



National social dialogues
to guarantee the participation of
civil society and **community**
organizations and key populations
in the preparation of funding
requests for the **C19RM 2.0**
of the **Global Fund**

Toolkit

National social dialogues to guarantee the participation of civil society and community organizations and key populations in the preparation of funding requests for the C19MR 2.0 of the Global Fund

First edition

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

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

Telephone: (+511) 203-9900

Executive Director

Dr. Robinson Cabello

Authors

Alfredo Mejía Duarte

LAC Platform Technical Coordinator / Technical and editorial supervision

Anuar I. Luna Cadena

Mary Ann Torres (ICASO)

Erika Castellanos (GATE)

Translation

Juan Jacobo Hernández

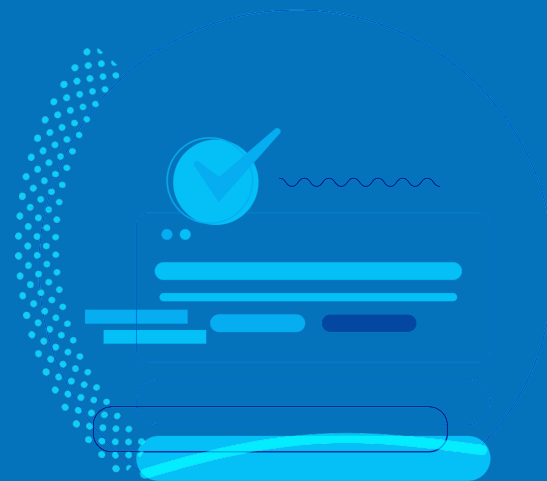
Layout & Design

Juan Carlos Rodríguez

"This document will be revised as new documents become available and new lessons learned are documented."

The Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform), is an initiative implemented by Vía Libre, with financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The Platform is part of several interventions of the Global Fund to support and strengthen community and civil society participation at all levels within their processes. It is a component of the Strategic Initiative on Community, Rights and Gender (SI CRG).



Why this toolkit?

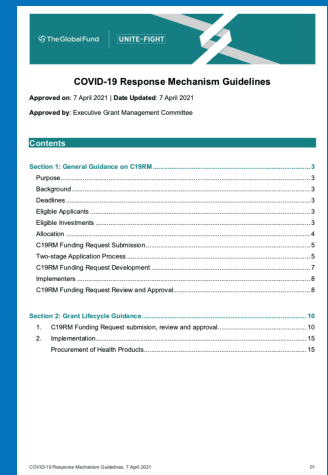
In April 2020, the Global Fund (GF) established the COVID-19 Response Mechanism (C19RM) to support countries responding to COVID-19, mitigating its impact on HIV, TB programs and malaria, and strengthening health and community systems. In April 2021, the GF launched the second phase of C19RM 2.0, in which all countries eligible for GF grants are entitled to receive C19RM funds, including multi-country projects.

The GF C19RM, in addition to mitigating the impact of the COVID-19 pandemic on HIV, TB and malaria responses, also represents a unique opportunity for engaging the most vulnerable communities in the response to the pandemic, as well as for strengthening community and civil society organizations (CSOs) including key populations, for more effective participation.

According to the [COVID-19 Response Mechanism Guidelines](#), applicants should consult with civil society organizations, key and vulnerable populations (KVPs), as well as other community groups, including those most severely affected by COVID -19.

All requests for C19RM funding must be endorsed by the CCM as a whole, including community and civil society representatives.

It is essential to consider that there are countries with no CCMs, such as Venezuela in Latin America. It is recommended that CSOs and communities of key populations contact the GF country portfolio manager in such cases.



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In addition, the **funding request form** includes specific sections on the impact COVID-19 has on key and vulnerable populations, gender-based violence (GBV) and human rights, which require a situation analysis and specific interventions, to address programming gaps adequately. Section No. 4 of this toolkit includes links to all relevant documents for easier access.

Likewise, the countries through their CCMs, must submit the complete list of civil society priorities as an annex to the C19RM funding request to ensure they are included.

The GF Strategic Initiative of Communities, Rights and Gender (SI CRG)), has also approved additional funds for its active partners (key populations networks and regional platforms) to support inclusive dialogue processes through the following immediate actions:

- Serve as a liaison between country partners (CSOs and key population communities) and the GF Secretariat, and provide virtual support to address bottlenecks during the processes to formulate funding requests to the C19RM.

