

**PUBLIC FUNDING OF CIVIL
SOCIETY AND COMMUNITIES
IN THE RESPONSE TO
HIV AND TB**

Experience in six countries
of Latin America and
the Caribbean

August, 2017

*PUBLIC FUNDING OF CIVIL SOCIETY AND COMMUNITIES IN
THE RESPONSE TO HIV AND TB
Experience in six countries of Latin America and the Caribbean*

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Acronyms

CSO	Civil society organizations
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
LAC	Latin America and the Caribbean
MSM	Men who have sex with other men
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV and AIDS
VCT	Voluntary counseling and testing v

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I. Executive summary

This paper analyzes the experience of six Latin American and Caribbean (LAC) countries that finance the provision of services and/or project implementation in response to HIV and TB by civil society organizations using public funds, and presents lessons learned and best practices that may guide countries that do not have similar mechanisms to advance towards sustainability and strengthening the response to these diseases.

The elaboration process included the analysis of the normative framework, the contracting procedures and the supervision, monitoring and evaluation mechanisms through the review of legal documents and consultation with government agencies, civil society organizations and, in certain cases, other key players.

After reviewing the six countries, the following conclusions were drawn, among others:

- The six countries have regulatory frameworks governing the contracting of the community sector, and allow to benefit from the comparative advantages of the efficient implementation of projects and delivery of services by civil society organizations, maintaining the government stewardship.
- The identification of two partnership models between the government and civil society: The *direct action* of bodies responsible for the recourse and steward in the sector; and the *indirect action*, which is executed through third parties, with the technical and operational support of international cooperation agencies, or autonomous agencies.
- Public annual calls are the most commonly used mechanism to promote community participation in service delivery or project implementation. The process of convening, documentation submission and selection reduces the implementation time of the expected actions.
- Strategies aimed at strengthening community systems are scarce in most countries. Their contribution in implementing combined prevention strategies, including behavioral, biomedical and structural strategies, as well as reducing stigma and discrimination is considered most valuable.
- Monitoring processes are conducted in person in most cases; in other ones, it is combined with remote monitoring, supported by virtual platforms that, in addition to reducing costs, allows the delivery of technical information.

- Evaluation processes vary; however, they are based largely on process and result indicators, not impact indicators. Due to their difficulty level, high cost and duration of projects, impact assessments are not carried out.
- Accountability and transparency in the use of public resources is a process that requires greater investment to achieve best practices in both the community and government sectors.
- It is recommended that the lessons learned are shared with countries that have experience in the subject.
- The availability of resources for the promotion of community sector activities depends in some countries on the willingness and the coincidence of perspectives between the authorities and civil society organizations (CSOs) receiving this support. The existence of specific legislations establishing the requirements for obtaining resources may reduce this possibility.
- Most countries direct support through internal civil society resources to interventions with key and most at risk populations. A minority of these government contracting and financing includes populations in vulnerability, such as calls made in Brazil and Mexico, in line with recommendations to focus strategies on populations where the epidemic is concentrated and in line with the type of epidemic in the region.

II. Introduction

This study is part of a changing context of responses to HIV, TB and Malaria in the Latin America and the Caribbean (LAC) region in which the risk that some effective interventions for the sustainable response to HIV, TB and Malaria, implemented by civil society in recent years have been identified, and may not continue due to lack of funding.

On the one hand, the international commitments that shifted from the Millennium Development Goals towards the Sustainable Development Goals proposed by the United Nations trigger various strategies to achieve them, such as the Accelerated Action to End the AIDS Epidemic by 2030¹ and the Strategy End to TB by 2035². Commitments and actions deriving thereof modify the role of governments, civil society and cooperation agencies to respond to the specific contexts and needs of each region.

On the other hand, the economic growth in the LAC region has contributed to strengthening the health response with greater spending of public resources. However, the higher income level has also implied a change in their eligibility for financial support from certain donors. In addition to this, the emergence of other health priorities, changes in national leaderships and competition for international resources to address different crises, jointly create a context that requires renewed responses.

This analysis has been conducted within this context, aiming to provide examples and lessons learned from other countries in order to guide countries to strengthen partnerships between the public sector and CSOs for the use of public financing at different levels (national or sub-national) in the implementation of programs, services and/or projects by community bodies, through different models of public funding of CSOs.

[1] http://www.unaids.org/es/resources/documents/2014/JC2686_WAD2014report

[2] <http://www.who.int/tb/strategy/end-tb/es/>

III. Methodology

The objective of the study was to identify and analyze experiences in public financing of civil society and communities in the response to HIV, TB and Malaria, describing the experience in six countries of the LAC region.

a) SELECTION OF COUNTRIES

In order to identify countries with government contracting or financing processes for CSOs, a survey was conducted on regional networks with HIV work and related issues addressed to organizations and activists, national HIV and TB programs, agencies and other actors in LAC.

Selected countries:

- Argentina
- Brasil
- Colombia
- Costa Rica
- México
- República Dominicana

Several countries were identified with running processes of public financing that are executing CSOs contracting for the implementation of services and/or execution of projects. The selection included a country from the Mesoamerican region (Mexico), one from Central America (Costa Rica), one from the Spanish-speaking Caribbean (Dominican Republic), one from the Andean region (Colombia) and two from South America (Argentina and Brazil).

b) INFORMATION SOURCES

The collection of information included the review of primary and secondary sources and the development of semi-structured surveys and interviews aimed at both the governmental and community sectors.

Primary sources included the existing regulations, convening formats and other relevant documents; secondary sources included the review of existing literature on the subject (Annex 1).

For the surveys, governmental instances responsible for the process of CSOs public financing and/or contracting were identified; these included the areas responsible for the supervision, monitoring and evaluation of services or projects implemented by CSOs and the area of legal advice or regulation, or the regulation of these bodies, at the two governmental levels: the national or federal government and the sub-national.

At the same time, the perceptions of organizations contracted for the provision of services or implementation of projects were taken in consideration, as well as those of the

beneficiaries. CSOs provided their perspective to identify best practices, barriers and recommendations from their standpoint as implementers and based on their experiences as partners of the programmatic government stewards.

