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Guidance Note for the Analysis of NGO Social Contracting Mechanisms

The Experience of Europe and Central Asia



**The Guidance Note for the Analysis of NGO Social Contracting Mechanisms
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List of abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CSOSI	USAID's Civil Society Organizations Sustainability Index
ECA	Europe and Central Asia
EUR	Euro
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HHD	HIV, Health and Development
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
IBBS	Integrated bio-behavioural surveys
ICNL	International Center for Not-For-Profit Law
MoH	Ministry of Health
MSM	Men who have sex with men
NASA	National AIDS Spending Assessment
NGO	Non-governmental organization
OSF	Open Society Foundations
PLHIV	People living with HIV
PR	Principal Recipient (of the Global Fund grant)
PWID	People who inject drugs
SDG	Sustainable Development Goal
SR	Sub-recipient (of the Global Fund grant)
SSR	Sub-sub-recipient (of the Global Fund grant)
SW	Sex worker
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

Executive Summary

Non-governmental organizations (NGOs) play a very important role in HIV responses. In many countries, they are the only or the leading service providers for key populations – men who have sex with men, people who inject drugs, sex workers, and for other vulnerable groups. NGOs also provide substantial support to people living with HIV.

In countries that are transitioning from foreign aid to domestic financing, sustainability of the HIV response requires more than just a sufficient HIV budget allocation. A legal framework, effective mechanisms and transparent procedures that allow governments to contract NGOs for provision of HIV-related services to everyone who needs them are key.

This Guidance Note aims to help international organizations, government, NGOs and other stakeholders to develop factsheets and to use the facts and recommended actions for setting up or improving NGO social contracting mechanisms. A step-by-step guide is provided, allowing not only easy use, but also a standardization of the factsheets.

1. INTRODUCTION

1.1. What does NGO social contracting mean?

There is still no consensus on the definition of social contracting. It is an emerging concept and, as a result, it is defined differently by various actors. On 5-6 October 2017 a consultation was convened in New York by Open Society Foundations, United Nations Development Programme (UNDP) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) to discuss social contracting, a financing option that could help prevent reductions and disruptions in targeted services for key and vulnerable populations (in particular) and ideally contribute to more rapidly expanding effective HIV, TB and malaria responses. A background paper prepared collaboratively in advance by the consultation co-sponsors—and distributed to participants before the meeting—included the following working definition of social contracting: “The process by which government resources are used to fund entities which are not part of government (called here civil society organizations, or CSOs) to provide health services which the government has a responsibility to provide, in order to assure the health of its citizenry.”

Based on this broad definition, for the purpose of this Guidance Note NGO social contracting means funding coming from the government at national and sub-national levels to non-governmental organizations¹

1 As per definition of the United Nations NGO Relations and Liaison Service, “a non-governmental organization (NGO) is any non-profit, voluntary citizens’ group which is organized on a local, national or international level. Task-oriented and driven by people with a common interest, non-governmental organisations (NGOs) perform a variety of services and humanitarian functions...” (United Nations NGO Relations and Liaison Service. Available at: <https://outreach.un.org/ngorelations/content/about-us-0> [Accessed on 25 November 2018]). Another term – **civil society organization (CSO)** – is often used interchangeably. In this Guidance Note we are not using it, firstly, to avoid two related words – *society* and *social* – in the same phrase (CSO social contracting), and secondly, to avoid the use of multiple terms. It should be noted that countries are free to – and do – define NGOs differently, and they also

(NGO) for the provision of HIV-related services to PLHIV and key and vulnerable populations. However, each country chooses its own way of calling and describing this mechanism, while some countries even do not have a specific mechanism and instead apply general public procurement mechanisms for contracting of NGOs to provide certain services to certain target groups. This Guidance Note uses *NGO social contracting* as a generic term, but when conducting analysis, it is important to use the terminology that is either official or most commonly used in the country.

1.2. Why is NGO social contracting important for sustainability of HIV responses?

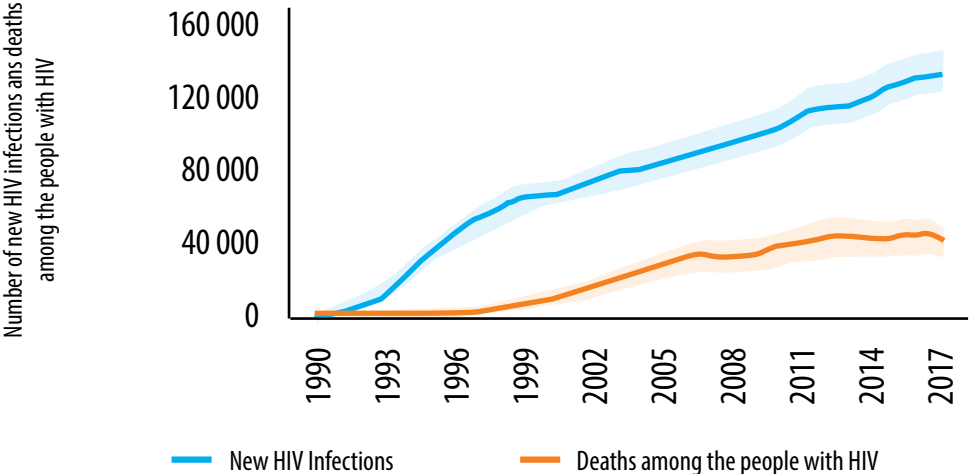
Civil society continues to play a very important role in the HIV response and this has been the case since the onset of the epidemic in the late 1970s - early 1980s. In many countries globally, key populations such as sex workers, gay men and other men who have sex with men, transgender people and people who use drugs are disproportionately affected by HIV. These populations need specific support to access and maintain regular contact with health services because of stigma, discrimination as well as punitive laws and policies that may inhibit access. While it took long for treatment programmes to commence, community-based organizations were the fastest to respond to people’s needs and to provide services in places and to populations that were hardest to reach through government health agencies. The fear of HIV

use different terms to describe them. So, in Europe and Central Asia, such terms include *public organization, non-commercial organization, non-State non-commercial organization, non-profit legal entity*, etc. When conducting country analysis, it is important to use the terminology that is either officially approved or is most commonly used in the country.

transmission in healthcare settings and stigma and discrimination on the part of mainstream health providers in many countries also meant that NGOs took a leading role in advocating for health services for their constituents, providing peer outreach and acting as a bridge to broader health care for people who were experiencing barriers to access.

According to UNAIDS, Eastern Europe and Central Asia (EECA) is still experiencing a growing HIV epidemic. There are over 1.4 million people living with HIV in the region representing a 30% increase in new HIV infections since 2010.²

Figure 1 Number of new HIV infections and deaths among the people with HIV, Eastern Europe and Central Asia, 1990-2017



Source: UNAIDS 2018 estimates.

The distribution of new HIV infections is primarily among key populations at higher risk of HIV with approximately 51% among people who inject drugs and 33% among clients of sex workers and other sexual partners of key populations. Antiretroviral (ARV) treatment coverage in the region is improving but is still very low – covering approximately 36% of all PLHIV.³ High rates of co-infection are prominent in the region, with tuberculosis cases increasingly linked to HIV infection and opiate use, and the hepatitis C virus approaching 80% prevalence amongst people who use drugs in many countries. Nine of the world’s 30 countries with a high burden of multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) are within the European Region (Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan).⁴

Among the key drivers of the Global Fund’s Funding Model is a transition to more sustainable domestic financing of disease responses. This has immediate implications for many middle-income countries with concentrated HIV epidemics, including the end of their eligibility for Global Fund support, or significantly reduced support.