The Global Fund | UNITE-FIGHT

Global Fund COVID-19 Response Mechanism (C19RM) Funding Request Form

Date Created: 6 April 2021
Date Updated: 6 April 2021

Summary Information

Country (or multicountry)			
Principal Recipient(s), grant name(s) and Implementation Period(s)			
Planned start and end dates of the C19RM activities by grant			
Currency			
C19RM Base Allocation amount	Submission type	Amount (US\$/EUR)	Submission date
	C19RM Fast-track Funding Request*		
	C19RM Full Funding Request		
	Total:		
C19RM Above Base Allocation amount*	Submission type	Amount (US\$/EUR)	Submission date
	C19RM Full Funding Request		
	Total:		

* PPE, diagnostics and therapeutics and costs relating to the effective deployment of such health products.
* This is only relevant for the full submission.
Funding Request Form - COVID-19 Response Mechanism
Issue Date: 6 April 2021

funding request form

— Develop and disseminate key, and relevant information on COVID-19 and C19RM adapted to the needs of the communities.

— Provide mini-grants to CSOs, CBOs and key population communities in countries with current GF grants to help their members convene and identify COVID-19 related priorities.

For further information, you can consult [Community Engagement in C19RM. Community, Rights and Gender Strategic Initiative \(CRG SI\) Technical Assistance](#). CSOs and key populations need support to guarantee their effective participation in the processes where requests for funding from the C19RM are being formulated.

The purpose of this toolkit is to facilitate social dialogue processes within the CSOs and key populations sector to identify priorities and gaps. This preparatory work will help to ensure this sector articulates more effectively with the broader dialogue process with other country stakeholders.

The toolkit

All the contents described here, presented as a toolkit, encourage the involvement of CSOs and key populations groups in the preparation of the GF C19RM funding request within a broader framework of social dialogues with different key actors in the country.

The toolkit offers an overview of the contents, processes, requirements and steps that need to be carried out by key actors, with an emphasis on CSOs and communities of key populations, allowing them to self-organize strategically and thus ensure their participation in decisions regarding funding requests. To this effect, the toolkit also offers a series of methodological and participatory resources to identify needs and priorities and to advocate, as well as practical advice to ensure **NO ONE IS LEFT BEHIND**.

The toolkit is a resource designed only **to support** the processes; it must be accompanied by **the determination and genuine commitment and action to support a real participatory and inclusive process**. Therefore, it requires time (there is not much available), resources for communication, but above all, **meaningful involvement**.

Who is the toolkit for?

This toolkit is intended to serve as a pool of resources to support consultants, facilitators, and community leaders who will provide technical support to CSOs and communities in GF-eligible countries to request funding through the C19RM. It serves to promote national consultation meetings and identify priorities for key population groups involved in the response to HIV, TB, malaria and COVID-19.

The toolkit provides a series of resources that the person responsible for conducting consultations might need. It also includes practical suggestions on coordinating with other country stakeholders, facilitating sessions, some practical examples and strategic questions that could be used during social dialogues.

What will you find in this toolkit?

1. Objectives
2. Methodology for social dialogues with the community
 - a. Preparation of the social dialogue
 - b. Dissemination of the social dialogue
 - c. Development of the social dialogue: First meeting
 - d. Prioritization methodologies with communities
 - e. Systematization of information and formulation of an action plan
 - f. Development of the social dialogue: Second meeting
 - g. Planning for more effective participation of CSOs and key population communities
3. Tools for creating the products of social dialogues
 - a. Participants' format
 - b. List of community priorities
 - c. Report model
4. Key documents on the C19RM

This toolkit is intended as an instrument to help the consultant/facilitator or community leader to achieve his/her objectives. Therefore, it must be adapted to the needs of each specific consultation. Parts or all of the Toolkit can be used.

Table No. 1 Facilitator's profile

Facilitator / Consultant / Leader Profile

- It is desirable that consultant is part of the communities (key populations or people living with or affected by, HIV, TB, malaria or COVID-19).
- Communication and facilitation skills.
- Knowledge of GF
- Be familiar with the C19RM framework
- Extensive experience working with CSOs and communities
- Ability to facilitate group work sessions
- Ability to synthesize and writing skills
- Basic knowledge of indicators



1. Social Dialogue Objectives

- To help ensure the effective participation of CSOs and communities in formulating requests for C19RM funding from the Global Fund.
- To promote coordinated work between CSOs and communities and CCMs in formulating C19RM funding requests, and with other technical support teams that could work simultaneously in preparing the request.
- Contribute to ensure that the priorities identified by CSOs and communities in the GF-funded countries are included in the 2021 C19RM funding requests.