In the case of the beneficiaries, who were identified by recommendation of the CSOs, aspects were considered to include their perspective and complement the information obtained.

c) PARAMETERS ANALYZED

In order to be able to analyze homogeneously the processes implemented by each country, it was determined a list of elements to identify through the sources of information described in order to conduct the comparative analysis and to draw conclusions and recommendations. These parameters were the following (Annex 2):

Parameters of definitions and procedures for the operation

- a. Institution(s) responsible for contracting and/or financing aimed at CSOs.
- b. Participation requirements.
- c. Modalities and timing of implementation.
- d. Contracting mechanisms, agreements, contracts or others.
- e. Collaboration formats, such as non-recoverable fund, grant, co-investment, among others.
- f. Expected products from the contracting/financing.
- g. Call and selection procedures.
- h. Populations covered by the contracting/financing.
- i. Work topics covered by the contracting/financing, such as research, prevention, combined prevention, advocacy, community systems strengthening, service delivery, detection, among others.
- j. Existence of internal or external evaluations.

Parameters of supervision, monitoring and evaluation mechanisms

- a. Procedures for technical and financial reporting.
- b. Comptrollership mechanisms, such as accountability and transparency by governments and CSOs.
- c. Supervision and technical assistance for the implementation of the contracting/financing objective.
- d. Process monitoring and evaluation systems.

Cross-sectional parameters

- a. Legal framework.
- b. Main limitations and obstacles.
- c. Main achievements and recommendations.

d) LIMITATIONS AND MITIGATION STRATEGIES

In general, the actors' responses were adequate for the proposed objective, therefore the limitations did not affect the outcome. The participation of the actors involved, from both the governmental and community sectors, was limited to internal processes, such as the relief of persons in responsible positions. To reduce the impact of the limitations, alternative sources of information were sought, mainly on electronic platforms of the different ministries and actors involved and, indirectly, obtaining responses from five of the six national HIV programs, from organizations in the six countries and from only three beneficiaries of the selected countries.

Some CSO public financing experiences were identified in relation to TB care as part of the Stop TB initiative, which, among its components, intended to promote community participation in health promotion, prevention and care of TB³; however, no existing processes or meaningful experiences were identified, so the document registers best public financing practices for the provision of services and the implementation of preventive projects for HIV and in some cases for TB. No experiences related to Malaria were identified.

In particular, very limited access was available to the perception of beneficiaries. The organizations sent the surveys to their beneficiaries, but the response range was minimal, yielding participation only from beneficiaries of Brazil, Colombia and Mexico.

[3] http://www.who.int/tb/strategy/stop_tb_strategy/es/

IV. Description of the public financing processes through the community response

From the review of the legal framework of each country, the following similarities, differences and best practices were identified:

a) LEGISLATIVE FRAMEWORK

The legislative framework, which lies beneath the participation and promotion of the activities of the civil society or community organizations, varies from one country to another; however, there are also certain similarities. Freedom of association is recognized at the constitutional level in all the six countries, and there are lower-level laws that define and regulate the forms, modalities and organizational options. In the case of civil organizations, it recognizes attributions and obligations and limits their actions, for example, in partisan political participation. All legislations make explicit that the organizations are not allowed to conduct illicit activities (see details in Annex 3).

The normative framework at the national level contemplates sanctions for specific cases of non-compliance of obligations and responsibilities by CSOs, the most frequent, but not exclusive, being the lack of transparency in the use of resources and the lack of delivery of information to the auditing areas.

No legal barriers were identified for CSOs to engage in work with specific populations or to provide services such as HIV and other STI detection, provision of psychological, medical and dental care, implementation of combined prevention or advocacy projects. The actions must be carried out ensuring the application of technical standards and/or international recommendations, the protection of personal data and the confidentiality of the health status of the reached population.

The legal recognition and registration of organizations is regulated and the rules define the different forms of legal association, the requirements for obtaining the legal status, the attributions and obligations contracted upon being constituted as such. In the selected countries, different requirements exist for completing the registration or obtaining the licenses for the organizations to carry out their work. Each country has defined formats and tools to have a record or registry of non-profit organizations from the civil society that, on the one hand, provide government agencies control over the compliance of the regulations and, on the other, give CSOs the opportunity to participate in the processes permitted by law.

The following table shows the records required for the compliance of tax obligations, and other related records and observations:

COUNTRY	TAX REGISTRATION	OSC REGISTRATION	OBSERVATIONS
Argentina	<i>Clave Única de Identificación Tributaria - CUIT</i> (Single Tax Identification Code)	<i>Registro Nacional de Organizaciones de la Sociedad Civil vinculadas con la Salud</i> (National Registry of Civil Society Organizations related to Health).	Registration created in February 2017, under the <i>Dirección Nacional de Relaciones con la Sociedad</i> (National Directorate of Relations with Society) that coordinates and defines administrative deeds. Registration is voluntary, registered CSOs may be called to participate in different processes.
Brazil	<i>Catastro Nacional de Personas Jurídicas - CNPJ</i> (National Registry of Legal Entities)	<i>Registro de Organizaciones no gubernamentales ante el Departamento de Vigilancia, Prevención y Control de ITS, VIH/sida y Hepatitis Virales</i> (Registration of Non-Governmental Organizations before the Department of Surveillance, Prevention and Control of STIs, HIV / AIDS and Viral Hepatitis).	The active status must be verified with the <i>Secretaria da Receita Federal do Brasil</i> (Secretariat of the Federal Revenue of Brazil).
Colombia	<i>Registro Único Tributario - RUT</i> (Single Tax Registry)	<i>Sistema Electrónico de Contratación Pública - SECOP</i> (Electronic Procurement System). Only for CSOs involved in contracting processes with public resources.	Certifications must be completed at the <i>Contraloría General y la Procuraduría</i> (Comptroller General and the Office of the Attorney General).
Costa Rica	<i>Registro de asociaciones y exenciones de Hacienda</i> (Registration of associations and exemptions of the Ministry of Finance)	<i>Registro de Asociaciones del Registro Público</i> (Registry of Associations of the Public Registry) under the Civil Registry and registers to Junta de Protección Social (Social Protection Board).	It is an autonomous and decentralized entity of the public sector, in charge of the National Lotteries, whose profits distribute a percentage (from 1 to 1.5%) for HIV prevention, care and research activities, AIDS and other STIs; las OSC CSOs must comply with various provisions that include the endorsement of the Ministry of Health and at least 15 other requirements.
Mexico	<i>Registro Federal de Contribuyentes - RFC</i> (Federal taxpayer registration)	<i>Registro Federal de las Organizaciones de la Sociedad Civil y Padrón de OSC del Centro Nacional para el control y la Prevención del VIH y el SIDA</i> (Censida).	Must meet the requirements established by the <i>Ley Federal de Fomento a las Actividades de las Organizaciones de la Sociedad Civil - LFFAROSC</i> (Federal Law to Promote the Activities of Civil Society Organizations), and have the unique Registration Code (<i>Clave Única de Inscripción - CLUNI</i>).
Dominican Republic	Operating license ⁴	(Federal Register of Civil Society Organizations and OSC Standards of the National Center for Control and Prevention of HIV and AIDS).	Law of Regulation and Promotion of non-profit activities before the National Center for Development and Promotion of Non-Profit Associations (<i>Ley de Regulación y Fomento de las Actividades sin fines de lucro ante el Centro Nacional de Fomento y Promoción de las Asociaciones sin Fines de Lucro</i>).

