



**ACCREDITATION  
STANDARDS  
GUIDANCE**

**CYCLE 3**



# ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.5million people were infected with HIV in 2020 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

---

## Frontline AIDS

91-101 Davigdor Road  
Hove, East Sussex  
BN3 1RE  
United Kingdom

**Tel:** +44 (0)1273 718 900

**Email:** [enquiries@frontlineaids.org](mailto:enquiries@frontlineaids.org)

Registered British charity number  
1038860

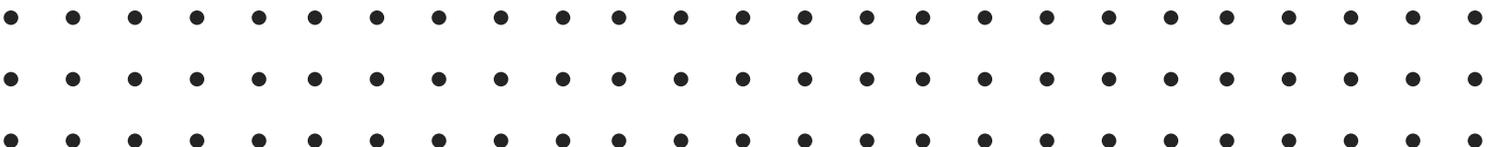
[www.frontlineaids.org](http://www.frontlineaids.org)

## ACKNOWLEDGEMENTS

The Frontline AIDS Accreditation standards were developed as a result of consultation and collaboration with our partner organisations. Our commitment to joint action at every stage of the accreditation process ensures that accreditation is a peer review system that unites partners in a shared vision, mission and values via a set of mutually agreed quality standards.

© Frontline AIDS, 2013. Updated Oct 2021.

Information contained in this publication may be freely reproduced, published or otherwise used for non-profit purposes without permission from Frontline AIDS. However, Frontline AIDS requests that it be cited as the source of the information.





# CONTENTS

<b>AT A GLANCE: ACCREDITATION PRINCIPLES AND STANDARDS</b>	<b>3</b>
<hr/>	
<b>INTRODUCTION</b>	<b>9</b>
What is accreditation?	9
Why is accreditation important?	9
Meeting the standards	9
<hr/>	
<b>AT A GLANCE: ACCREDITATION PRINCIPLES</b>	<b>11</b>
<hr/>	
<b>AT A GLANCE: THE ACCREDITATION PROCESS</b>	<b>12</b>
<b>Stage 1:</b> Self-assessment	12
<b>Stage 2:</b> Desk review	12
<b>Stage 3:</b> Review visit	12
<b>Stage 4:</b> Follow-up action	12
<b>Stage 5:</b> Accreditation	13
<hr/>	
<b>FULL GUIDANCE: ACCREDITATION PRINCIPLES AND STANDARDS</b>	<b>14</b>
<b>Governance, sustainability and external engagement</b>	<b>15</b>
<b>Principle 1:</b> Our organisation is well governed	15
<b>Principle 2:</b> Our organisation and our programming is strategic and relevant, and our impact is communicated effectively	19
<b>Principle 3:</b> Our organisation takes steps to ensure financial sustainability in support of its programmes	25
<b>Organisational management</b>	<b>27</b>
<b>Principle 4:</b> Our organisation manages its finances effectively and efficiently in the planning and implementation of its work	27
<b>Principle 5:</b> Our organisation recruits skilled staff and has good employment and working conditions	33
<b>Principle 6:</b> Our organisation has effective information technology and data protection systems	40

<b>HIV programming</b>	<b>42</b>
<b>Principle 7:</b> Our programmes are person-centred, human rights-based, community-driven and evidence-based	42
<b>Principle 8:</b> Our organisation has an effective monitoring and evaluation system	51
<b>Principle 9:</b> Our organisation promotes learning and knowledge sharing	56
<b>HIV technical area A:</b> HIV and human rights	<b>58</b>
<b>HIV technical area B:</b> HIV prevention	<b>61</b>
<b>HIV technical area C:</b> Integration of HIV and sexual and reproductive health and rights	<b>64</b>
<b>HIV technical area D:</b> TB and HIV	<b>67</b>
<b>HIV technical area E:</b> Adolescents and young people	<b>69</b>
<b>HIV technical area F:</b> HIV and drug use	<b>73</b>
<b>HIV technical area G:</b> HIV care, support and treatment	<b>75</b>
<b>HIV technical area H:</b> Gender and gender-based violence	<b>79</b>
.....	
<b>KEY RESOURCES FOR THE PEER REVIEW TEAM</b>	<b>85</b>

**AT A GLANCE****ACCREDITATION PRINCIPLES AND STANDARDS****GOVERNANCE, SUSTAINABILITY AND EXTERNAL ENGAGEMENT****Principle 1** Our organisation is well governed

**Standard 1** Our organisation has an independent governing body (board of directors/ trustees) with an appropriate mix of skills, knowledge and experience, and with representation from relevant groups

**Standard 2** Our board operates in a transparent, accountable and ethical way, and in accordance with its governing documents or other operating procedures

**Standard 3** Our board directs the strategy and policy framework of the organisation

**Standard 4** Our board has clear roles and responsibilities, and delegates authority clearly and effectively

**Standard 5** Our organisation identifies and manages risk in a systematic way

**Principle 2** Our organisation and our programming is strategic and relevant, and our impact is communicated effectively

**Standard 6** Our organisation has a strategic plan that demonstrates a strong commitment to the Frontline AIDS strategy, vision, mission and values

**Standard 7** Our organisation's strategic plan is operationalised and is regularly reviewed by the board

**Standard 8** Our organisation has strategic links to key stakeholders and mechanisms through which to engage with the national response to HIV

**Standard 9** Our organisation has a clearly-defined strategy and operational plans for policy engagement and advocacy, based on the national policy context and the needs of civil society

**Standard 10** Our organisation communicates its values and the impact of its work

**Principle 3** Our organisation takes steps to ensure financial sustainability in support of its programmes

**Standard 11** Our organisation has a coherent plan and is taking appropriate steps to ensure long-term financial sustainability

## ORGANISATIONAL MANAGEMENT

### Principle 4

Our organisation manages its finances effectively and efficiently in the planning and implementation of its work

#### Standard 12

Our organisation has financial policies and procedures for effective management of resources, including cash and fixed assets

#### Standard 13

Our organisation has good financial management and reporting systems

#### Standard 14

Our organisation complies with all relevant financial statutory obligations

#### Standard 15

Our organisation buys goods and services in an ethical and transparent way, ensuring value for money

#### Standard 16

Our organisation has a comprehensive and consistent process for the selection, capacity-building, monitoring and accountability of grantees

### Principle 5

Our organisation recruits skilled staff and has good employment and working conditions

#### Standard 17

Our organisation has policies, procedures and job descriptions to ensure the human resources structure supports the strategy

#### Standard 18

Recruitment and selection policies and practices are transparent, consistent and ensure that skilled staff are employed to achieve organisational objectives

#### Standard 19

Our organisation attracts skilled staff, manages performance, provides development opportunities and sets appropriate working conditions.

#### Standard 20

Our organisation practises principles of equality and non-discrimination, and promotes and protects the rights and safety of all staff and volunteers

#### Standard 21

Our organisation implements the necessary policies and procedures to uphold the rights of children and vulnerable adults, and protects them from abuse, exploitation and neglect

#### Standard 22

Our organisation has security management systems in place to safeguard people and property

### Principle 6

Our organisation has effective information technology and data protection systems

#### Standard 23

Information technology procedures are in place and are communicated to staff

#### Standard 24

Data protection procedures are in place and all staff are aware of the importance of safeguarding personal data

## HIV PROGRAMMING

<b>Principle 7</b>	<b>Our programmes are person-centred, human rights-based, community-driven and evidence-based</b>
<b>Standard 25</b>	Our programming places individuals at the centre, and aims to respond to the diverse needs of the individuals it serves
<b>Standard 26</b>	Our organisation is committed to the effective implementation of the Greater Involvement of People Living with HIV (GIPA) principle
<b>Standard 27</b>	Our organisation is committed to ensuring the participation of those populations intended to benefit from programmes at all stages of the programme cycle
<b>Standard 28</b>	Our organisation is committed to a gender-responsive approach, and to advancing gender equality
<b>Standard 29</b>	Our organisation strives for an equitable HIV response – prioritising the needs of the most excluded
<b>Standard 30</b>	Our organisation is committed to a human rights-based approach, including through promoting sexual and reproductive rights
<b>Standard 31</b>	Our organisation mobilises communities most affected by HIV in order to ensure an effective HIV response
<b>Standard 32</b>	Our programmes are part of coordinated local/national systems and contribute to the national HIV response
<b>Principle 8</b>	<b>Our organisation has an effective monitoring and evaluation system</b>
<b>Standard 33</b>	There is a monitoring and evaluation plan that measures progress towards the organisation's strategy
<b>Standard 34</b>	There is a monitoring and evaluation system that captures relevant, high quality data
<b>Standard 35</b>	Programmatic data is analysed and used for planning and decision-making, and is shared with internal and external stakeholders
<b>Principle 9</b>	<b>Our organisation promotes learning and knowledge sharing</b>
<b>Standard 36</b>	Our organisation learns and shares its learning in accessible and effective ways

## HIV TECHNICAL AREAS

### Technical area A HIV and human rights

<b>Standard A1</b>	Our programmes are based on a human rights assessment and include specific human rights interventions
<b>Standard A2</b>	Our programmes are designed to build the capacity of both rights holders and duty bearers to claim their rights and to promote, protect and respect the rights of others
<b>Standard A3</b>	Our organisation holds both state and non-state actors accountable for the enjoyment of all human rights as a core part of all our programmes
<b>Standard A4</b>	Our organisation promotes and/or provides legal services to ensure redress for HIV-related discrimination experienced by people living with HIV and key populations

### Technical area B HIV prevention

<b>Standard B1</b>	Our organisation's programming takes a person-centred approach to combination HIV prevention
<b>Standard B2</b>	Our organisation's HIV prevention activities adopt a positive approach to sex
<b>Standard B3</b>	Our organisation's HIV prevention activities address the HIV prevention needs of people living with HIV

### Technical area C Integration of HIV and sexual and reproductive health and rights

<b>Standard C1</b>	Our organisation promotes sexual and reproductive health and rights (SRHR) and HIV linkages – including integration – in policies, programmes and services
<b>Standard C2</b>	Our organisation uses a person-centred approach to promote the SRHR of adolescents, young people and adults of all gender identities and sexual orientations, including those living with and most affected by HIV
<b>Standard C3</b>	Our organisation promotes and/or provides comprehensive quality, non-judgemental, integrated HIV information and services

## HIV TECHNICAL AREAS

### Technical area D TB and HIV

<b>Standard D1</b>	Our organisation promotes the integration of TB and HIV in policies, programmes and services
<b>Standard D2</b>	Our organisation promotes and/or provides access to TB screening, cotrimoxazole preventive therapy, isoniazid preventive therapy or TB treatment to people living with HIV
<b>Standard D3</b>	Our organisation provides people who have TB symptoms, TB infection or confirmed TB disease with information on HIV and refers them for HIV counselling and testing
<b>Standard D4</b>	Our organisation applies a person-centred approach to increase knowledge awareness on TB and HIV; to address multiple stigmas related to TB/HIV; and to protect and promote the human rights of people with TB/HIV in TB prevention, care and treatment

### Technical area E Adolescents and young people

<b>Standard E1</b>	Our organisation promotes the meaningful participation of children, adolescents and young people in all their diversity
<b>Standard E2</b>	Our organisation promotes and/or provides a person-centred approach to reaching HIV-affected children, adolescents and young people within and through their families and communities
<b>Standard E3</b>	Our organisation promotes and/or provides access to tailored, integrated, quality, child/adolescent-centred services and information

### Technical area F HIV and drug use

<b>Standard F1</b>	Our organisation uses a person-centred, harm reduction approach to drug use and HIV
<b>Standard F2</b>	Our organisation promotes and/or provides access to clean injecting equipment, condoms, and information about safe injecting and safer sex for people who use drugs and their sexual partners
<b>Standard F3</b>	Our organisation promotes and/or provides access to antiretroviral treatment; opportunistic infection prevention and treatment; TB prevention and treatment; opiate substitution therapy; treatment for overdose; diagnosis and treatment for viral hepatitis; and SRHR services for people who use drugs and their sexual partners
<b>Standard F4</b>	Our organisation promotes and/or provides access to psychosocial support services to meet the priority needs of people who use drugs and their sexual partners

## HIV TECHNICAL AREAS

### Technical area G

### HIV care, support and treatment

#### Standard G1

Our organisation is committed to a person-centred approach to HIV testing and treatment that promotes autonomy and choice

#### Standard G2

Our organisation supports people taking or in need of HIV treatment by promoting, providing and advocating for community- and/or clinical-based interventions that contribute to the strengthening of the HIV continuum of care

#### Standard G3

Our organisation is committed to caring for carers and promoting the recognition of community health workers, peer outreach workers, and peer navigators

#### Standard G4

Our organisation promotes and/or provides early diagnosis, testing and treatment for sexually transmitted infections, hepatitis B and C, and TB

#### Standard G5

Our organisation promotes a holistic approach to the health and well-being of people living with HIV in all their diversity and across the life course

### Technical area H

### Gender and gender-based violence

#### Standard H1

Our programmes and advocacy are based on a comprehensive gender analysis using a person-centred approach

#### Standard H2

Our programmes are designed to transform gender relations and address gender inequality in the context of and the response to HIV

#### Standard H3

Our programmes are designed to address and respond to the links between gender-based violence and HIV

#### Standard H4

Our organisation holds both state and non-state actors accountable for the protection of freedom from gender-based violence in all its forms

# INTRODUCTION

## What is accreditation?

The Frontline AIDS accreditation system promotes good governance, accountability and good practice programming across the partnership. It is the means by which Frontline AIDS' partners (Frontline Global and partner organisations) are assessed by each other, on a periodic basis. Accreditation guides the admission of new partners and maintains standards for existing partners. All partners must meet the same standards for good governance, organisational management and good practice programming, as assessed through a peer review process.