2 <http://aidsinfo.unaids.org/>
 3 Global AIDS Update 2018 – MILES TO GO – Closing Gaps Breaking Barriers Righting Injustices
 4 WHO Multidrug- and extensively drug-resistant TB (M/XDR-TB)

While there has been a significant improvement in the legal environment relevant to HIV in the region, certain gaps still persist and they are closely related to the rights situation of people living with HIV, key populations most at risk of HIV infection and the legal and policy regulatory frameworks that govern national efforts in prevention, treatment, care and support. These are also highlighted in the Report and Supplement of the Global Commission on HIV and the Law including the importance of engaging civil society actors as key service providers to key populations at higher risk of HIV including people who use drugs, men who have sex with men and transgender people, sex workers, prisoners and others in closed settings, migrants and others.

Dynamics around the funding landscape for especially prevention services to key populations through NGOs is of great concern as reduced funding may lead to their total shutdown or substantial downscaling. NGO social contracting is one of the key pillars of ensuring continued service provision to key populations and people living with HIV and sustainable financing in many countries of the region. It however is not a magic bullet but rather one of the mechanisms by which NGOs can access funding at various states levels. Hence, it is of utmost important to support countries in developing and implementing these mechanisms. This Guidance Note will assist in better understanding the process of supporting the legal, regulatory, policy and practice frameworks for operationalization of effective NGO social contracting mechanisms through a practical step-by-step approach.

1.3. Who is this Guidance Note for?

This purpose of this Guidance Note is to assist in the analysis of NGO social contracting mechanisms at national, sub-national and local levels, following the methodology used in development of NGO Social Contracting factsheets for ten countries of Europe and Central Asia. The resulting product – whether called factsheets or otherwise – will contain findings and recommended actions for setting up or improving NGO social contracting for sustainable HIV responses.

The guide can be used by one or several of the following stakeholders:

- ▶ **Governments** (including entities responsible for NGO registration at national or sub-national level): they can use the guide to develop factsheets and to use the facts and recommended actions for setting up or improving social contracting to NGOs.
- ▶ **National HIV coordination bodies:** they can use the guide to develop factsheets for planning the national HIV response, to identify gaps in NGO social contracting and to better identify necessary resources, legislation, regulation or policy change needs.
- ▶ **Country Coordinating Mechanisms (CCM) for the Global Fund programmes:** they can use the guide to develop factsheets for sustainability planning.
- ▶ **UNDP offices:** they can use the guide to develop factsheets to focus priorities of their HIV programmes.
- ▶ **NGOs:** they can use the guide to develop factsheets to promote social contracting and advocate for necessary legislative, regulatory and policy changes.
- ▶ **Other organizations:** in some countries, international organizations play a significant role in the national HIV response. They can use the guide to develop factsheets for planning the sustainability of their programmes.

1.4. How is the Guidance Note structured?

This Guidance Note starts with an introduction that defines and describes the importance of NGO social contracting for sustainable HIV responses. The introduction also explains where the social contracting factsheets have already been prepared, the process behind the social contracting factsheet development and the results.

The second section of the document explains how to use the Guidance Note at different stages of the process. It describes the composition and responsibilities of the team, importance of partnerships, the timeline, the factsheet outline, sources of information, review process, and promotion of the factsheet.

Sections three to twelve describe in detail how to develop specific chapters of the social contracting factsheet, including:

- a) HIV epidemiology in brief (what indicators to use, how we define them, where to find the information, how to present the information, how to produce a table with key indicators, example of tables, graphs, infographics),
- b) Legal, regulatory, policy, strategy and institutional aspects of the national HIV response and the role of NGOs (what are the key laws, regulations, policies, strategies, action plans and other documents relevant for the national HIV response and the role of NGOs within them, where to find these and how to present their key aspects),
- c) NGO landscape (what is the key information on NGOs in a country, where to find this information and how to organize/present the information),

- d) NGO service delivery under Global Fund grants (what is the key information on GF grants and the budget available to NGOs, where to find the information, how to organize and to present this information and how to produce tables and graphs),
- e) NGO Social Contracting: legal and regulatory frameworks (what are the key laws, regulations, policies, strategies, action plans and other documents relevant for the social contracting to NGOs, where to find them, how to present their key aspects),
- f) Quality control and assurance (what is it, what is the key information to look for, where to find this information and how to present it),
- g) Other prerequisites for service provision by NGOs (licenses, special permissions, etc.) (what are they, what key information to look for, where to find it, how to present it),
- h) NGO social contracting: the practice (where to find examples, how to select the most representative, how to present the mechanism, step by step instructions of how to develop and operationalize a government social contracting mechanism),
- i) Recommendations (how to structure recommendations, what to select and how to present them).

The last section of the Guidance Note explains how to get started, how to develop an outline, how to define roles and responsibilities, partnerships, key processes, style guide, how to conduct a review and how to promote the factsheet.

Example of Terms of References for consultants that will be engaged in the factsheet development are provided in an annex.

2. HOW TO USE THIS GUIDANCE NOTE

2.1. Team and Responsibilities

The main team of writers may consist of two authors. One of them will be responsible for HIV epidemiology and NGO service delivery under GF grants, while the other author will be responsible for the legal and regulatory framework of the HIV response and social contracting and for the existing social contracting practices. Based on the scope of work, additional researchers may be engaged (for legislation and literature review). A designer, a language editor and a proof-reader should be involved in the finalization of the factsheet.

If a factsheet is a part of the series of factsheets, a series editor can be involved to supervise development of the whole series to ensure consistency between the factsheets. A legal and financial associate will be responsible for contracting issues.

2.2. Partnerships

For the successful development of the factsheets, it is necessary to build partnerships within the country. The partnerships will include organizations and institutions who will assist in data collection, identification of the key strategic and legal documents, surveys, and practical examples.

For the HIV epidemic overview, key partners are MoH, national HIV coordination bodies and offices, HIV centres, and CCMs. PRs can also provide some of the most recent epidemiological and programmatic data (e.g. unpublished IBBS reports). They may also help in identification of the key strategic documents and legislation that regulates legal and institutional aspects of the national HIV response. HIV treatment centres might have the most recent data related to ART.

Other ministries (e.g. Ministry of Justice, Ministry of Internal Affairs, Ministry of Social Care), national offices responsible for NGOs or NGO networks may provide assistance in identification of key legislation relevant for the NGO landscape in the country, governmental social contracting to NGOs, quality control and assurance and other prerequisites for service provisions (licences, special permissions, etc.).

Current and former PRs are the key informants on the GF HIV grants, available budgets, budget allocations and NGOs contracted under the GF grant.

NGOs who are SRs can help to identify SSRs NGOs. Both SRs and SSRs will be the key informants (if such information is not available at PR level) for NGO service delivery under GF grants and for government social contracting practices.

2.3. Timeline

Sample Inception Report Structure

Category	
1	Introduction
2	Background
3	Methodology
4	Desk review/literature review
5	Drafting the fact sheet
6	Peer/Expert review of fact sheet
7	Consolidation of the comments/feedback
8	Validation and finalization of fact sheet
9	Dissemination of fact sheet
10	Gantt Chart with timelines of above

The timeline for the factsheet development should be developed at the beginning of work, accompanying the inception report. It should include all activities, responsibilities, expected outcomes and deadlines.

The data collection phase might take a lot of time and it should be planned carefully, allowing enough time for establishing partnerships, collecting available reports, surveys, articles, collecting unpublished information, data verification, etc. A common situation is that different sources provide different data for the same indicators and data reliability must be checked with stakeholders. As this process can sometimes be long and can last several months, new data might become available. To avoid multiple revisions of the document, we suggest that at the beginning a reference year or date should be set (e.g. the last day of the previous year or the last day of the previous GF grant phase) and only the data that refer to the period before the reference year/date should be used.

2.4. Factsheet outline

A factsheet outline should be developed at the beginning of the process and it will guide the data collection, literature review and writing. We suggest the outline already used in UNDP factsheets. This guidance is based on that outline as well.