[4] The process is called “enabling”, and refers to reviewing the requirements defined by the government body which, after being fulfilled, CSOs are considered “enabled” and an operating license is extended to them.

b) COORDINATION BETWEEN NATIONAL AND SUB-NATIONAL LEVELS:

In all cases, legislation establishes the stewardship in health matters to national or federal institutions, as appropriate, and determine the functions and organizational formats for the prevention, care and control of HIV and TB.

Argentina, Brazil and Mexico are federations, therefore they have sovereign states or provinces that receive federal resources for health, have their own legislation and particularities for the procedures of contracting CSOs, which are based on national strategies and coordinated with the national program; in parallel they can implement independent processes of contracting CSOs for local actions that are not reported to the national authority; local organizations in the state of Nuevo León in Mexico mentioned that there can even be duplication of efforts, for example, through the distribution of prevention supplies to the same populations, due to which they consider that the coordination between the federal scope and the state is critical.

Colombia, Costa Rica and the Dominican Republic are unitary states where strategies are defined at the central level; Colombia does not have a specific instance to address HIV, rather the program is cut across in different directions, such as those responsible for sexual and reproductive health, among others. Being a decentralized country, local governments are responsible for executing the response to the epidemic following national guidelines.

SUB-NATIONAL EXPERIENCES:

The State of Paraná, Brazil, issues annual public calls and makes direct contracting for specific projects. Projects are implemented in coordination with the national HIV program and they conduct combined prevention, research and pilot strategies such as self-testing in collaboration with the academia and CSOs.

The city of Bogotá, Colombia, issues calls with its own resources, and has specific regulations and requirements, such as the legal personality and a local District registry; the government conducts an annual accountability process. Projects developed here have been replicated in other cities.

The State of Nuevo Leon, Mexico, issues an annual call for the entity's CSOs; uses a call similar to one issued by the national program of the previous year and signs agreements to provide resources, so far, to all participating CSOs. It requests a partial and final report and photographic checks. It is regulated under the sub-national legislation and provides information only to the federal entity.

c) DEFINICIONES Y PROCEDIMIENTOS PARA LA OPERACIÓN

To develop contracting of CSOs processes, governments take into consideration:

Institutions responsible for the financing process aimed at CSO: The governments define different bodies as responsible for the process and different levels of involvement, ranging from the selected government agency entrusted with the operation of the entire process up to the completion of the operation by external agents. This second scenario develops due to the workload resulting from the operation, supervision, monitoring and evaluation for HIV programs, lack of qualified personnel to do it and the leverage of these agents' capabilities. Other motivations relate to avoiding conflicts of interest, as the CSOs carry out the entire procedure before a non-governmental actor and therefore can perform actions, such as advocacy, without being affected by the delivery of resources.

- In Argentina and Mexico, the procedure is implemented by the national programs directly;
- In Brasil and Colombia, at the national level, the procedure is done through international cooperation agencies, such as the United Nations Population Fund, the International Organization for Migration and the Pan-American Health Organization;
- Costa Rica, with the Junta de Protección Social (Social Protection Board) the on Law 8718, establishes the distribution of income from national lotteries, which by law defines a percentage of the profits for HIV and other STIs; in this case, both the resources and the allocation process are the responsibility of the Social Protection Board.
- The Dominican Republic, still receives GF resources for part of its response. The contracting of CSOs for HIV strategies are financed through such resources.
- However, the Ministry of Economy Planning and Development, through the Centro Nacional para el Fomento y Promoción de las Asociaciones sin Fines de Lucro (National Center for the Promotion of Non-Profit Associations), allocates resources based on the national government budget directly to the CSOs that request it, provided that they comply with their different requirements; it also carries out the enabling process so that these associations are able to receive resources from the budgets of different ministries and other government bodies.

Participation requirements and contracting mechanisms: The six countries have regulations that establish what are the requirements to participate in procurement procedures. The specific requirements are defined in the bases for the participation of the public calls or in the terms of reference of the direct invitations.

All cases take into consideration their registration, the necessary technical experience and capacity, the fulfillment of tax obligations (if they are subject to them), that they count on

trained staff for the service or project, the background of satisfaction in the delivery of results in previous processes, and documentary verification of specific requirements. There are several modalities defined in the contracting processes. In most countries, public resource contributions are delivered in installments in exchange for financial and technical reports or products expected after the implementation of preventive projects or specified services.

The agreements or contracts clearly define the object expected as a result of the contracting, namely, if it is a service delivery, these refer to health services for the detection and treatment (both medical and psychological), of HIV, TB, other STIs and co-infections, counseling services, sampling, among others. In the case of projects, these may be the products resulting from the implementation of combined prevention projects, which may include the distribution of prevention inputs or outreach to key populations. They may also include identification of needs through polls, community surveys and/or diagnostics, implementation of information, education and communication strategies, media campaigns, advocacy strategies, skills training and development, harm reduction strategies for injectable drug users, etc.

It also ensures the use of CSO capabilities, for example, to reach key populations in places where governmental health teams are more limited, among others.