Peer review teams (one Frontline Global staff member and two staff from partner organisations) identify areas of the organisation under assessment, where strengthening is needed to meet accreditation standards. The team's findings are then fed into the organisation's capacity development plan, and the plan guides the organisation's staff, supported by Frontline Global staff, as they work on the areas that require strengthening.

This guidance explains the accreditation assessment process and the evidence needed to verify compliance with each accreditation standard.

## Why is accreditation important?

Our accreditation system is the backbone of a strong partnership. It is how we guarantee standards and ensure a shared vision and values across the partnership. Using teams comprising staff from across the partnership, we rigorously assess existing partner organisations and potential new partners against the highest standards. We want to build donors' confidence in the ability of partner organisations to deliver quality HIV programmes. We also want to ensure that the meaningful involvement of people living with HIV and other marginalised groups, together with gender equality, are central to the work of all partners. A robust accreditation system also provides a vital opportunity for Frontline AIDS partners to learn from each other.

## Meeting the standards

All partners are required to meet 9 principles containing 36 accreditation standards. The standards cover three areas:

- governance, sustainability and external engagement
- organisational management
- HIV programming.

In order to become a partner of Frontline AIDS, an organisation must meet all 36 standards. In addition, there are 8 programme-related HIV and health technical areas containing a further 30 standards. Organisations are required to select two technical areas and meet all the standards in that area.

In these guidelines, each standard is expressed as a statement and is divided into a number of **criteria** (measurement indicators). Some of the criteria are essential and some desirable.

A standard is met by:

- achieving all essential criteria (these are highlighted with a shaded background)
- achieving the majority (50% or more) of criteria in a standard.

For each criterion, **guidance** and example questions are provided, together with references and links to documentation that may help the assessment team understand the requirements of the criteria. The **evidence** section lists documentation and activities that form the means of verification for each criterion (the organisation is not required to have every relevant resource in order to meet criteria).

In all **technical areas**, partner organisations are expected to programme to the specific needs of people living with and most affected by HIV in a number of different areas. While this can include direct service provision, it can also include a range of other activities that promote access to services and the enjoyment of rights in this area, by addressing power structures and creating a more enabling environment. Recognising that we work with a range of different types of partner organisation we use the language 'promote and/or provide' in relation to technical areas, with the following definitions:

'Promote' refers to a range of activities including (but not limited to) provision of technical support/leadership, increasing knowledge and literacy at the individual or community level; community mobilisation; addressing social and gender norms; sensitisation of service providers and other stakeholders; and policy and advocacy at all levels.

'Provide' refers to direct service delivery OR working with/through established referral pathways – including referral completion and feedback mechanisms.

In all technical areas, programming should adopt a person-centred approach (per principle 7), for further guidance see: [Putting people at the heart of the HIV response \(2017\)](#).

**AT A GLANCE****ACCREDITATION PRINCIPLES****GOVERNANCE, SUSTAINABILITY AND EXTERNAL ENGAGEMENT**

<b>Principle 1</b>	Our organisation is well governed	Standards 1–5
<b>Principle 2</b>	Our organisation and our programming are strategic and relevant	Standards 6–10
<b>Principle 3</b>	Our organisation takes steps to ensure financial sustainability in support of its programmes	Standard 11

**ORGANISATIONAL MANAGEMENT**

<b>Principle 4</b>	Our organisation manages its finances effectively and efficiently in the planning and implementation of its work	Standards 12–16
<b>Principle 5</b>	Our organisation recruits skilled staff and has good employment and working conditions	Standards 17–22
<b>Principle 6</b>	Our organisation has effective information technology and data protection systems	Standards 23–24

**HIV PROGRAMMING**

<b>Principle 7</b>	Our programmes are person-centred, human rights-based, community-driven and evidence-based	Standards 25–32
<b>Principle 8</b>	Our organisation has an effective monitoring and evaluation system	Standard 33–35
<b>Principle 9</b>	Our organisation promotes learning and knowledge sharing	Standard 36
<b>HIV technical area A</b>	<b>HIV and human rights</b>	<b>Standards A1–A4</b>
<b>HIV technical area B</b>	<b>HIV prevention</b>	<b>Standards B1–B3</b>
<b>HIV technical area C</b>	<b>Integration of HIV and sexual and reproductive health and rights</b>	<b>Standards C1–C3</b>
<b>HIV technical area D</b>	<b>TB and HIV</b>	<b>Standards D1–D4</b>
<b>HIV technical area E</b>	<b>Adolescents and young people</b>	<b>Standards E1–E3</b>
<b>HIV technical area F</b>	<b>HIV and drug use</b>	<b>Standards F1–F4</b>
<b>HIV technical area G</b>	<b>HIV care, support and treatment</b>	<b>Standards G1–G5</b>
<b>HIV technical area H</b>	<b>Gender and gender-based violence</b>	<b>Standards H1–H4</b>

**AT A GLANCE****THE ACCREDITATION  
PROCESS****Stage 1: Self-assessment**

The first stage of the accreditation process is self assessment. The organisation assesses how well it meets the standards by using the accreditation self-assessment tool and guidelines. At this stage the organisation selects two HIV technical areas based on its programming profile (see pages 6-8 for the eight HIV technical areas).

**Stage 2: Desk review**

A team at Frontline Global reviews the self-assessment in conjunction with the organisation. Where self-assessment indicates that standards would not be met, an action plan is developed by the organisation with support from the secretariat. This stage should take between one and six months depending on the capacity development work outlined in the action plan. Once the stage is complete, a peer review visit is arranged.

**Stage 3: Review visit**

Frontline AIDS' accreditation system is peer led. The peer review team (PRT) consists of three members: two senior representatives from partner organisations and one senior staff member from Frontline Global.

PRT members are chosen for their complementary skills and expertise in the three main areas covered by the accreditation standards: governance, sustainability and external engagement; organisational management; and HIV programming.

The varied and balanced experience of the PRT ensures constructive dialogue when the team visits an organisation. The team conducts its review by gathering information from meetings and interviews with staff and external stakeholders. The team also requests documentation that provides evidence that standards have been met.

The review usually lasts four days. Once the review is complete, the PRT makes a verbal report to the organisation's senior management and board and, if necessary, agrees further actions that need to be implemented to meet all standards. The team also prepares a written report detailing the visit and any further actions required.

**Stage 4: Follow-up action**

Frontline Global supports the organisation to address areas requiring improvement. Regular reports on progress are prepared and provided to the Accreditation Committee.

## Stage 5: Accreditation

The Frontline AIDS Accreditation Committee comprises Frontline AIDS trustees and representatives from partner organisation boards and senior management. The committee is responsible for deciding whether applicant organisations should be accredited and become Frontline AIDS partners, and also whether existing partners have continued to meet accreditation standards. The committee's decisions are based on PRT reports and subsequent feedback from Frontline Global staff. Only when the committee is satisfied that an organisation has met the accreditation standards does it award accredited status to an organisation. The accreditation certificate is valid for four years, after which period the partner organisation becomes due for re-assessment (all partners are assessed every four years). During the time between these periodic assessments, it is an organisation's responsibility to ensure that it continues to meet Frontline AIDS' accreditation standards.

Where an organisation has not been able to make the improvements necessary to meet all standards over an agreed period of time, then in the case of existing partners, the committee may decide to suspend the partner (or, for applicant organisations wishing to join, accredited status may not be granted).

The committee reports all of its decisions to Frontline AIDS Board of Trustees. An organisation may appeal to the Board of Trustees against a decision of the committee.



Information about all the partner organisations can be found here:  
<https://frontlineaids.org/partnership-map/>

**FULL  
GUIDANCE**



**ACCREDITATION  
PRINCIPLES AND  
STANDARDS**

# GOVERNANCE, SUSTAINABILITY AND EXTERNAL ENGAGEMENT

 For further guidance see: [Governance Handbook \(2014\)](#)

## Principle 1: Our organisation is well governed

 **Standard 1:** Our organisation has an independent governing body (board of directors/trustees) with an appropriate mix of skills, knowledge and experience, and with representation from relevant groups

Criteria	Guidance	Evidence
<b>1.1</b> There is an independent governing body (board of directors/trustees)	<ul style="list-style-type: none"> <li>Does the board composition reflect the requirements of the governing documents?</li> <li>Are senior staff also voting board members? <sup>1</sup></li> <li>Do board members have sufficient independence in decision-making?</li> </ul>	<ul style="list-style-type: none"> <li>Governing documents</li> <li>Minutes of board meetings</li> <li>List of board members including CVs/biographies</li> </ul>
<b>1.2</b> There is a clear, transparent and impartial selection process for board members	<ul style="list-style-type: none"> <li>Are board positions advertised externally?</li> <li>What are the criteria for selection?</li> <li>Do recent appointments reflect the required criteria?</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of recent board recruitment process</li> <li>Letter of invitation to potential candidates</li> <li>List of board members including CVs/biographies</li> </ul>
<b>1.3</b> The board has relevant representation, for example from women, men, transgender, people living with HIV and other affected communities	<ul style="list-style-type: none"> <li>Is there a gender balance across the board? If not, is there a strategic reason for this? <sup>2</sup></li> <li>Is board representation of key populations (as defined in the Alliance strategy) required by the governing documents?</li> <li>Is there representation from people living with HIV and other key populations (relevant to the organisation's programming) on the board?</li> </ul>	<ul style="list-style-type: none"> <li>Governing documents</li> <li>List of board members including CVs/biographies</li> </ul>
<b>1.4</b> The board has a balanced mix of skills and experience as well as competency in effective decision-making	<ul style="list-style-type: none"> <li>Is the existing mix of skills and experience of the board sufficient to enable effective decision making?</li> <li>Has a recent skills audit been conducted of the board's skills and experience</li> </ul>	<ul style="list-style-type: none"> <li>Criteria for recruitment and selection of board members</li> <li>Board members' CVs</li> <li>Skills audit table</li> </ul>

<sup>1</sup> Note that this would compromise the board's independence.

<sup>2</sup> For example, there is no transgender representation because the organisation does not have transgender-focused programmes.