2. Methodologies for social dialogues with the community

To organize national consultations, the toolkit recommends using the Broad and Participatory Social Dialogues methodology with CSOs and communities of key populations, with the purpose of obtaining a list of priorities and alternative solutions reflecting the felt needs of national leaders. A participatory social dialogue will develop according to the following phases:

a. Preparing the social dialogue

- The consultant / facilitator must collect, study and systematize/synthesize the **available information related to the conceptual framework of the GF C19RM**. In section 4, **Key documents**, you will find a list of documents we have compiled for this purpose. Please note that the list reflects the date the toolkit was completed; other documents may be incorporated in the future.
- The consultant must coordinate with CCM members, primarily with representatives of key populations, to hold a meeting to agree on the list of participants and define tasks to carry out the invitations to the consultation. Once this list is prepared, with the support of community leaders, the consultant should convene a meeting of members of civil society working on HIV, TB and malaria (depending on the components financed by the GF in the country), and representatives of key populations that are part of the CCM.



Table No. 2 Criteria for defining key populations

Most likely, the key populations for the three diseases are already clearly defined in your country, however, in some contexts there may be some difficulties in their delimitation.

Developing a common definition of key populations across the spectrum of the three diseases is difficult as each disease has very different impacts. In general terms, key populations in the context of AIDS, TB, malaria and more recently COVID-19, are defined as those groups with a higher epidemiological incidence of one of these diseases, combined with less access to services, including subpopulations that are criminalized or marginalized.

According to the GF¹, a group is considered a key population if it has the following three factors:

- At the epidemiological level, the population faces the risk, is vulnerable and/or bears an increasing burden of at least one of the three diseases due to a combination of biological, socioeconomic and structural factors.
- Access to relevant services is notably lower than that of the rest of the population which means that great efforts and strategic investments are required to expand coverage, equality and accessibility.
- The population faces frequent human rights violations, systematic deprivation of rights, marginalization and social and economic criminalization, which increases vulnerability and risk as well as reducing access to essential services.

- The consultant should make a brief mapping of key actors and their roles, in order to determine what other technical resources are available in the country and in what way the outcomes of the consultation should complement or feed the funding request. Note that some countries are receiving support from consultants to gather information from key stakeholders that could complement the consultation. It is also important to know the team that will lead the writing of the funding request. Some countries have obtained technical support for this purpose. Other key stakeholders may include the CCM Secretariat, Principal Recipient and Portfolio Manager, and the Global Fund Country Team. The Regional Platforms can help you with guidance in this regard.

- The consultant must prepare a presentation based on the notes (systematization/synthesis) of the documents reviewed with the basic information on C19MR (including: What is the C19MR? How does the C19MR work? Who is the C19MR for? What are the pillars proposed by WHO? What are the fundable program areas?). In section 4, Key documents, you will find some PPT presentations made by the GF and used during webinars or information sessions with members of civil society, CCMs, PRs and other key stakeholders, as well as the most important orientations related to the C19RM of the GF. These resources will be of great use to you.

- Choose an easy-to-use communication platform which the participants are familiar with (Zoom, Meet, Skype, Blue Jeans, Teams, etc.). Check with the CCM or its member organizations on who has premium subscriptions to ensure full access. The Regional Platforms might also provide support with this technical resource.



Table No. 3 Recommendations for the preparation of social dialogue

The sooner the social dialogue takes place, the greater opportunities there will be to ensure that inputs (priorities) are included in the proposal.

Work with a group of no more than 15 people.

Remember that for each component there are various vulnerable groups, try to ensure the greatest possible representation (e.g., HIV: MSM, trans people, SW, people who use drugs, PLHIV). When possible, hold a meeting for each vulnerable group. If this is not possible, invite them to work in joint groups.

Include the participation of people who have been affected by COVID-19. Remember that the GF has established it as a requirement.

If the three disease components are financed by the GF in your country, different meetings can be held by component (HIV, TB and Malaria) or a single meeting can be held establishing working groups with communication and information technologies (ICT).