Call and selection procedures: The six countries have different formats for the CSOs financing operations (see Annex 3), among them:

- Issuance of Public Calls with participation and selection guidelines through competitive evaluation (the most common in the analyzed countries).
- Direct contracting based on the experience of the CSO in the topic defined by the responsible body (although allowed by the legislations of the six countries, it is only used in Brazil and Mexico; in the latter case, this practice has been used previously for contracting specialized research organizations, sometimes in combination with CSOs of key populations).
- Inviting organizations based on their experience and results from previous procedures (only identified in Brazil).
- At the express request of the CSOs to specific bodies in each country (only identified in the case of Costa Rica, although this option exists in the countries for government funding of other issues, such as in the Dominican Republic).

The selection of CSOs is a procedure that deserves the necessary shielding to avoid doubts by civil society in the allocation of resources. Countries have developed different strategies to ensure that evaluations are objective and impartial, identifying among them: The blind review by the evaluators (they cannot review data related to CSOs and only know the technical proposal); Evaluations by multiple evaluators with recognized

technical capacity; Distance evaluations, where the evaluators do not interact with each other nor can they know the evaluations of other evaluators; CSOs are unaware of the names of the persons responsible for the evaluation until the results are issued; Evaluations done through electronic platforms with a high security range, among others.

d) POPULATIONS COVERED BY THE CONTRACTING/FINANCING:

The target populations of the strategies or beneficiaries of services are, in all countries, key or most-at-risk populations, and the six countries have concentrated epidemics.

Calls were identified in Mexico and Brazil for populations in vulnerable situations; however, the current calls are concentrated in key populations (2017).

Populations considered in the financing procedures:

Key populations:

- Gay men and other MSM
- Trans persons
- Sex workers
- People who inject drugs
- Persons deprived of their liberty

Populations requiring priority attention:

- Pregnant women
- Youth
- Migrants and other mobile populations
- Indigenous or native populations
- Street dwellers
- Drug users

e) WORKTOPICS COVERED IN THE CONTRACTING/FINANCING:

The strategies most commonly referred to as work topics in contracting are related to combined prevention strategies (behavioral, structural and biomedical strategies), as well as the provision of some services, such as the detection of HIV, STIs and viral hepatitis. Examples of Mexico's calls may be found in the following page: <https://www.gob.mx/censida>. The revised participation procedures are based on the design of interventions to be financed with public resources following international recommendations, such as those issued by UNAIDS, PAHO for MSM⁵, strategies recommended by the US Center for Disease Control (CDC), among others, and/or national guidelines, such as the Guía para la Prevención del VIH y otras ITS (Guide to HIV and Other STIs Prevention) in Argentina⁶ or the Guía Nacional de Prevención del VIH y el Sida (National Guide to HIV and AIDS Prevention) in Mexico⁷, which define the use of

[5] <http://www1.paho.org/hq/dmdocuments/2010/Blueprint%20MSM%20Final%20SPANISH.pdf>

[6] <http://www.msal.gob.ar/sida/index.php/equipos-de-salud/guias-y-recomendaciones>

proven and evidence-based strategies, compliance with specific regulations issued by health authorities and the regulations for the use of public resources, among others. The following table shows the most used strategies included in public calls:

The most used strategies included in public calls:

- Projects based on the different pillars of combined prevention
- Strategies based on the positive health, dignity and prevention approach
- Promotion of early detection of HIV and other STIs
- Strategies for reducing stigma and discrimination
- Strengthening of community systems
- Specific outreach to key populations
- Voluntary counseling and testing (VCT)
- Voluntary counseling and testing (VCT) for pregnant women
- Accompaniment and retention in the health services to people with HIV reactive diagnosis
- Provision of HIV and other STIs care services
- Training of health personnel and areas related to the care of key populations
- Sensitization, promotion and education on sexual rights and reproductive rights
- Implementation of information, education and communication campaigns
- Strategies for behavior change
- Harm reduction strategies for injecting drug users
- Risk reduction strategies in most-at-risk populations
- Strategies based on comprehensive sex education
- Distribution of prevention supplies
- Promotion of gender equity
- Technological innovations in prevention
- Actions and reflections on homophobia, transphobia, racism and other forms of discrimination
- Advocacy for legislative changes
- Detection and prevention of co-infections: viral TB and hepatitis
- Prevention of perinatal transmission of HIV, syphilis and hepatitis B
- Promotion of hepatitis B vaccine
- Outreach strategies to key populations
- Other

There are many examples of successful strategies as a resulting from calls, such as the call of the Office of the Mayor of Bogotá, the Ministry of Health and the Colombian League for the Fight against AIDS (Liga Colombiana de Lucha contra el Sida- LigaSida) for Ponte a Prueba Project (Test yourself Project), which is a strategy to promote HIV testing in the Capital District⁸ that is being replicated in other regions of Colombia.

[7] http://www.censida.salud.gob.mx/descargas/principal/GUIA_NACIONAL_2014.pdf

Capacity building and strengthening of community systems are included in the calls for proposals from Brazil and Mexico as necessary strategies to improve the capacity of CSOs in the processes they are contracted for, which allows community-based organizations with less experience to participate in the competitive processes. For example, Colectivo Sol is a Mexican organization with extensive experience in the subject and has specific strategies for project design, institutional strengthening and programmatic improvement, among others⁹.

f) SUPERVISION, MONITORING AND EVALUATION MECHANISMS

Countries have implemented various supervision, assistance and control mechanisms to maintain the technical stewardship, ensure the adequate use of financial resources and achieve established goals.

Most of the countries take into consideration partial and final reports that are delivered in different formats, both through virtual platforms and printed documentation. In some cases, resources are transferred at the beginning, course and end of the implementation, depending on the approval of the reports. Colombia is the only case where organizations must invest their own resources at the beginning of the implementation.