Governance and sustainability and external engagement

Principle 1



**Standard 2:** Our board operates in a transparent, accountable and ethical way, and in accordance with its governing documents or other operating procedures

Criteria	Guidance	Evidence
<p><b>2.1</b> The organisation is legally registered with the relevant statutory and regulatory authorities</p>	<ul style="list-style-type: none"> <li>• How is the organisation registered?</li> </ul>	<ul style="list-style-type: none"> <li>• Registration documents</li> </ul>
<p><b>2.2</b> Are there governing documents stipulating the role of the board and the term of office of board members?</p>	<ul style="list-style-type: none"> <li>• Are the number of terms a board member can serve stipulated? <sup>3</sup></li> <li>• Are there any board members who have exceeded the limit of terms?</li> <li>• How is the term of office for board members regulated?</li> </ul>	<ul style="list-style-type: none"> <li>• Governing documents</li> <li>• Minutes of board meetings</li> <li>• Historical lists of board members</li> </ul>
<p><b>2.3</b> The governing documents limit the number of terms a board member can serve</p>	<ul style="list-style-type: none"> <li>• Are clear procedures set out for electing board members?</li> <li>• Have recent appointments followed these procedures?</li> </ul>	<ul style="list-style-type: none"> <li>• Governing documents</li> <li>• Minutes of board meetings</li> </ul>
<p><b>2.4</b> The board holds regular and minuted meetings</p>	<ul style="list-style-type: none"> <li>• Is the frequency of board meetings stipulated in governing documents?</li> <li>• Does the board meet according to the frequency stipulated?</li> <li>• Is the frequency adequate to enable the board to provide the necessary strategic oversight?</li> </ul>	<ul style="list-style-type: none"> <li>• Governing documents</li> <li>• Minutes of board meetings</li> </ul>
<p><b>2.5</b> The board reviews and authorises a consolidated annual budget</p>	<ul style="list-style-type: none"> <li>• Is there evidence of adequate incoming resources to fund the budget?</li> <li>• Is it a balanced budget?</li> <li>• Does the budget contain a sufficiently detailed breakdown to give the board clear oversight of the financial position of the organisation (not only the projects)?</li> <li>• Is there evidence of board authorisation of the budget?</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidated annual budget</li> <li>• Supporting documentation for budgets</li> <li>• Minutes of board meetings</li> </ul>

<sup>3</sup> Note that the recommendation is a maximum of three terms of three years.

Governance and sustainability and external engagement

Principle 1

Criteria	Guidance	Evidence
<b>2.6</b> The board reviews and authorises annual financial reports	<ul style="list-style-type: none"> <li>Is there documented evidence that the board has reviewed and discussed the audited financial reports?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of board meetings</li> <li>Minutes of sub-committee (such as Finance, Audit and Risk) finance meetings</li> </ul>
<b>2.7</b> The board reviews its own effectiveness	<ul style="list-style-type: none"> <li>Is there evidence of periodic review either internally (through self-assessment) or externally (through an independent consultant)?</li> </ul>	<ul style="list-style-type: none"> <li>Self-assessment sheets <sup>4</sup></li> <li>Assessment reports completed by a consultant</li> </ul>
<b>2.8</b> The board promotes high ethical standards and leads by example	<ul style="list-style-type: none"> <li>Do board minutes clearly document any conflicts of interest? <sup>5</sup></li> <li>Does the board demonstrate good practice re the acceptance of gifts and hospitality?</li> <li>Is a whistle-blowing policy in place safeguarding staff who report bad practice?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of board meetings</li> <li>Conflict of interest policy</li> <li>Policy on acceptance of gifts and hospitality</li> <li>Whistle-blowing policy</li> </ul>



**Standard 3: Our board directs the strategy and policy framework of the organisation**

Criteria	Guidance	Evidence
<b>3.1</b> Governing documents clearly set out the organisational vision, mission, strategy and objectives	<ul style="list-style-type: none"> <li>Are the organisation's vision, mission, strategy and objectives clearly articulated in the governing documents?</li> </ul>	<ul style="list-style-type: none"> <li>Governing documents</li> <li>Vision and mission statements</li> </ul>
<b>3.2</b> The board has approved a current strategic plan that includes a clear statement of vision, mission and objectives for the organisation	<ul style="list-style-type: none"> <li>Does the board approve the organisation's strategy and major policies?</li> <li>Does the strategy articulate the vision and mission statements and the objectives of the organisation – as set out in its governing documents?</li> </ul>	<ul style="list-style-type: none"> <li>Governing documents</li> <li>Vision and mission statements</li> <li>Minutes of board meetings approving strategic plan</li> <li>Current strategic plan</li> </ul>
<b>3.3</b> The board periodically carries out strategic reviews of all aspects of the organisation's work, and uses the results to inform positive change and innovation	<ul style="list-style-type: none"> <li>Has the board carried out a strategic review recently?</li> <li>Is there evidence that results from recent strategic reviews have informed positive change and action for the organisation?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of board meetings</li> <li>Minutes of strategic review meetings</li> </ul>

<sup>4</sup> Usually carried out post board meetings.

<sup>5</sup> Note if there are no declared conflicts, then this should also be recorded in the minutes.

Governance and sustainability and external engagement

Principle 1



**Standard 4:** Our board has clear roles and responsibilities, and delegates authority clearly and effectively

Criteria	Guidance	Evidence
4.1 The role of the board is clearly-defined in the governing documents	<ul style="list-style-type: none"> <li>Review the aims and objectives of the board and individual role descriptions</li> </ul>	<ul style="list-style-type: none"> <li>Governing documents</li> </ul>
4.2 The board has responsibility for strategic matters and is not involved in day-to-day operations	<ul style="list-style-type: none"> <li>Do board role descriptions clearly state that the board only has responsibility for strategic matters and should not be involved in the day-to-day operational matters of the organisation?</li> <li>Do the executive director's terms of reference (ToR)/job description articulate responsibility for operations and the day-to-day running of the organisation?</li> </ul>	<ul style="list-style-type: none"> <li>Governing documents describing board members' roles</li> <li>Executive director's ToR/job description</li> </ul>
4.3 The board appoints, supports and appraises the executive director	<ul style="list-style-type: none"> <li>Is there evidence of regular check-in meetings between the executive director and Chair of the board (in between formal board meetings)?</li> </ul>	<ul style="list-style-type: none"> <li>Annual appraisal of the executive director</li> <li>Interviews with board members</li> </ul>
4.4 The board delegates effectively and appropriately to the executive director	<ul style="list-style-type: none"> <li>Has the board placed a limit on the executive director's signing authority for cash disbursements?</li> <li>Check that board members are not authorising <b>all</b> payments as this oversteps their strategic remit</li> <li>Is there documented evidence of board decisions regarding delegation of authority?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of board meetings</li> </ul>

Governance and sustainability and external engagement

Principle 1

 **Standard 5:** Our organisation identifies and manages risk in a systematic way

Criteria	Guidance	Evidence
<p><b>5.1</b> The organisation has identified the major risks to which it is exposed</p>	<ul style="list-style-type: none"> <li>• Has the organisation carried out a recent risk assessment? <sup>6</sup></li> <li>• Does the organisation maintain a risk register?</li> <li>• Is the risk register up-to-date?</li> <li>• Is a risk management policy in place?</li> <li>• Does the senior management team regularly review the risk register and are critical risks reported to the board?</li> </ul>	<ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• An up-to-date risk register</li> <li>• Risk management policy</li> <li>• Minutes of senior management and board meetings</li> </ul>
<p><b>5.2</b> Are there plans in place to manage major risks in a proactive way?</p>	<ul style="list-style-type: none"> <li>• Are individual risks assigned to senior staff?</li> <li>• Are major risks being managed appropriately?</li> <li>• Is risk management discussed at senior management meetings?</li> <li>• Does the board review the organisational risks and the risk management plan?</li> </ul>	<ul style="list-style-type: none"> <li>• Risk management plan</li> <li>• Minutes of senior management and board meetings</li> </ul>

**Principle 2:** Our organisation and our programming is strategic and relevant, and our impact is communicated effectively

 **Standard 6:** Our organisation has a strategic plan that demonstrates a strong commitment to Frontline AIDS's strategy, vision, mission and values

Criteria	Guidance	Evidence
<p><b>6.1</b> The organisation's vision, mission and values align with the vision, mission and values of Frontline AIDS</p>	<ul style="list-style-type: none"> <li>• Check for alignment between aspects of the organisation's vision, mission and values and those of the Frontline AIDS partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational vision, mission and values</li> <li>• Global Alliance vision, mission and values</li> </ul>
<p><b>6.2</b> The strategic plan contributes to the goals and objectives of Frontline AIDS</p>	<ul style="list-style-type: none"> <li>• Check for alignment between aspects of the current strategic plan and the goals and objectives of the Alliance global strategy?</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan</li> <li>• Global Alliance strategy</li> </ul>

<sup>6</sup> In the last three months.

Governance and sustainability and external engagement

Principle 2



**Standard 7:** Our organisation's strategic plan is operationalised and is regularly reviewed by the board

Criteria	Guidance	Evidence
<p><b>7.1</b> The strategic plan contains realistic goals and objectives to achieve the organisation's vision and mission</p>	<ul style="list-style-type: none"> <li>Check the goals and objectives are in line with the organisation's vision and mission</li> <li>Are there performance indicators linked to the corresponding goals and objectives?</li> </ul>	<ul style="list-style-type: none"> <li>Organisational vision, mission and values</li> <li>Strategic plan</li> <li>Monitoring and evaluation (M&amp;E) framework</li> </ul>
<p><b>7.2</b> There is a fully-costed operational plan in place that is informed by the strategic plan</p>	<ul style="list-style-type: none"> <li>Is the operational plan costed realistically in line with available restricted and unrestricted resources?</li> <li>Are strategic plan documents used during operational planning? <sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>Strategic plan</li> <li>Operational plan</li> <li>Annual budgets</li> <li>Operational planning documents</li> <li>Documentation from operational planning meetings</li> </ul>
<p><b>7.3</b> The operational plan is monitored and reviewed regularly by senior management</p>	<ul style="list-style-type: none"> <li>Does the senior management revisit the operational plan periodically and monitor progress against performance indicators?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of review process</li> <li>Minutes of senior management meetings</li> <li>Reports of progress against performance indicators</li> </ul>



**Standard 8:** Our organisation has strategic links to key stakeholders and mechanisms through which to engage with the national response to HIV

Criteria	Guidance	Evidence
<p><b>8.1</b> There are strategic relationships with key civil society stakeholders involved in the national and regional response to HIV</p>	<ul style="list-style-type: none"> <li>Which civil society actors/networks are key within the country? Where implementing partners are working on a regional basis, who are the key regional players?</li> <li>Which civil society networks and platforms is the organisation part of?</li> </ul>	<ul style="list-style-type: none"> <li>Partnership agreements/memorandums of understanding (MoUs) with key civil society stakeholders</li> <li>Operational plans</li> <li>Programme documentation</li> <li>Interviews/emails with key civil society stakeholders</li> </ul>

<sup>7</sup> For example, when making changes in planned activities/budgets for the coming year.

Governance and sustainability and external engagement

Principle 2

Criteria	Guidance	Evidence
8.1	<ul style="list-style-type: none"> <li>Verify with the civil society actors/networks whether they have operational relationships with the organisation.</li> </ul>	
8.2 <b>There are strategic relationships with other key national and regional stakeholders involved in the national and regional response to HIV<sup>8</sup></b>	<ul style="list-style-type: none"> <li>Who are the key stakeholders within:                             <ul style="list-style-type: none"> <li>government – national or regional depending on the organisational focus</li> <li>donor organisations</li> <li>the private sector</li> <li>UNAIDS?</li> </ul> </li> <li>How does the organisation engage with key stakeholders to develop meaningful relationships?<sup>9</sup></li> <li>What are the recent outcomes/successes from these activities?</li> </ul>	<ul style="list-style-type: none"> <li>Partnership agreements/MoUs with key stakeholders</li> <li>Operational plans</li> <li>Programme documentation</li> <li>Advocacy plans/reports/evidence of advocacy campaigns</li> <li>Interviews/emails with, key national and regional stakeholders</li> </ul>
8.3 <b>The organisation participates in, or contributes to, key institutions and platforms in the national and regional response to HIV<sup>10</sup></b>	<ul style="list-style-type: none"> <li>Who are the main national coordinating bodies within the country?</li> <li>How does the organisation engage with these stakeholders to develop meaningful relationships?<sup>11</sup></li> <li>What are the recent outcomes/successes from these activities?</li> <li>Are organisational representatives on the National AIDS Council, the Country Coordinating Mechanism and/or other national coordinating bodies?</li> </ul>	<ul style="list-style-type: none"> <li>Operational plans</li> <li>Programme documentation</li> <li>Advocacy plans/reports/evidence of advocacy campaigns</li> <li>Interviews/emails with national coordinating bodies</li> </ul>
8.4 <b>The organisation is acting as a civil society leader within the national and regional response to HIV</b>	<ul style="list-style-type: none"> <li>Is there evidence of advocacy campaigns and media activities, including social media?</li> <li>What contribution has the organisation made to civil society movements?</li> </ul>	<ul style="list-style-type: none"> <li>Operational plan</li> <li>Programme documentation</li> <li>Advocacy plans/reports/evidence of advocacy campaigns</li> </ul>

<sup>8</sup> For example, government ministries, donors, the private sector, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Country Coordinator.

<sup>9</sup> For example, technical working groups/committees.

<sup>10</sup> For example, National AIDS Council, Global Fund Country Coordinating Mechanism.

<sup>11</sup> For example, technical working groups/committees.