Factsheet outline

1. HIV epidemiology and response

1.1 HIV epidemiology in brief

(Table 1: Indicators for key populations)

1.2 Legal and institutional aspects of the national HIV response and the role of NGOs

2. Social contracting of NGOs in the national HIV response

2.1 NGO landscape in the country X

2.2 NGO service delivery under Global Fund grants

(Table 2: Global Fund average annual budget for NGOs (years XXXX-XXXX))

2.3 NGO social contracting: Legal and regulatory frameworks

2.4 Quality control and assurance

2.5 Other prerequisites for service provision

2.6 NGO social contracting: the practice

3. Recommendations

Legal and institutional aspects of the national HIV response

NGO landscape in country X

Social contracting of NGOs for the national HIV response

Publication information (publisher and year of publishing, list of authors, list of contributors, acknowledgments, disclaimer, etc.)

2.5. Style Guide

You will need to decide on the style guide that will be used (e.g. UN/UNDP Style Guide) and use it consistently. The guide should define font type and size, size of margins, reference style, style of headings, subheading, use of bullet-points, style of tables, figures, use of numbers, currencies, etc.

You may also decide on the visual identity of the factsheet: cover page and the last page, use of logos, etc. Definite visual identity will be agreed with a designer.

2.6. Sources of Information

The development of the factsheet entails extensive desk review on issues that go beyond social contracting per se. In order to present comprehensive analysis and provide strategic and actionable recommendations, the factsheet needs to look at a number of areas that affect NGO social contracting to provide HIV services. While preparing ten factsheets in Europe and Central Asia, the following areas were studied (these may be revised if deemed necessary and depending on the country context):

- ▶ HIV epidemiology and response
- ▶ NGO landscape
- ▶ Legal framework for social contracting
- ▶ Licensing and other requirements for NGOs to engage in social contracting
- ▶ Quality control and assurance
- ▶ Practice of service delivery by NGOs under Global Fund grants
- ▶ Practice of NGO social contracting

Below we explain what sources of information should be used when working on specific sections of the factsheet.

Examples of legal texts to be reviewed:

- ▶ The Constitution
- ▶ Codes (e.g. Health Code, Civil Code, etc.)
- ▶ Laws (e.g. on HIV, on communicable diseases, on public health; on legal entities, on NGOs; on public procurement; on social services; on licensing and accreditation, etc.)
- ▶ Government resolutions (e.g. on HIV, on communicable diseases, on public health; on legal entities, on NGOs; on social services; on licensing and accreditation, etc.)
- ▶ National strategic plans (on HIV, communicable diseases and/or public health; on civil society development, etc.)
- ▶ Bylaws of ministries (related to HIV and social contracting of NGO for HIV service provision)

a. Legal texts

Collecting relevant documentation may be fairly easy in countries that maintain free of charge electronic databases of legislation, however in other cases, legal documents may not be readily available in one place or may not be offered free of charge. In such instances, it is worth checking official websites of the Parliament, President's Office, ministries and courts. If some documents are still not found, the options to consider would be to include buying access to commercial databases or searching in the archives of large libraries. Policies, such as strategies and decisions of ministries, may be requested directly from the issuing authority, e.g. the Ministry of Health.

Figure 2 Example of an open online legal database

The screenshot shows the LexUZ website interface. At the top, there is a navigation bar with a home icon, a green button for 'Официальное опубликование нормативно-правовых актов', and links for 'О LexUz', 'Справочники', and 'Тематический каталог НПА'. A blue banner on the right indicates that the new version of the site is in test mode and provides a link to the previous version. Below the navigation bar, a central message reads 'Вниманию посетителей сайта LexUz!' and 'Официальное опубликование на сайте осуществляется только в разделе «Официальное опубликование нормативно-правовых актов»'. The main section is titled 'Поиск документов' and contains several search filters: 'Номер акта' (with a checkbox for 'регистрационный номер Министерства юстиции'), 'Дата принятия' (with a checkbox for 'Диапазон'), 'Слово и фраза в тексте', 'Наименование акта', 'Форма акта' (dropdown menu), 'Орган' (dropdown menu), 'Язык' (radio buttons for 'Все', 'Узбекская кириллица', 'Русский'), and 'Статус акта' (radio buttons for 'Все', 'Действующий', 'Утративший силу').

lex.uz, Uzbekistan's open online legal database. While such databases do not exist in every country, having them significantly simplifies data collection

b. HIV Epidemiology and Responses

A factsheet should provide brief information related to HIV epidemiology in the country, including key data related to HIV epidemiology and an overview of a country's achievements towards the UNAIDS 90-90-90 goals (the percentage of people living with HIV who know their status, percentage of them receiving sustained antiretroviral therapy (ART) and the percentage of those receiving sustained ART with viral suppression), HIV prevalence in key populations, service coverage of key populations and main gender and sub-national differences. More information about the relevant sources of information is presented in section 3.

c. NGO Service Delivery under Global Fund Grants

Key information related to NGO service delivery under the Global Fund HIV grants in the study country includes the budget allocation of the most recent Global Fund project phase to NGOs per activity type, number of NGOs contracted and the minimal, maximal and average size of the budget available for NGOs. Detailed information about the relevant sources is presented in section 6.

d. Practice

By 'practice' we consider the practical experience of the country in implementing NGO social contracting. Information about practical aspects of social contracting can be found in publications. For instance, the International Center for Not-For-Profit Law (ICNL) offers *Civic Liberty Monitor* country reports, which provide up-to-date information on legal issues affecting civil society and civic freedoms. As of October 2017, ICNL presented

reports on 50 countries.⁵ Another important resource is USAID's CSO Sustainability Index (CSOSI). The Index measures the sustainability of each country's civil society sector based on the CSOSI's seven dimensions: legal environment, organizational capacity, financial viability, advocacy, service provision, infrastructure, and public image. CSOSIs are published for Africa,⁶ Asia,⁷ Europe and Eurasia,⁸ and Middle East and North Africa.⁹ Sometimes there are also country NGOs working on issues around social contracting or broader civic freedom; their publications may be a valuable source of information, and it can be supplemented by consulting with experts, who can provide latest updates.

2.7. Review process

A factsheet draft should be reviewed both internally and externally. Internal review might include the editor's review or a review of a steering group established for this purpose.

External review might include several steps. The section describing HIV epidemiology should be reviewed by the national HIV coordinators and the section on NGO service delivery under GF grants should be reviewed by the PR(s). The national HIV coordinators or PRs might be asked to review the current legal and institutional aspects of the national HIV response and the role of NGOs, while NGOs can be invited to review other chapters. After this round of review, the draft can be offered to the MoH and/or other relevant ministries for their review.

2.8. Promotion

An NGO social contracting factsheet can be a valuable document that will trigger action within a country. It can support the PR's efforts to secure sustainability of programmes and services provided by NGOs and financed by the GF. NGOs, not necessarily those involved in the HIV response, can also benefit from the factsheet. Any relevant meetings at the national level can be used as an opportunity to promote the factsheet. Such events are commonly organized by PRs, CCMs and/or the MoH. Round tables, conferences and meetings that will include national stakeholders are good opportunities to discuss the factsheet and their recommendations. Any meeting aimed to deal with NGO social contracting in the country can be used to promote the factsheet.

Regional HIV meetings are also an opportunity to promote the factsheet. Countries in a region may share similar experience and challenges in social contracting and GF HIV programme sustainability.

International conferences that bring together stakeholders and experts are another possibility to promote the factsheet, to attract broader attention and to promote further work and research in the area of social contracting.

Finally, as the factsheet promotes decentralization of the national HIV response, meetings and conferences at the local level can be initiated to discuss the role of local self-governments in social contracting. Institutional websites, social media and media are also often used to promote the factsheet. Online discussions may be used to discuss the factsheet recommendations as well.

5 <http://www.icnl.org/research/monitor/>

6 <https://www.usaid.gov/africa-civil-society>

7 <https://www.usaid.gov/asia-civil-society>

8 <https://www.usaid.gov/europe-eurasia-civil-society>

9 <https://www.usaid.gov/middle-east-civil-society>

3. HIV EPIDEMIOLOGY IN BRIEF

HIV Epidemiology in Brief is the first section of the factsheet, and it aims to present key information on HIV epidemiology in the country, the percentage of PLHIV diagnosed, treatment coverage, HIV prevalence in key populations, service coverage, key gender and sub-national differences. It consists of a table and of a narrative part. The section also includes sources of the presented information, i.e. reference. It should not be longer than one page.