Monitoring, supervision and technical assistance are conducted in different ways in most of in-person modality cases. Since 2010, Mexico counts on the Monitoring System for Prevention Activities (Sistema de Monitoreo de Actividades de Prevención - SMAP)¹⁰ for the participation of CSOs in HIV prevention and funding from the federal government. The main objectives of the use of a system are the following:

- Standardization of the national registry of CSOs working on HIV and other STIs prevention.
- Transparency in the grant of federal funds.
- Establishment of methodologies for the elaboration of protocols of social interventions in the prevention of HIV and other STIs.
- Establishment of methodologies for the evaluation of protocols of social interventions proposed by CSOs.
- Follow-up and monitoring of actions conducted by CSO.
- Establishment of efficiency and quality indicators for the actions already implemented or to be implemented in the future.
- Monitoring and control of expenditure by each CSO.
- Evaluation of results.

[8] <http://www.ponteapruebabogota.com/>

[9] <http://colectivosol.org/serviciosmejoramiento.html>

[10] <http://smap.censida.net/principalCensida/index.php>

A “process manager” type platform called Latis® was selected, which maintains a high level of adaptability and great potential for modeling.

The virtual platform allows group or individual communications with CSOs, offers guidance on participation in the calls and proposals, allows the sharing of documentation necessary for CSOs registration, such as its statutes, digital filling and delivery of technical and financial reports, remote supervision and monitoring. The selection of proposals by the evaluators chosen by the HIV program is done in the platform, which also has an automated system of immediate verification of receipts and invoices to ensure their authenticity (view screenshots of the platform in Annex 6). In addition, technical guides, international guidelines and other consultation documents are available for download.

The assessment of processes is conducted through the evaluation of projects, audits and other procedures that compromise accountability and transparency. It is recommended to visit the platform at: <http://smap.censida.net/principalCensida/index.php>

In countries with legislation for transparency, any citizen is able to access and know the processes, which promotes better administrative practices. In most cases, resources in this spending category come from specific budget allocations; only in a single case do they come from a percentage of the profits of national lotteries.

There are different actors who can audit the execution of the contracting; in some countries it may even be the legislative power. In the case of sub-national processes, the control corresponds to the authorities at that level, and in some cases, national programs do not receive any feedback from them.

g) OPPORTUNITIES AND AREAS FOR IMPROVEMENT IN PUBLIC FINANCING OF CIVIL SOCIETY AND COMMUNITIES IN THE RESPONSE TO HIV AND TB

Resulting from the analysis of the parameters of community participation through public financing, some of the interviewed CSOs shared their observations, namely:

- **Laws and regulations:** They agree that legislations are far removed from the realities faced by CSOs, such as the payment of external audit fees; and that bureaucratic procedures consume much of their time and red-tape procedures reduce the impact of strategies for the processes of service delivery or project implementation.
- **Tax obligations:** Tax obligations are similar for the private and the community sectors, so it is considered that if actions for the public benefit enjoyed tax benefits, their work could be more effective.
- **Multi-year allocations:** It is considered necessary to make legislative changes that allow multi-year allocations in order to implement preventive projects that can promote changes in behavior sustainably.

- **Participation requirements:** In most countries, the requirements for CSO participation in contracting processes include bureaucratic processes that, from the CSOs' perspective, are also an obstacle.
- **Budgets and administrative expenses (overheads):** It is considered that budgets are limiting the costs involved in the project, including administrative expenses (overheads), usually composed by percentages that do not allow the coverage, which reflects that CSOs are considered "cheap labor" whose professionalism and comparative advantages are not recognized.
- **Public call mechanisms and selection processes:**
 - Public call mechanisms are considered to be bad and/or poor, both due to the time they consume and for the complex terms of reference.
 - In relation to technical expertise, calls are rigid and do not facilitate the participation of newly created CSOs, when the technical expertise lays in their members and not necessarily in the organizations.
 - Competitive selection is, in their opinion, the best option; formats to encourage community participation require languages that are understandable by their populations.
 - Regarding the transparency of the selection processes, the disclosure of both the evaluation procedures and the people who conducted them is requested once completed.
- **Accountability and transparency in the use of public resources:** Specific budget items are required for CSOs to take action in this regard, and the community sector believes that it is necessary that the government sector improves transparency in its procedures.
- **Supervision, monitoring, evaluation and comptroller:** Formats and processes for the submission of technical and financial reports sometimes do not reflect the CSOs' work. They prefer the use of platforms that facilitate and save time. Evaluations focus more on the administrative rather than the technical aspects, based on process indicators and occasionally in results; the implementation period does not allow impact assessments that should be conducted to identify obstacles and continuous improvement processes. Control actions are considered necessary but excessive, frequent and repetitive. It is considered that the existence of national guides as a working model would facilitate the standardization of strategies.

V. Conclusions

Different conclusions were reached which may be outlined as follows:

- The six countries have regulatory frameworks governing the contracting of the community sector, which allow to avail from the comparative advantages of CSOs to implement projects and provide services efficiently, maintaining the government's stewardship.
- Two models of government partnership with civil society were identified: Direct action by bodies responsible for the resource and stewardship in the sector, and Indirect action, executed through third parties, with the technical and operational support of international cooperation agencies or autonomous bodies.
- Public annual calls are the most commonly used mechanism to promote community participation in service delivery or project implementation. The process of convening, documentation submission and selection reduces the implementation time of the expected actions.
- Strategies to strengthen community systems are scarce in most countries. Their contribution is considered of great value in the implementation of combined prevention strategies, including behavioral, biomedical and structural strategies, as well as reduction of stigma and discrimination.
- Supervision processes are conducted in most cases in person; in others, it is combined with remote supervision and the support of virtual platforms, which in addition to reducing costs, allows the delivery of technical information.
- Evaluation processes vary and are mostly based on process and outcome indicators, not impact indicators; due to the duration of the projects and the level of difficulty and high cost of evaluating the impact of the interventions, these are not conducted.
- The availability of resources for the promotion of community sector activities depends in some countries on the willingness and the coincidence of perspectives between the authorities and CSOs receiving this support; the existence of specific legislation establishing the requirements for obtaining resources may reduce this possibility.
- Most countries directing support with domestic resources do so through civil society interventions with key and most-at-risk populations. A minority of these

contractings include vulnerable populations, such as the case of Brazil and Mexico, following the recommendations to focus strategies on populations where the epidemic is concentrated and according to the type of epidemic in the region.

