

# Assessment Report

Community and Civil Society Learning Needs for Strengthened  
Engagement in Global Fund and Related Process in Latin America and the Caribbean

Latin America and the Caribbean (LAC) Learning Hub

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# Executive Summary.

In the first half of 2024, a baseline survey was conducted to document the key learning needs of communities of Latin America and the Caribbean (LAC) to enhance their engagement in Global Fund (GF) grant processes and national responses to the three diseases. Limitations of the survey include the lack of participation of community leaders from Caribbean countries and the low response rates from leaders in the malaria and TB sectors. For each category analyzed, a descriptive frequency and percentage analysis was performed on the information collected on each variable (univariate). Data were disaggregated by disease (HIV, TB, and malaria), country, gender, and disease (bivariate).

**107 individuals** from **12 countries** in the region responded to the survey. Of these, **56.1% were male**, **33.6% were female**, and **8.4% identified as transgender**.

This report presents the findings, **conclusions**, and **recommendations** for addressing the key learning needs identified. The report is expected to serve as a baseline for planning, monitoring and evaluating the activities of the **LAC Learning Hub** for the 2024-2026 period.

The results made it possible to identify and describe the learning needs of civil society organizations (CSO) and community representatives from **12 Latin American countries**. An average level of knowledge and skills is observed among participants in all the areas analyzed; however, the greatest learning needs were found in relation to national **GF processes**; programmatic and sustainability issues; and climate change, environmental sustainability, and health. The highest levels of knowledge and skills are observed in relation to community engagement and the HIV response.

In the community engagement component, the main learning needs are related to community led monitoring and knowledge of the regulatory frameworks (laws and policies) related to the three diseases.

In the component on knowledge of national GF processes, needs are related to funding request development, technical review panel recommendations, grant, reprogramming and reallocation of funds, and grant monitoring and oversight.

Needs related to the use of strategic information are greater in the interpretation and use of epidemiological information, community-led research, and community-led monitoring. Responses revealed the need to strengthen their knowledge and skills in all areas of the communications component, but with greater emphasis on the development of communication plans and media management.

On programmatic and sustainability issues, there is a need to improve knowledge and skills related to domestic public financing of community responses, costing of community interventions, and the safety and security of organizations working with key populations (KPs). It is necessary to include climate change, environmental sustainability and health in the learning strategies for the communities in LAC, given the novelty of the topic and the importance.

## Recommendations for the LAC Learning Hub.

- Validate and disseminate the key results with CSO representatives from LAC through a webinar.
- Community led monitoring and knowledge of the regulatory frameworks related to HIV, TB and malaria, are areas to reinforce in the LAC Learning Hub action plan.
- Develop specific articles for newsletters, community alert messages and specific webinars on GF processes at national levels.
- To promote among the communities the use of the [Community Engagement Tool Box](#).

## Recommendation for LAC Country Coordination Mechanisms.

- It is recommended that CCMs supports national social and community dialogues and linked the results of the prioritized areas into the Country Dialogue in order to facilitate their inclusion in new funding requests, as well the community participation in the negotiation, programming and reallocation of funds processes.
- Promote strengthened involvement of women, girls and transgender populations in the national GF process through awareness raising, capacity building and facilitating spaces for their engagement.
- Ensure that newly elected civil society and community CCM members are provided with capacity building opportunities to strengthen their engagement in CCMs.
- To promote the use of GF resources such as Global Fund 101 and CCM 101 as well the Community Engagement Toolbox to prepare new communities members during immersive processes on the GF Grant Cycle.

## Recommendation for Global Fund Secretariat.

- Continue investing in capacity building for CSOs and communities to continue political advocacy, sustain social contracting and advocate for costing of community interventions, among other issues related to the sustainability of responses.
- Invest in strengthening malaria and TB community engagement and mobilization at national level, given the limited level of participation of communities affected by and vulnerable to malaria, TB and TB/HIV co-infection in GF national processes.
- Provide technical assistance to CCMs in LAC, include to strengthen their effective engagement throughout the grant cycle.

# 1. Introduction.

This learning needs assessment was carried out by the **Latin America and the Caribbean Learning Hub**, with support from the **Community Engagement Strategic Initiative (CE SI) of the Global Fund to Fight AIDS, Tuberculosis, and Malaria**. Similar assessments were conducted by other Regional Learning Hubs, including those in Anglophone Africa; Asia Pacific; Eastern Europe and Central Asia; Francophone Africa; and the Middle East and North Africa. The primary goal of these assessment was to identify the learning needs and gaps among communities and civil society who are living with, affected by, or vulnerable to HIV, TB, and malaria in terms of their effective engagement in national Global Fund and related processes. Addressing these gaps will help facilitate stronger and more effective engagement of communities and civil society in Global Fund processes and related initiatives.

Community Engagement Strategic Initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria has proposed a new approach to the activities developed by the Latin America and the Caribbean Regional Learning Hub (LAC Learning Hub) for the 2024-2026 implementation period.

The primary objective of the LAC Learning Hub is to facilitate timely access to information and relevant peer-learning and exchange among communities and civil society to strengthen the leadership and engagement of communities most affected by HIV, TB and malaria in Global Fund and related national processes, throughout the grant cycle.

In particular, the Learning Hubs will contribute to the following CE SI outcomes:

- **Communities generate and use data to inform advocacy and decision-making.**
- **Communities have the capacity to mobilize and hold their representatives and decision-makers accountable.**
- **Communities access timely and relevant Global Fund-related information.**

## 2. Objective.

**To identify and describe the learning needs of communities of Latin America and the Caribbean to enhance their engagement in Global Fund grant processes and national responses to the three diseases.**

## 3. Methodology.

A documentary review of issues related to the learning needs of communities working on HIV, tuberculosis (TB) and malaria in Latin America and the Caribbean was conducted. The review identified seven relevant learning need categories to enhance the engagement of leaders of civil society organizations (CSOs) and communities in the region.

The selected categories included learning needs related to community engagement in HIV, TB, and malaria responses; GF national grant processes; strategic information; communications; programmatic and sustainability issues; and climate change, environmental sustainability, and health. These categories were organized into 52 Likert scale questions. The instruments were available in **English** and **Spanish** and distributed through Google Forms. See **Annex No. 1** for more details.

To identify the subject population, the following inclusion criteria were established:

- Individuals should reside and work in one of the 17 eligible countries for GF grants in LAC.
- Engage in the response to one of the diseases (HIV, TB, and malaria or TB/HIV co-infection).
- Provide services to key populations (KPs) according to national criteria.
- Either currently participate or have previously participated in the Country Coordinating Mechanism (CCM).

A database was created with data from the target population, in line with the inclusion criteria. The following media were used to disseminate the survey:

- Six alerts in Mailchimp.
- CCM Secretariats.
- The list available at the Interactive Map: Tool to Improve Knowledge of CSO Engagement in GF Processes in LAC<sup>1</sup>.
- Weekly email reminders sent to constituencies, regions, and countries with the lowest response rates.

The data was collected between April and May 2024. Despite the strategies employed, no responses were received from Honduras and countries in the Caribbean, therefore they were excluded from the analysis.

## Study limitations.

Some challenges were faced in the information gathering process, such as the lack of participation of community leaders from Caribbean countries, as well as the low response rates from leaders in the malaria and TB sectors, despite the different strategies implemented. This is consistent with the experience of the LAC Learning Hub, as these difficulties, both in the sub-region and in the two sectors mentioned above, have always been scarce when compared to the participation of leaders from Latin American countries and the HIV sector.

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1.- Available at <https://mapa.plataformalac.org/info>

## 4. Data analysis.

For each of the seven categories analyzed, a descriptive frequency and percentage analysis was performed on the information collected on each variable (univariate). Data were disaggregated by disease (HIV, TB, and malaria), country, gender, and disease being treated (bivariate).

In order to meet the survey objective, all responses in which participants selected the options “fair”, “poor”, “never”, or “don’t know” were considered to indicate learning needs.

This report presents the findings, conclusions, and recommendations for addressing the key learning needs identified. It will serve as a baseline for monitoring and evaluating the activities of the LAC Learning Hub for the 2024-2026 period.

## 5. Findings.

### 5.1 Documentary review.

#### TB situation in the Americas.<sup>2</sup>

- In the Americas, in 2022, **325,000 new TB cases** were estimated and **239,987 (74%) were notified**, which was **4% more than in 2021**.
- Estimated **deaths** for the region were **35,000**, of which 11,000 corresponded to **TB/HIV co-infection**.
- A total of **5,136 cases of MDR/MDR-TB were diagnosed**. Of these, 90% started treatment.
- The End TB Strategy aims to end the global TB epidemic and is linked to the Sustainable Development Goals (SDGs) under three high-level indicators: reduce the number of TB deaths by 95% compared to 2015, reduce new cases by 90% between 2015 and 2035, and ensure that no family faces catastrophic costs due to TB.
- In LAC, funding for the TB response relies heavily on domestic funding in countries, while the most important funding sources in the region are USAID and the Global Fund. Key regional technical partners include the Pan American Health Organization (PAHO/WHO), which plays an important role in providing guidelines and other technical resources.

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2.- Panamerican Health Organization. Tuberculosis. Available at: <https://www.paho.org/en/topics/tuberculosis>

### HIV / AIDS situation in the Americas.<sup>3</sup>

- The number of new HIV infections in Latin America is estimated to have increased 9% from 2010 to 2023, with approximately 120,000 new infections in 2023. The Caribbean had a reduction of 22% from 2010 to 2023, down from an estimated 19,000 new cases to 15,000 per year.
- The HIV epidemic in the Region disproportionately affects certain sub-population (key populations), including men who have sex with men (MSM) transgender women, and female sex workers. According to the latest estimates for 2021, in Latin America, these three key populations account for more than half of new infections, and in the Caribbean, they account for almost half of new infections.
- In 2023, there were an estimated 4 million people with HIV in the Americas, of which approximately 2.7 million lived in Latin America and the Caribbean.
- In Latin America, the number of people dying of AIDS-related death has decreased from 42,000 in 2010 to 30,000 in 2023, while the Caribbean decreased from 12,000 to 5,100 in the same period.
- It is estimated that 12% of people with HIV in Latin America and in the Caribbean are unaware of their infection.  
Approximately one third are diagnosed late, with advanced immunodeficiency (under 200 CD4 per mm<sup>3</sup> of blood).
- Approximately 1.7 million people living with HIV were receiving antiretroviral treatment (ART) in Latin America and 240,000 in the Caribbean by the end of 2023, accounting for 73% ART coverage all persons estimated to be living with HIV in Latin America and 70% in the Caribbean.
- In LAC, funding for the HIV and AIDS response relies heavily on domestic funding in countries, while the most important complementary funding sources in the region are the Global Fund (except for ineligible countries) and the USAID. Key regional technical partners are the Pan American Health Organization (PAHO/WHO), UNFPA, UNDP, UNAIDS, who play an important role in providing guidelines and other technical resources. To a lesser extent, there are additional international funding sources such as AHF, Coalición Plus, GIZ, etc.

### Malaria situation in the Americas.<sup>4</sup>

- Malaria is a life-threatening disease caused by parasites transmitted to people through infected mosquito bites. Malaria is preventable and curable.
- In the Americas, 481,788 cases of malaria and around 92 deaths were reported in 2022.
- Eighteen countries including one territory in the Region of the Americas are currently at risk of malaria.
- Paraguay, Argentina, El Salvador, and Belize were certified malaria free by WHO in 2018, 2019, 2021, and 2023, respectively.
- Three quarters of reported malaria cases in the region are caused by *P. vivax*.
- Nine countries and one territory in this region are part of the E-2025 initiative: Belize, Costa Rica, the Dominican Republic, Ecuador, French Guyana, Guatemala, Honduras, Mexico, Panama and Suriname.
- Malaria prevention in most countries relies on Indoor Residual Spraying (IRS), or mass or routine distribution of insecticide treated mosquito nets (ITNs).
- Owing to the COVID-19 pandemic, diagnostic services were disrupted, as shown by the 32% decrease in suspected malaria cases tested in 2020 compared with 2019.
- In LAC, funding for the malaria response is coordinated and partly funded by a Regional Initiative for Malaria Elimination (IREM), as well as national governments and the Global Fund. Other relevant donors include the Inter-American Development Bank (IDB), the Gates Foundation and the Carlos Slim Foundation. Key regional technical partners include the Pan American Health Organization (PAHO/WHO), which plays an important role in providing guidelines and other technical resources.

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3.- Panamerican Health Organization. HIV/AIDS. Available at <https://www.paho.org/en/topics/hiv/aids>

4.- Panamerican Health Organization. Malaria. Available at <https://www.paho.org/en/topics/malaria>

## Situation of communities and civil society in the region and the Global Fund (GF) processes.

While engagement of civil society, communities, and key populations has been strengthened in recent years, in the previous phases of implementation the Latin America and the Caribbean Learning Hub has identified key challenges that simultaneously need to be addressed:

- Community organizations and leaders need to renew political agendas according to the new context of pandemics.
- Communities need to renew their leadership by including and training young leaders and other key populations, such as people using drugs.
- There needs to be a focus on strengthening the understanding of the Global Fund architecture, processes, and policies, particularly the Sustainability Transition and Co-financing (STC) Policy, CCM Evolution, and community-led monitoring, as disinformation and limitations in accessing information are barriers to effective participation.
- The Caribbean sub-region requires a focused approach, to ensure its political, cultural, and economic context is taken into consideration.
- New gender transformative, human rights focused, and community mobilization approaches are being addressed by communities in LAC.
- Greater collaboration and coordination are required between civil society organizations, networks and organizations led by or working with key populations, and other key regional stakeholders.
- Community-led Monitoring is an excellent opportunity to strengthen and improve community capacity on data-driven advocacy in LAC.
- The COVID-19 pandemic in LAC highlighted an urgent need to strengthen health and community systems. The response to epidemics must be addressed comprehensively to integrate it with the HIV, TB, and malaria responses.
- As the CCM Evolution Strategic Initiative has come to an end, there is a gap to ensure the continued meaningful involvement of communities in CCMs (e.g., CCM elections, strong feedback-mechanisms).

For Grant Cycle 7 (GC7) in Latin America and the Caribbean, 18 countries<sup>5</sup> have been invited to submit funding requests through allocation letters in December 2022. For GC7 (2023-2025), a total of \$386,336,407 USD will be invested in LAC<sup>6</sup>, distributed accordingly as follows: 18 HIV grants, 9 TB grants, 8 malaria grants and 1 RSSH grant. Two subregional multi-country grants (LAC and Caribbean) focused on communities are ongoing since 2022 (ALEP/Key Populations and PANCAP-Caricom/CVC/COIN).

In 2020, a diagnosis of leadership training needs for the organizations that are part of the multi-country HIV Project – ALEP y Poblaciones Clave<sup>7</sup>, identified 90 training needs, grouped into seven categories: social participation (advocacy and citizen oversight), communications (internal, external and individual), programmatic and sustainability issues, updating on progress in the response to HIV, social skills and life skills, new leadership, among others. The identified needs varied based on factors such as the life cycle, the network, and the population to which they belonged, the length of time spent working in social movements, and gender.

Social participation emerges as the most frequently diagnosed training need, encompassing a range of issues related to advocacy and citizen oversight, human rights, national and international regulatory frameworks (including protocols and care guidelines), identification of national and regional spaces for participation, networking and collaboration with movements working on other issues, as well as the social determinants of health. In the context of advocacy, the necessity of acquiring knowledge regarding intellectual property and drug patents issues, the decriminalization of the use of psychoactive substances, and the development of skills for cyberactivism is emphasized.

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5.- Belize, Bolivia, Colombia, Costa Rica, Cuba, El Salvador, Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Paraguay, Peru, Suriname and Venezuela

6.- The Global Fund Data Explorer, consulted on 11/07/2023: [Global Fund Data Explorer](#)

7.- HIV Project – ALEP y Poblaciones Clave, HIVOS (2020). Diagnosis of the leadership training needs of the members of the organizations that are part of the “HIV Project – ALEP y Poblaciones Clave”.