3.1. Narrative for the Section

This section is guided by the 90-90-90 approach. It also emphasizes the importance of key populations within a country's epidemiological profile. A brief narration of the HIV epidemiology for this section may be presented as follows:

a. Level of epidemic: generalized/concentrated/low level epidemic

Description: **Generalized epidemic:** HIV prevalence usually exceeds 1% among pregnant women attending antenatal clinics; **Concentrated epidemic:** the prevalence is over 5% in subpopulations while remaining under 1% in the general population; **Low level epidemic:** HIV prevalence has not consistently exceeded 1% in the general population nationally, nor 5% in any subpopulation.

Source of information: HIV prevalence data for key population can be found in integrated bio-behavioural surveys (IBBS) reports. These surveys are usually available, and they are repeated every 2-3 years. The prevalence is commonly reported in the national progress reports available on the UNAIDS website or can be obtained from the national HIV institutes/coordination bodies or MoH. The data on HIV prevalence among pregnant women might be found in MoH reports (if routinely collected and published); they are sometimes available within HIV testing programmes (e.g. if HIV testing is a part

of the GF programme); finally, you may search for HIV prevalence studies among pregnant women. A generalized epidemic will result in mother to child HIV transmission. The level of this type of transmission and HIV prevalence among women in reproductive age can be indirect indicators for an estimation of HIV prevalence among pregnant women, if there is no data on HIV prevalence among pregnant women available.

Further considerations: the reliability of IBBS depends on methodology, experience of the research team, access to key populations, quality of data collection, etc. Try to find all available (historical) IBBS prevalence data and the data on HIV prevalence in pregnant women. Try to observe trends and underlying methodology/data quality. Consider also social, economic, cultural and political circumstances and how they can influence the data (e.g. high level of stigma or criminalization of key populations).

b. How many people living with HIV are in the country, how many of them are registered (diagnosed and reported) and how many of them are on ART

Definition: Estimated number of people living with HIV according to the latest official report (in the last available year); registered number of people living with HIV (those who are registered and still alive, not the cumulative number of people living with HIV ever registered) according to the most up-to-date data available; number of people living with HIV who were on ART in-line with latest official data.

Sources: For the estimated number of people living with HIV: national estimates or, if not available, UNAIDS estimates available on the UNAIDS website; for the number of people living with HIV registered: national HIV annual reports, national progress reports, communication with national HIV centres or coordination bodies; for the number of people living with HIV on ART: the same as previous or communication with HIV treatment centres.

Further considerations: estimated data are based on the existing information, methodology and software used for estimation and it might significantly vary.

If national estimates are available for the previous or current year, but it is significantly different from the UNAIDS estimation, consider the methodology used. You may decide to present UNAIDS estimates or you can present both (e.g. in footnote) if they differ significantly. Registered number of people living with HIV includes those who are known to be diagnosed with HIV, but also those who may no longer be alive. If only a cumulative number of people living with HIV is available in the country, the number of 'registered' people living with HIV can be calculated by extracting the number of registered people living with HIV who died, from the cumulative number of PLHIV. However, many deaths of people living with HIV (HIV-related or not) are often not reported, just as people living with HIV who have left the country are often included in this number. Sometimes, new HIV diagnoses will also not be reported. Therefore, the 'number of registered PLHIV' should rather be treated as an estimation; its quality is related to the quality of HIV surveillance and reporting. In some countries, the number of people living with HIV on ART is not available. This is a dynamic indicator, as it changes on a daily basis. We propose to use the number of people living with HIV who were still on treatment according to the latest reported data.

In the text, present both absolute numbers and proportions (% of estimated number of people living with HIV who are registered, % of estimated people living with HIV who are on ART and % of registered people living with HIV who are on ART).

c. Leading mode of transmission

Definition: leading mode of HIV transmission in the country according to the latest available data: sexual transmission, injecting drugs, mother-to-child (vertical).

Sources: national HIV registries, official HIV reports, annual progress reports.

Further considerations: present the data from the latest yearly report. However, many countries face a rapid

shift between modes of transmission (e.g. from drug injection to sexual transmission). Observe the trends and report any significant changes in the last 5-10 years rather than a single year situation.

d. HIV prevalence trends in key populations

See point a. Report HIV prevalence in key populations: people who inject drugs, men who have sex with men, sex workers. If there is another key or vulnerable population (e.g. prison inmates, migrant workers, etc.) in the country with significant HIV prevalence (e.g. above 1%) you should report this prevalence as well (you can use a footnote for this).

e. Gender differences

Definition: any relevant gender differences in HIV prevalence (general population, key populations e.g. sex workers, men who have sex with men, people who inject drugs), access to prevention and treatment.

Sources: IBBS reports, programmatic reports.

Further considerations: choose only one example of gender differences, the one most relevant for the country context (considering the epidemiology, national strategy goals and priorities).

f. Sub-national differences

Definition: any relevant sub-national differences in HIV prevalence (general population, key populations) or access to prevention and treatment.

Sources: IBBS reports, programmatic reports.

Further considerations: choose only one example of sub-national differences, the one most relevant for the country context (considering the epidemiology, national strategy goals and priorities).

Example of the narrative part of the chapter HIV epidemiology in brief

(Sentence 1): Belarus has a concentrated HIV epidemic (*HIV epidemic level*), with 15,378 officially registered people living with HIV (*number of people living with HIV registered*), which is 44% of the estimated actual number of people living with HIV in the country¹ (*proportion of people living with HIV registered; the reference indicates the source of information*). *(Sentence 2):* In 2014, 7,392 people living with HIV were receiving antiretroviral therapy² (coverage of 21% of the estimated number of people living with HIV and 48% of the registered people living with HIV³) (*number of people living with HIV on ART and proportion of the estimated and registered people living with HIV on ART; source of information indicated in the footnote*). *(Sentence 3):* Sexual transmission is the most common way of HIV transmission, followed by injecting drugs (*the leading and the second leading mode of transmission indicated*). HIV prevalence is still increasing among people who inject drugs⁴, sex workers⁵, as well as men who have sex with men⁶ (*HIV prevalence trend in key populations with indicated sources of information*). *(Sentence 4):* There are significant gender differences (e.g., 10% of the women who inject drugs have reported engagement in sex work, compared to 4% of the men who inject drugs)⁷ (*example of gender differences*). *(Sentence 5):* There are also sub-national differences in the HIV prevalence: in 2015, it ranged from 15% in Gomel to 44% in Svetlogorsk among people who inject drugs; among sex workers, it ranged from 0% in Brest to 18% in Svetlogorsk and among men who have sex with men from 2% in Brest to 15% in Vitebsk^{8,9,10} (*example of subnational differences with sources indicated*).

3.2. Table 'Indicators for Key Populations'

The table should present key indicators for key populations (people who inject drugs, men who have sex with men, sex workers): estimated population size, HIV prevalence, coverage of HIV testing in the past 12 months and prevention programme coverage.

a. Estimated Population Size

Definition: estimated size of people who inject drugs, men who have sex with men and sex workers in the last available year on the country level.

Sources: Published estimates, communication with national HIV offices or MoH, national progress reports, other reports that may include information on population size.

Further considerations: contact the national authorities for the most recent estimation. Alternatively, you will find the information in recently published reports (start with the most recent progress report). Population size estimations are based on existing information (and their related quality) and various methodological approaches. You might find various estimations that significantly vary. Consult the national programme coordinators on which one to choose or you may decide to choose the most consistent one (the one that appears in different sources, or at least where the difference between the two estimations is not large).

b. HIV Prevalence

See points a. and d. in the section Narrative. The data from IBBS are commonly available for the capital and sometimes for other cities. We suggest using HIV prevalence in the capital. In the narrative you can explain some considerable sub-national differences of HIV prevalence in key populations. Use the last year available.

c. Coverage of HIV Testing in the Past 12 Months

Definition: proportion of key populations tested on HIV during the past 12 months (12 months before the survey was conducted).