## Governance and sustainability and external engagement

## Principle 2



**Standard 9:** Our organisation has a clearly-defined strategy and operational plans for policy engagement and advocacy, based on the national policy context and the needs of civil society

Criteria	Guidance	Evidence
<b>9.1</b> Policy and advocacy engagement is included in the strategic plan	<ul style="list-style-type: none"> <li>• What are the national policy/ advocacy priorities?</li> <li>• Are these priorities reflected in the strategic plan?</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan</li> </ul>
<b>9.2</b> The policy engagement and advocacy work in the strategic plan is based on the needs of civil society and/or on its expressed agenda	<ul style="list-style-type: none"> <li>• What key challenges are impacting on civil society in the country?</li> <li>• How do these challenges translate into needs for civil society?</li> <li>• Has civil society been involved in consultations to develop the strategic plan?</li> <li>• Does the strategic plan reflect their expressed needs?</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan</li> <li>• Interviews with civil society representatives</li> </ul>
<b>9.3</b> There is an operational plan with clear targets for policy engagement and advocacy work, either separate to or part of broader programmes	<ul style="list-style-type: none"> <li>• Are there clear policy and advocacy activities within the operational plan?</li> <li>• Do the activities have clear SMART <sup>12</sup> objectives and targets?</li> </ul>	<ul style="list-style-type: none"> <li>• Operational plan</li> <li>• M&amp;E framework</li> </ul>
<b>9.4</b> There is technical and financial capacity to implement the operational plan for policy engagement and advocacy work	<ul style="list-style-type: none"> <li>• Has the operational plan been costed?</li> <li>• Are there sufficient staff members engaged in implementing policy and advocacy activities?</li> <li>• Are staff involved in advocacy activities appropriately qualified, with relevant work experience?</li> </ul>	<ul style="list-style-type: none"> <li>• Operational plan</li> <li>• Job descriptions</li> </ul>

<sup>12</sup> Specific, measurable, achievable, realistic.

Governance and sustainability and external engagement

Principle 2

Criteria	Guidance	Evidence
<p><b>9.5</b> The strategic plan for policy engagement and advocacy work is coordinated with and communicated to national and/or regional implementing partners</p>	<ul style="list-style-type: none"> <li>• Has the strategic plan been shared with implementing partners?</li> <li>• Are these key national and regional players?</li> <li>• Have any implementing partners been involved in its coordination?</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant correspondence with national and regional players</li> <li>• Interviews with implementing partners</li> </ul>



**Standard 10:** Our organisation communicates its values and the impact of its work

Criteria	Guidance	Evidence
<p><b>10.1</b> The organisation's key external stakeholders for policy, advocacy and resource mobilisation are clear, and there is a strategy for how to use organisational communication to reach and influence them</p>	<ul style="list-style-type: none"> <li>• Can staff identify key external stakeholders for policy, advocacy and resource mobilisation and say why they are important and how they are reached?</li> <li>• Are communications activities with clear objectives part of policy, advocacy and resource mobilisation strategies and plans?</li> </ul>	<ul style="list-style-type: none"> <li>• Operational plan</li> <li>• Communication/ positioning plan</li> <li>• Policy engagement plan</li> <li>• Resource mobilisation plan</li> <li>• Plans for specific events (e.g. World AIDS Day, conferences etc.) with activities and communications objectives</li> <li>• Staff interviews</li> </ul>
<p><b>10.2</b> The organisation uses digital communication channels (e.g. websites and social media)<sup>13</sup> to position itself with its key audiences</p>	<ul style="list-style-type: none"> <li>• What communication channels does the organisation use?</li> <li>• Is their reach and effectiveness regularly monitored and evaluated?</li> <li>• Is website content up-to-date?</li> <li>• Do staff use personal social media accounts for professional (organisational) purposes, and if so is this capitalised on?<sup>14</sup></li> <li>• Is there recent and regular activity on social media?<sup>15</sup></li> <li>• Are there staff members with clearly defined responsibilities and adequate skills for managing and maintaining organisational communication?</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational website</li> <li>• Organisational social media accounts</li> <li>• Monitoring data showing number of website visitors and social media reach and engagement</li> <li>• Job descriptions</li> </ul>

<sup>13</sup> For example, Facebook, Twitter, Instagram.

<sup>14</sup> For example, by sharing, liking and re-tweeting.

<sup>15</sup> For example, posting of new content and engagement with other users.

## Governance and sustainability and external engagement

## Principle 2

Criteria	Guidance	Evidence
<p><b>10.3</b> The organisation's mission, vision, values and key messages are clearly stated (e.g. in a communications/ positioning strategy/ plan) and consistently communicated externally</p>	<ul style="list-style-type: none"> <li>• Does communication/messaging reflect the organisation's mission, vision and values?</li> <li>• Are external channels or media being used to communicate the vision, mission and values?</li> <li>• Does the organisation have brand guidelines to support its vision, mission and values, and are they adhered to?</li> <li>• Are staff aware of the organisation's mission, vision and values?</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational vision, mission and values</li> <li>• Communications/ positioning strategy/plan</li> <li>• Communications material <sup>16</sup></li> <li>• Brand guidelines</li> <li>• Staff interviews</li> </ul>
<p><b>10.4</b> Communications guidelines are in place to safeguard the reputation of the organisation and Frontline AIDS</p>	<ul style="list-style-type: none"> <li>• Do communications guidelines cover areas such as agreed spokespersons; consent for use of photographs and quotes; and confidentiality?</li> <li>• Are staff aware of the guidelines?</li> <li>• Are staff with adequate skills and experience nominated as spokespersons?</li> </ul>	<ul style="list-style-type: none"> <li>• Communications guidelines/policies</li> <li>• Consent forms for photographs, video and other material</li> <li>• Staff interviews</li> </ul>
<p><b>10.5</b> The Frontline AIDS brand (visual identity and positioning statements) is used consistently and correctly</p>	<ul style="list-style-type: none"> <li>• Are staff aware of the guidelines for using the Frontline AIDS' brand correctly in profiling and positioning e.g. stationery, publications, and online and key messages?</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational website</li> <li>• Publications</li> <li>• Social media</li> <li>• Key messages</li> <li>• Staff interviews</li> </ul>

<sup>16</sup> For example, website content, social media content, publications, press releases, brochures, annual reports, texts of speeches.

## Governance and sustainability

## Principle 3

**Principle 3: Our organisation takes steps to ensure financial sustainability in support of its programmes**

**Standard 11:** Our organisation has a coherent plan and is taking appropriate steps to ensure long-term financial sustainability

Criteria	Guidance	Evidence
<p><b>11.1</b> The organisation has a coherent plan, and is taking appropriate steps to ensure long-term sustainability</p>	<ul style="list-style-type: none"> <li>• Is the plan realistic and deliverable?</li> <li>• Is it possible to assess the overall approach to secure funding for the organisation's work and financial health?</li> <li>• Are appropriate activities taking place to deliver the plan?</li> <li>• Is the strategy/plan costed and are there objectives, financial targets and indicators of success?</li> <li>• Is the plan being monitored?</li> <li>• Has an appropriate person been identified and tasked with resource mobilisation work?</li> <li>• Is there sufficient unrestricted or flexible funding to sustain the organisation? <sup>17</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Resource mobilisation strategy/plan/pipeline</li> <li>• Minutes of resource mobilisation, senior management and board meetings</li> <li>• Reports showing the monitoring of financial targets</li> <li>• Interviews with the executive director, head of finance and the resource mobilisation focal point</li> </ul>
<p><b>11.2</b> There are guidelines on cost recovery that are being applied to funding proposals <sup>18</sup></p>	<ul style="list-style-type: none"> <li>• Are full overheads and staff costs covered wherever possible?</li> <li>• Are indirect costs charged directly if overheads are missing? <sup>19</sup></li> <li>• Is the basis for calculating indirect costs reasonable?</li> <li>• Has a realistic plan been developed for funding the shortfall if the donor will not pay? <sup>20</sup></li> <li>• Is the cost recovery policy reasonable?</li> </ul>	<ul style="list-style-type: none"> <li>• Proposal budgets</li> <li>• Plan for funding any shortfall</li> <li>• Cost recovery guidelines/policy</li> <li>• Interviews with head of finance and resource mobilisation focal point</li> </ul>

<sup>17</sup> For example, to pay salaries and fixed costs.

<sup>18</sup> See also [Cost Recovery Guidelines](#).

<sup>19</sup> For example, proportion of bill, rent, support staff salaries.

<sup>20</sup> The plan should include clear identification of the shortfall amount and potential funding sources.

Governance and sustainability  
Principle 3

Criteria	Guidance	Evidence
<b>11.3</b> There is an operationalised policy on accepting donations from private sources	<ul style="list-style-type: none"> <li>Does funding from private sources comply with the policy?</li> <li>Is it clear when funding will not be accepted from the private sector?</li> <li>Is there a clear process set out for making this decision, and how is this being implemented?</li> </ul>	<ul style="list-style-type: none"> <li>Funding policy</li> <li>Interviews with head of finance</li> </ul>
<b>11.4</b> The organisation has positive relationships with current and potential donors	<ul style="list-style-type: none"> <li>Is there evidence of good contract or grant management? <sup>21</sup></li> <li>Are there good relationships with key donors in the country and region?</li> </ul>	<ul style="list-style-type: none"> <li>Donor narrative and financial reports</li> <li>Relevant correspondence with donors</li> <li>Interviews with donors</li> </ul>
<b>11.5</b> The organisation is taking adequate steps to diversify its sources of funding	<ul style="list-style-type: none"> <li>Does the consolidated budget reflect appropriate funding diversity?</li> <li>What is the percentage share of funding from each donor?</li> <li>How are short- to medium-term funding gaps identified?</li> <li>Is there an analysis of core costs against projected income?</li> <li>How are new sources of funding being developed?</li> <li>What plans are in place to mitigate the impact of contracts ending or a funding gap?</li> </ul>	<ul style="list-style-type: none"> <li>Consolidated budget with all income sources</li> <li>Minutes of relevant meetings</li> <li>Interviews with head of finance</li> </ul>
<b>11.6</b> There is a plan to build adequate unrestricted reserves	<ul style="list-style-type: none"> <li>Is the level of unrestricted reserves presented to and discussed by the board?</li> <li>What is the level of current organisational reserves?</li> </ul>	<ul style="list-style-type: none"> <li>Reserves policy</li> <li>Minutes of board meetings discussing reserves</li> <li>Latest set of audited accounts</li> <li>Current balance sheet</li> </ul>

<sup>21</sup> For example, are reports submitted on time; variances in budget or activity plans explained; budget requests submitted on time?

# ORGANISATIONAL MANAGEMENT

**Principle 4:** Our organisation manages its finances effectively and efficiently in the planning and implementation of its work



**Standard 12:** Our organisation has financial policies and procedures for effective management of resources, including cash and fixed assets

Criteria	Guidance	Evidence
<p><b>12.1</b> There are up-to-date written financial policies and procedures, with clear delegation of authority for approvals</p>	<ul style="list-style-type: none"> <li>• Are appropriate limits set for delegation of authority for approvals?</li> <li>• Are adequate authorisation levels set out in the internal control procedures?</li> <li>• Have the policies been regularly updated?</li> </ul>	<ul style="list-style-type: none"> <li>• Financial manual/ policies that include payment procedures</li> <li>• Procurement policies/ procedures</li> </ul>
<p><b>12.2</b> Financial policies safeguard cash and assets, and include an anti-fraud policy and a whistle-blowing mechanism</p>	<ul style="list-style-type: none"> <li>• Is there a clear mechanism for whistle-blowing?</li> <li>• Are these policies available and accessible to all staff, e.g. on the intranet?</li> <li>• Are staff aware of the policies?</li> </ul>	<ul style="list-style-type: none"> <li>• Anti-fraud policy</li> <li>• Whistle-blowing mechanism</li> <li>• Staff interviews</li> </ul>
<p><b>12.3</b> There is a fixed asset register, which reconciles to the general ledger, and the organisation carries out annual fixed asset physical verification</p>	<ul style="list-style-type: none"> <li>• Are annual verifications carried out of all fixed assets?</li> <li>• Does the fixed asset register reconcile to the general ledger?</li> </ul>	<ul style="list-style-type: none"> <li>• Fixed asset register</li> <li>• Authorised reports of periodic physical verification</li> <li>• Reconciliation between the fixed asset register and the general ledger</li> </ul>
<p><b>12.4</b> Bank reconciliations are performed monthly for each bank account</p>	<ul style="list-style-type: none"> <li>• Are reconciliations between the bank statement and general ledger carried out each month for each bank account?</li> <li>• Are there any unusual or outstanding items on the reconciliation?</li> <li>• Are all bank accounts in the organisation's name?</li> <li>• Have all unused bank accounts been closed?</li> </ul>	<ul style="list-style-type: none"> <li>• Recent bank reconciliations</li> <li>• List of all bank accounts</li> </ul>