The development of soft skills, such as negotiation, problem-solving, emotion management, objectivity, and teamwork, was also identified as a relevant need. Additionally, the training of individuals in the understanding, production, and use of information, monitoring, data analysis and interpretation, operational research, evaluation, and systematization of processes and experiences led by the community were identified as relevant needs as well.

In the field of communication, needs were identified in the management of information and communication technologies (ICTs), the use of social networks, the management of virtual platforms, and facilitation skills in virtual contexts. In external communication, training needs were identified in media management, social networks, press, television, and radio. The necessity of developing communication plans and key messages was also identified, as was the acquisition of interpersonal communication skills and English language proficiency in LA countries.

In the area of sustainability, the following training needs were identified: strategic planning; project design, implementation and evaluation; knowledge of funding sources; strengthening of administrative and financial capacities; resource self-management; social entrepreneurship projects and social responsibility standards in private companies.

This study also examined the approach to climate change, and its relationship with health and responses to diseases. The Pan American Health Organization (PAHO) recommends preparing health systems and other strategic partners such as civil society organizations (CSOs) to implement warning systems, plan and implement prevention measures, and reduce emissions of gases that cause climate change<sup>8</sup>. To achieve the above, all actors are required to learn to identify and reduce practices related to climate change<sup>9</sup>.

## 5.2 Participant information.

### 107 individuals

from **12 countries** in the region responded to the survey.

Of these, 56.1% were male, 33.6% were female, and 8.4% identified as transgender.

No response was received from the following countries: **Belize, Jamaica, Suriname, Guyana, Haiti** and **Honduras**.

**Table 1. Participation by country**

Country	N	%
Bolivia	17	15,9%
Colombia	22	20,6%
Costa Rica	7	6,5%
Cuba	1	0,9%
Dominican Republic	8	7,5%
Ecuador	10	9,4%
El Salvador	8	7,5%
Guatemala	3	2,8%
Nicaragua	2	1,9%
Paraguay	4	3,7%
Peru	16	15 %
Venezuela	9	8,4%
	<b>107</b>	<b>100%</b>

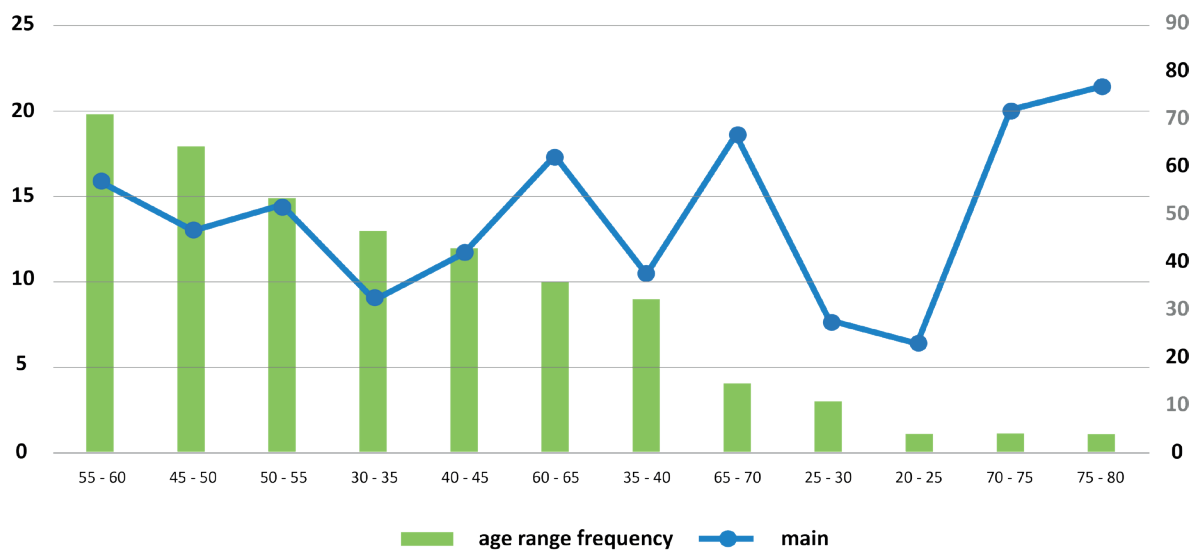
8.- Pan American Health Organization. Climate change and health. Available at <https://www.paho.org/en/topics/climate-change-and-health>  
 9.- PAHO - WHO (2020). Climate Change for Health Professionals: A Pocket Book. Washington, DC.

Table 2. Participation by gender.

	Male	Female	Other	Trans	Total
%	56,1%	33,6%	1,9%	8,4%	100%
N	60	36	2	9	107

Bivariate analyses were performed by country and gender, which can be consulted in **Table No. 1** of the annexes.

Chart 1. Participation by age range.



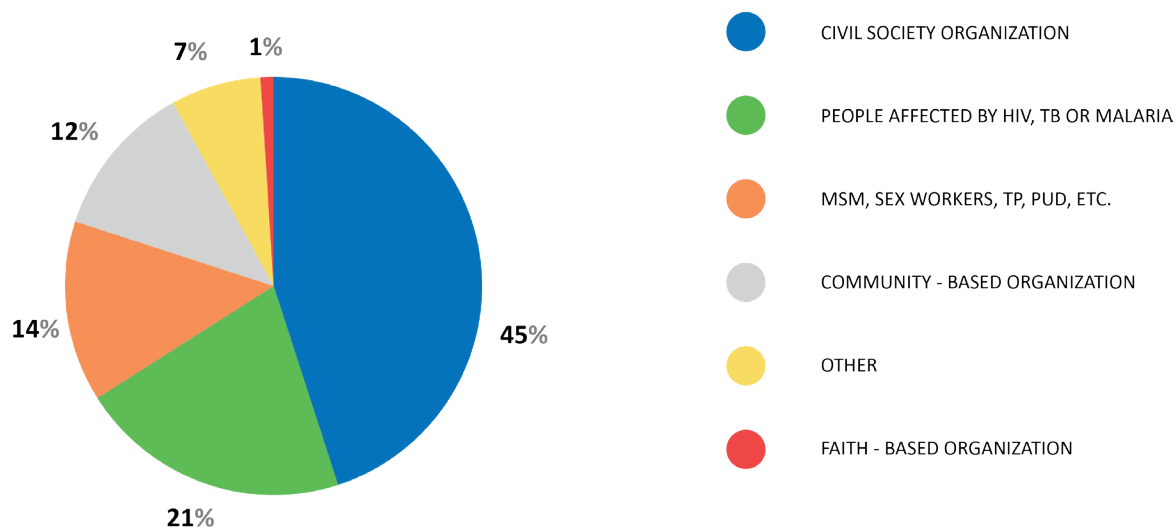
The majority of participants (75.5%) were over the age of 40, while 24.5% were between 20 and 40 years of age.

Table 3. Participation by disease.

Constituency	No	%
HIV/AIDS	78	73%
Tuberculosis	3	2,8%
TB/HIV co-infection	22	20,5%
Malaria	4	3,7%
<b>Total</b>	<b>107</b>	<b>100%</b>

The highest level of participation was observed in the **HIV** constituency (**73%**), followed by the **TB/HIV co-infection** constituency (**20.5%**), less participation in **TB (2.8%)** and **malaria (3.7%)**. According to the level of engagement in the response to any of the three diseases, 44% (n=47) of the participants indicated that they belonged to a CSO working on HIV, TB, or malaria outside the GF grants, and 22.4% (n=24) identified themselves as CCM members.

Chart 2. Participation by type of organization.

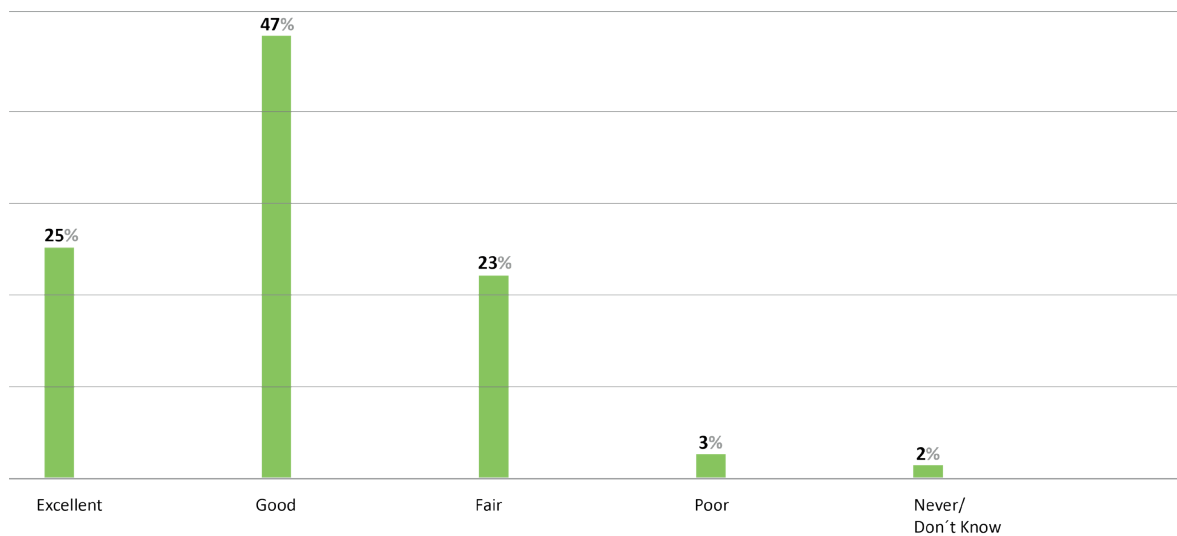


In organizational type, slightly less than half of respondents indicated they belonged to a CSO. The remaining respondents belonged to networks, organizations, or groups affected by HIV, TB, or malaria.

## 5.3 Community engagement in HIV, tuberculosis and malaria responses.

This component included topics related to advocacy, human rights, gender approach, regulatory frameworks, citizen oversight and networking.

Chart 3. Knowledge and skills related to community engagement in HIV, TB and malaria responses, general overview.



In this component, 72% of participants rated their knowledge and skills as “excellent” or “good”. The remaining 28% rated them as “fair”, “poor”, or “have never/don’t know”. In this category, participants appear to have the least learning needs.

**Table 4. Knowledge and skills related to community engagement.**

<b>Knowledge / skills</b>	<b>Excellent / good</b>	<b>Fair / poor / Don't know</b>
Community engagement	84%	16%
Advocacy	73,8%	26,2%
Defense of the human rights of the populations with whom they work	83%	17%
Gender	86%	14%
Regulatory frameworks (laws, standards, protocols, guides, guidelines, etc.) related to the diseases	60,7%	39,3%
Citizen oversight	54,2%	45,8%
Networking	75,7%	24,3%

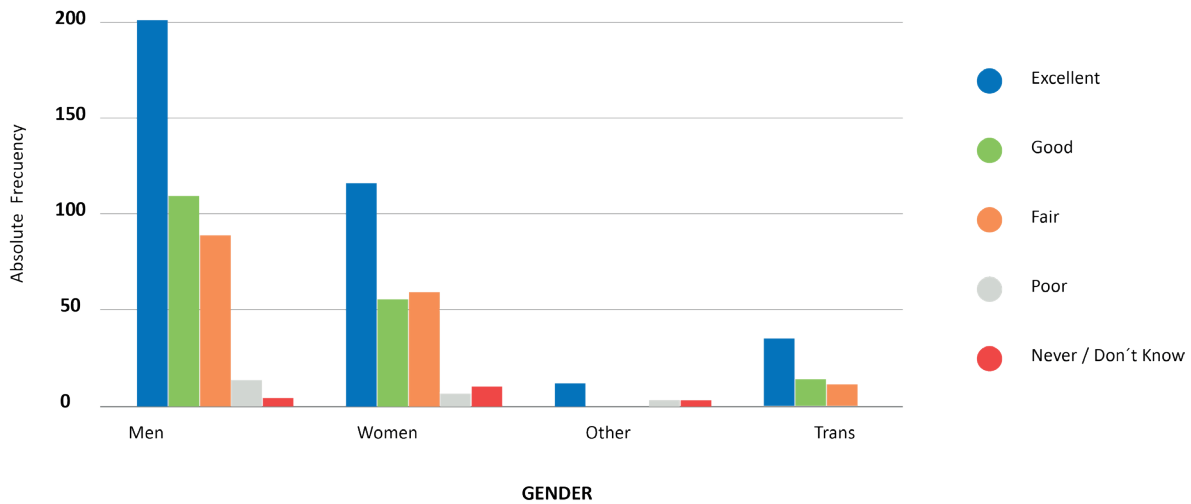
While participants believe they have greater knowledge and skills in this component, there are some areas that require improvement. There is a higher proportion of respondents selecting the “fair”, “poor” or “don’t know” options in relation to citizen oversight and knowledge of regulatory frameworks. For those participants who identified themselves as members of CCMs (n=24) the results in this category are described below:

**Table 5: Knowledge and skills on community engagement of community representatives in CCMs.**

<b>Knowledge / skills</b>	<b>Excellent / good</b>	<b>Fair / poor / Don't know</b>
Community engagement	91,6%	8,6%
Advocacy	91,6%	8,6%
Defense of the human rights of the populations with whom they work	95,8%	4,2%
Gender	83,3%	16,7%
Regulatory frameworks (laws, standards, protocols, guides, guidelines, etc.) related to the diseases	62,5%	37,5%
Citizen oversight	58,3%	41,7%
Networking	83,3%	16,7%

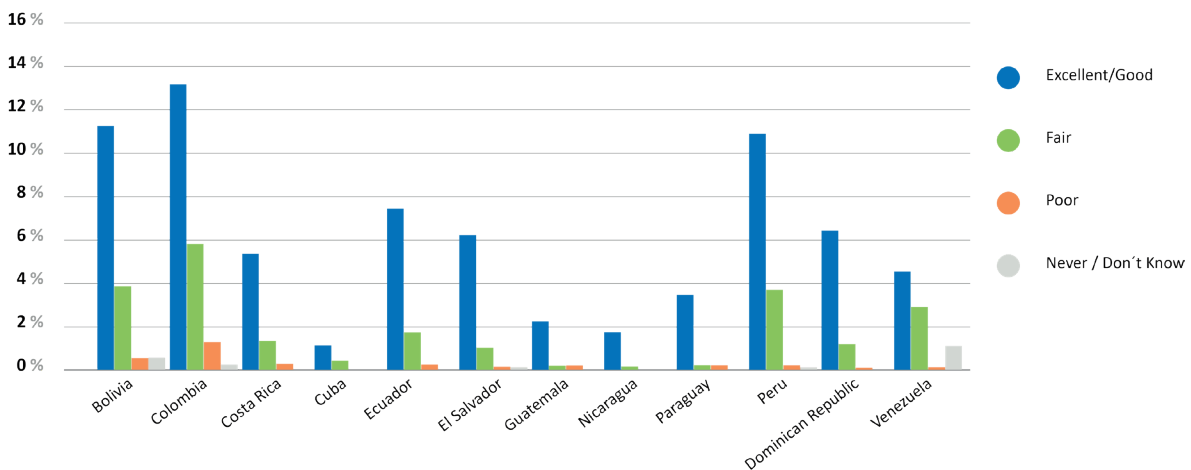
In general, the knowledge and skills for community participation of those who are part of the CCMs are slightly higher than those of the total number of participants, with the exception of the application of the gender approach in the work they do.

Chart 4. Knowledge and skills related to community engagement in HIV, TB and malaria responses, grouped by gender.