You must ensure that all participants have reliable access to the Internet so that they can connect efficiently to meetings. Identify participants who do not have access to the Internet. Alert the CCM or the Regional Platform on this situation to help resolve any potential problem.

There must be coordination among stakeholders, including the CCM, organizations and key populations not represented on the CCM.

It is recommended that the leaders of key populations, people affected by the diseases and communities are representative and have prior knowledge of their constituencies' needs.

A meeting time must be agreed with the participants, so that this is not a barrier for participation. Depending on the time availability of the participants, two work sessions can be organized.

If a meeting is held with representatives of different groups or different components, try to find a balance between the numbers of participants per group or per component, since decision-making and prioritization processes will be carried out, thus it is important that everyone is on an equal footing. **Make sure there is gender parity.**

Table No. 3 Recommendations for the preparation of the social dialogue

Confirm the attendance of guests at the social dialogue meetings and ensure that everyone understands the mechanisms to access the work sessions, according to the selected digital platform.

Schedule your sessions for a maximum time of 2 hours.

In the case of advocacy, the components financed in the country by the GF should be selected and always include COVID-19. Also carry out a prioritization exercise. Remember that advocacy and social mobilization are oriented to address structural issues that cannot be solved with funding from the GF.

COVID-19 Guidance Note: Virtual Inclusive Dialogue



COVID-19 Guidance Note: Virtual Inclusive Dialogue

25 March 2021

At the time this guidance is published, national responses to COVID-19 have prohibited many in-person meetings, providing a challenge for hosting inclusive and transparent country dialogues. Despite this, meaningful input from key and vulnerable populations is essential to the effectiveness of national HIV, TB and malaria responses and country dialogue should continue despite the challenges, though perhaps in a different form.

In addition to their role in submitting funding requests for [C19M2: Patient Activation Funds](#), Country Coordinating Mechanisms (CCMs) are also responsible for submitting requests for funding for [COVID-19 Response Mechanisms \(C19RM\)](#) funds. These requests must be developed with fully inclusive decision-making processes, that allow for both engagement with communities and civil society, and consultation with the national COVID-19 response.

Regardless of whether applying for allocation funds or for C19RM designated funds, CCMs must ensure that continued efforts are made for a transparent and inclusive country dialogue and Principal Recipient selection process. To do this, CCMs have the possibility to propose activities in their country action plan to fund changes to their ways of working and will later be eligible for additional support from the Global Fund. Further details and options are described within this guidance note.

The Global Fund's expectations related to CCM eligibility requirements 1 and 2 remain the same:

1. A transparent and inclusive funding request development process, including key population engagement, and
2. A transparent and documented Principal Recipient (PR) selection process.

The realities of the COVID-19 response will require alternative and innovative approaches to outreach and engagement. The Global Fund expects each CCM to be creative and use available virtual and remote tools to reach out to relevant stakeholders and ensure that the funding request is developed considering this trend.

When assessing for whether CCM eligibility requirements 1 and 2 have been met, the Global Fund will ask whether each CCM has made their best effort despite contextual limitations and constraints. In lieu of signatures on the funding request endorsement form, other forms of endorsements are acceptable (e.g. an email or photo of endorsement sent by SMS), however the endorsement is still required from all CCM members. Although cognizant of the accelerated timeline for C19RM consultation, these requirements are applied in a consistent manner to all Global Fund funding requests.

COVID-19 Guidance Note: Virtual Inclusive Dialogue, 25 March 2021

01



Examples of Community, Rights and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities

Date created: 20 April 2021

Date updated: 20 April 2021

Introduction

This list of examples of concrete activities to address Community, Rights and Gender (CRG) related challenges due to COVID-19 is based on two [COVID-19 Guidance Notes](#), partners' reports and extensive consultations with communities and civil society. This list is complementary to the C19RM Technical Information Note, specifically the activities found within the six intervention categories under Community Systems. These detailed activities are cross-cutting elements found across multiple intervention categories.

This illustrative list can be used by civil society, communities and CCMs when preparing C19RM 2021 funding requests. It contains activities that support affected communities with immediate needs to ensure continuation of service delivery and respect of human rights during the COVID-19 pandemic.