Organisational management  
Principle 4

Criteria	Guidance	Evidence
<p><b>12.5</b> At least two signatures are required on all payments and agreements</p>	<ul style="list-style-type: none"> <li>Do the financial policies require two different signatories on all bank withdrawals, online payments, payment agreements and cheque payments?</li> <li>Do documents relating to recent payment transactions show two appropriate signatures as evidence of approval?</li> <li>Are cheque books kept in a secure location?</li> <li>Do only appropriate staff (such as finance staff and the executive director) have access to online banking passwords?</li> <li>Are the passwords for online banking regularly changed?</li> </ul>	<ul style="list-style-type: none"> <li>Financial manual/ policies</li> <li>Documents relating to recent bank withdrawals, cash and bank payments, online payments, agreements and cheques</li> </ul>
<p><b>12.6</b> There is a documented system for tracking staff travel and other advances that ensures all staff submit expense claims and return unspent advances within a reasonable timescale</p>	<ul style="list-style-type: none"> <li>Is there a clear system for tracking staff travel and other advances?</li> <li>Are outstanding advances at a reasonable level?</li> <li>Have old advances been dealt with adequately?</li> <li>Are new advances given only after previous balances are settled?</li> </ul>	<ul style="list-style-type: none"> <li>Written procedure and system for cash advances</li> <li>Sample checks of advances given to staff</li> <li>General ledger printouts for staff advances</li> </ul>
<p><b>12.7</b> Per diem and lodging rates for all staff travel are appropriate and not dependent on the seniority of the staff member travelling</p>	<ul style="list-style-type: none"> <li>Are per diem and lodging rates documented and reviewed on a regular basis?</li> <li>Are they reasonable and does the policy state that they should be applied equitably to all staff and trustees, irrespective of seniority?</li> <li>Is there evidence that per diems/ lodging payments are applied equitably to all staff and trustees, irrespective of seniority?</li> </ul>	<ul style="list-style-type: none"> <li>Financial manual or separate travel policy</li> <li>Documentation relating to recent per diem/lodging payments for staff at different levels of seniority</li> </ul>

## Organisational management

## Principle 4



**Standard 13:** Our organisation has good financial management and reporting systems

Criteria	Guidance	Evidence
<p><b>13.1</b> There is a consolidated annual budget that covers all organisational activities</p>	<ul style="list-style-type: none"> <li>• Are the annual budget and operational plan up to date?</li> <li>• Are management and finance teams involved in preparing budgets?</li> <li>• Does the budget cover all income and activities?</li> <li>• Is the annual budget approved by a member of SMT?</li> <li>• Does the organisation prepare monthly financial reports that show budget against expenditure?</li> <li>• Are variances analysed and investigated?</li> <li>• Are reports reviewed and signed off by a director (or other SMT member)</li> <li>• Do programme staff receive copies of financial reports?</li> </ul>	<ul style="list-style-type: none"> <li>• Annual organisational budget <sup>22</sup></li> <li>• Operational plan</li> <li>• Monthly financial reports</li> <li>• Minutes of management/finance team meetings</li> </ul>
<p><b>13.2</b> Accounts are maintained using a computerised accounting package</p>	<ul style="list-style-type: none"> <li>• Identify the computerised accounting package</li> <li>• Are accounts fully consolidated on a regular basis?</li> <li>• Check that: <ul style="list-style-type: none"> <li>• only authorised staff can change/ input data to the accounting system</li> <li>• access is restricted by password</li> <li>• passwords are not shared</li> <li>• passwords are changed regularly</li> </ul> </li> <li>• Identify any apparent weaknesses in the proper segregation of duties</li> <li>• Enquire about procedure for regular review and reconciliation of balance sheet accounts</li> <li>• Review latest trial balance for any unusual items</li> <li>• Review latest balance sheet for any unusual or old items</li> </ul>	<ul style="list-style-type: none"> <li>• Computerised accounting package</li> <li>• Latest trial balance</li> <li>• Latest balance sheet</li> </ul>

<sup>22</sup> Not only the list of individual donor budgets per project.

Organisational management  
Principle 4

Criteria	Guidance	Evidence
<b>13.3</b> There is a timesheet system that reflects actual hours worked and which is approved by the relevant manager	<ul style="list-style-type: none"> <li>Discuss procedure for charging time recorded on timesheets to donors</li> <li>Examine a number of timesheets and check that:               <ul style="list-style-type: none"> <li>time is recorded 'after the fact'</li> <li>timesheets are approved by a line manager</li> <li>time is based on actual hours worked, and not on available budgets from donor agreements</li> </ul> </li> <li>Assess the adequacy and accuracy of the procedure by tracking a sample of time recorded on timesheets to the accounting system</li> </ul>	<ul style="list-style-type: none"> <li>Timesheets</li> <li>Donor budgets</li> <li>General ledger</li> <li>Interview with head of finance</li> </ul>
<b>13.4</b> Regular financial reports are prepared, including donor reports	<ul style="list-style-type: none"> <li>What statutory and donor reports does the organisation need to submit?</li> <li>Are these submitted regularly and on time?</li> </ul>	<ul style="list-style-type: none"> <li>Financial reports submitted to relevant authorities and donors</li> </ul>



**Standard 14:** Our organisation complies with all relevant financial statutory obligations

Criteria	Guidance	Evidence
<b>14.1</b> The required annual returns and tax payments are submitted to the appropriate government authorities on time	<ul style="list-style-type: none"> <li>What are the local legal requirements of the organisation?</li> <li>Is the organisation registered with the relevant tax and other financial regulatory authorities?</li> <li>If the organisation is exempt from local tax, is documentary evidence of this available?</li> </ul>	<ul style="list-style-type: none"> <li>Documentation relating to the local legal requirements of the organisation</li> <li>Registration documents as required by local law</li> <li>Annual tax returns</li> <li>Tax exemption documentation</li> </ul>
<b>14.2</b> An external audit is conducted every financial year, and the annual accounts are certified by a qualified accountant	<ul style="list-style-type: none"> <li>Are audits submitted to statutory bodies where necessary?</li> <li>Are accounts up to date?</li> <li>Have auditors issued an unqualified opinion?</li> <li>Are management responses to the management letter satisfactory?</li> <li>Have the annual accounts been certified by a qualified accountant?</li> </ul>	<ul style="list-style-type: none"> <li>Annual statutory audit</li> <li>Latest organisational audited accounts</li> <li>Auditors' management letter</li> </ul>

## Organisational management

## Principle 4



**Standard 15:** Our organisation buys goods and services in an ethical and transparent way, ensuring value for money

Criteria	Guidance	Evidence
<b>15.1</b> There is a procurement policy and system that sets out the contracting procedures for procurement of goods, services and consultants	<ul style="list-style-type: none"> <li>Is a procurement policy in place?</li> <li>Is the policy adequate? <sup>23</sup></li> <li>Are personal interests declared?</li> <li>Is the selection process documented and filed?</li> <li>Select a sample of procurements (from the fixed assets register and/or cashbook) and test whether the procurement policy has been followed.</li> <li>Does the procurement policy meet relevant donor requirements?</li> <li>Does the separate conflict of interest policy also cover procurements?</li> </ul>	<ul style="list-style-type: none"> <li>Procurement policy</li> <li>Conflict of interest policy covering procurements</li> <li>Written procedure for contracting with consultants, services or agencies</li> <li>Sample checks of procurements</li> </ul>



**Standard 16:** Our organisation has a comprehensive and consistent process for the selection, capacity-building, monitoring and accountability of grantees

Criteria	Guidance	Evidence
<b>16.1</b> There is a documented onward granting policy or procedures manual	<ul style="list-style-type: none"> <li>Has the policy/manual been regularly updated?</li> <li>Does the policy/manual include details on:             <ul style="list-style-type: none"> <li>responsibilities, internal controls and lines of authority</li> <li>the onward granting cycle and process of review, approval and documentation for each cycle</li> <li>procedures for 'closing out' grants?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Onward granting policy/manual</li> </ul>
<b>16.2</b> There is a documented process for open and fair selection of grantees	<ul style="list-style-type: none"> <li>How are grantees selected?</li> <li>What are the selection criteria?</li> <li>Is the selection process transparent?</li> <li>Does the conflict of interest policy prevent any conflict of interest between the organisation <sup>24</sup> and the grantee?</li> </ul>	<ul style="list-style-type: none"> <li>Grantee selection criteria</li> <li>Conflict of interest policy</li> </ul>

<sup>23</sup> For example, does it include three quotes, tenders and thresholds; and does it specify when there is a need for a purchasing committee?

<sup>24</sup> Including staff and board members.

Organisational management  
Principle 4

	Criteria	Guidance	Evidence
16.3	<b>There is a documented process for open and fair selection of grantees</b>	<ul style="list-style-type: none"> <li>• Are sufficient capacity assessments carried out? <sup>25</sup></li> <li>• What plans are in place for addressing any gaps once a grantee is selected?</li> </ul>	<ul style="list-style-type: none"> <li>• Grantee capacity assessments</li> <li>• Assessment tools and capacity-building plans</li> </ul>
16.4	<b>The organisation carries out technical, managerial and financial capacity assessments of grantees prior to awarding grants</b>	<ul style="list-style-type: none"> <li>• Does the grant agreement template include: <ul style="list-style-type: none"> <li>• clearly defined roles and responsibilities for each party</li> <li>• relevant donor rules and regulations <sup>26</sup></li> <li>• reference to conflict of interest and anti-fraud policies</li> <li>• requirements for audit and access to documentation</li> <li>• clear provision for amendment, termination, suspension, close out and return of unused funds</li> <li>• a clause on resolution of disputes</li> <li>• a clause on dealing with safeguarding, harassment or other protection issues</li> </ul> </li> <li>• workplans and budgets?</li> </ul>	<ul style="list-style-type: none"> <li>• Grant agreement template</li> <li>• Sample of current signed grant agreements including workplans and budgets</li> </ul>
16.5	<b>A grant agreement is signed with each grantee, including a detailed workplan and budget</b>	<ul style="list-style-type: none"> <li>• Are grantee reports formally checked and reviewed?</li> <li>• Are standard financial and programmatic reporting templates used?</li> <li>• Are grantees visited regularly, depending on their needs?</li> <li>• How are issues at grantee level dealt with? <sup>27</sup></li> <li>• Are there capacity-building plans with current grantees?</li> </ul>	<ul style="list-style-type: none"> <li>• Sample of grantee reports</li> <li>• Trip reports</li> <li>• Capacity-building plans</li> </ul>

<sup>25</sup> Including technical, managerial, financial and safeguarding.

<sup>26</sup> For example, USAID and European Union.

<sup>27</sup> For example, low spend; poor programming; poor delivery; alleged or actual safeguarding concerns; fraud and financial irregularity.

Organisational management  
Principle 5

**Principle 5: Our organisation recruits skilled staff and has good employment and working conditions**

 **Standard 17:** Our organisation has policies, procedures and job descriptions to ensure our human resources structure supports the strategy

Criteria	Guidance	Evidence
<p><b>17.1</b> The organisation has human resources policies and procedures that are in line with local legislation; documented clearly; implemented and accessible to all employees</p>	<ul style="list-style-type: none"> <li>• Are staff employment policies and procedures clearly documented, monitored and reviewed in line with local legislation?</li> <li>• Do the policies/manuals include: <ul style="list-style-type: none"> <li>• remuneration (including benefits)</li> <li>• travel and expenses</li> <li>• staff loans and advances (if offered)</li> <li>• health and safety</li> <li>• anti-fraud</li> <li>• harassment, bullying and safeguarding</li> <li>• conflict of interest</li> <li>• grievance processes</li> <li>• disciplinary processes</li> <li>• exit interviews/handover notes?</li> </ul> </li> <li>• Are staff familiar with the policies? <sup>28</sup></li> <li>• Are line managers internally trained in the policies?</li> <li>• Are processes in place to ensure that knowledge is retained when individuals leave the organisation?</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources manual/policies</li> <li>• Staff interviews</li> </ul>
<p><b>17.2</b> Evidence should include human resources record systems with separate files for each employee, ensuring that local statutory requirements are followed regarding employee data</p>	<ul style="list-style-type: none"> <li>• Are separate files maintained for each employee containing all significant employment documentation? <sup>29</sup></li> <li>• How are these files maintained (paper/electronic)?</li> <li>• Is access to personal information controlled and secure?</li> <li>• How is the confidentiality of these documents maintained?</li> </ul>	

<sup>28</sup> For example, do staff know where to access the policies via human resources, staff manuals or on the intranet?