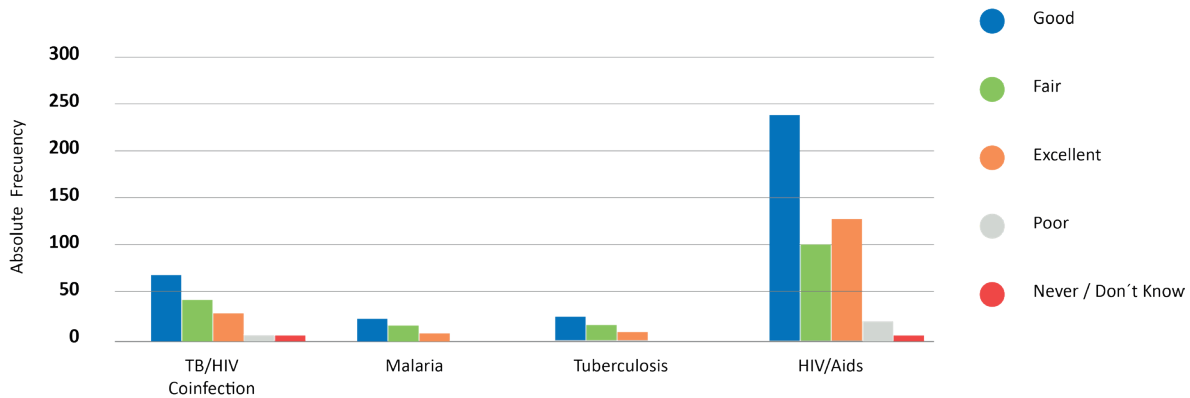
Across all populations, the most frequently selected option in terms of knowledge and skills for community engagement was “good”. The second option for male participants was “excellent”, while for female respondents it was “fair”. This indicates a greater need for learning and skill development among women compared to men. In this regard, the ALEP Project and key populations study in 2020, which investigated this issue in the region, did not identify significant differences by gender.

Chart 5. Knowledge and skills related to community engagement in HIV, TB and malaria responses, grouped by country of residence.



In general, in all countries, the highest response frequencies for knowledge and skills related to community participation correspond to the excellent and good options, however some gaps persist in all countries, most frequently for Bolivia, Colombia, Peru and Venezuela.

Chart 6. Knowledge and skills related to community engagement in HIV, TB and malaria responses, grouped by disease.

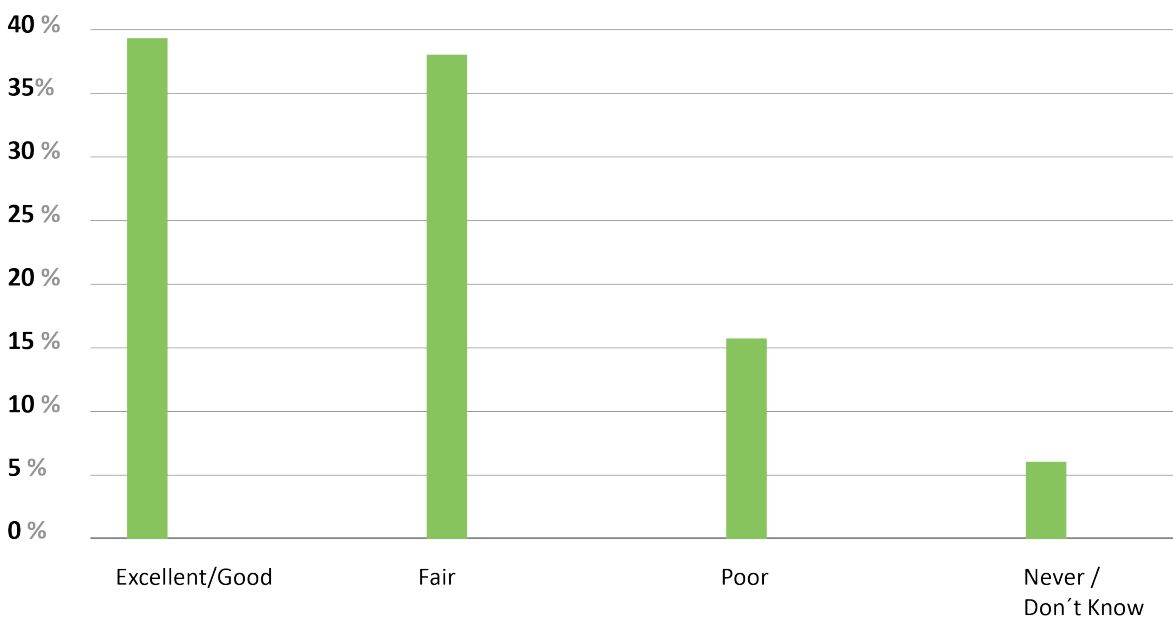


The findings indicate that people working on HIV possess the most comprehensive knowledge and skills related to community engagement. Of this constituency, 50.8% reported having “good” or “excellent” knowledge and skills in advocacy issues. The malaria, TB, and TB/HIV co-infection constituencies would benefit from strengthening their knowledge and skills for more effective community engagement. However, when interpreting the results from the TB and malaria sectors, their low participation must be considered.

### 5.4 Knowledge of Global Fund national processes.

This component includes knowledge of in-country GF processes: funding requests, technical review panel recommendations, grant negotiation, grant monitoring and evaluation, reprogramming and reallocation of funds, country dialogues, and community dialogues. This knowledge is considered essential for effective community engagement in national GF processes.

Chart 7. Knowledge of Global Fund national processes, general overview.



The findings in this category indicate that 60.7% of the participants selected the “fair”, “poor”, “never/don't know” option regarding their knowledge of national GF processes. No reports were identified in the region that assessed community knowledge of national GF processes.

Table 6. Knowledge of issues related to the Global Fund country processes.

Knowledge / skills	Excellent / good	Fair / poor / Don't know
Funding request development	91,6%	8,6%
Technical Review Panel recommendations	91,6%	8,6%
Grant-making	95,8%	4,2%
Grant monitoring and oversight	83,3%	16,7%
Reprogramming and reallocation of funds	62,5%	37,5%
Country dialogue and social dialogues	58,3%	41,7%

The data indicate a need to strengthen knowledge related to GF processes in national contexts, particularly regarding Technical Review Panel recommendations, grant negotiation, reprogramming and reallocation of funds, funding requests, and grant monitoring and evaluation. Gender did not appear to influence learning needs regarding national GF processes.

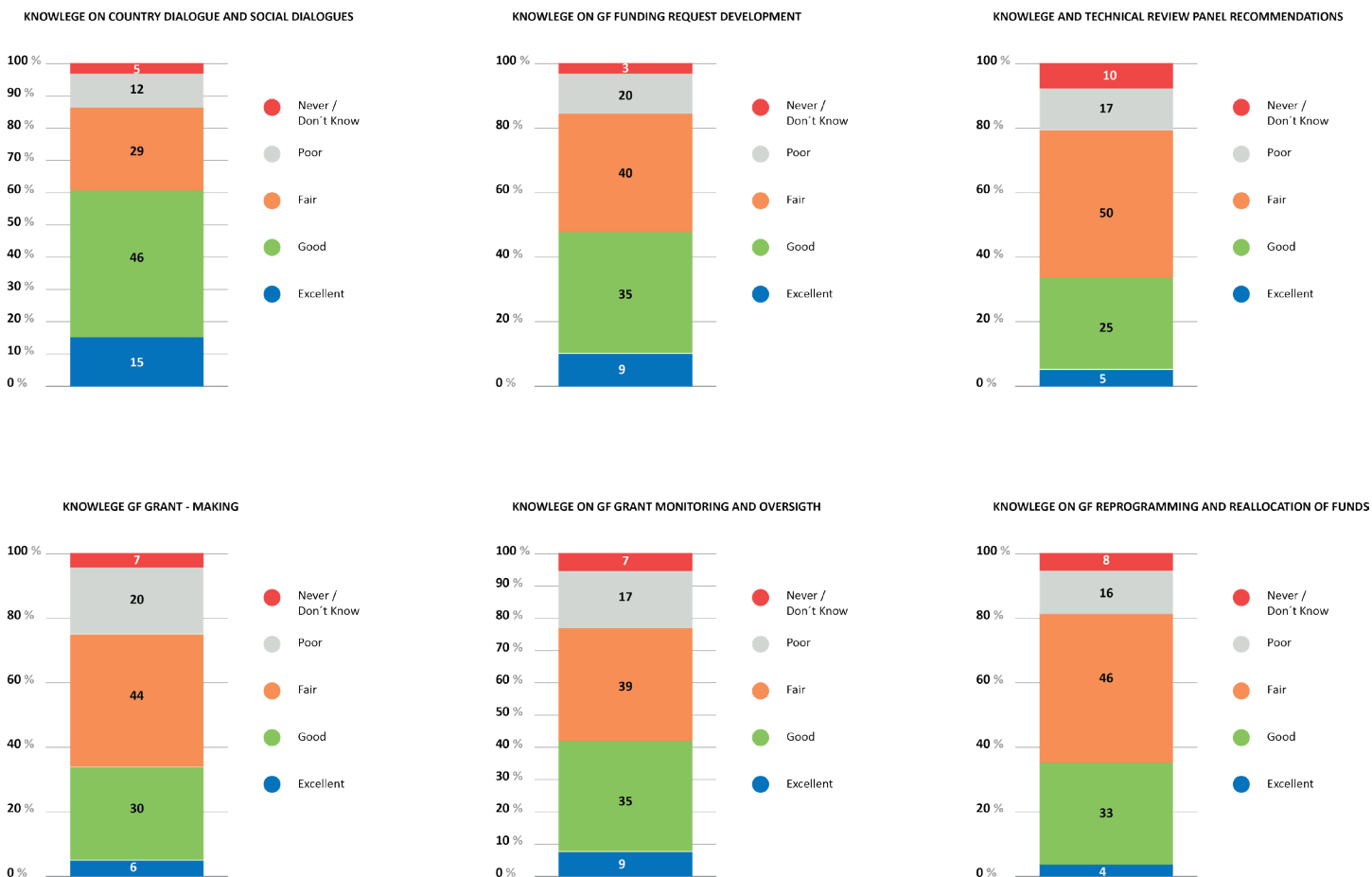
For those participants who identified themselves as members of CCMs (n=24) the results in this category are described below:

Table 7. Knowledge of issues related to the Global Fund country processes of community representatives in CCMs.

Knowledge / skills	Excellent / good	Fair / poor / Don't know
Funding request development	58,3%	41,7%
Technical Review Panel recommendations	37,5%	62,5%
Grant-making	41,6%	58,4%
Grant monitoring and oversight	58,3%	41,7%
Reprogramming and reallocation of funds	45,8%	54,2%
Country dialogue and social dialogues	62,5%	37,5%

It was observed that those belonging to the CCMs marked the excellent and good options in a higher proportion, but not significantly, compared to the total number of respondents to the survey. This suggests that these representatives also require strengthening of this knowledge, with emphasis on the recommendations of the TRP, the grant-making and the reprogramming and reallocation of funds, key issues for a meaningful participation in the GF processes in the countries. The results may also suggest a need to strengthen communication and feedback mechanisms between community representatives and their constituencies.

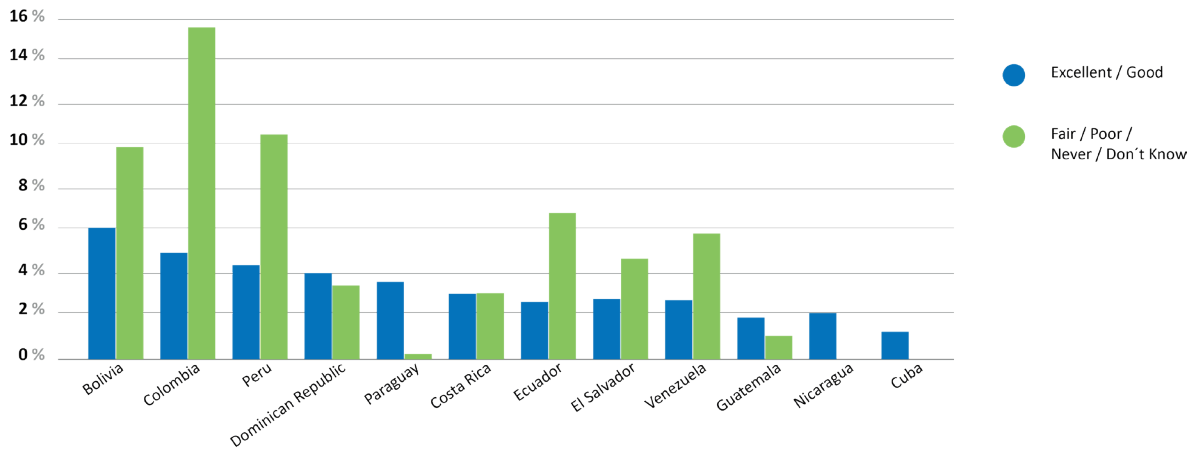
## Chart 8. Knowledge and skills related to Global Fund national processes.



While actions have been implemented to strengthen the knowledge and engagement of communities in these processes, the higher score observed in knowledge of the country dialogues can be attributed to the GF's increased emphasis on community engagement in those specific instances, but not in the rest of the processes. Concurrently, many CCMs have undergone member renewal, mainly involving community representatives. It is therefore crucial to provide these individuals with up-to-date information on community engagement opportunities and minimum expectations<sup>10</sup> at each stage of the grant cycle. One potential opportunity for doing this would be within the context of the development of funding requests and community social dialogues. Additionally, challenges have been identified in the transfer of knowledge related to GF processes from community representatives on CCMs to their constituencies and grassroots.

10.- [core\\_community-engagement\\_guide\\_en.pdf](https://theglobalfund.org/core-community-engagement-guide-en.pdf)(theglobalfund.org)

Chart 9. Knowledge of Global Fund national processes, grouped by country of residence.

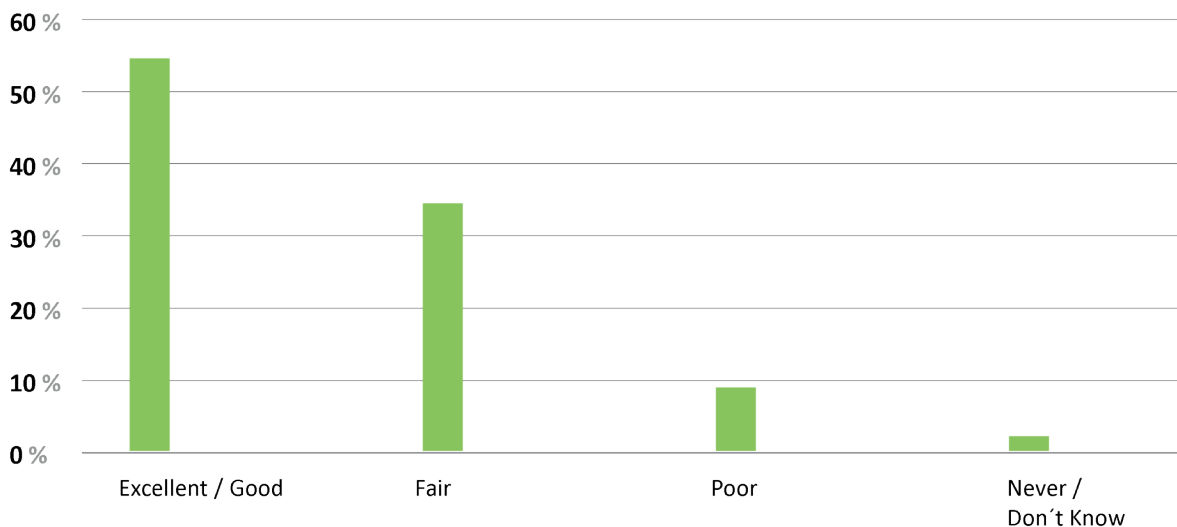


Participants from Colombia, Peru, Bolivia and Ecuador most frequently selected the responses “fair”, “poor” or “don’t know”, indicating a need for greater focus on strengthening knowledge of the GF national processes in these countries. The analysis should take into account that these countries had the highest participation in the survey. On the other hand, no differences were found between these countries regarding the grant size or their components, but these countries have experienced political crises in recent years.

## 5.5 Knowledge of strategic information.

This component analyzes the needs of communities in their understanding and use of strategic information for social participation, in the contexts of GF in the country, as well as in national responses to the three diseases, including issues related to community-led monitoring, epidemiological information, community-led research, systematization, documentation and report development, and social diagnostics/assessments.

Chart 10. Knowledge and skills related to strategic information, general overview.