About the regulatory technical framework

- Similarities were identified in the legislative frameworks of all countries regarding regulations for the granting of legal status of the non-profit community sector.
- The state's stewardship is conducted through the definition of strategic plans, and the regulation of topics and strategies employed by CSOs. National thematic guides and international guidelines are used in most cases as mandatory technical tools.
- All countries can enter contracts with the community sector through different instruments and with similar requirements. Based on their needs, countries have identified forms of collaborative work with CSOs, in particular for the response to HIV. The formal registration of CSOs with national registries is a constant, although registration is voluntary in one of the countries; there are cases in which this registry is accompanied by performance and compliance reports, providing the governments with control tools.

About coordination between the national and sub-national levels

- In the case of the sub-national level, there are differences between the countries with unitary governments and the federations. Federal countries maintain the stewardship in the subject, but the federative entities have sovereignty regarding the procedures. In the case of unitary countries, there is greater alignment with the local authorities and with different levels of control of the national government.

About operation definitions and procedures

- Mechanisms for the provision of resources vary, the most used being the allocation of partial amounts against the evidence of advances in the implementation. There is only one case where the CSO must invest its own resources at the beginning of the implementation.
- Financial verification is a challenge in all cases, and monitoring is indispensable; this is done through audits and other procedures that include different control formats. There are virtual platforms that facilitate this process by performing initial verifications in an automated and immediate way.
- Public calls are the most commonly used mechanism to promote community participation in service delivery or project implementation.

- The possibilities of direct contracting are scarcer but more efficient when the government is interested in availing from the advantages and experience of some CSOs.
- Calls imply a paperwork and selectivity process that reduces implementation time of the expected actions.
- Having concentrated epidemics, contracting processes address key populations. Only two countries cover vulnerable populations.
- The target strategies of contracting vary according to the national needs and priorities, as well as the perspective of the governments in office. Some countries maintain a comprehensive orientation on combined prevention, including behavioral, biomedical and structural strategies. Structural strategies include reducing stigma and discrimination.
- Strategies to strengthen community systems are scarce. In most of the countries studied, it is a tool that can enable professionalization and greater effectiveness of the sector's actions that aims to achieve the national goals.
- Only one country, Brazil, includes contracting of innovative strategies, which promotes creativity and piloting of strategies that may be effective.

About supervision, monitoring and evaluation mechanisms

- From the results obtained through social contracting, there are replicable projects, and the lessons learned thereof make them suitable for being adapted to the regional context.
- Some of the countries developed broader CSO contracting practices from the results obtained with GFATM grants, both for the use of the developed capacities and the evaluation of positive results.
- National prevention strategies in these countries consider the implementation of strategies by CSOs as a core part thereof, in some cases, being the most important component.

VI. Recomendations

Countries that shared their experiences have developed models that are adaptable to other contexts, with the participation of other actors and for the benefit of the target populations. The sustainability and strengthening of the community sector depends to a large extent on positive actions from the government.

For countries that do not have a legal framework allowing for these processes, a thorough analysis is recommended to identify legal options that can be adapted, such as the registry of state providers for the private sector, which can be extended to community organizations without the need to make legal changes at higher levels.

Based on the experiences of six countries, the following recommendations can facilitate the process for countries with no experience; however, each context and each reality requires adjustments to their particularities from the analysis of their specific challenges. The following list aims to share specific suggestions to guide the sectors involved in the response:

- Based on the freedom of association and the legislation to grant legal personality to non-profit associations, advocacy can be made to modify regulations of lower hierarchy in order to enable the government for contracting CSOs based on their public utility. It is therefore recommendable:
 - That the community sector be encouraged to advocate for the necessary legislative changes;
 - That the existence of national laws for the support of civil society activities be promoted;
 - To promote or enforce regulations in order to protect personal data of the reached populations;
 - To include obligations for transparency and accountability of both CSOs and government agencies;
 - To regulate situations of potential conflict of interest;
 - To recognize the performance of organizations through the reduction of fiscal obligations;
 - For unitary government countries, to effectively articulate the national level with the sub-national levels;
 - For federal countries, to promote coordination schemes between the national and the sub-national levels in order to avoid duplication of efforts and generate centralized information on the actions conducted at different levels;
 - To promote sustainability of the community sector through specific budget lines, overhead rates, as well as strategies to strengthen community systems.

- It is suggested that there be national CSO registries, as they facilitate an updated census with useful information for data verification and reduction of procedures, and therefore it is encouraged that:
 - Its use is promoted at sub-national levels, since it avoids duplication of efforts;
 - The development of CSO records with health or HIV work, as they provide insight into the coverage and capabilities of the community sector response.

- Should there be no conditions or capacities in the instances that require contracting CSO services, there is the option of requesting the collaboration of international cooperation agencies, civil organizations of second level or other actors.
 - Cooperation agencies and other actors can provide support both technically and operationally;
 - Agencies have technical expertise, avoid conflicts of interest and reduce mistrust in resource allocation processes.

- It is recommendable to standardize the requirements for contracting CSOs with other levels of government and with the sub-national level.
 - Regarding resources, it is recommendable to:
 - To have specific budget lines for the contracting of the community sector;
 - Identify resources in other levels and articulate their efforts, allowing to savings on technical and financial resources;
 - Allocate resources for the sustainability of CSOs;
 - That the transfer of resources processes be transparent.

- The most common mechanism for financing the community sector is an agreement, where it is advisable to:
 - Define the objective and obligations for the signatories and include a section for the resolution of disputes;
 - Define reporting and product delivery mechanisms and formats;
 - Consider multi-year contracts, or medium-term contracts with annual renewals, based on CSOs compliance;
 - Include technical definitions, as well as the standards and guidelines they are based on;
 - Establish supervision and audit processes, as well as any other form of comptrollership;
 - Define transparency and accountability obligations in the use of public resources.