Sources: In IBBS studies, participants are usually asked whether they have taken an HIV test in the past 12 months. This allows estimating a self-reported HIV testing coverage. Alternatively, you may find surveillance data and absolute number of individuals from key populations tested for HIV in the last calendar year.

Further considerations: The surveillance data are based on routine reporting. Completeness rate for the reported cases can sometimes be low; the reported number of HIV tests performed in a year may include multiple HIV tests for the same person; usually as a denominator estimated population size can be used only, which may lead to very low or very high coverage rates, based on the estimation accuracy, the quality of data and methodology used.

d. Programme Coverage

Definition: proportion of individuals from key populations covered by HIV prevention. There is no standard definition of HIV prevention services. Some countries define a minimum package of prevention services. We suggest that you use the data available, and

when possible try to be consistent between the various key populations.

Sources: IBBS routinely provide information on prevention programme/services coverage. Alternatively, you can find the data in annual reports of the GF principal recipients (PR). This indicator is often reported in the national progress report.

Further considerations: for this indicator use the data available at the national level. If there is no available data on coverage with prevention package/multiple services, you might present what is available, e.g. coverage with one prevention service (if the data for several services are available, but they are not combined, use the most relevant one based on the national strategy goals and priorities).

3.3. Data sources

Indicate sources for data presented in the narrative and the table in a footnote at the bottom of the page. Add a reference in the text where the cited information appears and indicate the source in the footnote. For the data presented in the table, indicate sources in a footnote under the table.

Table 1. Example of a table Indicators for Key Populations

	PWID	MSM	SW
Estimated population size	75,000	55,000	50,000
HIV prevalence (%)	14.2	6.2	5.8
Coverage of HIV testing in the past 12 months (%)	54.1	46.2	63.4
Prevention programme coverage (%)	74.4 ^a	72.5	81.4

^aInformation about HIV prevention received from a peer educator. Sources: Integrated Bio-behavioural Surveys Reports (Minsk, 2013), Belarus Mid-term Evaluation of the HIV Prevention Programme supported by the Global Fund Final Report. (EuroHealth Group, Soborg; 2014).

In the first line the estimated sizes of key populations at the national level in the last available year are presented. In the second line, HIV prevalence data among key populations in the capital for the last available year is presented. The third line presents the coverage of HIV testing in the capital in the past 12 months, while in the last line the coverage of key populations in the capital with HIV prevention programmes is shown. For people living with HIV the data was available for HIV prevention received from a peer educator and it is indicated in the footnote. Sources of information are indicated in the footnote.

4. LEGAL, REGULATORY, POLICY, STRATEGY AND INSTITUTIONAL ASPECTS OF THE NATIONAL HIV RESPONSE AND THE ROLE OF NGOS

This section gives an overview of country's legal and policy framework for the HIV response with a focus on engagement of civil society and community organizations. The section should follow the hierarchy of legal and policy documents of the country – starting from laws and going down to bylaws, policies, strategies, and guidelines. The questions to be answered in this section are:

- ▶ What are the key laws, policies, strategies and other documents relevant for the national HIV response?
- ▶ What are the main features of the national HIV response?
- ▶ What is the role of NGOs within the national HIV response?

The first step in working on the section is conducting a desk review of all relevant documents. If the country has an HIV-specific law, it could be the first one described, because usually it defines the country's approach to tackling the epidemic. In the lack of such a law, other relevant laws should be analysed, such as the law on communicable diseases or the health code. It is important to focus the analysis on the most important aspects, e.g. whether it is human-rights based and in line with the country's international commitments, and whether and how it speaks about engagement of civil society in the response.

Particular attention should be given to making sure that latest versions of the documents are being reviewed. Besides, it is worth reaching out to country's leading practitioners in the field to check if they are aware of any legislative and policy initiatives (such as legislative amendments to the HIV law or development of a new strategic plan) being undertaken in the

country, which may affect the way the epidemic will be tackled, or the role NGOs will play in the response. If such initiatives exist, it is important to provide their brief analysis supported by references, where possible.

It may be useful to provide relevant quotes from the laws and policies, which would support and complement the analysis. For English versions of the factsheet, one should use official translation; when it does not exist, unofficial translation of highest possible quality should be used instead.

Figure 3. Example of quotes from legal texts

Law of the Republic of Tajikistan on State Social Contracting

State social contract is a form of implementation of social programmes and projects that are aimed at tackling social problems of national and local levels funded from the State budget and resources made available through signing contract between the social contractor and the implementer (art. 1)

The goals of the state social contract are:

- ▶ Fulfilling needs of the state in the social sphere
- ▶ Solving socially significant problems of national and local levels, which are not addressed by the work of state bodies or which have emerged unexpectedly
- ▶ Using additional human, material and financial resources for tackling social problems
- ▶ Taking additional measures for social support of citizens
- ▶ Contributing for improving citizens' quality of life(art. 5.1).

Quotes from legal texts help the reader better understand the context

5. NGO LANDSCAPE

This section should provide an overview of the environment in which NGOs operate, and highlight major opportunities and challenges faced by NGOs, which either promote or undermine their involvement in the national HIV response. The specific questions to be answered in this section may include:

- ▶ What types of NGOs are envisaged by the laws of the country? What are the differences between them?
- ▶ How many NGOs are there in the country?
- ▶ Is registration required for NGOs to operate? If yes, how easy is it to register an NGO? Are there any difficulties faced by NGOs that work with or represent key affected populations?
- ▶ Where do NGOs get their funding?
- ▶ Are NGOs allowed to perform economic activities? Are such activities taxable?
- ▶ What are other important aspects that affect or may affect the engagement of NGOs in service provision?

When working on this section, one needs to analyse the materials available on official resources, such as the website of the Ministry of Justice (or other authority responsible for registration of NGOs), which often contains data on how many NGOs are registered in the country, and documents governing the registration and operation of NGOs. It is important to also consider requirements regarding reporting – financial and programmatic – requirements for NGOs, as well as the need for NGOs to undergo regular audit.

One also needs to look at funding sources for NGOs: are NGOs dependent on donor funding, or have access

to other funding? In some countries, NGOs need to seek official approval to receive foreign funding; in others, they may be classified as ‘foreign agents’, which may have consequences for their work and how it is perceived in the country.

All official information should be supplemented by analysis of independent sources, such as USAID’s CSOSI and ICNL’s Civic Freedom Monitor. To get most up-to-date information, one should consider consulting with leaders of NGOs, especially those involved in HIV service provision.

Figure 4. Example of an online source about NGO landscape



International sources like ICNL’s Civic Freedom Monitor may give useful information, which if possible should be cross-checked with official sources and local partners

6. NGO SERVICE DELIVERY UNDER GLOBAL FUND GRANTS

The *NGO Service Delivery Under Global Fund Grants* section of the factsheet should present key information about the current or the most recent grant phase. The key part of this chapter is a table with detailed information about the grant, followed with a short narrative.

6.1. Table 'Global Fund Average Annual Budget for NGOs'

The table consists of four columns: HIV programmes under the current (or the most recent) GF grant, the budget allocated to NGOs (in US\$), proportion of the line budget and national/sub-national/local budget distribution.

a. Current GF grant

The first step will be to identify existing GF grant in the country. In some countries, there is only one HIV

ongoing grant, while in others there are more HIV grants running at the same time (e.g. extension of one grant overlaps with the beginning of another grant). You might also consider other GF grants (TB, malaria, health system strengthening) that include also some activities related to HIV prevention and treatment. It might be useful to make a working table and present all GF HIV grants that were or that are available to the country, including information on the PRs, available budget, the start and end dates of the grants and their phases.