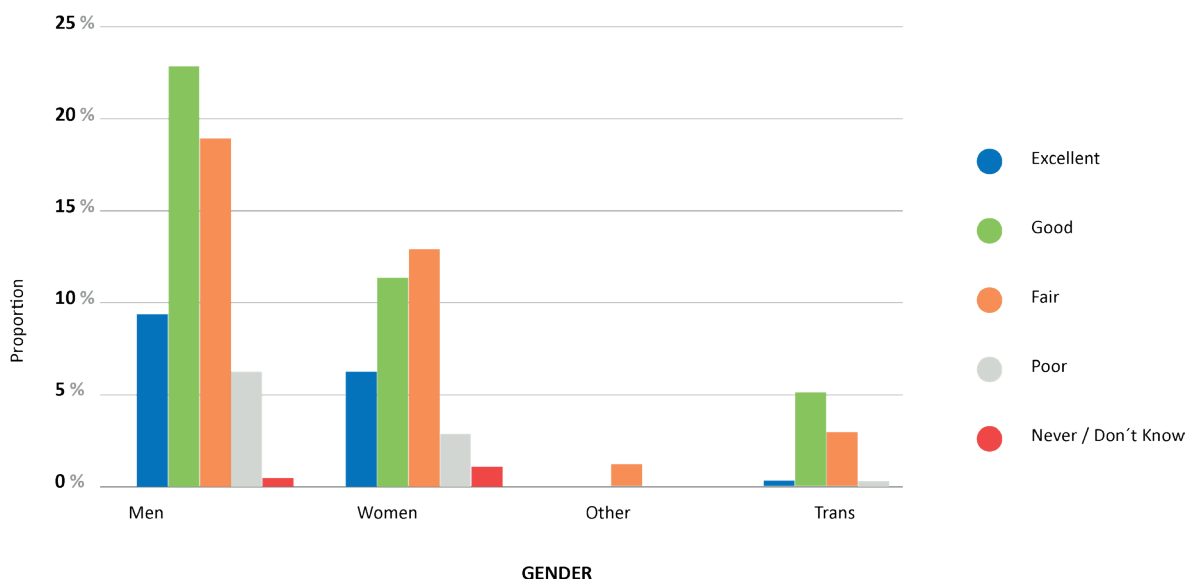
The aggregated data revealed that 54% of respondents selected the “good” and “excellent” options, while 46% chose the “fair”, “poor”, and “never/don’t know” options.

Table 8. Knowledge and skills related to the use of strategic information.

Knowledge / skills	Excellent / good	Fair / poor / Don't know
Community-led monitoring	54,2%	45,8%
Interpretation and use of epidemiological information	47,7%	52,3%
Community-led research	53,2%	46,8%
Systematization, documentation and report development	59,8%	40,2%
Social diagnostics	65,4%	34,6%

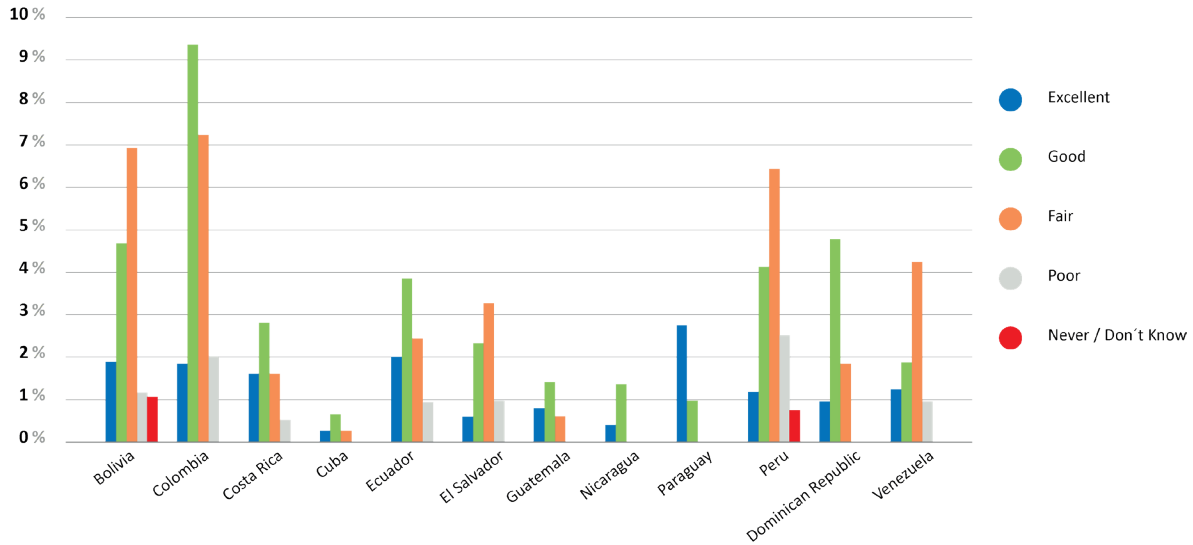
There is a greater need for learning in the interpretation and use of epidemiological information, community-led research, and community-led monitoring.

Chart 11. Knowledge and skills related to strategic information, grouped by gender.



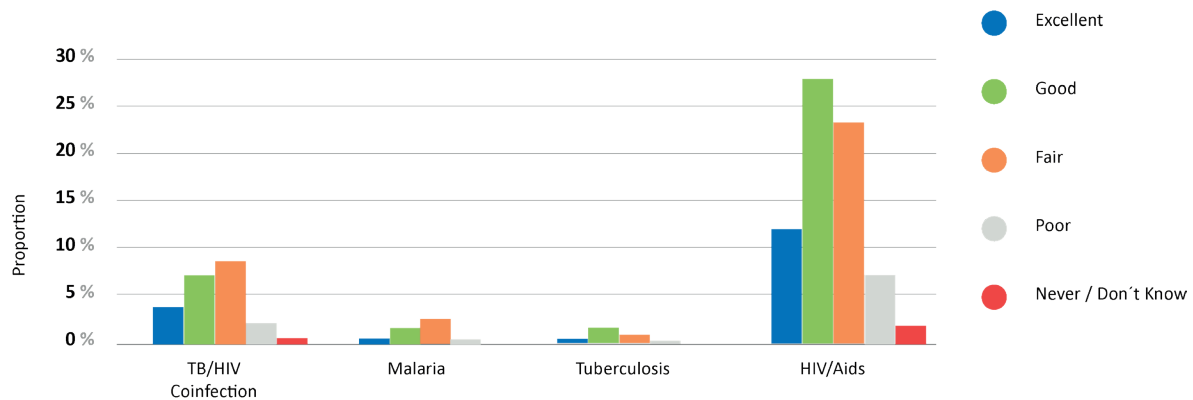
A total of 31% of male participants (half of the sample), 17% of female participants (more than half of the sample), and 5.3% of trans people selected the options “excellent” and “good” regarding their skills and knowledge in the use of strategic information. As can be seen, however, all three groups present learning needs in this component.

Chart 12. Knowledge and skills related to strategic information, grouped by country of residence.



Although there is a general need for learning in the use of strategic information in the participating countries, the countries with the greatest need are Peru, Bolivia, Venezuela, and El Salvador, respectively. The best ratings of knowledge and skills in these areas are found in Colombia, Ecuador, and the Dominican Republic.

Chart 13. Knowledge and skills related to strategic information, grouped by disease.

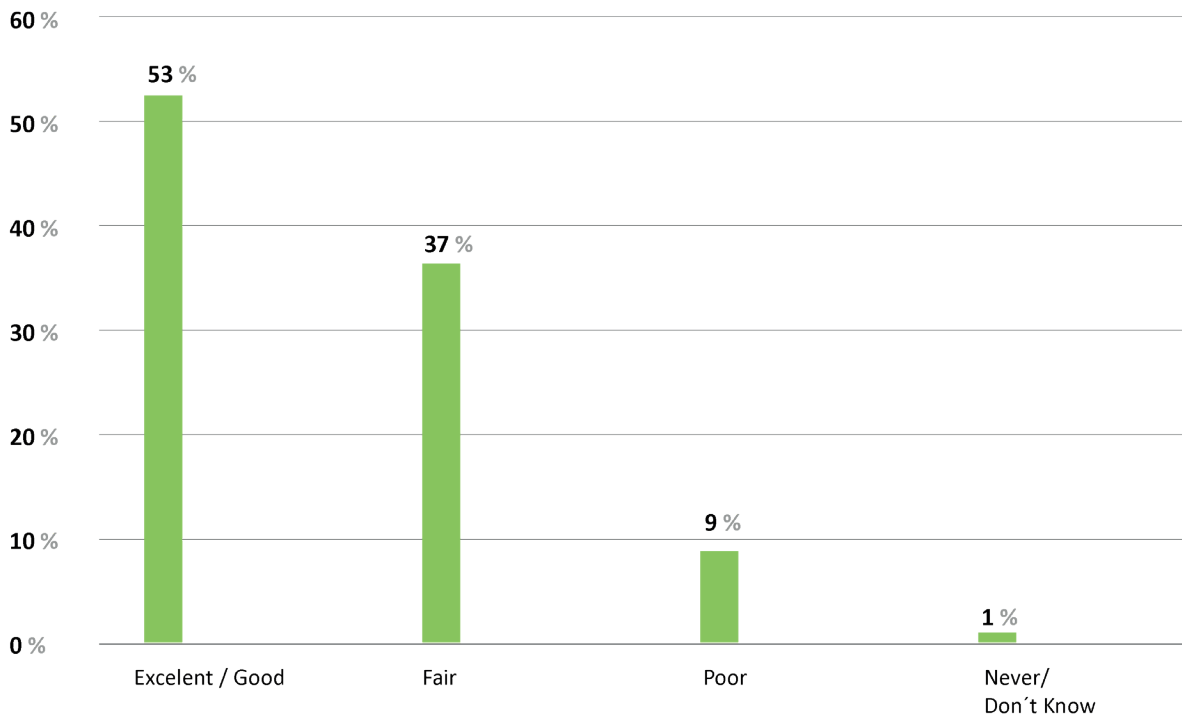


It is important to consider the limitations of participation of the malaria and TB sectors mainly, to interpret these results.

## 5.6 Communications.

Effective communication and the latest technological advances are key tools for social and community engagement, in the different spaces of participation, both in the context of the GF and in the national responses to the three diseases. These include social networks, media management, mobile applications for community outreach, and communication plans.

Chart 14. Knowledge and skills related to communications, general overview.



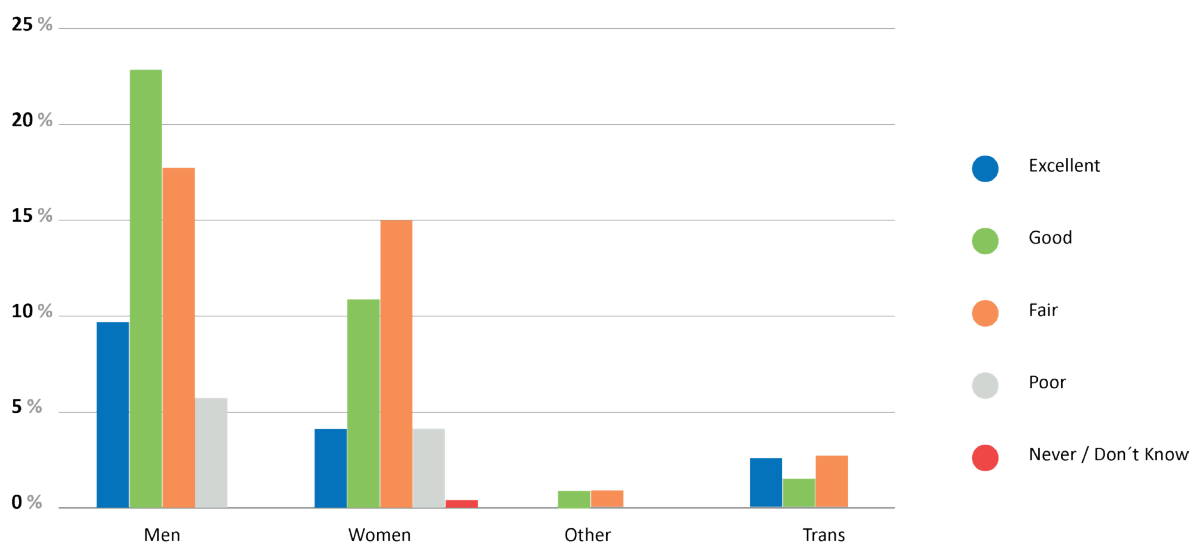
The responses in this component indicate that slightly more than half of respondents (53.3%) rated their knowledge as “excellent” or “good”, however, 46.7% require strengthening in the development of communication skills.

Table 9. Knowledge and skills related to communications.

Knowledge / skills	Excellent / good	Fair / poor / Don't know
Use of social networks to enhance community outreach	65,4%	34,6%
Media management (press, television, radio and journalists)	49,5%	50,5%
Development of communication plans	44,8%	55,2%
Mobile apps for KP outreach	52,3%	47,7%

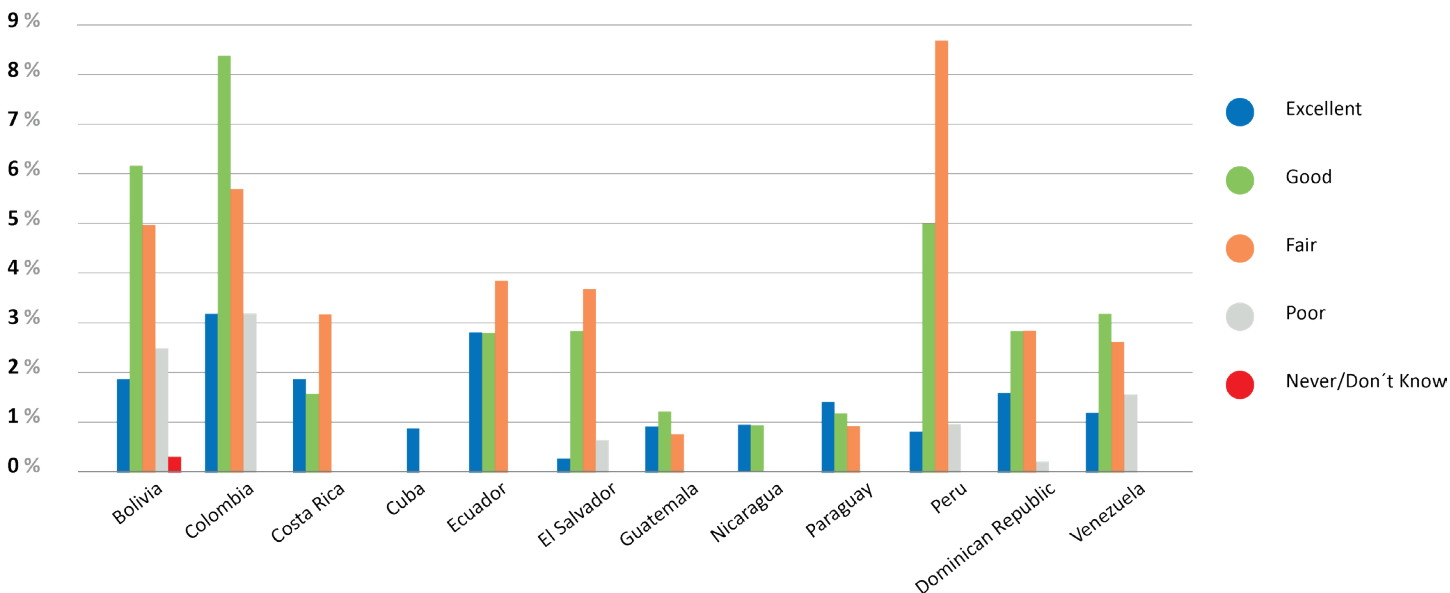
Participants need to enhance their knowledge and skills in all aspects of the communications component, with a particular focus on media management and the development of communications plans.

Chart 15. Knowledge and skills related to communications, grouped by gender.