<sup>29</sup> For example, contracts, amendments, CVs, references and job descriptions.

Organisational management  
Principle 5

Criteria	Guidance	Evidence
	<ul style="list-style-type: none"> <li>What is the process that is followed when an employee leaves i.e. how long is their data maintained and how is it securely destroyed?</li> </ul>	
<b>17.3</b> There is an up-to-date organogram, and job descriptions clearly and accurately define role responsibilities, person specifications and line management duties (where relevant)	<ul style="list-style-type: none"> <li>Are all roles contained within an up-to-date organogram?</li> <li>Do job descriptions clearly define the actual requirements for each position, including any line management duties?</li> <li>Does the appropriate line manager prepare the job descriptions?</li> </ul>	<ul style="list-style-type: none"> <li>Up-to-date organogram</li> <li>Job descriptions</li> <li>Person specifications</li> </ul>



**Standard 18:** Recruitment and selection policies and practices are transparent, consistent and ensure that skilled staff are employed to achieve organisational objectives

Criteria	Guidance	Evidence
<b>18.1</b> There is a transparent and non-discriminatory recruitment system that involves both internal and external advertising	<ul style="list-style-type: none"> <li>What is the process for creating a new position?</li> <li>How is it advertised/circulated?</li> <li>Are internal candidates encouraged to apply?</li> <li>What policies and processes are adopted for internal recruitment?</li> <li>Are people living with and most affected by HIV encouraged to apply?</li> <li>Do all interviews for the same roles follow the same process/contain the same questions?</li> <li>Is there more than one individual candidate and one interviewer involved in each interview process?</li> </ul>	<ul style="list-style-type: none"> <li>Internal recruitment policy/procedures</li> <li>Job advertisements</li> </ul>
<b>18.2</b> Candidates' experience and skills are assessed at a level that is appropriate to the job	<ul style="list-style-type: none"> <li>What is the recruitment procedure?</li> <li>Are decisions to recruit made solely on the basis of skills, abilities and experience outlined within the person specification?</li> <li>Are recruitment records sufficiently detailed to justify selection decisions?</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment process documentation <sup>30</sup></li> </ul>

<sup>30</sup> For example, job descriptions and person specifications; interview questionnaires and candidate responses; test results; score sheets; reference checks and feedback.

Organisational management  
Principle 5

Criteria	Guidance	Evidence
<b>18.3</b> There is an induction or orientation programme for all new staff	<ul style="list-style-type: none"> <li>Is the induction briefing tailored to each role?</li> <li>Does the induction include an introduction to core policies and procedures? <sup>31</sup></li> </ul>	<ul style="list-style-type: none"> <li>Induction programme documents</li> <li>Staff interviews</li> </ul>



**Standard 19:** Our organisation attracts skilled staff, manages performance, provides development opportunities and sets appropriate working conditions

Criteria	Guidance	Evidence
<b>19.1</b> Staff salaries are defined within a fair and transparent internal job evaluation structure	<ul style="list-style-type: none"> <li>How was the salary structure developed?</li> <li>Was a market survey done while finalising the salary structure?</li> <li>If not, how are staff salaries defined?</li> </ul>	<ul style="list-style-type: none"> <li>Salary structure</li> <li>Documentary evidence of the salary structure process</li> </ul>
<b>19.2</b> Salaries are paid and deductions and benefits are calculated in accordance with local legislation <sup>32</sup>	<ul style="list-style-type: none"> <li>What is the local legislation that the organisation should follow?</li> <li>Are local legal requirements included in the human resources manual?</li> <li>Are tax, social security and other relevant deductions made in accordance with local law and deposited with the authorities on or before stipulated dates?</li> </ul>	<ul style="list-style-type: none"> <li>Human resources manual/policies</li> <li>Receipts for relevant deductions deposited with local authorities</li> </ul>
<b>19.3</b> A regular performance appraisal system is implemented	<ul style="list-style-type: none"> <li>Are performance appraisals conducted at least annually for all staff members?</li> </ul>	<ul style="list-style-type: none"> <li>Human resources manual</li> <li>Performance appraisal system documentation</li> </ul>
<b>19.4</b> All staff have the opportunity to improve their technical skills through relevant training or continuing professional development	<ul style="list-style-type: none"> <li>Is there a system for staff to identify relevant training needs?</li> <li>Is there a training budget for this?</li> <li>Are creative ways used to help staff develop without cost or at low cost?</li> </ul>	<ul style="list-style-type: none"> <li>Human resources manual</li> <li>Annual budget</li> <li>Staff training documentation</li> </ul>

<sup>31</sup> For example, Equal opportunities, Code of conduct and Protection of children and vulnerable adults.

<sup>32</sup> For example, all types of paid leave, medical benefits and other statutory payments.

Organisational management  
Principle 5

Criteria	Guidance	Evidence
19.5 <b>Staff working conditions are in line with local legislation, reasonable and adhered to</b> <sup>33</sup>	<ul style="list-style-type: none"> <li>• What are the local legal requirements for working conditions?</li> <li>• Are workplans realistic given the contractual hours?</li> <li>• Are holidays tracked and are staff encouraged to take them?</li> <li>• Are there health and safety policies in the office?</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources manual/policies</li> <li>• Holiday records</li> <li>• Health and safety policy</li> </ul>
19.6 <b>The organisation provides all types of leave to all staff, as appropriate</b>	<ul style="list-style-type: none"> <li>• Do the human resources manual and staff leave records cover all types of leave, including sickness, paternity and maternity leave, and annual and public holiday entitlement?</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources manual/policies</li> <li>• Staff leave records</li> </ul>
19.7 <b>Travel insurance and medical support are available for all staff</b> <sup>34</sup> while travelling for business purposes		<ul style="list-style-type: none"> <li>• Travel insurance</li> <li>• Medical policies</li> </ul>



**Standard 20:** Our organisation practises principles of equality and non-discrimination, and promotes and protects the rights and safety of all staff and volunteers

Criteria	Guidance	Evidence
20.1 <b>There is gender equity within organisational decision-making forums that creates an enabling environment for women, men, other gender identities and those of all sexual orientations</b>	<ul style="list-style-type: none"> <li>• Are there women, men, other gender identities and those of all sexual orientations who are heads of team or in middle and senior management?</li> <li>• Review decision-making processes and organisational structures for gender balance</li> <li>• Is there a good level of understanding of gender-related issues among a cross-section of staff?</li> </ul>	<ul style="list-style-type: none"> <li>• Gender and diversity policy</li> <li>• Staff statistics including salary records</li> <li>• Organogram</li> <li>• Staff interviews</li> </ul>

<sup>33</sup> Including, but not limited to, working hours, overtime and physical working conditions.

<sup>34</sup> Regardless of position or seniority.

Organisational management  
Principle 5

Criteria	Guidance	Evidence
<p><b>20.2</b> The organisation implements policies and procedures to address and eliminate gender discrimination within the workplace, including clear procedures to respond to complaints about sexual harassment</p>	<ul style="list-style-type: none"> <li>Do policies articulate the importance of eliminating gender discrimination?</li> <li>Does a staff code of conduct exist?</li> <li>Does an equal opportunities policy exist?               <ul style="list-style-type: none"> <li>Does it refer to equal opportunities in relation to HIV, drug use, sex work, gender, sexuality and age?</li> </ul> </li> <li>Is there an adequate process for reporting and dealing with sexual harassment?</li> <li>Are staff at different levels aware of these policies and do they have an understanding of how they should use them?</li> <li>Do they have experience of using them?</li> <li>Do managers and staff think that gender discrimination is an important issue to address?</li> </ul>	<ul style="list-style-type: none"> <li>Human resources manual/policies</li> <li>Code of conduct</li> <li>Equal opportunities policy</li> <li>Interviews with managers and staff</li> </ul>
<p><b>20.3</b> The organisation ensures the confidentiality, privacy, dignity and non-discrimination of people living with HIV and other key populations to protect them at work</p>	<ul style="list-style-type: none"> <li>Is there a workplace policy that ensures confidentiality and privacy?</li> <li>Is the Greater Involvement of People Living with HIV (GIPA) principle embedded in the workplace policy? <sup>35</sup></li> <li>Are staff at different levels aware of the policy and what are their experiences?</li> </ul>	<ul style="list-style-type: none"> <li>HIV/equality in the workplace policy</li> <li>Staff interviews</li> </ul>

<sup>35</sup> For further guidance on the GIPA principle, see the [GIPA tree of involvement](#) and the [Positive Health, Dignity and Prevention \(PHDP\) guidelines](#).

Organisational management  
Principle 5



**Standard 21:** Our organisation implements the necessary policies and procedures to uphold the rights of children and vulnerable adults, and protects them from abuse, exploitation and neglect



For further guidance, see the Frontline AIDS [Safeguarding children, YP and vulnerable adults policy](#). See also: [www.keepingchildrensafe.org.uk](http://www.keepingchildrensafe.org.uk) and Save the Children (2007), [Getting it right for children: a practitioners' guide to child rights programming](#).

Criteria	Guidance	Evidence
<p><b>21.1</b> There is a documented policy for the protection of children and vulnerable adults that adheres to local legislation, is shared with staff, partners and programme participants, and has a clearly designated responsible person</p>	<ul style="list-style-type: none"> <li>• What is the local legislation around the protection of children and vulnerable adults?</li> <li>• Is there a policy on the protection of children and vulnerable adults displayed in the office?</li> <li>• Review the policy and ask key staff to describe it and its application</li> <li>• How is the policy shared with partners, grantees and programme participants?</li> <li>• Is there a child-friendly version for sharing with children?</li> <li>• Review staff structure and job descriptions to ensure that at least one job description lists responsibility for the protection of children and vulnerable adults</li> <li>• Discuss with that staff member their role in promoting the protection of children and vulnerable adults and responding to allegations</li> </ul>	<ul style="list-style-type: none"> <li>• Policy on the protection of children and vulnerable adults</li> <li>• Staff interviews</li> <li>• Organogram</li> <li>• Job descriptions</li> </ul>
<p><b>21.2</b> Child and vulnerable adult protection issues are included in recruitment and induction of new staff, including reference to policies and code of conduct</p>	<ul style="list-style-type: none"> <li>• Are child and vulnerable adult protection issues included in recruitment and induction of new staff?</li> <li>• Check knowledge of these issues and related policies/procedures among a cross section of staff</li> </ul>	<ul style="list-style-type: none"> <li>• Human resources manual/policies</li> <li>• Recruitment and induction documents</li> <li>• Staff interviews</li> </ul>

Organisational management  
Principle 5

Criteria	Guidance	Evidence
<b>21.3</b> The organisation trains staff and has a clear code of conduct when working with children and vulnerable adults, including incident reporting procedures	<ul style="list-style-type: none"> <li>• Check staff's understanding of the code of conduct</li> <li>• Have they signed it?</li> <li>• Have staff been trained in issues relating to children and vulnerable adults?</li> <li>• Ask staff who they would approach if faced with a child or vulnerable adult protection issue</li> <li>• Do staff speak respectfully about children and vulnerable adults avoiding stigmatising language <sup>36</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Code of conduct for staff working with children and vulnerable adults</li> <li>• Capacity-building and training reports</li> </ul>
<b>21.4</b> The organisation implements a permissions policy on the use of images and data	<ul style="list-style-type: none"> <li>• Is there evidence of the permissions process for gathering images or data?</li> <li>• Does the guidance on children in research include security of data and parental and individual consent?</li> </ul>	<ul style="list-style-type: none"> <li>• Permissions policy</li> <li>• Consent forms</li> <li>• Publications</li> </ul>



**Standard 22:** Our organisation has security management systems in place to safeguard people and property

Criteria	Guidance	Evidence
<b>22.1</b> There is a member of staff responsible for security	<ul style="list-style-type: none"> <li>• Does the employee who is responsible for security monitor the organisation's security arrangements?</li> <li>• Are there mechanisms in place to help ensure this employee (or a deputy) is available to help staff in case of emergencies?</li> </ul>	<ul style="list-style-type: none"> <li>• Job descriptions</li> <li>• Interview with security focal point</li> </ul>
<b>22.2</b> Effective measures have been taken to protect staff and others on the premises and when travelling	<ul style="list-style-type: none"> <li>• Do visitors and new staff receive a security induction?</li> <li>• Is there a fire exit and firefighting equipment on the premises?</li> <li>• Is there first aid equipment in offices and vehicles?</li> <li>• Do <b>all</b> vehicles have seatbelts (front and back)?</li> </ul>	<ul style="list-style-type: none"> <li>• Security manual</li> <li>• Security and safety procedures for staff travelling to implementing partners</li> <li>• Firefighting equipment</li> <li>• First aid equipment</li> <li>• Vehicle checks</li> </ul>

<sup>36</sup> For example, 'children affected by AIDS (CABA)'; 'orphans and vulnerable children (OVC)'; 'AIDS orphan'; 'innocent victim'.