This non-exhaustive list of examples includes activities that may be prioritized for C19RM 2021 funding to address some of the challenges faced by communities. Each funding request will be evaluated separately by the C19RM Investment Committee based on programmatic relevance, implementation feasibility and grant assurance, and it is not guaranteed that activities (including those from this list) will be approved.

Meaningful engagement of communities is essential to minimize risks, maintain momentum towards global targets, and to ensure the COVID-19 response, and its response does not lead to adverse effects, such as aggravated discrimination against key populations.

It is anticipated to build on existing activities in grants or operations at Principal Recipient level instead of creating new activities and processes, to ensure implementation readiness, fund absorption by 31 December 2021 and adequate risk mitigation. However, where specific capacity is required, such as an existing organization holding a gender-based violence (GBV) hotline that is not currently receiving Global Fund financing, it may be possible to fund existing and support community-led or based organizations as service providers, sub-recipients or sub-sub-recipients.

Examples of Community, Rights and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities, 20 April 2021

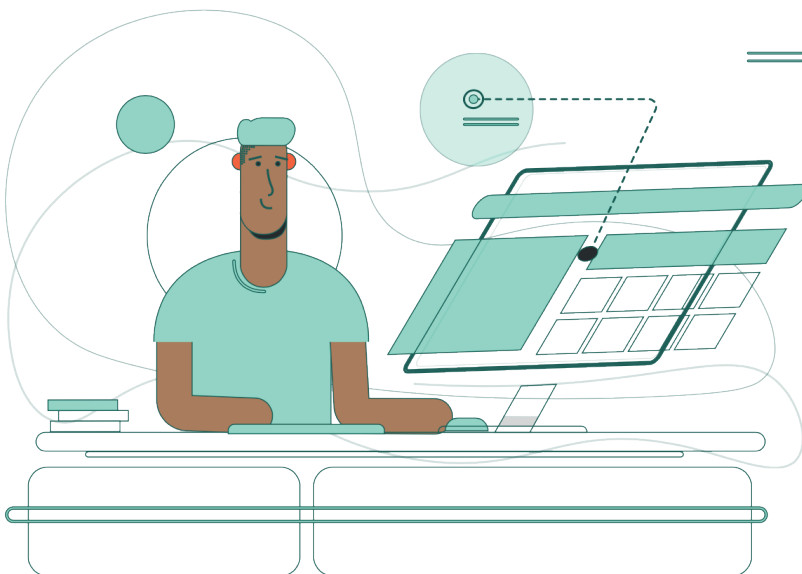
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See: **COVID-19 Guidance Note: Virtual Inclusive Dialogue**, and the Document with **Examples of Community, Rights and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities**. Available in section no. Four.

Examples of Community, Rights and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities

b. Dissemination of social dialogue

- One of the key aspects to strengthen the process and guarantee effective participation, is that communities are well represented; for this reason, an effort must be made in the dissemination of information about the social dialogues, trying to reach the most vulnerable or usually less participatory groups.
- Generate a strategy to disseminate social dialogues through social networks in a public and transparent way on how and when to participate (Facebook, Instagram, WhatsApp, Telegram, Messenger, emails, institutional web pages, among others). Consider which platform is most easily accessible to communities.



c. Development of social dialogue

Most CCMs have developed critical pathways for developing funding requests. Reach out to the teams responsible for preparing the application to obtain this information, which should help you to plan the social dialogue.

A suggestion: the consultations should preferably be carried out in two sessions, **the first one on general information and consultation on priorities and response strategies; the second to share the findings and validate the action plans once the consultant has systematized and prepared them.**

If time is a constraint, you can organize both sessions into one.

The meetings should have a specific and exclusive space for reflection among civil society, emphasizing the importance this space has for effective participation in decision-making.

Consider planning plenary sessions and small group work. If possible, allocate for break-up time.