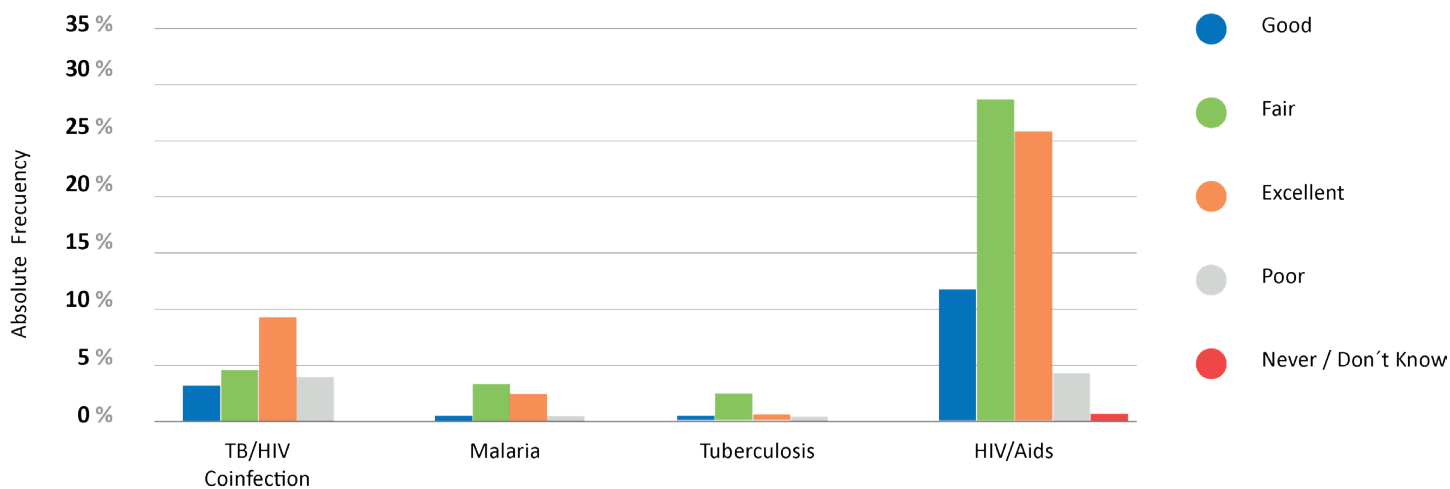
According to their self-identified gender, it seems that women have more learning needs in communication issues than men and transgender people. The documentary review did not identify similar results; these are topics not studied in the region. The 2021 ALEP study does not describe differences between men and women in communication skills.

Chart 16. Knowledge and skills related to communications, grouped by country of residence.



While there is evidence of learning needs related to communication issues in all countries of the region, Peru and El Salvador are the two countries that should be prioritized.

Chart 17. Knowledge and skills related to communications, grouped by disease.



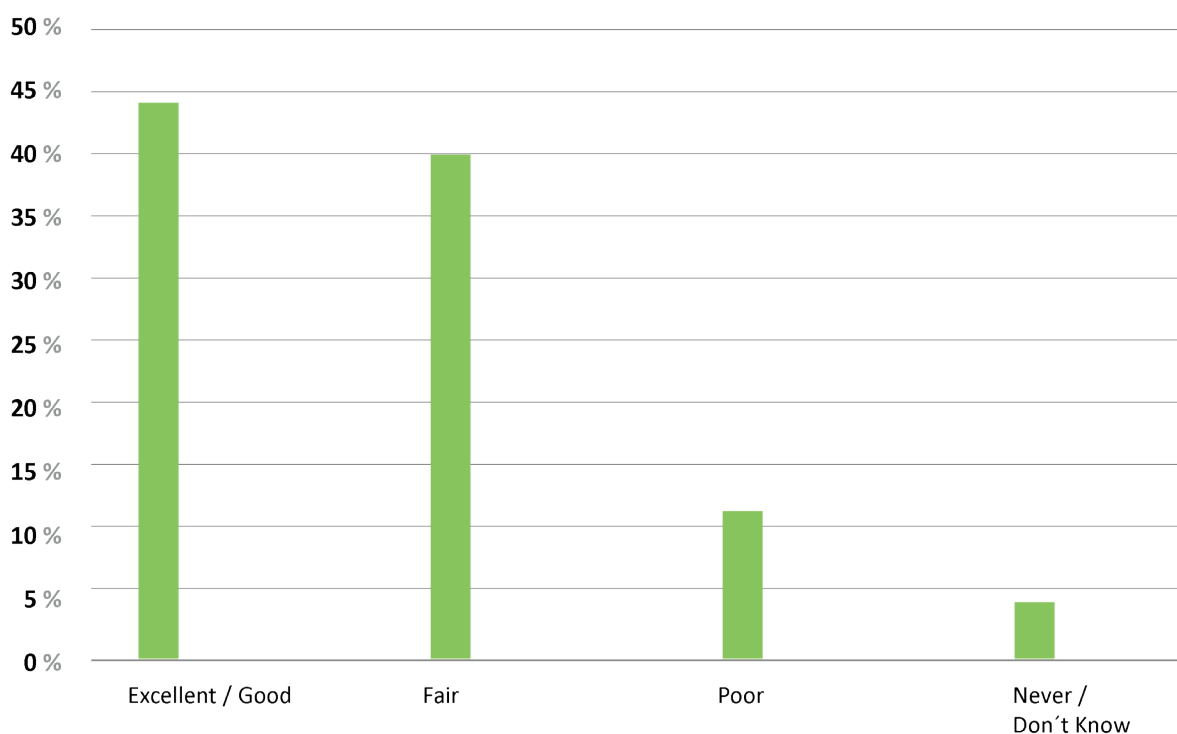
It is crucial to enhance the knowledge of all constituencies in the area of communications, with particular focus on the TB/HIV co-infection constituency. For the TB and malaria sectors, no conclusions can be drawn on this matter given their low participation in the survey.

## 5.7 Programmatic and sustainability issues.

The GF defines sustainability as the “capacity of a health program or country to maintain and expand service coverage at a level consistent with the epidemiological context, which supports efforts to eliminate the three diseases, even after the elimination of funding by the Global Fund and other donors”<sup>11</sup>. Despite the progress and the recognition of access to medicines as part of the Right to health, the sustainability of the responses to HIV, tuberculosis and malaria in Latin America and the achievement of related SDGs remains a challenge. The 2023 Agenda in Latin America and the Caribbean has developed a [Statistical knowledge management hub](#), where is possible to check the advances in the region to reach the SDG.

Political and economic crises, as well as the lack of capacity of countries to guarantee medicines and other health technologies for the response, are still big challenges in all countries<sup>12</sup>. This component addressed key sustainability issues related to strategic planning, project design, implementation, and evaluation, costing of community interventions, public financing of community response, and safety and security of organizations working with KPs, from the perspective of the communities.

Chart 18. Knowledge and skills related to sustainability issues, general overview.



Over half of the participants (55,7%) selected the “poor”, “fair”, and “never/don’t know” options in relation to their level of knowledge and skills in the programmatic and sustainability component. Limitations in the involvement in TB and malaria sectors must be considered when interpreting this information.

11.- Global Fund (2021). Guidance for Sustainability and Transition Assessments and Planning for National HIV and TB Responses. Available on: [www.theglobalfund.org/media/11490/core\\_sustainability-transition-assessments-planning-national-hiv-and-tb-responses\\_guidance\\_en.pdf](http://www.theglobalfund.org/media/11490/core_sustainability-transition-assessments-planning-national-hiv-and-tb-responses_guidance_en.pdf)

12.- UNAIDS (2018). Sustaining the HIV response in Latin America. Available in: <https://www.unaids.org/es/resources/presscentre/featurestories/2018/july/sustaining-hiv-response-in-latin-america>

Table 10. Knowledge and skills related to programmatic and sustainability issues.

Knowledge / skills	Excellent / good	Fair / poor / Don't know
Strategic planning (e.g. NSP development and review)	57%	43%
Project design, implementation and evaluation	51,4%	48,6%
Costing of community interventions	42%	58%
Public funding of community response	26,1%	73,9%
Safety and security of organizations working with KPs	44,8%	55,2%

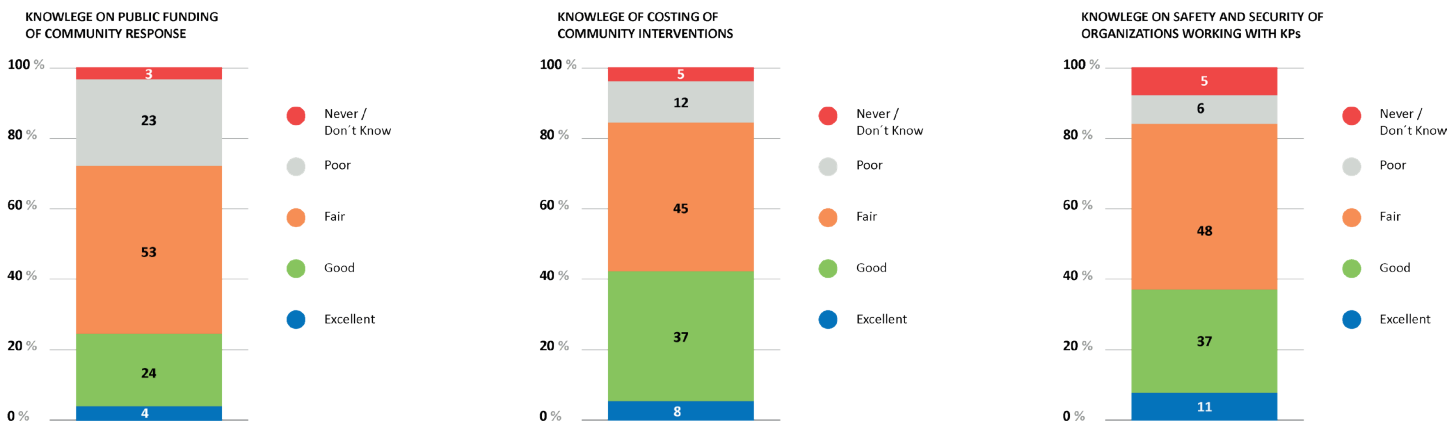
In this area, there is a need to improve knowledge and skills related to public financing of community responses, costing of community interventions, and the safety and security of organizations working with KPs. No gender differences in learning needs on programmatic and sustainability issues were identified. By country, needs in these areas are greater in Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Peru and Venezuela.

**Greater public expenditure on health is needed to ensure the sustainability of previous gains in population health.<sup>13</sup>**

In less than a decade, AIDS-related mortality fell by 12 percent between 2010 and 2017 (UN-AIDS, 2019). From 2000 to 2017, TB deaths decreased by an average of 2.5 percent per year in the LAC region (PAHO, 2018c). There is also impressive progress in malaria control in many countries, particularly Paraguay, Argentina, El Salvador, Belize, and Costa Rica. All this progress contributed to an increase of life expectancy in the region (World Bank, 2019). The remarkable gains against priority diseases could be quickly reversed without sustained health investments (Yamey et al., 2016).

13.- A Call for Action: Unlocking the Full Potential of the Health Sector in Latin America and the Caribbean through Greater and Better Investment in Health. The Global Fund, April 2020.

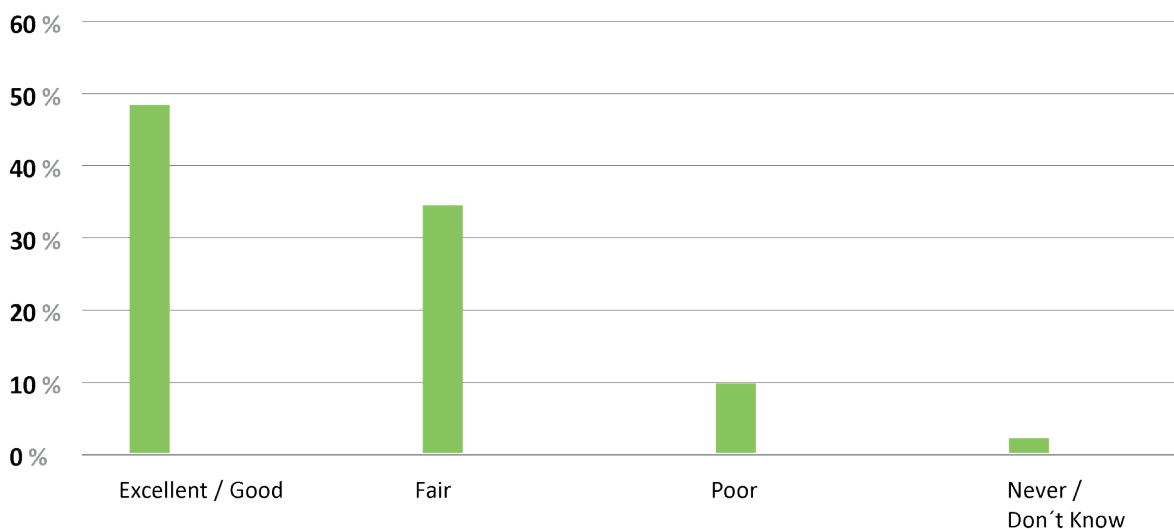
Chart 19. Knowledge and skills related to sustainability issues.



## 5.8 Knowledge of the TB response.

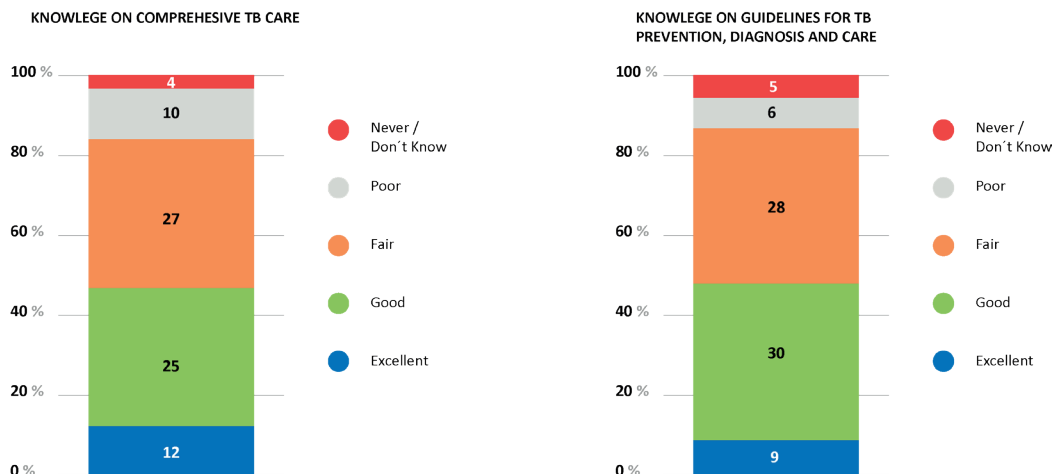
This section included questions related to the TB response and their knowledge of comprehensive TB care, guidelines for TB prevention, diagnosis, and treatment. This question was intended only for those working in the TB constituency; however, the results presented here correspond to all those who answered these questions.

Chart 20. Knowledge of the TB response, general overview.



Slightly more than half of the participants (51.3%) responded that their knowledge of the aggregated TB component was “fair”, “poor”, or “have never/don't know”. It is important to mention that this question was answered by participants from the TB and TB/HIV sectors.

Chart 21. Knowledge of issues related to the TB response.

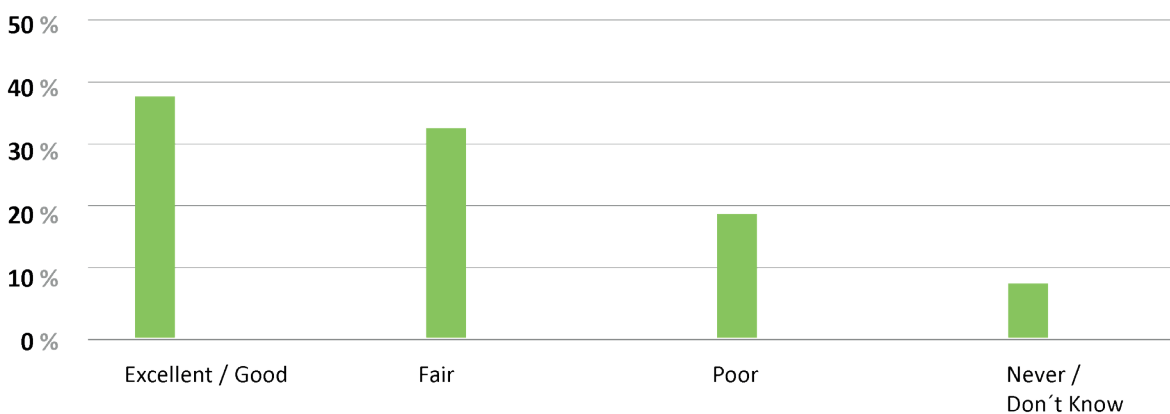


As shown in the charts, out of 78 respondents, 65% indicated that their knowledge of comprehensive TB care was “fair”, “poor” and “don’t know”, while half of the respondents (50%) reported that their knowledge of guidelines for TB prevention, diagnosis and care was “fair”, “poor” and “don’t know”.