Sometimes factsheets will be developed for the countries that are no longer eligible for GF grants. In these cases, use the most recent (last) GF HIV grant present in the country.

b. Average annual budget

The GF grant phase usually lasts several years (two-three years, and one year of possible phase extension). In many cases, it starts at the beginning of a calendar year and ends at the end of the relevant calendar year. The table should include average annual budgets. What does it mean? See example.

Example: Average annual budget (12 months)

GF HIV grant phase start date: 1st April 2015

GF HIV grant phase end date: 31st March 2018

So, the phase includes 36 months

GF HIV grant phase budget: \$ 3,000,000 (for 36 months)

Average annual budget = $(\$ 3,000,000 / 36) \times 12 = \$ 1,000,000$

The same approach should be used for each programme component budget.

If two or more GF HIV grants are overlapping, you need to consider both (all) of them. See the next example.

Example Average annual budget (12 months)

GF HIV grant 1 phase start date: 1st April 2015

GF HIV grant 1 phase end date: 31st March 2018

The phase includes 36 months

GF HIV grant 1 phase budget: \$ 3,000,000 (for 36 months)

Average annual budget of the GF HIV grant 1 phase = $(\$ 3,000,000 / 36) \times 12 = \$ 1,000,000$

Example Average annual budget (12 months)

GF HIV grant 2 phase start date: 1st June 2016

GF HIV grant 2 phase end date: 31st May 2017

The phase includes 12 months

GF HIV grant 2 phase budget: \$ 1,000,000 (for 12 months)

However, we can see that this HIV grant overlaps with the previous one for a period of 7 months in 2016 and 5 months in 2017 (and zero months in 2015 and 2018). In other words, during some periods of the grant 1 this grant will overlap with another one, while during the other periods they will not overlap.

In this situation, you will have to decide what will be your reference year. You can decide to make it 2016 (last year, completed), 2017 (ongoing) or 2018 (e.g. the year when the factsheet was supposed to be available). Let's say we decide 2017 is our reference year. In this year, grant 2 overlapped with grant 1 for a period of five months.

Average annual budget of the GF HIV grant 2 phase for 2017 = $(\$ 1,000,000 / 12) \times 5 = \$ 416,667$

Total average annual budget for 2017 (for both grants) = $\$ 1,000,000 + \$ 416,667 = \$ 1,416,667$

(If the reference year is 2016, the total annual budget is equal to \$ 1,000,000 (average annual budget for the grant 1) + $(\$ 1,000,000/12) \times 7$ (average annual budget for grant 2. If the reference year is 2018, the average annual budget is equal to \$ 1,000,000 as this is supposed to be the only grant in 2018.)

c. Currency

Usually GF grant budgets are presented in US\$, but sometimes you will see the budgets in EUR or in local currencies. We suggest that you convert the average annual budget into US\$ using the average annual exchange rates for the reference year. Alternatively, you can convert the whole phase budget into US\$ using some of the online exchange rates calculators and the average exchange rate for the whole period or you can simply use annual exchange rates for each phase year.

d. HIV programmes

GF HIV grants might have various components, but usually they can be classified in several large categories: prevention, treatment, care and support,

and programme management and support. Sometimes other categories will also appear: orphans and vulnerable children, social protection and social services, research, etc. Use NASA classification¹⁰ to classify programme components, rather than the classification of the GF grant. You might group small programmes, particularly those where NGOs are not service providers, into one category. If a GF grant has a significant part of the budget allocated for other components (e.g. gender issues), you may add that component to the table.

¹⁰ National AIDS Spending Assessment (NASA)

As the role of NGOs is the most important and the most common in HIV prevention, you will have to present sub-components under 'HIV prevention'. Despite the GF grant breakdown, you always have to present separately programmes for the three key populations – people who inject drugs, men who have sex with men and sex workers. You may also add the programmes for a specific vulnerable population (e.g. prison inmates, migrants, partners of sex workers, vulnerable children, youth) or some other prevention programmes (e.g. HTC, blood safety, pre- or post-exposure prophylaxis) if the role of NGOs is relevant for these programmes and they are supported with a significant budget. Otherwise you may combine them into one category 'other prevention'.

Under 'Treatment, care and support' include all the activities related to HIV treatment, patient care and psychosocial support. Delete from the component title activities which are not financed by the GF (e.g. if ART is completely covered by national sources).

Include human resources costs under the programme management component. Sometimes it is not possible to present some components in the budgets separately – e.g. HTC is an integrated part of key population prevention or programme management costs are not expressed separately – they are included in various other components. In such a situation, remember that the main aim of the table is to present the role NGOs in the GF HIV grant, not to provide detailed information about the GF grant. According to that logic, show those programmes in more detail and group other

programmes where the role of NGOs is minor or that are provided by other actors, not NGOs.

e. Budgets allocated to NGOs

Definition: average annual GF HIV grant phase budget available to NGOs per programme component.

Sources: GF HIV grant principal recipient(s), NGOs.

Further considerations: present the budget (in US\$) allocated (not spent!) to NGOs for the current (or the most recent) GF HIV grant phase. You may use the data obtained from NGOs for verification of data quality by crosschecking the NGO budget data with PR budget data.

f. Percent of the line budget

Definition: present a proportion of the line budget allocated for NGOs (e.g. if the total phase budget for men who have sex with men prevention was \$1,000,000 and \$400,000 was allocated to NGOs, the percentage of the line budget is $\$400,000/\$1,000,000 = 40\%$).

Sources: GF HIV grant principal recipient(s).

Further considerations: to be able to calculate values for this column, you must have a table in which you will present the proportions of the budget allocated to NGOs and other actors (public organizations, international organizations, international NGOs, other organizations – private, faith-based, etc.).

Below is an example of the working table (upper part only) that can be used for this section.

Table 2. Example of a working table for the available GF budget (upper part only)

Objective 1. To increase access to evidence-based HIV prevention	Budget in EUR	Budget allocations to PR and SRs (EUR)				
		PR		SR		
		Public		Private		
		National	UN and other public multilaterals	National NGOs	International NGOs	Others
1. Prevention						
1.1 Module: Prevention programmes for people who inject drugs) and their partners						
1.1.1 Intervention: Needle and Syringe programmes as part of programmes for people who inject drugs and their partners						
1.1.1.1. Expand the range and support quality harm reduction services provided by needle and syringe programmes (Community Outreach for Injecting Drug Users)	1,240,378			1,240,378		
1.1.1.2. Procure basic HR supplies (syringes and alcohol wet napkins)	471,210			471,210		
1.1.1.3. Develop, print and distribute HIV/AIDS informational and educational materials for people who inject drugs and their sexual partners	25,000			25,000		

Note: PR – principal recipients, SR – secondary recipients. This is an example of a table with the data received from a PR. You will have to convert EUR to US\$ first, and then to calculate the average annual budget.

Do not forget to include the budget directly used by the PR. If a PR is an NGO, include its budget to the national NGO portion. Otherwise, include it to the appropriate (public or international NGO or others) portion.

g. National/subnational/local budget allocation

Definition: distribution of the line budget per level of service provision. National means that programme is provided at the national level; subnational level includes provincial level, or the level of oblast, etc. Local level includes municipalities and cities, as well as districts/rayons, etc.

Sources: PR(s) and NGOs. However, often this kind of information is not easily available and you will need to collect more information on each programme component.

Further considerations: NGOs are in many countries registered and consider themselves as national or local NGOs. This fact leads to the assumption that a 'national' NGO is providing services at the national level (or sub-national), while local NGOs provide services at local level. However, this is often wrong.

If a national NGO provides a service nationwide, in e.g. 20 cities, but the beneficiaries of those services are only local people (e.g. needle-exchange programme), we assume that the programme is available at local level. On the other hand, if an NGO leads a campaign to eliminate stigma or advocate for legislation change at national level, we assume it as a national programme, since potential beneficiaries are from all over the country. The same programme can be provided at local level only (an NGO advocates for stigma elimination in a city and potential beneficiaries are only the people who live in that city). In general, services for direct beneficiaries (needle-exchange, opioid substitution therapy, counselling and testing, care, other sorts of harm reduction, etc.) are considered as local programmes – as people who live in other parts of the country are not direct beneficiaries of these programmes.