Table No. 4 Eligible responses for C19MR funding addressed to CSOs and communities

Remember that CSO and community priorities must be organized into the following response categories eligible for funding:

- Community-led monitoring
- Community-led advocacy and research
- Social mobilization, community links building and coordination
- Institutional capacity building, planning and leadership development
- Prevention and care of gender violence (GBV)
- Respond to barriers to services related to human rights and gender

d. Social dialogue first meeting

Objectives of the first meeting

- To offer participants basic and pertinent information about the GF C19MR.
- Collect the needs of CSOs and communities to be included in funding requests to the GF C19MR

Below is a sample agenda for the first meeting:

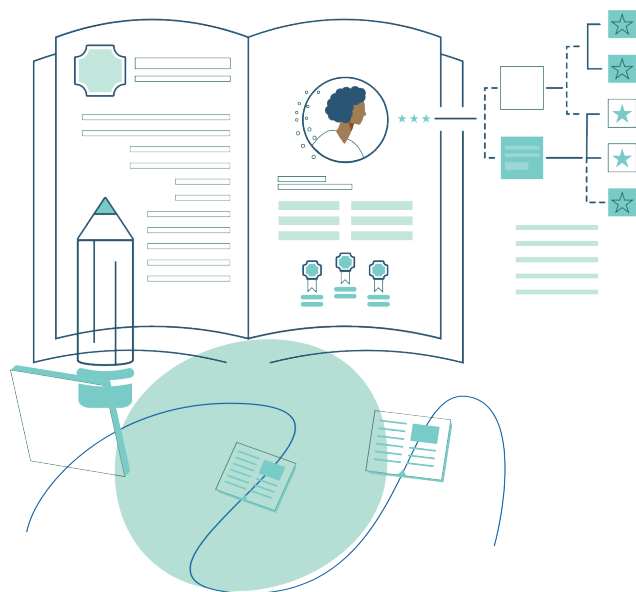


Table No. 5 Proposed agenda for the first social dialogue meeting

- Welcome to participants
- Explanation of objectives, methodology and products
- Basic information on the conceptual framework of the GF and WHO C19RM
- Analysis of investment examples related to community, rights and gender during COVID-19
- Round of questions and answers about the C19RM (See examples of suggested guiding questions, boxes 5 to 12)
- Facilitate group discussion activities (Questions and answers)
- Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)
- Summary of results
- Next steps
- Closing

The following are lists of guiding questions to work by components, themes and priorities, according to the GF C19MR guidelines. When you chose the components financed by the GF in the country you should include COVID-19 as well (see table No. 4).

Table No. 6 Example of guiding questions for social dialogue on HIV

Civil society HIV

What are the main barriers to provide HIV services, including treatment, prevention, diagnosis, engagement for key populations in the context of the COVID-19 pandemic?

How do you think these difficulties can be resolved in the context of COVID-19?

How can we collect evidence - research - on this in the context of COVID-19?

What do we, as PLHIV, SC, KP and communities, need to respond to these difficulties?

Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

Table No. 7 Example of guiding questions for social dialogue in tuberculosis

Civil society Tuberculosis

What are the main barriers to provide TB services, including treatment, prevention, diagnosis, engagement for key populations in the context of the COVID-19 pandemic?

How do you think these difficulties can be resolved in the context of COVID-19?

How can we collect evidence - research - on this in the context of COVID-19?

What do we, as KP, SC and communities, need to respond to these difficulties?

Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

Table No. 8 Example of guiding questions for social dialogue on malaria

Civil society Malaria

- What are the main barriers to provide malaria services, including treatment, prevention, diagnosis, linkages for key populations in the context of the COVID-19 pandemic?
- Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

Table No. 9 Example of guiding questions for social dialogue in COVID -19

COVID-19

- What are the main difficulties/barriers that communities face, caused by the COVID-19 pandemic? (you may need to unpack this question if participants do not actively engage)
- How do you think these difficulties/barriers can be resolved?
- How can we collect evidence - research - about it?
- What do we, as SC and communities, need to respond to these difficulties/barriers?
- Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

Table No. 10 Example of guiding questions for social dialogue related to stigma and discrimination

Stigma and discrimination (human rights and GBV)

How has the COVID-19 pandemic increased stigma and discrimination? Brainstorming by key groups

How can we face these problems associated with stigma and discrimination of our populations in the context of the COVID-19 pandemic?

What do we need for this?

How can we collect evidence - research - about it?

Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

Table No. 11 Example of guiding questions for social dialogue related to community-led monitoring

Community-led monitoring

How can CSOs and communities monitor GF grants, including C19RM, as well as country commitments?

What could be the indicators for this monitoring and what would be the sources of verification?

What resources would we need for this?

Table No. 12 Example of guiding questions for social dialogue related to advocacy and social mobilization

Advocacy and social mobilization

What are the main problems in the response to HIV, TB, malaria and COVID-19 that require advocacy or social mobilization of CSOs and communities?