## 5.9 Knowledge of the malaria response.

This section included questions related to the malaria response and their knowledge of comprehensive malaria care, guidelines for prevention, diagnosis, treatment, and new vector control strategies. This question was intended only for those working in the malaria constituency; however, the results presented here correspond to all those who answered these questions.

Chart 22. Knowledge of the malaria response, general overview.

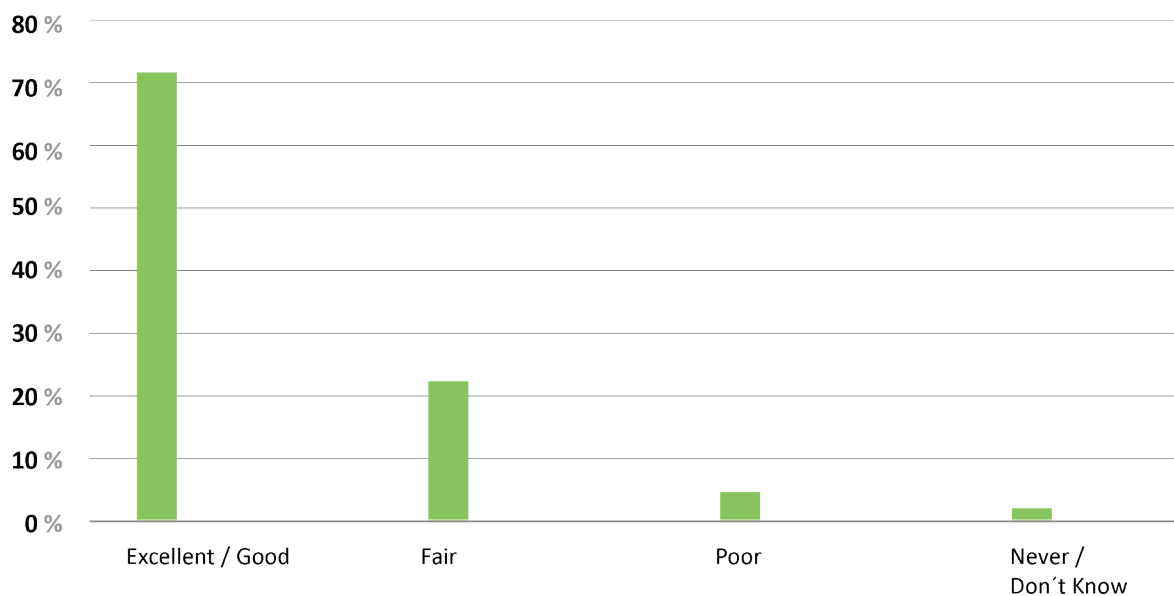


Of the participants who responded to these questions, 61.2% chose the “fair”, “poor”, or “have never/ don’t know” options. It is important to note that people from other sectors (HIV, TB and TB/HIV co-infection) also answered this question.

## 5.10 Knowledge of the HIV response.

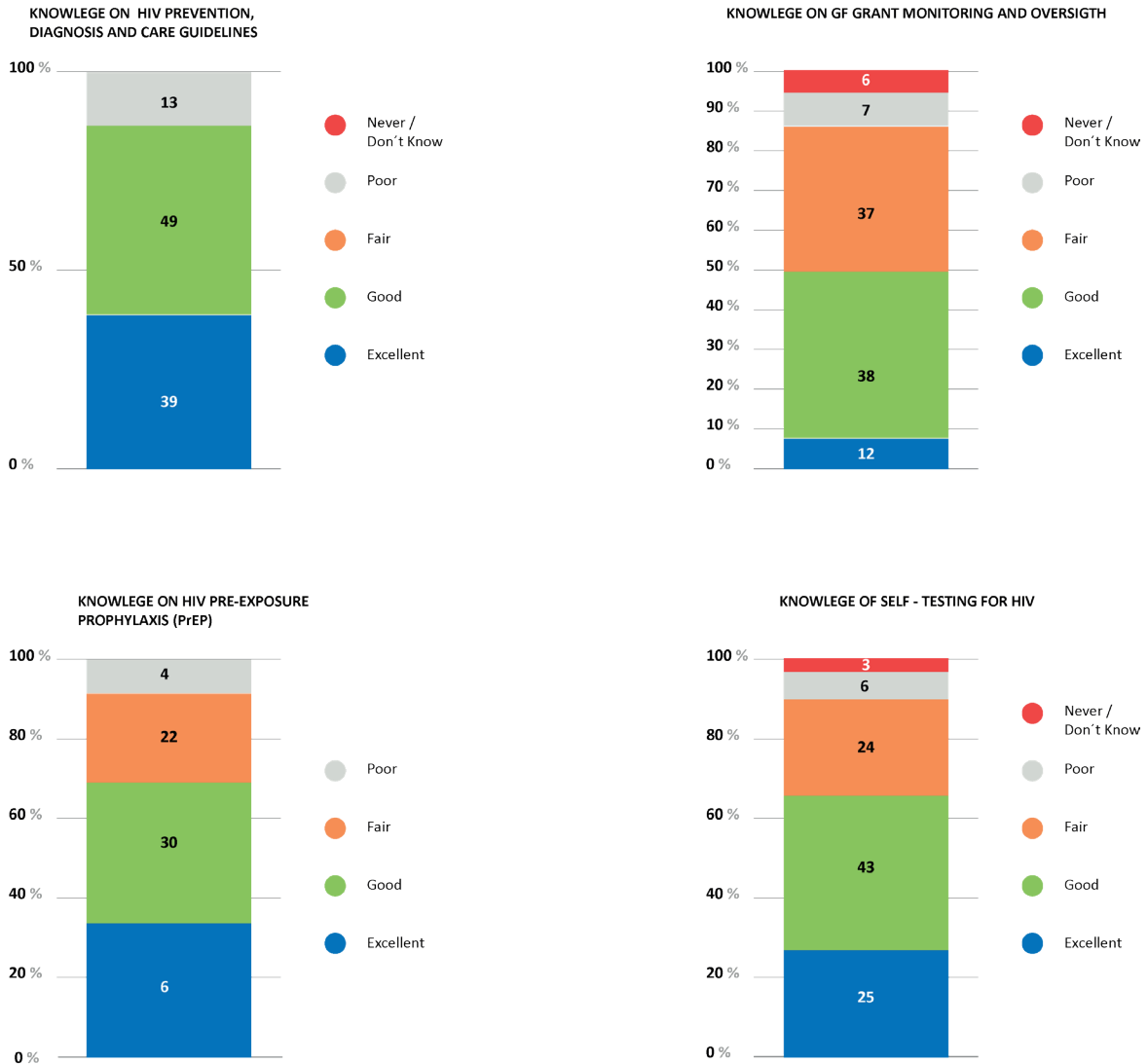
This section included questions related to their knowledge of HIV pre-exposure prophylaxis (PrEP), HIV prevention, diagnosis and treatment guidelines, HIV self-testing, sexual and reproductive health and rights, EMTCT PLUS (Framework for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B and Chagas Disease), and treatment as prevention. This question was intended only for those working in the HIV constituency; however, the results presented here correspond to all who answered these questions.

Chart 23. Knowledge of the HIV response, general overview.



Of those who responded to the questions in this component, 72% chose the “good” and “excellent” options. It is important to note that people from other sectors (TB, TB/HIV co-infection and malaria) also responded to this question.

Chart 24. Knowledge of issues related to the response to HIV.



Overall, 74% of respondents rate their knowledge of PrEP as “good” or “excellent”; 86.2% consider their knowledge of HIV prevention, diagnosis and care guidelines as “good” or “excellent”; 67.3% consider their knowledge of HIV self-testing as “good” or “excellent”; 50% consider their knowledge of EMTCT Plus as “good” or “excellent”. Similar results were found regarding knowledge of treatment as prevention (73.7%) and sexual and reproductive health and rights (84.3%). In general, knowledge of the HIV response is good or excellent; the lowest score was found for knowledge of EMTCT Plus.

## 5.11 Climate Change and Health - The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Climate change is the biggest global health threat of the 21st century. Health is and will be affected by the changing climate through direct impacts (heat waves, droughts, heavy storms, and sea-level rise), and indirect impacts (vector-borne and airways diseases, food and water insecurity, undernutrition, and forced displacements)<sup>14</sup>.

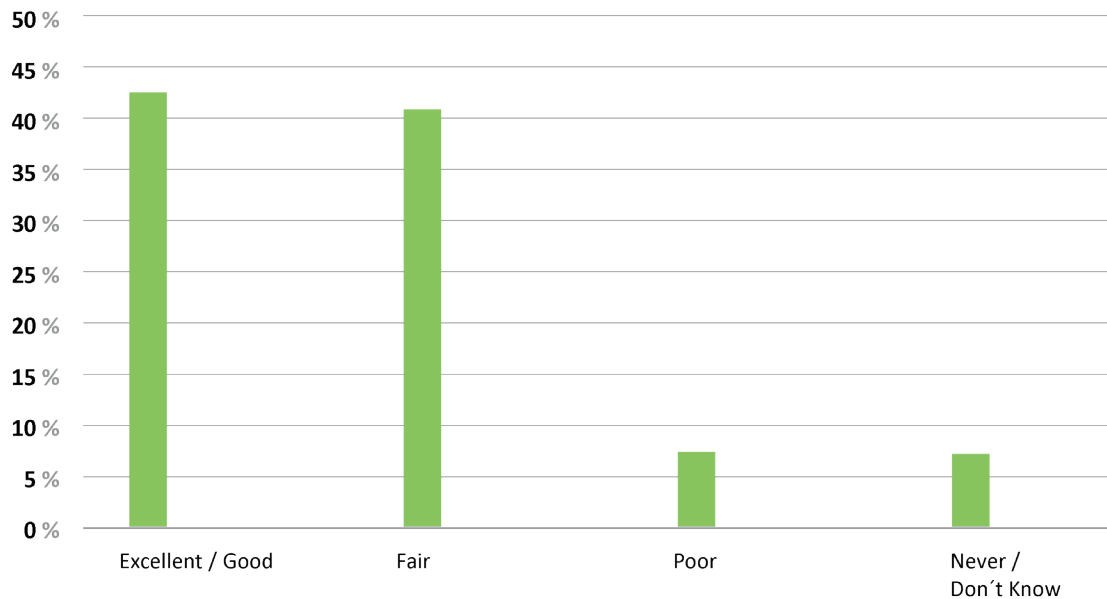
- Climate change is not only a problem for future generations – it’s already happening. Higher mean temperatures are recorded each year, and more people are being affected by disasters, climate-sensitive diseases and other health conditions.
- Climate change exacerbates some existing health threats and creates new public health challenges. Worldwide, only considering a few health indicators, additional 250,000 deaths per year will occur in the next decades as a result of climate change.
- The health sector has an important role to play in reducing greenhouse gas emissions that is one of the causes of climate change. Investments to “greening” health care facilities – such as the use of solar panels, energy efficient equipment and waste management – must be made. Globally, only about 0.5% of multilateral climate finance has been attributed to health projects.
- Health care facilities also need to be safe and remain operational during and soon after disasters. In the Americas, 67% of health facilities are located in areas at risk of disasters. In the last decade, 24 million people were left without access to health care for months because of damaged infrastructure.

In this context, it is important to begin to make visible and generate discussions about what to do for CSOs and communities in the field of climate change and its relationship with health. This last component included two questions, one on the impact of climate change on health and health systems, gender and poverty, and the other on community engagement for climate adaptation and resilience.

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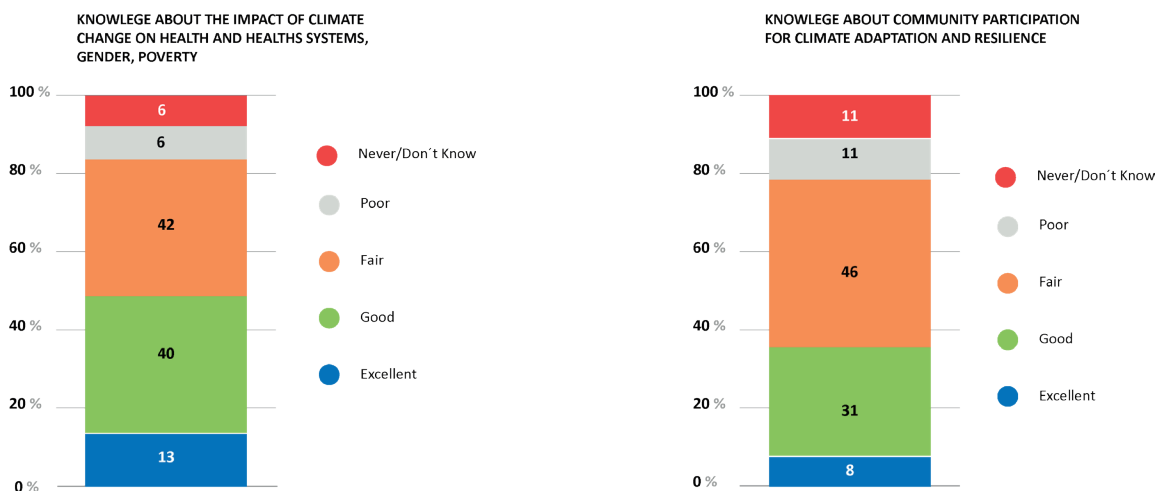
14.- PAHO, Climate Change and Health. Available in: <https://www.paho.org/en/topics/climate-change-and-health>

Chart 25. Knowledge of climate change, environmental sustainability and health, general overview.



In this grouped component, more than half of the participants (57%) indicated that their knowledge was “fair”, “poor”, and “don’t know”, which may be related to the novelty of the topic.

Chart 26. Knowledge of issues related to climate change, environmental sustainability, and health



Half of the participants (50.5%) rated their knowledge of the impact of climate change on health and health systems, gender and poverty as “poor”, “fair” or “don’t know”, while 63% chose the same options to rate their knowledge of community engagement for adaptation and resilience. Given the topic’s novelty and importance, it is necessary to include it in the learning strategies for communities in the region.

## 6. Conclusions.

- The results made it possible to identify and describe the learning needs of CSO and community representatives from 12 Latin American countries to better engage in the GF processes at the national level, as well as in the response to the three diseases.
- The participation of community representatives from the Caribbean region remains a challenge: no leaders from this region participated in the process, despite the different strategies implemented, so the present results do not reflect the learning needs of the sub-region. The Caribbean presents cultural and social differences with Latin American countries. Geographical characteristics (mainly islands in the Caribbean Sea, and some countries in Central America and South America) may also influence in creating a very different context and realities; those issues can influence in the level of participation.
- Limited participation also was observed in malaria and TB, this situation can be explained, given the disease burden. Data from GC7 shows the type of grants by disease component in LAC: HIV (15 grants), TB (9 grants), and malaria (7 grants), this data also can explain the differences in the participation levels.
- An average level of knowledge and skills is observed among participants in all the areas analyzed; however, the greatest learning needs are in the components of national GF processes, programmatic and sustainability issues, and climate change, environmental sustainability, and health. The highest levels of knowledge and skills are observed in the community engagement and HIV response components.
- In the community engagement component, the main learning needs are related to community led monitoring and knowledge of the regulatory frameworks related to the diseases they work with. These needs are greater for females and for those working in the malaria, TB and TB/HIV co-infection constituencies, as well as for those based in Colombia, Peru and Venezuela.
- In the component on knowledge of GF processes in national contexts, needs are related to technical review panel recommendations, grant negotiations, reprogramming and reallocation of funds, funding requests, and grant monitoring and evaluation. By country, the greatest learning needs are found in Colombia, Peru, Bolivia, and Ecuador.
- Needs related to the use of strategic information are greater in the interpretation and use of epidemiological information, community-led research, and community-led monitoring. The countries with the greatest learning needs in the use of strategic information are Peru, Bolivia, Venezuela, and El Salvador.
- Participants need to strengthen their knowledge and skills in all areas of the communications component, but with greater emphasis on the development of communications plans and media management. The needs are greater for female participants and those living in Peru and El Salvador.
- On programmatic and sustainability issues, there is a need to improve knowledge and skills related to public financing of community responses, costing of community interventions, and the safety and security of organizations working with KPs. By country, the greatest needs in these areas are found in Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Peru, and Venezuela.
- Finally, given the novelty of the topic and the importance of climate change, environmental sustainability and health, it is necessary to include it in the learning strategies for the communities in the countries of the region.