## Organisational management

### Principle 6

Criteria	Guidance	Evidence
<b>22.3</b> Effective measures have been taken to protect the organisation's assets <sup>37</sup>	<ul style="list-style-type: none"> <li>Does the office have lockable or grated windows and doors?</li> <li>Are vehicles secured when not in use?</li> <li>Are all (office and vehicle) keys stored centrally and securely?</li> </ul>	<ul style="list-style-type: none"> <li>Observations of the office</li> </ul>

## Principle 6: Our organisation has effective information technology and data protection systems



**Standard 23:** Information technology procedures are in place and are communicated to staff

Criteria	Guidance	Evidence
<b>23.1</b> There is a documented policy or manual for IT security and backup	<ul style="list-style-type: none"> <li>Are documented procedures in place stipulating:               <ul style="list-style-type: none"> <li>virus protection arrangements</li> <li>use, management and control of laptops</li> <li>adequacy of technical and maintenance support agreements?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>IT manual/policies for security and backup</li> </ul>
<b>23.2</b> The organisation takes robust measures to prevent loss of data	<ul style="list-style-type: none"> <li>Is data backed up on a regular schedule?</li> <li>Are backups held off-site?</li> <li>Is the backup integrity and recoverability tested?</li> </ul>	<ul style="list-style-type: none"> <li>IT manual/policies for security and backup</li> <li>Portable drive, tapes or cloud storage</li> </ul>
<b>23.3</b> There are clearly-defined roles and responsibilities for the management of IT infrastructure and services	<ul style="list-style-type: none"> <li>Is a staff member responsible for IT policies and procedures, and do they have sufficient authority to ensure compliance? <sup>38</sup></li> </ul>	<ul style="list-style-type: none"> <li>Job descriptions</li> <li>Supplier contract with the outsourced provider of IT services</li> </ul>
<b>23.4</b> All operating systems and application software are legally licensed	<ul style="list-style-type: none"> <li>Is a staff member responsible for ensuring all software is appropriately licensed?</li> <li>Are all licences up to date?</li> </ul>	<ul style="list-style-type: none"> <li>Job descriptions</li> <li>Software licenses</li> </ul>

<sup>37</sup> For example, office premises, vehicles and computers.

<sup>38</sup> If IT services are outsourced, a staff member should still be responsible for IT and for managing external suppliers.

Organisational management  
Principle 6



**Standard 24:** Data protection procedures are in place and all staff are aware of the importance of safeguarding personal data

Criteria	Guidance	Evidence
<p><b>24.1</b> Access to personal, sensitive and confidential IT data is controlled</p>	<ul style="list-style-type: none"> <li>Do password-protected credentials (that are not shared) control access to such data?</li> <li>Do senior staff know what personal data is held, who has access to it and how such access is justified? <sup>39</sup></li> </ul>	<ul style="list-style-type: none"> <li>Information security policy (if not included in the data protection policy)</li> <li>Staff interviews</li> </ul>
<p><b>24.2</b> There is a data protection policy and all staff are aware of it</p>	<ul style="list-style-type: none"> <li>Ask staff responsible for sensitive data, e.g. HR and M&amp;E, what data protection procedures are followed in their areas of responsibility</li> <li>Ask general (non-HR, non-M&amp;E) staff if they know when data is personal and should be subject to specific safeguarding procedures</li> </ul>	<ul style="list-style-type: none"> <li>Data protection policy</li> <li>Staff interviews</li> </ul>
<p><b>24.3</b> All staff personal data is held securely</p>	<ul style="list-style-type: none"> <li>Who can access staff records?</li> <li>What procedures are in place for the deletion/destruction of personal data of ex-employees?</li> <li>Does the data protection policy cover the release of staff personal data to third parties?</li> <li>Does the organisation maintain a register of data requests (internal and external)?</li> </ul>	<ul style="list-style-type: none"> <li>Data protection policy</li> <li>Data access request register</li> </ul>

<sup>39</sup> For example, by written consent or by administrative need.

# HIV PROGRAMMING

## Principle 7: Our programmes are person-centred, human rights-based, community-driven and evidence-based



**Standard 25:** Our programming places individuals at the centre, and aims to respond to the diverse needs of the individuals it serves



For further guidance on person-centred programming refer to: **Putting people at the heart of the HIV response (2017)**

### PERSON-CENTRED

Criteria	Guidance	Evidence
<p><b>25.1</b> The organisation is committed to equity through its programming</p>	<ul style="list-style-type: none"> <li>Is there evidence that recent data has been used to target programming towards people who have been most excluded or marginalised using a key populations approach? <sup>40</sup></li> <li>Are appropriate steps taken to ensure key population participation and that key populations can fully access services and enjoy their rights?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation <sup>41</sup></li> </ul>
<p><b>25.2</b> The organisation demonstrates a commitment to equality and diversity through its programming</p>	<ul style="list-style-type: none"> <li>Is there a clear equality and non-discrimination policy that is visible at a service or programme delivery level?</li> <li>Do service providers receive stigma-reduction sensitisation training?</li> <li>Are people who use a service or participate in a programme treated without discrimination or stigma?</li> <li>Does the programme recognise that a person has a wide range of needs that may change over the life course?</li> <li>Do people participating in programmes report a dignified and stigma-free experience?</li> </ul>	<ul style="list-style-type: none"> <li>Equality and non-discrimination policy</li> <li>Evidence of stigma-reduction sensitisation trainings with service providers</li> <li>User feedback/interviews with programme participants</li> </ul>

<sup>40</sup> The Frontline AIDS approach to 'key populations' identifies both key populations (those who are most vulnerable to, or affected by, HIV) and those most at risk of, and affected by, gender-based violence, as populations for us to prioritise. This would naturally, depending on context, include a focus on adolescents and young people, other vulnerable LGBTI communities (particularly lesbians and other women who have sex with women), refugees, migrants, displaced people, prisoners, people with disabilities, and children affected by HIV among others. The term 'key populations' also signifies that these are populations to be targeted for services, but who must also be supported to play an active role in the broader response to HIV.

<sup>41</sup> Programme documentation includes the following: operational plans, programme design, theory of change/logframe, workplans, budgets, M&E frameworks & indicators, activity reports, curricula/field guides and narrative and financial reports. One or more of these may be relevant as evidence depending on the criteria and/or organisational context.

HIV programming  
Principle 7

Criteria	Guidance	Evidence
<p><b>25.3</b> The organisation promotes and/or provides integrated service delivery with a range of essential services for the people it serves</p>	<ul style="list-style-type: none"> <li>Is there a strong set of referral and linkage mechanisms to a wider range of services, including comprehensive SRHR; support for gender-based violence; drug or addiction services; legal, social protection and psychosocial support?</li> <li>Is there evidence of follow-up?</li> <li>Are people supported to access other services, or in their transition between services?</li> </ul>	<ul style="list-style-type: none"> <li>MoUs between the organisation and service providers, and between service providers</li> <li>Referral/follow-up records</li> <li>Evidence of peer support in referral or transition between services</li> <li>Interviews with peer support workers</li> </ul>
<p><b>25.4</b> The organisation works to shift power to overcome structural barriers at a number of levels</p>	<ul style="list-style-type: none"> <li>Is there evidence of a mixture of activities at the different levels: individual, peer, family, community, service and policy levels, to identify, challenge and reduce structural barriers to accessing services and rights?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Policy/advocacy plans</li> <li>Guidance or curricula for working with peers, families or communities</li> <li>Training modules for working with service providers</li> <li>Safe spaces at service delivery</li> <li>External communications</li> </ul>



**Standard 26:** Our organisation is committed to the effective implementation of the Greater Involvement of People Living with HIV (GIPA) principle

**PERSON-CENTRED**

Criteria	Guidance	Evidence
<p><b>26.1</b> The organisation is committed to ensuring that people living with HIV are meaningfully involved in all aspects of the HIV response, at all levels of the organisation, including strategic and work planning</p>	<ul style="list-style-type: none"> <li>Does the GIPA assessment acknowledge the specific needs, expertise and experiences of people living with HIV as a diverse group? <small>43, 44</small></li> </ul>	<ul style="list-style-type: none"> <li>GIPA assessments</li> <li>GIPA and organisational policy statements <sup>42</sup></li> </ul>

<sup>42</sup> These include (but are not limited to) criminalisation, stigma and discrimination, gender-based violence and harmful gender norms, poverty, and age-related restrictions for services and information.

<sup>43</sup> Examples of activities might be setting up safe spaces for young people at a clinic; peer support mechanisms; working with families, service providers or the wider community to challenge stigma; and advocacy work towards duty bearers to improve service quality or repeal legal and policy barriers to services.

<sup>44</sup> External communications includes the following: organisational website, advocacy briefs, calls to action, position papers, newsletters, campaigns, articles, blogs, social media, case studies, communications plans and advocacy frameworks. One or more of these may be relevant as evidence depending on the criteria and/or organisational context.

HIV programming

**Principle 7**



For further guidance on the GIPA principle, see the **GIPA tree of involvement** and the **Positive health dignity and prevention (PHDP) framework**. See also **Good Practice Guide: Greater involvement of people living with HIV (GIPA) (2010)**

Criteria	Guidance	Evidence
	<ul style="list-style-type: none"> <li>Do key documents articulate a commitment to involving people living with HIV in all aspects of the response?</li> </ul>	<ul style="list-style-type: none"> <li>Vision and mission statements</li> <li>Organisational strategy</li> <li>Operational plan</li> <li>External communications</li> </ul>
<p><b>26.2</b> The organisation promotes and integrates GIPA principle into its programming and representation at community and national levels</p>	<ul style="list-style-type: none"> <li>Ask for specific examples of GIPA principle being promoted in the community or national HIV response; and verify these examples through interviews with representatives of people living with HIV</li> </ul>	<ul style="list-style-type: none"> <li>Organisational strategy</li> <li>Operational plan</li> <li>Documentation of advisory board structures/ community advisory committee</li> <li>Interviews with representatives of people living with HIV</li> <li>External communications</li> </ul>
<p><b>26.3</b> People living with HIV are involved in planning, implementing and evaluating programmes</p>	<ul style="list-style-type: none"> <li>Do advisory structures or other mechanisms exist that include people living with HIV in planning, implementing and evaluating programmes in a systematic manner?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Documentation of advisory board structures/ community advisory committee</li> <li>Interviews with representatives of people living with HIV</li> </ul>



**Standard 27:** Our organisation is committed to ensuring the participation of those populations intended to benefit from programmes at all stages of the programme cycle

**PERSON-CENTRED**

Criteria	Guidance	Evidence
<p><b>27.1</b> Strategies are in place to ensure the meaningful participation of key stakeholders, with special emphasis on those populations intended to benefit from programmes</p>	<ul style="list-style-type: none"> <li>Ask about mechanisms to systematically involve key populations in programming planning, implementation and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Strategic plan</li> <li>Programme documentation</li> <li>Interviews with key population representatives</li> </ul>

HIV programming  
Principle 7

Criteria	Guidance	Evidence
	<ul style="list-style-type: none"> <li>Have the results of consultations with key populations been incorporated into programme design and objectives?</li> </ul>	



**Standard 28:** Our organisation is committed to a gender-responsive approach, and to advancing gender equality



For further guidance see: **Frontline AIDS approach to gender equality** and **Good practice guide on gender-transformative programming (2018)**. See also, **Good Practice Guide: Integration of HIV and sexual and reproductive health and rights (2011)**

## PERSON-CENTRED

Criteria	Guidance	Evidence
<b>28.1</b> Organisational documents articulate a gender-responsive approach to HIV	<ul style="list-style-type: none"> <li>Ask about mechanisms to systematically involve key populations in programming planning, implementation and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Strategic plan</li> <li>Programme documentation</li> <li>Interviews with key population representatives</li> </ul>
<b>28.2</b> An organisational assessment has been undertaken to measure the capacity of staff and board members to use a gender-responsive or transformative approach to HIV programming	<ul style="list-style-type: none"> <li>Has a gender assessment been carried out?</li> <li>Have staff and board members been trained in gender-responsive/gender-transformative approaches?</li> <li>Basic training should include:               <ul style="list-style-type: none"> <li>definitions (sex/gender)</li> <li>gender dynamics within the global HIV epidemic</li> <li>social norms and power relations</li> <li>linkages between gender-based violence and HIV</li> <li>the gender programming continuum <sup>45</sup></li> <li>gender and HIV indicators</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Assessment documentation</li> <li>Training records</li> <li>Training materials</li> <li>Staff interviews</li> </ul>

<sup>45</sup> Click here for further guidance on the [gender programming continuum](#).