How can we carry out this advocacy or social mobilization?

How can we collect evidence - research - about it?

What do we need to carry out advocacy or social mobilization?

Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

Table No. 13 Example of guiding questions for social dialogue related to capacity building of CSOs and communities

Capacity building of CSOs and key population communities

What capacities need to be strengthened by CSOs and communities?

How can we strengthen ourselves?

How can we collect evidence - research - about it?

What do we need to get stronger?

Carry out a participatory prioritization exercise (See table No. 14 of methodologies options for community prioritization)

e. Methodologies for prioritization with communities

Within the health promotion framework, prioritization corresponds to the process of assessing the health needs within a territory. Prioritizing helps to organize health needs for future treatment, and guides decision-making regarding the allocation of resources. In the last decade, the assessment of the health of communities has been reinforced by the community perspective. When a community is involved in prioritizing, it senses that it is leading the improvement of its own reality, becoming jointly responsible for the process and thus promoting its empowerment².

Table No. 14 Methodologies for community prioritization

Potential options for a community prioritization exercise³

We will often find ourselves faced with the challenge of prioritization, taking into account the number of problems that our populations have, the various alternative solutions, the different positioning participants may have and the limitations in funding.

To address this, we suggest developing a prioritization activity. Below, we offer some alternatives of prioritization dynamics with the community; please assess which one can be more effective for prioritization in your social dialogue process:

- Prioritization by weighted voting
- Prioritization by multiple votes
- Prioritization by nominal group

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

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

- **Prioritization by weighted voting**

Each person has different votes and distributes them according to his/her criteria among the different options. For example, if each person has five votes, he/she can distribute them among five different options or concentrate them on one or two options.

- **Prioritization by multiple votes**

This is a consensus technique used to reduce the list of problems to prioritize until the desired number of those to be addressed is achieved. Two rounds of voting are established:

First round

Each participant votes on the problems he/she considers as a priority (a maximum number of votes per person can be established). Finally, problems that have received at least a number of votes equal to half the people in the group are left on the list (e.g., if there are 20 people, problems that obtained at least 10 votes remain).

Second round

Each participant issues his/her vote on the problems he/she considers as a priority on the condensed list. In this phase, each participant can vote a number of times corresponding to half of the problems on the list. For example, if there are 10 problems on the list, each participant can vote up to five times.

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

This technique allows for an objective and participatory process. Be careful, as some participants may be more persuasive and influence the opinions of others. Check that the actual priorities appear on the final list.

• Prioritization by nominal group

Face-to-face consensus technique developed in two phases: ideas are generated in the first and prioritized in the second.

Participants who are invited should guarantee the representation of all possible positions of interest. The prioritization is done individually. Consensus is obtained by the sum of individual priorities.

Both phases can be done in different ways:

- a) *Ideas brain-storming: individual, writing them on cards; individual in verbal rounds, in small groups, etc. (This was done in the prior consultation session).*
- b) *Prioritization: assigning a numerical score, with colors indicating a rank or ordering the problems in a list, among others. In this phase it is not recommended to vote by show of hands or publicly.*

Recommendations:

- According with the characteristics of the consultation, consider small number of participants in a virtual format
- Make short lists of priorities
- If you draft a short list, the prioritization exercise will probably not be required, but it will always be necessary for the list to be agreed upon
- In case you have a long list of priorities, use one of the methodologies proposed here

f. Information systematization and action plan

- The consultant / facilitator must systematize the priority lists originated from each of the questions and categorize them according to the financing lines and for the types of financing as described in Table No. 4. An action plan will be formulated using this information.
- The consultant will define the action plan, including the needs and responses required for them.
- The consultant will plan a second meeting with the same members of civil society participating in the first one. Said meeting should be contiguous in time with respect to the first one (ideally one or two days after or if pressed by time, the same day with a break that will allow for debriefing, organizing/consolidating notes, etc.).

g. Social dialogue second meeting

Objectives of the second meeting

- Validate the consolidated action plan for the inclusion of the needs of CSOs and communities in the request for funding to the GF C19RM
- Agree on the next steps in the process to participate in the preparation of funding requests to the GF C19RM.
- The action plan is disseminated, validated and complemented if necessary, with recommendations from participants.
- If you need to prioritize again, use the methodological recommendations for community prioritization described in table no. 14.