## 7. Recommendations.

### **For the LAC Learning Hub.**

- Validate and disseminate the results with CSO representatives from LAC through a webinar.
- Propose other strategies, such as focus groups or interviews, to identify learning needs of Caribbean and Honduras CSOs and communities.
- In the action plan of the LAC Learning Platform for the 2024-2026 period, prioritize the items related to the components of the national GF processes, programmatic and sustainability issues, and climate change, environmental sustainability and health, as this will contribute to a more effective engagement of CSO members and communities in the national GF processes, as well as in responding to the three diseases in the future. This prioritization should also include a differentiated approach by gender, disease and country, in line with the findings described here. The LAC Learning Hub action plan based on the identified learning needs is attached (Annex No. 3).
- To improve the understanding among communities on climate change, environmental sustainability and health issues in the context of GF grants implementation.
- Develop specific articles for newsletters, community alert messages and specific webinars on GF processes at national levels.
- To promote among the communities the use of the Community Engagement Tool Box

### **For LAC Coordination County Mechanisms.**

- Given the learning needs on issues related to the GF national processes, it is recommended that countries support prioritized activities to strengthening communities' representatives in the CCMs, some critical issues would be: CLM, Gender, HHRR, Community Lead Services, etc.

### **For Global Fund Secretariat.**

- Continue investing in capacity building for CSOs and communities to continue political advocacy, sustain social contracting and advocate for costing of community interventions, among other issues related to the sustainability of responses.

## Recommendations on community engagement in HIV, tuberculosis and malaria responses.

### For the LAC Learning Hub.

- Community led monitoring and knowledge of the regulatory frameworks related to HIV, TB and malaria, there areas to reinforce in the LAC Learning Hub action plan 2024-2026.

### For LAC Coordination County Mechanisms.

- A better involvement of women, girls and transgender populations in the national Global Fund process needs to be promoted from the country perspective, particularly into the CCMs in Peru, Bolivia, Ecuador.

### For Global Fund Secretariat.

- Invest in strengthening malaria and TB community engagement and mobilization at national level, given the limited level of participation of communities affected by and vulnerable to malaria, TB and TB/HIV co-infection in GF national processes. Provide technical assistance to CCMs in LAC, include to strengthen their effective engagement throughout the grant cycle.

## Recommendations on knowledge of strategic information.

Communities in LAC needs to improve their knowledge of GF processes in national contexts, needs are related to technical review panel recommendations, grant negotiations, reprogramming and reallocation of funds, funding requests, and grant monitoring and evaluation. Also, the need to improve knowledge and skills related to public financing of community responses, costing of community interventions, and the safety and security of organizations working with KPs are relevant.

### For the LAC Learning Hub.

- To include articles on the newsletters, alert systems and focus webinars on GF processes in national contexts.

### For CCMs.


- It is recommended that CCMs supports national social and community dialogues and linked the results of the prioritized areas into the Country Dialogue in order to facilitate their inclusion in new funding requests, as well the community participation in the negotiation, programming and reallocation of funds processes.
- Promote strengthened involvement of women, girls and transgender populations in the national GF process through awareness raising, capacity building and facilitating spaces for their engagement.
- Ensure that newly elected civil society and community CCM members are provided with capacity building opportunities to strengthen their engagement in CCMs.
- To promote the use of GF resources such as Global Fund 101 and CCM 101 as well the Community Engagement Toolbox to prepare new communities members during immersive processes on the GF Grant Cycle.

### For Global Fund Secretariat.

- To support among the CCMs in LAC the inclusion of technical assistance services for capacity building process during the Grant Cycle.

# 8.- Annexes.

## Annex No. 1 Survey



Sección 1 de 11

### Survey to identify learning needs of civil society organizations and communities in Latin America and the Caribbean (LAC)

Via Libre / Learning Hub for Latin America and the Caribbean (LAC) Community Engagement Strategic Initiative (CE SI) of the Global Fund (Global Fund).

Through this survey, Via Libre/LAC Learning Hub, seeks to identify and describe the learning needs of the communities to improve their participation in eligible LAC countries for the GF grants and its national responses.

The results of this survey will allow us to integrate the findings into our work plan for 2024-2026, to rise recommendations that help guide learning actions to improve community engagement.

This survey is not intended to evaluate knowledge, so answers will not be classified as correct or incorrect.


Please read each of the questions and answer objectively, choosing the options that best describe your situation.

Correo electrónico \*

Correo electrónico válido

Este formulario recopila correos electrónicos. [Cambiar la configuración](#)

Título de imagen



**3.- Gender: \***

- Man
- Women
- Trans
- Other

**4.- País de residencia: \***

- Belize
- Bolivia
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- Guatemala
- Guyana
- Jamaica
- Honduras
- Nicaragua
- Paraguay
- Peru
- Surinam
- Venezuela

**Informed consent**

Your participation in this survey is voluntary and anonymous, the information collected here will be used only for the purpose mentioned in the previous section and your name will not appear in any document produced with the information collected, nor will it be used for any other purpose.

**I give my consent to use the information in my answers:**

- Yeah
- No

Después de la sección 1 Ir a la siguiente sección

**6.- Choose the option that best describes your participation in the response to any of the three diseases: \***

- GF National Grant Implementation – Principal Recipient (PR)
- GF National Grant Implementation – Sub Recipient (SR)
- GF National Grant Implementation – Sub sub recipient (SSR)
- Member of the Country Coordinating Mechanism (CCM)
- Implementation of a multi-country grant.
- Member of the Regional Coordination Mechanism (MCR)
- Social Civil Organization with work on HIV, TB or malaria no related with GF grants
- None of the above

Sección 2 de 11

**Participant information**

Descripción (opcional)

**1.- Name: \***

Texto de respuesta breve

**2.- Age: \***

Texto de respuesta breve

**7.- Which of the following best describes your organization? (choose one) \***

- Civil Society Organization (CSO)/Non-Government Organization (NGO)
- Community-based organization
- Network/organizations/groups of people affected by HIV, TB or Malaria
- Faith-based organization
- Organization or network led by communities or/and key populations: men who have sex with men, sex w...
- Other:

**8.- At what level does your organization work: \***

- Local (city, municipality, state, department)
- National (country)
- Sub-Regional (Latin America)
- Sub-Regional (Caribbean)

9.- Which key population do you belong to (check all that apply): \*

- Men who have sex with men
- Cisgender Women
- Trans people
- Drug users
- People living with HIV
- Young people living with HIV (up to 28 years old)
- Sex workers
- Migrants
- Vulnerable populations/communities/affected by tuberculosis
- Vulnerable/malaria-affected populations/communities
- Another one

10.- What is your educational level? \*

- Basic or primary
- Secondary
- Medium-upper
- Higher or university
- Postgraduate
- I have no studies
- Another one

11.- What populations do you work with? (Check only 2, those with which you work the most): \*

- Men who have sex with men
- Cisgender women
- Trans people
- People who use drugs
- People living with or affected by any of the three diseases (HIV, TB, Malaria)
- Youths
- Sex workers
- Migrants
- Vulnerable populations/communities/affected by tuberculosis
- Vulnerable/malaria-affected populations/communities
- Others

Después de la sección 2 Ir a la siguiente sección

Sección 3 de 11

Community engagement in responses to HIV, tuberculosis and malaria

Below you will find a series of topics related to the learning needs of community leaders to participate effectively in the response to HIV, TB and malaria.

12.- What are your knowledge and skills about community engagement and response to HIV, tuberculosis or malaria? \*

- Excellent
- Good
- Fair
- Poor
- I do not have knowledge or skills about community engagement

13.- What are your knowledge and skills on advocacy for access to health services, human rights, laws and/or legal frameworks? \*

- Excellent
- Good
- Fair
- Poor
- I have never carried out advocacy activities

14.- What are your knowledge and skills regarding the defense of Human Rights of the populations you work with? \*

- Excellent
- Good
- Fair
- Poor
- I have never incorporated the human rights perspective into the work I do

What do you need to learn to improve the defense of the human rights of the populations you work with, regardless of the social and political context that generates human rights violations?

Texto de respuesta largo

15.- What is your knowledge about the gender approach in the work you do? \*

The gender approach identifies and characterizes the contextual particularities and situations experienced by people according to their sex and gender identity and the social constructs associated with sex and identity, with its economic, political, psychological, cultural and legal implications and differences, identifying gaps and patterns of discrimination.

- Excellent
- Good
- Fair
- Poor
- I have never addressed the gender approach in the work I do

16.- What is your knowledge of regulatory frameworks (laws, standards, protocols, guides, guidelines, etc.) related to the diseases you work for? \*

- Excellent
- Good
- Fair
- Poor
- I don't know about regulatory frameworks

17.- What are your knowledge and skills regarding citizen oversight?

Citizen oversight is a democratic representation mechanism that allows citizens or community organizations to exercise oversight over public or private entities, national or international non-governmental organizations, implementers of programs, projects, contracts or the provision of public services.

- Excellent
- Good
- Fair
- Poor
- I don't know what citizen oversight is

18.- What are your networking knowledge and skills like?

- Excellent
- Good
- Fair
- Poor
- I have never networked with other organizations

Después de la sección 3 Ir a la siguiente sección

Sección 4 de 11

Global Fund National Processes

GF processes include: funding request development, Technical Review Panel (TRP) recommendations, grant negotiation, grant implementation (HIV, tuberculosis, malaria and resilient and sustainable health services), grant monitoring and evaluation, reprogramming/reallocation of funds, etc.

The following group of questions seek to know about your learning needs to participate in these processes.

19.- How knowledgeable are you about GF funding requests?

- Excellent
- Good
- Fair
- Poor
- I don't know what financing requests are

20.- How knowledgeable are you about the GF Technical Review Panel recommendations?

- Excellent
- Good
- Fair
- Poor
- I don't know what the Technical Review Panel recommendations are

21.- What is your knowledge of GF grant negotiation?

- Excellent
- Good
- Fair
- Poor
- I don't know what grant negotiation is

22.- What is your knowledge of GF grant monitoring and evaluation?

- Excellent
- Good
- Fair
- Poor
- I don't know what subsidy monitoring and evaluation is

23.- What is your knowledge about GF reprogramming and reallocation of funds?

- Excellent
- Good
- Fair
- Poor
- I don't know what reprogramming and reallocation of funds is

24.- What are your knowledge and skills about country dialogue and social dialogues in your country? (dialogues prior to the preparation of financing requests):

- Excellent
- Good
- Fair
- Poor
- I have never participated in a social dialogue in my country

Sección 5 de 11

Strategic information

Descripción (opcional)

25.- What is your knowledge about community-led monitoring?:

Community-led monitoring is an accountability mechanism that uses an independently planned and structured process, designed and led by trained members of affected communities. Systematically and routinely collects and analyzes quantitative and qualitative data on the provision of health services and other topics of interest.

- Excellent
- Good
- Fair
- Poor
- I don't know what community-led monitoring is

26.- What is your knowledge about interpretation and use of epidemiological information?

According to the WHO, epidemiology is "the study of the frequency and distribution of health events and their determinants in human populations, and the application of this study in the prevention and control of health problems."

- Excellent
- Good
- Fair
- Poor
- I do not know how to interpret epidemiological information

27.- What are your knowledge and skills about community-led research?

Community-led research refers to the role is given to community members, so that they can lead social research, in order to find solutions or improvements to situations that affect their community.

- Excellent
- Good
- Fair
- Poor
- I don't know what community-led research is

28.- What are your knowledge and skills regarding systematization, documentation and reporting?

- Excellent
- Good
- Fair
- Poor
- I have never prepared reports or systematizations

29.- What are your knowledge and skills about social diagnoses?

Social diagnosis is understood as the process of synthesizing, interpreting and conceptualizing the nature and magnitude of the social needs of a community, taking into account their causes, manifestations and consequences; in order to identify alternative solutions.

- Excellent
- Good
- Fair
- Poor
- I don't know what a social needs diagnosis is

Después de la sección 5 Ir a la siguiente sección

Sección 6 de 11

Communications

Descripción (opcional)

30.- What are your knowledge and skills about using social media to improve outreach to communities?

- Excellent
- Good
- Fair
- Poor
- I do not have knowledge in the use of social networks

31.- What are your knowledge and skills in media management (press, television, radio and journalists)?

- Excellent
- Good
- Fair
- Poor
- I don't know what media management is

32.- What are your knowledge and skills in developing communication plans?

- Excellent
- Good
- Fair
- Poor
- I don't know what a communication plan is

33.- What are your knowledge and skills about mobile applications for reach key populations?

- Excellent
- Good
- Fair
- Poor
- I don't know what mobile applications are

Sección 7 de 11

Programmatic and sustainability issues

Descripción (opcional)

34.- What are your strategic planning knowledge and skills like?

Strategic Planning is a tool for diagnosis, analysis, reflection and collective decision-making, the current situation and the path to be taken by communities and organizations. It not only responds to changes and demands imposed by the environment, it also proposes and concretizes transformations that the environment requires.

- Excellent
- Good
- Fair
- Poor
- I don't know what strategic planning is

35.- What are your knowledge and skills about project design, implementation and evaluation?

- Excellent
- Good
- Fair
- Poor
- I don't know what project design, implementation and evaluation is

**36.- What are your knowledge and skills about costing community interventions?**

Costing is the process of estimating the monetary value of inputs that are necessary to deliver a particular service. It involves measuring the number resources that are needed to provide services in health units and the valuation of these inputs in monetary terms. Costing means the same as budgeting.

- Excellent
- Good
- Fair
- Poor
- I don't know what the costing of community interventions is

**37.- What is your knowledge and skills about public financing of community response?**

Public financing is the transfer of resources from the State to community organizations for the implementation of actions in response to the three diseases.

- Excellent
- Good
- Fair
- Poor
- I don't know what public financing of community response is

**38.- What is your knowledge about safety and security of organizations that work with key populations?**

Safety and protection refer to the identification, prevention, response and monitoring of the risks that community workers and organizations face in the work they carry out with communities.

- Excellent
- Good
- Fair
- Poor
- I don't know what safety and security is for organizations that work with key populations

**39.- List the three most important learning needs that the sector you represent needs to strengthen to improve its community participation in the context of the GF and responses to HIV, tuberculosis and malaria in your country:**

Texto de respuesta largo

The following Sections consist of questions specifically addressed to the people who work on each of the topics as a priority. Please answer the section in which your work specializes (Tuberculosis, Malaria and HIV)



Tuberculosis  
Questions  
40 - 41



Malaria  
Questions  
42 - 44



HIV  
Questions  
45 - 50

Sección 8 de 11

**Section for organizations working in Tuberculosis**

This section is directed only to people who mainly work on the topic of Tuberculosis. If it is not your priority topic, please go to the corresponding section.

**40.- What is your knowledge about comprehensive TB care?**

- Excellent
- Good
- Fair
- Poor
- I don't know anything about comprehensive TB care

**41.- How knowledgeable are you about guidelines for TB prevention, diagnosis and care?**

- Excellent
- Good
- Fair
- Poor
- I do not know what the guidelines are for the prevention, diagnosis and care of TB

Sección 9 de 11

**Section for organizations working in Malaria**

This section is directed only to people who mainly work on the topic of Malaria. If it is not your priority topic, please go to the corresponding section.

**42.- What is your knowledge about comprehensive malaria care?**

- Excellent
- Good
- Fair
- Poor
- I don't know anything about comprehensive malaria care.