Table 3 Example of a table Global Fund average annual budget for NGOs

Programme	Budget allocated to NGOs (US\$)	% of line budget	National/sub-national/local (%)
Prevention PWID	1,027,711	59.7	0/0/100
MSM	256,110	97.0	0/0/100
SW	382,765	91.2	0/0/100
PLHIV	55,755	53.6	0/0/100
Prevention subtotal	1,722,341	65.0	0/0/100
Treatment, care and support	127,400	8.7	0/0/100
Enabling environment	108,960	50.5	100/0/0
Programme management and support	14,198	1.8	100/0/0
TOTAL	1,972,900	38.4	6/0/94

Source: UNDP Belarus.

In the table above, we can see GF grant phase programme components – Prevention sub-components are also presented, while all other programmes are grouped in three other categories: Treatment, care and support, Enabling environment and Programme management and support. The second column presents the average annual budget allocated to NGOs per programme – approximately \$ 1.7 million of the total \$ 1.9 million was allocated to NGO prevention and just above \$200,000 for all other programmes (that is why it was not necessary to present other programme budgets in detail). Column 3 presents the proportion of the line budget that was allocated for NGOs. For example, \$256,110 for NGOs' programmes for men who have sex with men was 97% of the overall GF budget available for men who have sex with men (i.e. only 3% of the GF budget for programmes for men who have sex with men went to non-NGO public or private organizations. On the other hand, only 1.8% of the budget for programme management and support was allocated to NGOs (\$ 14,198), while 98.2% went to other organizations. The last column provides information on all NGO programmes provided at local level (harm reduction, care and support for people living with HIV); enabling environment and programme management and support conducted at the national level. Altogether the latter represent only 6% of the overall average annual GF budget available for NGOs.

6.2. Narrative for the section *NGO Service Delivery Under Global Fund Grants*

The aim of the narrative part is to present information on:

a. number of NGOs involved in the HIV response and financed by the GF, b. average annual GF budget available per NGO, c. range of annual budget available for NGOs, d. predominant programmes provided by NGOs and financed by the GF and the level of service provision.

a. Number of NGOs financed by the GF

Definition: number of national NGOs who are financed by GF during the current (or the most recent) HIV grant phase. This includes PR (if it is NGO), SR NGOs and sub-sub-recipient NGOs.

Sources: GF grant PR and NGOs.

Further considerations: Usually PRs have budget breakdown at SR level. However, many SR NGOs further contract

mainly local NGOs (so called sub-sub-contractors). You need to include all of them. To be able to do this, you might need to contact SR NGOs directly.

b. Average annual GF budget available per NGO

Definition: Average annual GF HIV grant budget in US\$ for the current (or the most recent) phase allocated to NGOs. You will calculate this by dividing the total average annual budget with the number of NGOs.

Sources: GF grant PR.

Further considerations: the total budget available for NGOs is presented in the table – it is a sum of the second column.

c. Range of annual budget available for NGOs

Definition: the lowest and the highest average annual budget available for national NGOs.

Sources: NGOs, PRs, SRs. PRs usually have the data for SRs only. Sometimes there are only a few SRs, but SSRs are numerous.

Further considerations: do not forget to include here the PR (if it is NGO).

Table 4 Example of working table that can be used for data collection about average annual budgets available for NGOs

#	SR name	Level of operations for service provision under current GF HIV grant			Key populations served	Contract details under current GF HIV grant					
		National	Sub-national	Local		Activity types	Project duration		Amount received from the GF (US\$) (2012-2014)	Total Number of project months	Average annual budget available
							Start	End			
1	(NGO 1)			x	PWID	Drop in centre	1-Jul-12	31-Avg-15	522,851	38	165,111
2	(NGO 2)			x	MSM; SW; Prisoners	Drop in centre	1-Jul-12	31-Dec-14	304,764	30	121,906
3	(NGO 3)	x			Healthcare workers	Trainings	1-Jul-12	30-Jun-15	31,098	36	10,366
4	(NGO 4)			x	Migrant workers	HTC	1-Jul-12	30-Jun-15	39,720	36	13,240
5	(NGO 5)	x	x		PLHIV	Psychosocial support services	1-Jul-12	31-Dec-14	29,429	30	11,772
6	(NGO 6)	x			PLHIV	Trainings	1-Jul-12	31-Dec-13	4,510	18	3,007
TOTAL									786,592.72		

d. Predominant programmes provided by NGOs and financed by the GF and the level of service provision

Definition: The type of the most common NGO programmes financed by the GF HIV grant and the level of their provision (national/subnational/local).

Source of information: NGOs, PRs, SRs.

Further considerations: This information should be in line with the column 4 in the table.

Example of narrative

"During the current Global Fund phase (2013-2015) (GF HIV grant phase), fifteen NGOs were financed by the Global Fund (number of NGOs financed by the GF during the grant phase), with an average of US\$ 280,368 available per NGO (average annual budget allocated per NGO) (range US\$ 17,216 – 1,180,227) (the range of the average annual GF budget allocated to NGOs: the smallest and the biggest average annual GF budget per NGO) predominantly for prevention programmes among key populations (predominant NGO programmes financed by the GF during the grant phase) and services on local level." (the level of services for the predominantly financed NGO programmes)

7. NGO SOCIAL CONTRACTING: LEGAL AND REGULATORY FRAMEWORKS

This section of the factsheet describes legal and policy framework related to the NGO social contracting.

Main questions to be addressed in this section are:

- ▶ What laws, regulations and policies govern NGO social contracting?
- ▶ What is the approach to social contracting in the country? What are the mechanisms through which social contracting is implemented?
- ▶ What are strengths and weaknesses of the social contracting system in the country?
- ▶ Are there any gaps or discrepancies in the legal framework which affect efficiency of the social contracting mechanism?

When identifying the laws and bylaws to be considered in this section, one should bear in mind that in addition to social contracting as such, the country may also have other ways of involving NGOs in service provision. Therefore, one should aim to study the following mechanisms:

- ▶ NGO social contracting per se
- ▶ Public procurement of services
- ▶ Provision of state support to civil society through grants, subsidies, etc.
- ▶ Targeted programmes involving NGOs as implementing partners (both in context of HIV and beyond)
- ▶ Other types of financing of NGOs, such as special loans, tax exemptions, etc.

Speaking specifically about the public procurements domain, one should consider to what extent the system is open to NGOs. For instance, if there is a requirement of financial guarantee for the bid and/or for contract, it may exclude most NGOs from participating.

Another consideration is whether the system of public procurement takes into account the not-for-profit nature of NGOs and envisages a system of balances to ensure that NGOs are competitive on the public procurements market vis-à-vis for-profit entities.

Some countries have a system of state support to NGOs. The purpose of this system may or may not

be similar to social contracting, but the importance of it cannot be underestimated, because it usually envisages financial support to NGOs to cover core costs or implement projects and programmes. When used by NGOs working in the area of HIV, such support can be directed at promoting engagement of NGOs in national HIV responses. Attention should be given to the question of who – government, NGOs or both – determines the thematic focus and modalities of such support. For instance, calls for proposals for government grants may be on particular topics or under certain themes, and eligibility criteria may filter out smaller or larger NGOs.

When reviewing government's targeted programmes in areas where NGOs are usually or may be potentially engaged (health and healthy lifestyle, work with the youth, support to socially vulnerable groups, gender, etc.) one should bear in mind that such programmes may envisage financing of NGOs to implement certain activities either through existing mechanisms of granting and social contracting, or through ad hoc mechanisms which are otherwise not regulated. In the latter case, it should be considered whether such mechanisms seem promising to be replicated and introduced as a mainstream mechanism with adequate legal regulation.

Analysis of other types of government support to NGOs, e.g. through provision of loans or exemption from taxes, is also valuable to indicate financing opportunities for NGOs that may supplement – though should not replace – social contracting.

