* The forms, access and translations:
	+ (Thailand and DRC) Share the forms as soon as they are ready so that we can work with translators and plan local training. It takes us about 2-3 weeks to organize translation, so if we only receive the new forms at the start of reporting period, our reporting will likely be delayed
	+ Access to SharePoint and forms: (Chrysalis) Ensure access for the forms and SharePoint for all CARE offices (in their case, an affiliate)
	+ Gender Pay Gap: (Austria) Will you provide guidance on how to calculate the mean and median?
* About advocacy (Advocacy): It is great to see our systems becoming more and more advocacy sensitive as we work on this together.
* About modalities of Implementation (Rwanda, Kenya, Timor Leste, advocacy, HUM):
	+ Does implementation with/through partners fall under technical assistance? Otherwise, it should be separate.
	+ Will there be a provision to select different modalities of implementation?
	+ Could you explain briefly how to define participants of mass communication? And should direct and indirect participants be considered
	+ In consortium, do you consider CARE 's reach only this is because we have scenario where a Co wants to report on both
	+ #of people affected do have a guidance for that?
	+ When selecting modalities of implementation, should we ask for % of project re modalities?
	+ Whether advocacy and influencing policy done through project implementation be considered as a separate project initiative related to advocacy-influence?
* About roles and coordination (Timor Leste, HUM): Maybe assign a focal point to country offices? This focal point would contact them once requests of clarification came together from different areas. Try to channel/coordinate the requests in one, to avoid overwhelming countries
* About training: (Laos) Will there be another training session for 3 markers?