in the future?   | 15 min |
| 4 | What do you recommend for consultation and participation processes of CSOs and communities related to GF in the future? What would you recommend to CCMs to improve consultation processes? What would you recommend to the CRG SI to provide the technical support to the communities in similar processes in the future? What would you recommend to the LAC Platform to improve support to ensure meaningful involvement of communities in similar processes in the future? | 15 min |