- Public calls are the most advisable option to promote and ensure the participation of CSOs, for which it is recommended:
 - The use of other forms of participation (by invitation or direct allocation) for projects of broad coverage or relevant scale;
 - To be based on international guidelines;

- To promote the use of strategies based on scientific evidence;
 - To be based on strategies of the three pillars of combined prevention;
 - For cases of CSOs with limited experience, calls can be made with predefined packages;
 - To involve affected people, which is fundamental to the health, dignity and positive prevention approach;
 - To include strategies aimed at reducing stigma and discrimination;
 - To make viable strategies for sexual education, promotion and defense of sexual and reproductive rights;
 - To prioritize key populations, followed by vulnerable populations;
 - To include prevention and care of STIs and other co-infections (viral TB and hepatitis);
 - To ensure the strengthening of community systems in order to improve the quality and effectiveness of their actions.
- The definition of indirect indicators and response tracers, such as increased use of condoms, increased detection or retention in health services, can confirm the effectiveness of CSO actions;
 - Digitalization of processes through the use of electronic platforms saves resources and time, and keeps the control of processes;
 - To increase the quality of the strategies, it is advisable to provide technical assistance to CSOs;
 - It is recommended that lessons learned be shared with countries with experience in the subject.

The sustainability of responses to HIV and TB is a challenge that requires the strategic use of available resources; availing from the comparative advantages of the community sector will undoubtedly be useful for achieving regional goals and strengthening responses.

The experiences of six countries in the region may provide orientation and encourage decision-makers, the community sector and other actors involved in the response to analyze and make decisions based on concrete experiences in order to define processes that meet their realities and needs.

VI. Annexes

Annex 1 | MAIN DOCUMENTS CONSULTED

- Fast-Track strategy to End the AIDS epidemic by 2030
- End TB strategy
- Stop TB strategy
- Political Constitution of Argentina, Brazil, Colombia, Costa Rica, Mexico and the Dominican Republic
- Civil Code of Argentina
 - Law 26.047 decree 23
- Civil Code of Brazil
 - Law 4320/64
- Civil Code of Colombia
 - Law No.134 of 1994
- Civil Code of Costa Rica:
 - Law on Foundations N° 5.338, of 1973
- Civil Code of Mexico:
 - Federal Law to promote activities conducted by Civil Society Organizations
- Civil Code of the Dominican Republic:
 - Law N° 122-05 on Regulation and Promotion of Non-Profit Associations
 - Law 55-93 on HIV/AIDS
- Prevention Actions Monitoring System – Operative manual
- Public calls 2016 and 2017 by Censida, Mexico
- Public call Of the Brazilian HIV Program 2017 Chamada pública N° 01/2017
- Convenio de concertación de acciones para actividades de prevención (Agreement of concerted actions for prevention activities), Mexico
- Website of the HIV programs of Argentina, Brazil, Colombia, Costa Rica, Mexico and the Dominican Republic, of the Ministries of Social Development or similar, of the Ministries of Economy, Finance or Treasury.

a. LEGISLATIVE FRAMEWORK

A legislative framework is considered to be the existence of laws or regulations of different levels, with national or federal, departmental, provincial or state, local or municipal coverage, for the promotion of the activities of community organizations or civil society (CSOs). It may include organizational formats and legalization of its legal personality, registration formats, requirements to participate as service providers, regulation of its participation in different contracting modalities or the receipt of financing from public resources. Likewise, it was identified the existence of legislative restrictions for the registration, development of activities, by age of the beneficiaries and by the type of population integrating the CSOs, among others. It is intended to identify whether there is a typology defined from the legal framework regarding CSOs, such as community-based organizations (CBOs), non-governmental organizations (NGOs), foundations and philanthropic organizations, faith-based organizations, among others. It is also intended to identify the mandatory registration to obtain legal personality and if there are formats of community organization without legal personality for community-based organizations. The existence of a registry for CSOs and the existence of identification codes for this purpose was researched, as well as for being authorized grantees by the government.

b. MAIN LIMITATIONS AND OBSTACLES

It aims to identify the main barriers and constraints identified in the contracting/financing process that complicate the development of the process between government and CSOs in the execution of the project, or in the delivery of products, services and implementation of strategies targeted at specific populations.

c. MAIN ACHIEVEMENTS AND RECOMMENDATIONS

It proposes the identification of lessons learned, achievements and accomplishments resulting from the contracting/financing process, either by government agencies, CSOs or beneficiary populations. Likewise, it seeks to release recommendations of the process for its continuous improvement.

d. INSTITUTION(S) RESPONSIBLE FOR CONTRACTING AND/OR FINANCING AIMED AT CSOS

Institutions or bodies responsible for the registration of CSOs, for contracting or financing processes with public resources and for supervising their performance in their role of service providers to the state, based on their comparative advantage to reach populations of difficult access, or for the greater effectiveness for the development of prevention projects or service delivery.

e. PARTICIPATION REQUIREMENTS

Set of obligations defined to CSOs for their participation in the different modalities of contracting or receiving public financing, both those contemplated by laws and other regulations, as well as specific ones defined by the convening institutions or those responsible for the said processes.

f. MODALITIES AND TIMING OF IMPLEMENTATION

It refers to the different formats for the implementation of the services or projects contracted by the government, considering its timing (annual, multi-annual, by delivery of products, among others).

g. CONTRACTING MECHANISMS, AGREEMENTS, CONTRACTS OR OTHERS

CSO contracting formats for contracting or receiving public financing, which can be provided through specific agreements, contracts, memorandum of understanding, signature of terms of reference, exchange of experiences under some format of agreement, among others.

h. COLLABORATION FORMATS, SUCH AS NON-RECOVERABLE FUND, GRANT, CO-INVESTMENT, AMONG OTHERS

It refers to establishing a scheme defined for the relationship between the government and the CSO that develops the object of the contract. These schemes can be: Non-recoverable fund, i.e., when the contractor does not expect specific results of the contract, may be considered as a donation; Grant, when results are specifically described in exchange for the resource; Co-investment, where the actors involved in the contracting/financing process contribute resources, for example the government provides public financing and the CSO provides volunteers, facilities, equipment, materials, among others.

i. EXPECTED PRODUCTS FROM THE CONTRACTING/FINANCING

These are the products derived from the processes of contracting or receiving public financing that CSOs must deliver in compliance with the contracted instance in any format.

j. CALL AND SELECTION PROCEDURES

These are the mechanisms used by the government, at any of its different levels, to convene the participation of civil society for contracting or for receiving public funding. It may have different modalities, such as direct contracting, public tender, competency, capacity profile, among others. Selectivity is the procedure of definition of the organization that will implement the service or project.