**43.- How knowledgeable are you about guidelines for malaria prevention, diagnosis and care?**

- Excellent
- Good
- Fair
- Poor
- I don't know what the guidelines are for the prevention, diagnosis and care of malaria

44.- What is your knowledge about new vector control strategies for malaria?

- Excellent
- Good
- Fair
- Poor
- I do not know about new vector control strategies for malaria

Después de la sección 9 Ir a la siguiente sección

Sección 10 de 11

Section for organizations who work in HIV

This section is aimed only at people who mainly work on the topic of HIV. If it is not your priority topic, please return to the section that corresponds to you.

45.- What is your knowledge about HIV pre-exposure prophylaxis (PrEP)?

PrEP is the use of antiretroviral medications to prevent the transmission of HIV to HIV-negative people.

- Excellent
- Good
- Fair
- Poor
- I don't know what PrEP is

What do you think you need to learn about PrEP for creating demand and providing services to the community?

Texto de respuesta largo

46.- How knowledgeable are you about HIV prevention, diagnosis and care guidelines?

- Excellent
- Good
- Fair
- Poor
- I don't know what the guidelines are for HIV prevention, diagnosis and care

...

47.- What is your knowledge of self-testing for HIV?

HIV self-testing allows a person to collect their own fluid or blood sample, perform an HIV test on it, and interpret the result at home or in a private location. If the test gives a reagent, the person must necessarily go to the health service to confirm the diagnosis.

- Excellent
- Good
- Fair
- Poor
- I do not have knowledge about self-testing for HIV

48.- What is your knowledge about sexual and reproductive health and sexual and reproductive rights?

- Excellent
- Good
- Fair
- Poor
- I don't know what sexual and reproductive health is, nor sexual and reproductive rights

49.- What is your knowledge in EMTCT PLUS (Framework for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis and Chagas disease)?

- Excellent
- Good
- Fair
- Poor
- I don't know what the EMTCT PLUS is

50.- How do you consider your knowledge in treatment (ART) as prevention?

- Excellent
- Good
- Fair
- Poor
- I don't know what treatment as prevention is

Sección 11 de 11

Climate change, sustainability environmental and health

This section is aimed at all people who participate in the survey.

51.- What is your knowledge about the impact of climate change on health and health systems, gender, poverty?

- Excellent
- Good
- Fair
- Poor
- I don't know about the impact of climate change on health and health systems, gender and poverty

52.- What is your knowledge about community participation for climate adaptation and resilience?

- Excellent
- Good
- Fair
- Poor
- I don't know about community participation for climate adaptation and resilience

Don't forget to hit send at the end of the questionnaire

Descripción (opcional)

Thank you very much for your valuable participation

## Annex No. 2

Table 1. Participation by country and gender

Country	Male		Female		Other		Trans		Total
	%	N	%	N	%	N	%	N	%
Bolivia	10,3%	11	3,7%	4	0,9%	1	0,9%	1	15,9%
Colombia	8,4%	9	9,4%	10	0	0	2,8%	3	20,6%
Costa Rica	4,7%	5	0,9%	1	0	0	0,9%	1	6,5%
Cuba	0,9%	1	0	0	0	0	0	0	0,9%
Dominican Republic	1,9%	2	3,7%	4	0	0	1,9%	2	7,5%
Ecuador	9,4%	10	0	0	0	0	0	0	9,4%
El Salvador	3,7%	4	3,7%	4	0	0	0	0	7,5%
Guatemala	1,9%	2	0,9%	1	0	0	0	0	2,8%
Nicaragua	0,9%	1	0	0	0	0	0,9%	1	1,9%
Paraguay	1,9%	2	1,9%	2	0	0	0	0	3,7%
Peru	7,5%	8	6,5%	7	0	0	0,9%	1	15%
Venezuela	4,7%	5	2,8%	3	0,9%	1	0	0	8,4%
	<b>56,1%</b>	<b>60</b>	<b>33,6%</b>	<b>36</b>	<b>1,9%</b>	<b>2</b>	<b>8,4%</b>	<b>9</b>	<b>100%</b>

# Annex No. 3 Synthesis of key findings and Learning Hub action plan.

## (Name of the Learning Hub) - Learning Needs Assessment 2024 Synthesis of Key Findings & Action Plan

### Instructions

- Key learning gap/need - Briefly mention the key learning need or gap that was identified in the Learning Needs assessment
- Mode of delivery - Identify how you would like to address this learning need or gap. Please select one or a combination of following options - Webinar, newsletter, in person meeting, case study. You may also consider other modes of delivery such as social media campaigns, infographics, videos, podcasts etc.
- Brief learning objective - Mention briefly the learning objective/s in addressing the learning need/gap identified. This may be a broad learning objective which could be specified later.

#	Key learning need/gap	Mode of delivery	Brief learning objective
1	<p><b>Need:</b> Participation of the communities (CCM, SR, SSR, etc) in responding to the GF Technical Review Panel recommendation, particularly in those who are oriented/target to the community programmatic areas in the Funding Requests (gender, HHRR, S&amp;D, CLM, etc.).</p> <p><b>Gap:</b> Communities and civil society need more learning/information/capacity building on how to engage and respond to GF TRP recommendations especially related to community programmatic areas in Funding Requests such as gender, human rights, S&amp;D2, CLM etc.</p>	<p><b>Responding to the TRP community recommendations</b></p> <p><b>Webinar and Newsletter (First quarter 2026)</b></p>	<p>To improve the knowledge and capacities of communities to understand and participate in the responses to the TRP during the grant negotiation process.</p> <p>To share best practices and lessons learnt from different countries in the region on community engagement in responding TRP recommendations.</p>
2	<p><b>Need:</b> Incorporate community input (CCM, SR, SSR, etc) on GF reprogramming and reallocation of funds; particularly in those who are oriented/target to the community programmatic areas in the grants (gender, HHRR, S&amp;D, CLM, etc.).</p> <p><b>Gap:</b> Communities need learnings/information/capacity building to further strengthen their engagement with PRs and CCMs during reallocation processes of country grants to especially reprogram funds for community programmatic areas such as gender, human rights, S7D, CLM Etc</p>	<p><b>Community Participation in reprogramming and reallocation funds.</b></p> <p><b>Webinar and Newsletter (Second quarter 2026)</b></p>	<p>To improve capacities of communities to understand and participate in the reprogramming and reallocation of funds during the grant implementation process, particularly for programmatic areas oriented/target towards communities such as gender, HHRR, S&amp;D, CLM, etc.</p> <p>To increase community awareness on Global Fund guidance and practices on reprogramming and opportunities for community engagement.</p> <p>To share best practices from PRs in the region on how to meaningfully engage communities during reprogramming processes.</p>
3	<p><b>Need:</b> One of the key roles of community participation in Global Fund processes is their participation in monitoring and evaluation (Strategic Oversight). This task requires specific capacities and skills, such as developing work plans, developing indicators, and making decisions to address situations that require action.</p> <p><b>Gap:</b> People from communities that participate in CCMs require capacity development tools and processes that help them to have a meaningful participation during the work of the Oversight Committees.</p>	<p><b>Community participation in Strategic Oversight</b></p> <p><b>Newsletter (Fourth quarter 2026)</b></p>	<p>To improve the knowledge and capacities of communities in understand and participate in monitoring evaluation and strategic oversight of grants implementation.</p> <p>To share best practices and lessons learnt from different countries in the region on community engagement in responding Oversight Committee.</p>

## Community engagement

#	Key learning need/gap	Mode of delivery	Brief learning objective
4	<p><b>Need:</b> Community members involved in Global Fund processes, whether in CCMs or grant implementation, need to have a solid understanding of the HIV-related regulatory frameworks that affects key populations and PLWA. This includes laws, norms, protocols, guidelines, and standards.</p> <p><b>Gap:</b> Community members involved in CCMs and grant implementation need to have a knowledge of the national frameworks that underpin HIV strategic plans, as well as legislation related to health services, human rights, and other rights. Knowledge of the technical aspects of HIV budgeting also needs to be improved.</p>	<p><b>HIV Regulatory Frameworks</b></p> <p><b>News letter</b> - <b>Social networks and Alerts</b> (Third quarter 2025)</p>	<p>To improve the knowledge of communities in understand regulatory frameworks of HIV, particularly during the funding requests and National Strategic Plan process. (Emphasis in Combined prevention).</p> <p>To share best practices and lessons learnt from different countries in the region the use regulatory frameworks of the HIV national responses ( laws, norms, protocols, guidelines, and standards).</p>
5	<p><b>Need:</b> Community members involved in Global Fund processes, whether in CCMs or grant implementation, need to have a solid understanding of the TB-related regulatory frameworks of the key populations or those they represent. This includes laws, norms, protocols, guidelines, and standards.</p> <p><b>Gap:</b> Community members involved in CCMs and grant implementation need to have a knowledge of the national frameworks that underpin TB strategic plans, as well as legislation related to health services, human rights, and other rights. Knowledge of the technical aspects of TB budgeting also needs to be improved.</p>	<p><b>TB Regulatory Frameworks</b></p> <p><b>News letter</b> - <b>Social networks and Alerts</b></p>	<p>To improve the knowledge of communities in understand regulatory frameworks of TB, particularly during the funding requests and National Strategic Plan process.</p> <p>To share best practices and lessons learnt from different countries in the region the use regulatory frameworks of the TB national responses ( laws, norms, protocols, guidelines, and standards).</p>
6	<p><b>Need:</b> Community members involved in Global Fund processes, whether in CCMs or grant implementation, need to have a solid understanding of the malaria-related regulatory frameworks that affects people affected by malaria. This includes laws, norms, protocols, guidelines, and standards.</p> <p><b>Gap:</b> Community members involved in CCMs and grant implementation need to have a knowledge of the national frameworks that underpin malaria strategic plans, as well as legislation related to health services, human rights, and other rights. Knowledge of the technical aspects of malaria budgeting also needs to be improved</p>	<p><b>Malaria Regulatory Frameworks</b></p> <p><b>News letter</b> - <b>Social networks and Alerts</b></p>	<p>To improve the knowledge of communities in understand regulatory frameworks of malaria, particularly during the funding requests and National Strategic Plan process.</p> <p>To share best practices and lessons learnt from different countries in the region the use regulatory frameworks of the malaria national responses ( laws, norms, protocols, guidelines, and standards).</p>

## Strategic information

#	Key learning need/gap	Mode of delivery	Brief learning objective
7	<p><b>Need:</b> During decision-making spaces with other sectors that require the use of strategic information such as epidemiological data, communities need to be able to develop knowledge in order to make significant contributions in the development of national strategic plans or funding requests.</p> <p><b>Gap:</b> One of the identified weaknesses is the lack of capacity on the part of communities in the management of epidemiological data while participating in multi-sectoral councils for HIV, TB and malaria, as well as civil society members participating in CCMs.</p>	<p><b>Communities using epidemiological information</b></p> <p><b>Social networks and Alerts /webinario/Newletter (First quarter 2025)</b></p>	<p>To increase capacities amongst community members to interpret and use epidemiological information, particularly during funding request and National Strategic Plans on HIV, TB and Malaria, processes.</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance of using epidemiological data strategically.</p>
8	<p><b>Need:</b> Scientific research in health and other biomedical disciplines dominates discussions both in the academic world and in decision-making spaces; however, the importance of social sciences to generate data on issues such as stigma, discrimination, human rights, gender, and other related topics is becoming increasingly evident. The perspective and leadership of communities in the development of research has become a primary need.</p> <p><b>Gap:</b> Many important efforts by communities have been invested in programs and political advocacy; however, covering the gap in scientific information produced and led by communities has become a challenge that must be addressed.</p>	<p><b>Community-led research</b></p> <p>Webinar and Newsletter (Second quarter 2025)</p>	<p>To increase capacities amongst community members to generate community-led research on HIV, TB and Malaria. (emphasis in Stigma Index).</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance of use of community-led research.</p>
9	<p><b>Need:</b> Community-Led Monitoring is an innovative intervention that places communities at the centre of strategic oversight. This is a necessary perspective in assessment, monitoring and advocacy approaches. However, the methodologies to carry it out are still under development. Communities need to take ownership of the approach and methodologies to ensure meaningful participation.</p> <p><b>Gap:</b> As CLM is incorporated into funding requests, national strategic plans and other spaces in national responses, communities need to improve their capacities in the frameworks and methodological approaches to implement CLM activities in both national responses and GF funding requests.</p>	<p><b>Community-led monitoring</b></p> <p>Webinar and Newsletter (Third quarter 2024)</p>	<p>To increase capacities amongst community members to design and implement community-led monitoring strategies in the context of GF, as well on National Strategic Plans on HIV, TB and Malaria.</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance of using community-led monitoring.</p>

## Sustainability

#	Key learning need/gap	Mode of delivery	Brief learning objective
10	<p><b>Need:</b> Latin America and the Caribbean is one of the GF regions that will eventually be transitioning and requires solid sustainability strategies, including public funding for civil society organizations. However, this process requires active participation of communities, including innovative approaches to political advocacy.</p> <p><b>Gap:</b> While CLM is incorporated into funding requests, national strategic plans and other spaces of national responses, communities need to improve their capacities in the frameworks and methodological approaches to advocate in public financing of the community responses, in both national responses and GF funding requests.</p>	<p><b>Public financing of community responses</b></p> <p>Webinar and Newsletter (Third quarter 2026)</p>	<p>To improve the knowledge and capacities of communities in understand public financing of community responses.</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance of community advocacy on public financing of community responses.</p>
11	<p><b>Need:</b> Beginning with funding cycle 7, the GF has included a number of innovative requirements to ensure community participation in the development of funding requests, including community dialogues prior to the country dialogue. The purpose of these dialogues is to identify community priorities, to be analyzed during the country dialogue. However, it is necessary to cost the priorities for better lobbying. Communities need to develop costing capacities.</p> <p><b>Gap:</b> Various tools have been developed for costing community priorities. The resources currently available require technical support and capacity development strategies.</p>	<p><b>Costing of community interventions</b></p> <p>Webinar and Newsletter (Fourth quarter 2024)</p>	<p>To increase capacities amongst community members in costing of community interventions during the funding request process for GF grants, as well on National Strategic Plans on HIV, TB and Malaria</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance of include in the community priorities during the community dialogues pre country dialogue, costing of the priorities and interventions.</p>

## Other issues

#	Key learning need/gap	Mode of delivery	Brief learning objective
12	<p><b>Need:</b> Climate change is the greatest threat to global health in the 21st century. Health is and will be affected by climate change through direct impacts (heat waves, droughts, intense storms and rising sea levels) and indirect impacts (vector-borne and respiratory diseases, food and water insecurity, malnutrition and forced displacement). It is urgent to incorporate this information into HIV, TB and malaria responses, to achieve a comprehensive approach to health.</p> <p><b>Gap:</b> Communities need to discuss and understand the relevance of incorporating climate change approaches into national responses to HIV, TB and malaria. However, it is an issue that still does not receive much attention, so there is a great need to fill this gap with capacity development and information strategies.</p>	<p><b>Climate change, environmental sustainability and health</b></p> <p>Social networks and Alerts (Fourt quarter 2025)</p>	<p>To improve the understanding among communities on Climate change, invironmental sustainaility and health issues in the context of GF grants implementation.</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance a comprehensive health approach that include climate change.</p>
13	<p><b>Need:</b> Various forms of aggression put community health workers who provide services to key populations at risk in the context of GF grants. The Safety and Security approach has been implemented in various countries to support communities to prepare work plans to address security challenges arising from stigma and discrimination, particularly in HIV.</p> <p><b>Gap:</b> In countries where conditions of violence against key populations and gender-related violence are serious, it is necessary to support communities to prepare to face them, through accompaniment to develop work plans in Safety and Security.</p>	<p><b>Safety and security</b></p> <p>Webinar and Newsletter (done)</p>	<p>To increase capacities amongst community memembers in safety and security plans during the funding request process for GF HIV, TB and Malaria grants, as well on National Strategic Plans on HIV, TB and Malaria.</p> <p>Establish a communication strategy involving newsletters, webinars and alerts that disseminate key information on the importance for the communities to incorporate safety and security work plans.</p>