Table No. 15 Proposed agenda for the second meeting of social dialogue

- Welcome to participants
- Description of objectives, methodology and products
- Synthesis of the first meeting
- Presentation of the action plan and prioritization exercise
- Validation
- Formulation of the next steps
- Closing

h. Planning for effective involvement of CSOs and key population

- Develop a strategy to share the results with the CCM and advocate to ensure these needs and responses are included in the C19MR requests.
- The group will select spokespersons from CSOs and communities with better negotiation skills. Those selected must commit to speak for all the communities represented in the social dialogue and not just those to which he or she belongs.
- The group will request a formal meeting with the CCM. If not possible, an alternative is to participate in work meetings scheduled by the CCM to prepare the request.
- Prepare a letter to the CCM signed by all participants requesting the inclusion of the priorities in the grant application. **Make sure CSO and community priority interventions are included in the basic allocation request and are not sent for funding above allocation request.**
- Organize a round to evaluate the social dialogue sessions based on the following questions:
 - What did you like the most about the process?
 - What could be improved about the process?

3. Tools to generate the products of the social dialogue

a. Participant format

Below, a simple example of a format for list of participants in the social dialogue process; it can be modified according to your needs.

Table 16. Proposal for the list format of participants in social dialogue

List of participants in social dialogue					
Meeting	No.	1___	2___		
No.	Name	Organization	Population	Tel	email

Table 17 . List of community priorities and alternative solutions

b. List of community priorities and alternative solutions

This is an example of how the information can be organized as a result of the prioritization exercise with the communities. Remember to include only the “highly prioritized” interventions agreed by consensus. According to The Global Fund, C19RM Funding Request Instructions.

List of community priorities		
City and date		
Participants		
Population(s)		
Activity category	Needs	Solution
Community-led monitoring		
Community-led advocacy and research		
Movilización social y trabajo en red		
Social mobilization and networking		
Institutional capacity building, planning and leadership development		
Responding to barriers to access health services related to Human Rights		
Prevention and care of gender-based violence		

c. Final report of social dialogue

The final report is a document of the process. It must include the following information:

Table 18. Final report model of social dialogue

Report on the results of the Social Dialogue of CSOs and communities of key populations in Colombia to request for financing from the GF C19RM

City and date:

Participants

Describe in general who participated and attach the table of participants filled out.

Objectives of social dialogue

Describe the proposed objectives

Meeting agenda:

You can describe it briefly or attach it to the document

Methodology

Briefly describe the steps that were carried out to carry out the social dialogue: Preparation, dissemination, development of sessions, identification of needs and prioritization.

Results:

The report must be short, with no more than 6 pages.

The report should include a reflection of what work and why.

4. Key documents for this toolkit

- C19RM Allocation Letter
- COVID-19 Guidance Note: Virtual Inclusive Dialogue
- COVID-19 Guidance Note: Community, Rights and Gender
- C19RM Funding Request Form
- COVID-19 Response Mechanism (2021 Updates) PPT
- Meaningful Community Engagement in the COVID-19 Response Mechanism (C19RM)
- COVID-19 Response Mechanism (C19RM) – Funding Request Instructions
- COVID-19 Response Mechanism Guidelines
- COVID-19 Guidance Note: Human Rights in the Times of COVID-19
- COVID-19 Response Mechanism Information Note: Considerations for Global Fund Support to the COVID-19 Response, including Health and Community System Strengthening, and Mitigation of COVID-19 effects on HIV, TB and Malaria Services and Programs
- Examples of Community, Rights and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities
- CRG Technical Assistance Request Form – Adapted for COVID-19
- Community Engagement in C19RM. Community, Rights and Gender Strategic Initiative (CRG SI) Technical Assistance
- C19RM 2021: Frequently Asked Questions (FAQ) for CRG SI Partners
- Key Populations Action Plan 2014-2017
- COVID-19 Response Mechanism. 2021 Updates, LAC webinar (PPT)
- C19RM 2021 Technical Information Note for LAC (PPT)
- C19RM 2021 Health Product Considerations LAC (PPT)
- C19RM 2021 HIV, TB, and malaria considerations for LAC (PPT)
- Prioritizing interventions for the C19RM (PPT)
- The Global Fund C19RM Funding Request TB Community, Rights and Gender Activities Guide