k. POPULATIONS COVERED BY THE CONTRACTING/FINANCING

It refers to the beneficiary populations, both directly and indirectly, that are expected to be reached as a result of contracting or receiving public funding, including key populations for HIV and TB and populations in situations of inequality or in situations of vulnerability and risk.

l. PROCEDURES FOR TECHNICAL AND FINANCIAL REPORTING

These are the mechanisms defined by the contractor to monitor and supervise both the use of public resources and the execution processes of projects or services regarding the technical aspects.

m. COMPTROLLERSHIP MECHANISMS, SUCH AS ACCOUNTABILITY AND TRANSPARENCY BY GOVERNMENTS AND CSOS

It refers to comptroller formats for the execution of public resources, both by the government and the implementing party, such as accountability and transparency in the use of public financing. Requirements for the exercise of public resources, limitations, requirements and other specifications will be identified.

n. SUPERVISION AND TECHNICAL ASSISTANCE FOR THE IMPLEMENTATION OF THE CONTRACTING/FINANCING OBJECTIVE

These are the processes of verification and monitoring in implementation processes and/or project execution or services provision by the entity responsible for the public expenditure, as well as support for better performance in the provision of services or processes contracted, if deemed necessary.

o. WORK TOPICS COVERED BY THE CONTRACTING/FINANCING

These are the contracted strategies, such as research, prevention, combined prevention, advocacy, community systems strengthening, services delivery, detection, among others. It considers the work topics defined for the contracting or receipt of public financing, where CSOs demonstrate a comparative advantage for the development of their actions, which could be due to their reaching out capacity, the requirement of being trusted by the specific populations, or their skills and capabilities involved in these processes.

p. PROCESS MONITORING AND EVALUATION SYSTEMS

These are the mechanisms established by the entity responsible for contracting or receiving public financing in order to monitor the development and compliance of what has been agreed in the social contracting mechanisms for monitoring and evaluation based on documented verification sources.

q. EXISTENCE OF INTERNAL OR EXTERNAL EVALUATIONS

It refers to internal evaluations, that is, those carried out by government actors regarding the contracting/financing process of CSOs and the community organizations themselves, or external ones, which are those carried out by third parties to measure the results, impact and/or effectiveness of these processes.

Annex 3 | REGULATORY FRAMEWORK

The normative framework is the backbone of the process, which is reflected in all the elements described below:

Argentina: Through its Civil Code Law No. 26,047 and decrees such as No. 23 of 1999 that recognize the existence of corporations, associations and establishments, among others, as legal persons, from the day they are authorized by law or by the government, and the approval of their statutes.

Brazil: Law 4320/64 governing the Special Funds and Laws particular to the Managing Councils of public policies, or the Funds in the areas in which they work, as well as the Law of Social Assistance, which also regulates the citizen action.

Colombia: Law No. 134 of 1994 establishes the norms that will govern the citizen participation of the civil society organizations.

Costa Rica: Law on Foundations No. 5,338, 1973; is composed of 19 articles that regulate the operation of civil society organizations.

México: Federal Law for the promotion of activities carried out by Civil Society Organizations, provides for the coordination between agencies and entities of the federal government and the beneficiary civil society organizations, regarding the activities conducted by the latter.

Dominican Republic: Its Law No. 122-05 on Regulation and Promotion of Non-Profit Associations promotes citizen participation in the formulation, monitoring, execution and evaluation of social development policies and gender and equity policies; In particular, the issue of HIV has Law 55-93 on HIV / AIDS, which determines participation mechanisms for civil society organizations, especially in deliberative actions and working together with the State to disseminate and raise awareness regarding prevention of HIV/AIDS transmission.

Regulations regarding the constitutional mandate of free association include rights and obligations for organizations that obtain legal recognition or legal personality. The most cited in legislation, although not all countries have regulations to ensure their application, are:

- Access to public support and incentives;
- Enjoy tax incentives and other economic and administrative support;

- Receive donations and contributions in terms of tax provisions and other applicable laws;
- Have access to benefits for organizations deriving from international conventions or treaties;
- To receive counselling, training and collaboration from agencies and entities to better fulfill their purpose and activities, within the framework of the programs formulated by said agencies and entities to such effect, among others.

Meanwhile, CSOs acquire various obligations, including:

- Inform the competent authority about their property, statutory changes, changes in their governing bodies and compliance with the assembly processes observed in the law;
- Reporting on the use of public and private resources and informing about public financing, audits and other means of government comptrolling, among others.
- Report on compliance with contractual and tax obligations and payment of obligations to third parties acquired through their commitments, such as the payment of social security for their workers, among others..

The following table shows the general contents of public calls that include the participation and technical requirements for the submission of CSOs proposals. Generally, the calls define the extension of the proposal or each section, or include specific forms to be filled. For calls shared through electronic platforms, as in the case of Mexico, the sections are deployed in drop-down menus to be filled up and additional documents may be attached. In some cases, the indicators are predefined by the convening instance.

General contents of the public calls:

- Definición Definition of the purpose of the call.
- Legal foundations and definition of governing and responsible institutions.
- Requirements for participation:
 - Having proven experience;
 - Having the required records for CSOs;
 - Complying with the provisions established for CSOs, such as having tax codes, have their updated accounting records and audits, among others;
 - Not having any impediment to receive public support, such as authorizations granted by other bodies (public prosecutor's offices and other control bodies), identification codes, the inclusion of the working topic described in the call as part of the social objectives of the CSO, among others;
 - Be free of technical and financial debts in previous processes or with other governmental agencies;
 - Being up to date with tax obligations;
- Proofs and letters of commitment from the legal representation of the CSO stating that:
 - No proselytism activities will be conducted towards a political party, individual, national political association or religious association.
 - No other resources are received from other agents to finance the same project.
 - There is no conflict of interest affecting or that may affect the process of opinion, execution and supervision of the projects financed, and that it complies with the experience and capacity for the execution thereof.
 - Understand and accept each and every one of the clauses of the call and commit to fully comply with the provisions thereof.

- The technical requirements for the submission of the proposal must include, among others:
 - Type of proposal
 - Grounds for the proposal
 - Key or vulnerable population
 - Geographical boundaries
 - Type of service or strategy
 - Methodology
 - General and specific objectives
 - Goals
 - Indicators
 - Expected products
 - Timeline
 - Budget



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