Finally, one should also consider whether the legal framework incentivises individuals and companies to donate to NGOs by deducting such donations from their taxes, or even allows them to identify NGOs to which they want to donate. While such support is beyond social contracting, income generated by NGOs through such donations may be used to implement programmes and provide services. It is therefore important to see whether the legal framework in any way prescribes how donations can or should be used.

8. QUALITY CONTROL AND ASSURANCE

Quality control is an important aspect of social contracting, as it ensures that services provided by NGOs meet quality standards. This section of the factsheet needs to focus on the following questions:

- ▶ Are there quality standards for services provided by NGOs? Which agency is in charge of ensuring that the quality standards are observed?
- ▶ What are the monitoring and reporting requirements for NGOs engaged in social contracting? Are they effective or excessive?

One should first of all analyse the legal framework and find out whether quality standards exist and how they are enforced. Another aspect of quality control is monitoring and reporting requirements, which are usually part of the contract, signed with NGOs, but may also be found in legislation. One should investigate what consequences an NGO may face in case of non-compliance with quality standards, and whether these consequences are fair or disproportionate to the seriousness of the violation. It is important to supplement legal analysis with information from practitioners, who may inform whether quality control provisions are effectively enforced or whether NGOs are, or may be, faced with excessive burden of reporting and inspections.

9. OTHER PREREQUISITES FOR SERVICE PROVISION BY NGOS

Countries often envisage additional requirements for provision of specific services, which may include licensing, obtaining special permissions, accreditation, etc. These may apply both to organizations and individuals, and one should analyse how these requirements apply to NGO social contracting. Therefore, this section should seek to answer the following questions:

- ▶ What is the legal framework regulating licencing and obtaining other permissions required for service provision by NGOs?
- ▶ For which services are licenses or other permission required?
- ▶ Does licencing represent an obstacle for NGOs to engage in service provision?

While it is common to license certain services that require particular expertise and infrastructure, such requirements should not be excessive and restrict NGOs from being service providers. For instance, in some countries rapid tests are considered as a medical activity, which is subject to licensing; while rapid tests can be implemented without any special equipment, to obtain the license organizations must show possession of diagnostic equipment and qualified staff, which most NGOs do not have. Another important consideration is whether the process of granting permissions is easy, inexpensive and affordable enough for NGOs, including grassroots groups.

10. NGO SOCIAL CONTRACTING: THE PRACTICE

After presenting the general context of the country and prerequisites for NGO social contracting, the factsheet should focus on the practical experience of the country in implementing NGO social contracting. To this end, this section should address the following questions:

- ▶ To what extent has the country been implementing NGO social contracting, in general and specifically in the HIV context?
- ▶ What types of financing, described in chapter 7 are available to and used by NGOs in the country, and in which domains (e.g. in HIV service provision)?
- ▶ At what levels has social contracting been taking place, local, regional or national?
- ▶ Is there sufficient funding allocated for NGO social contracting in general and for HIV work specifically?
- ▶ What are the key challenges and obstacles faced by NGOs, including those providing HIV services, in working under social contracting?

Information about the practice of government social contracting may be available publicly. For instance, the government may publicly open calls for proposals and reports on funding disbursed to NGOs. But such information may often be difficult to find, as it may appear in different places, and search mechanisms may not allow searching by a legal form of funding/contract recipient. The search may be significantly simplified by checking with thematic reports, both national and

international and consulting with prominent NGOs, working on the issues of HIV, social contracting and civil society development, who may point to relevant sources of information and refer to the NGOs that have been contracted or received other funding from the government to provide services. They may also share other useful insights which may help in preparing this section and the factsheet in general.

NGOs who have experience of social contracting or received other government funding are a valuable source of hands-on information about the practice of being funded by the government. They can share both positive and negative sides of being contracted by the government. However, to make such consultations as comprehensive and productive as possible, the authors need to stick to the principle of doing no harm and should ask the counterparts whether they want their names or the name of their organizations to appear in the factsheet or would rather prefer to provide information anonymously.

Analysis of the practice of social contracting should focus on and reveal whether the legal and policy framework on social contracting is effectively implemented and whether sufficient resources are allocated and distributed in a transparent and fair manner. This section can also provide examples of inefficiencies that arise from gaps, vague or contradictory provisions in the law, mentioned in section 7.

11. RECOMMENDATIONS

The recommendations section of a factsheet should reflect measures that can and should be taken into consideration in order to effectively tackle the weaknesses identified. While there is no universally accepted model of NGO social contracting, it is important that the authors have a vision of a system of NGO social contracting that would be optimal for the country in question, and propose relevant steps in order to realize that vision.

The following tips may be helpful in development of recommendations:

- ▶ The recommendations do not need to repeat what has already been said in the factsheet, though briefly giving context for each recommendation would help the reader better understand the rationale and the purpose of the recommendation.
- ▶ The goal of recommendations is to advise, not to impose; to offer solutions, not to criticize. Therefore, the language of recommendations should be neutral, constructive and not too imperative.
- ▶ One should avoid giving vague recommendations that do not provide clear guidance on actions needed.
- ▶ Recommendations should be actionable, but ambitious. Ideally, there should be a mix of both short-term recommendations and longer-term strategic ones.
- ▶ Recommendations will be more practical if they specify who should be responsible for implementing them – government (or a specific agency), technical partners or NGOs themselves.
- ▶ It may help to consult with local partners on the tentative recommendations. Such consultations may provide useful feedback on relevance and value of the recommendations.

When presenting recommendations, consider specifying whether they are short-, medium- and long-term.

ANNEX: EXAMPLES OF TERMS OF REFERENCES FOR CONSULTANTS

TOR – International Consultant(s) to develop NGO social contracting country factsheet

Consider splitting into numerous TORs as necessary e.g. one consultant to work as Lead and develop sections related to epidemiological profile and NGO funding situation through GF grants and beyond; and one consultant to develop sections on the legal and regulatory framework of the HIV response and social contracting and for the existing social contracting practices. Based on the scope of work, additional researchers may be engaged (for legislation and literature review).

1. Background

- ▶ Background on the HIV epidemiological situation in the country
- ▶ Context in which the country is embarking the work to develop and implement an NGO social contracting mechanism
- ▶ Why it is important to support this process

2. Duties and Responsibilities

Working closely with the team leader, relevant members of the extended team and in close collaboration with key national partners the international consultant(s) will conduct the following work:

1. Develop detailed workplan for implementation of the consultancy.
2. Conduct desk review of relevant documents – including laws, policies, strategies etc.
3. Draft various sections of the factsheets (1.1 HIV epidemiology in brief; 1.2. Legal and institutional aspects of the national HIV response and the role of NGO; 2. Social contracting of NGOs in the national HIV response; 2.1. NGO landscape in the country; 2.2. NGO service delivery under Global Fund grants; 2.3. NGO social contracting: Legal and regulatory frameworks; 2.4. Quality control and assurance; 2.5. Other prerequisites for service provision (licenses, special permissions, etc.); 3. Recommendations.
4. Conduct peer review and validation process and incorporate comments from national partners as necessary.
5. Finalize country factsheet.
6. Launch and disseminate at relevant meetings and through communications channels including social media (Facebook, twitter etc.)

3. Payment arrangements and schedule

4. Qualifications

Academic qualifications/Education:

- An advanced degree (masters or higher) in law, international law or human rights, public health or other relevant field

Experience

- 8 or more years of relevant experience in the field of sustainable financing for development, including health sector specific experience
- Good knowledge of global health financing in general and the policies and operations of the GF in particular;
- Good knowledge and experience in country research projects related to HIV, TB and other health topics;
- Experience with NGOs and their role as advocates and services providers in the health sector including HIV, TB and other;
- Track record of health reviews and delivery of high quality knowledge products including international publications;
- Working experience in/with the countries in Europe and Central Asia.

Language skills:

- Fluency and ability to communicate and carry out comprehensive research in English and local language;
- Knowledge of languages spoken in the ECA region is a plus (especially Russian).



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