HIV programming  
Principle 7

Criteria	Guidance	Evidence
<b>28.3</b> Programmes address harmful gender norms and practices that make people more vulnerable to HIV and negatively impact their sexual and reproductive health and rights	<ul style="list-style-type: none"> <li>Do programme goals, objectives and activities address these harmful gender norms and practices at individual, community, structural and service levels?</li> <li>Ask staff about harmful gender norms and practices in their country, and how these impact on HIV risk and vulnerability among different groups <sup>46</sup></li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Interviews with programme staff and implementing partners</li> </ul>
<b>28.4</b> Programmes minimise the risk of gender-based violence in HIV programming	<ul style="list-style-type: none"> <li>Are there activities that may risk increasing the risk of gender-based violence?</li> <li>Do staff and implementing partners understand where programmes may increase the risk of gender-based violence and do they take actions to reduce that risk?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Risk registers</li> <li>Interviews with programme staff and implementing partners</li> </ul>
<b>28.5</b> The organisation has effective referral structures (including follow-up systems) to ensure access to competent and comprehensive services for survivors of gender-based violence	<ul style="list-style-type: none"> <li>Do protocols exist to refer in cases of gender-based violence?</li> <li>Are staff aware of these policies and report using them?</li> <li>Are there established partnerships with gender-based violence service providers?</li> <li>Is there evidence of follow-up after referrals?</li> </ul>	<ul style="list-style-type: none"> <li>Protocols or policies</li> <li>Staff interviews</li> <li>Referral and follow-up records</li> <li>Partnership agreements/ MoUs</li> </ul>
<b>28.6</b> The organisation works to ensure that national laws and policies do not criminalise or stigmatise people because of their gender identity and/or sexual orientation; and that they promote gender equality and provide protection from all forms of violence	<ul style="list-style-type: none"> <li>Are staff and implementing partners aware of how existing national laws and policies protect or deny protection to women, men, other gender identifies and those of all sexual orientations?</li> <li>Ask staff to identify how the organisation links its work with advocacy for changes to harmful laws or better implementation of existing laws to promote gender equality and increase protection from violence in public and private spheres</li> <li>Do programme interventions address harmful laws?</li> </ul>	<ul style="list-style-type: none"> <li>Mapping reports</li> <li>Reports on national laws and policies</li> <li>Interviews with programme/ technical staff and implementing partners</li> <li>Programme documentation</li> <li>External communications</li> </ul>

<sup>46</sup> For example, early marriage, gender-based violence, intimate partner violence, homophobia, transphobia.

HIV programming  
Principle 7



**Standard 29:** Our organisation strives for an equitable HIV response – prioritising the needs of the most excluded

## PERSON-CENTRED

Criteria	Guidance	Evidence
<p><b>29.1</b> Programmes prioritise the HIV needs of communities most affected and excluded based on an assessment of the best available evidence</p>	<ul style="list-style-type: none"> <li>• Can staff describe the current trends in HIV transmission among communities most affected in their context?</li> <li>• Does programme documentation reflect a link between HIV transmission trends and programming priorities?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Interviews with programme staff</li> <li>• External communications</li> </ul>
<p><b>29.2</b> Programmes are designed to meet the specific needs and capacities of the most excluded communities <sup>47</sup></p>	<ul style="list-style-type: none"> <li>• Is there evidence of differentiated activities, information and programmes dependent on the population served?</li> <li>• Identify tailored interventions for specific key and priority populations</li> <li>• Can staff or implementing partners describe how they tailor interventions to account for the diverse needs of individuals?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Interviews with programme staff and implementing partners</li> </ul>



**Standard 30:** Our organisation is committed to a human rights-based approach, including through promoting sexual and reproductive rights



For further guidance on a rights-based approach, see: [Good Practice Guide: HIV and human rights \(2014\)](#)

## HUMAN RIGHTS-BASED

Criteria	Guidance	Evidence
<p><b>30.1</b> Strategic documents articulate a human rights-based approach to HIV</p>	<ul style="list-style-type: none"> <li>• Do strategic documents articulate a human rights-based approach to HIV?</li> <li>• Does the M&amp;E system include indicators for stakeholders' increased capacity to claim their rights and participate in national HIV programmes? <sup>48</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan</li> <li>• Programme documentation</li> <li>• M&amp;E system including indicators</li> <li>• Annual reports</li> <li>• External communications</li> </ul>

<sup>47</sup> Including, for example, those based on gender, sexual orientation and different stages of adolescence.

<sup>48</sup> For further guidance on human rights indicators, see [Empowerment for Advocacy \(EMPAD\)](#)

HIV programming  
Principle 7

Criteria	Guidance	Evidence
<p><b>30.2</b> Staff and board members have been trained on a human rights-based approach to HIV programming</p>	<ul style="list-style-type: none"> <li>• Has there been training on a human rights-based approach to HIV programming?</li> <li>• Talk to staff and board members to assess their level of understanding of a human rights-based approach, and their capacity in human rights-based HIV programming</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity-building plans and reports</li> <li>• Training materials</li> <li>• Interviews with staff and board members</li> </ul>
<p><b>30.3</b> There are programmatic responses in place to address stigma and discrimination related to HIV and key populations</p>	<ul style="list-style-type: none"> <li>• Is there evidence of anti-stigma and discrimination-related activities?</li> <li>• Talk to staff to assess the level of importance and understanding they attribute to addressing stigma and discrimination related to HIV and key populations</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic and operational plans</li> <li>• Programme documentation</li> <li>• Interviews with programme staff</li> <li>• External communications</li> </ul>
<p><b>30.4</b> The organisation's programmes promote the realisation of sexual and reproductive rights for those most affected by HIV, including by addressing structural barriers</p>	<ul style="list-style-type: none"> <li>• Do programme activities contribute (and not act as a barrier) to the realisation of the sexual and reproductive rights below?</li> <li>• Do staff ensure that their work contributes to these rights?</li> <li>• Do the organisation's materials and staff recognise that these rights apply irrespective of age, gender identity, sexual orientation, marital status or HIV status, and do they advocate for legal reform to remove structural barriers for these populations?</li> <li>• Sexual and reproductive rights:             <ul style="list-style-type: none"> <li>• the ability to make decisions about who we have sexual relationships with</li> <li>• enjoying pleasurable sexual relationships free of coercion and violence</li> <li>• choosing whether and when to marry and have children</li> <li>• protecting ourselves from STIs and HIV</li> <li>• access to non-stigmatising, appropriate healthcare and information</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Interviews with programme/advocacy staff</li> <li>• External communications</li> </ul>

HIV programming

## Principle 7



**Standard 31:** Our organisation mobilises communities most affected by HIV in order to ensure an effective HIV response

## COMMUNITY-DRIVEN

Criteria	Guidance	Evidence
<b>31.1</b> The organisation helps to establish and continually build the capacity of community-based networks and organisations to respond to HIV <sup>49</sup>	<ul style="list-style-type: none"> <li>Is the organisation supporting the establishment and building the capacity of community-based organisations and networks (people living with HIV and other key populations)?</li> <li>Talk to representatives from key population networks and community-based networks and organisations about technical support/capacity-building activities</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Technical support/capacity-building plans and reports</li> <li>Partnership agreements/MoUs with organisations representing key populations</li> <li>Interviews with key population representatives</li> </ul>
<b>31.2</b> The organisation supports communities most affected by HIV to amplify their voices to advocate for an enabling environment for an effective HIV response	<ul style="list-style-type: none"> <li>Is there evidence of advocacy-related capacity-building and technical support activities with key populations and community representatives, networks and groups?</li> <li>Talk to representatives from community-based networks and organisations about joint advocacy initiatives and successes</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Technical support/capacity-building plans and reports</li> <li>Advocacy strategies, plans and activity reports</li> <li>Interviews with key populations and community representatives</li> <li>External communications</li> </ul>
<b>31.3</b> The organisation works with community stakeholders <sup>50</sup> to promote the rights of people living with and most affected by HIV?	<ul style="list-style-type: none"> <li>Is there evidence of activities to promote the rights of people living with and most affected by HIV among community stakeholders?</li> <li>Are people from affected communities involved in activities to promote the rights of people living with and most affected by HIV?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Interviews with community stakeholders</li> <li>External communications</li> </ul>

<sup>49</sup> For example, through financial and technical support.

<sup>50</sup> Including gatekeepers such as parents, service providers, law enforcement agents, religious leaders and teachers.

HIV programming  
Principle 7

Criteria	Guidance	Evidence
<b>31.4</b> Accountability and feedback mechanisms are in place with communities most affected by HIV to ensure the quality of programming and to inform advocacy priorities	<ul style="list-style-type: none"> <li>• Are there records of routine meetings with community members to provide feedback and ongoing accountability?</li> <li>• Ask about the type and level of feedback and accountability key populations and community networks receive from the organisation</li> <li>• Check that individual feedback mechanisms for programme participants are designed to promote open feedback and comply with harassment, protection and whistle-blowing policies</li> </ul>	<ul style="list-style-type: none"> <li>• Records of community meetings</li> <li>• Feedback tools</li> <li>• Interviews with key population and community representatives</li> </ul>



**Standard 32:** Our programmes are part of coordinated local/national systems and contribute to the national HIV response



For further guidance: [The health journey \(2007\)](#)

## COMMUNITY-DRIVEN

Criteria	Guidance	Evidence
<b>32.1</b> Programmes contribute to the national HIV/AIDS strategy or plan	<ul style="list-style-type: none"> <li>• Does the organisation have a copy of the current national HIV strategy or plan?</li> <li>• Review the organisation's strategic objectives against the objectives of the national HIV strategy/plan</li> <li>• Does the organisation have a strategic relationship with key stakeholders (e.g. the National AIDS Council), and do they work together on a regular basis?</li> </ul>	<ul style="list-style-type: none"> <li>• Current national HIV strategy/plan</li> <li>• Organisational strategy and programming objectives</li> <li>• Interviews with staff and key stakeholders</li> </ul>
<b>32.2</b> Programmes contribute to the Sustainable Development Goals	<ul style="list-style-type: none"> <li>• Is there alignment between the Sustainable Development Goals and the organisational programming objectives?</li> <li>• Ask staff to describe the Sustainable Development Goals, the organisation's targets, and the connection between the two</li> </ul>	<ul style="list-style-type: none"> <li>• Current national strategy for sustainable development</li> <li>• Organisational programming objectives</li> <li>• Interviews with programme/technical staff</li> </ul>

## HIV programming

### Principle 8

Criteria	Guidance	Evidence
<b>32.3</b> Activities and services are coordinated with other stakeholders at local, national and regional levels to improve the national HIV response and broader systems for health	<ul style="list-style-type: none"> <li>Who are the key stakeholders <sup>51</sup> in the national and regional response?</li> <li>Have exercises been carried out to map key stakeholders?</li> <li>How has the organisation coordinated its programmes and activities with key stakeholders?</li> </ul>	<ul style="list-style-type: none"> <li>Mapping assessment reports</li> <li>Documentation of coordination meetings with stakeholders</li> <li>Joint workplans</li> </ul>

## Principle 8: Our organisation has an effective monitoring and evaluation system



**Standard 33:** There is a monitoring and evaluation plan that measures progress towards the organisation's strategy



For further guidance see: WHO (2017) [Consolidated guidelines on person-centred HIV patient monitoring and case surveillance](#). See also, [Core Concepts in Developing Monitoring and Evaluation frameworks and UNAIDS Monitoring and Evaluation guidance](#)

### EVIDENCE-BASED

Criteria	Guidance	Evidence
<b>33.1</b> There is an organisational monitoring and evaluation (M&E) plan or framework	<ul style="list-style-type: none"> <li>Are there indicators and targets that measure the progress of the organisation against its strategic plan?</li> <li>Does the M&amp;E plan outline how data from across the organisation and different programmes will be collected, collated and analysed to assess progress against the organisation's strategic goals?</li> <li>Is there evidence the plan is being implemented?</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E plan</li> <li>Performance or M&amp;E framework</li> <li>Strategic plan</li> <li>Recent report on organisational progress against the performance framework</li> </ul>
<b>33.2</b> There are indicators in the M&E plan/s that are linked to the national strategic plan indicators <sup>52</sup>	<ul style="list-style-type: none"> <li>Do programme or organisational indicators reference/link to globally recognised indicators?</li> <li>Are the indicator definitions consistent with standard national/global guidelines? <sup>52b</sup></li> </ul>	<ul style="list-style-type: none"> <li>National strategic plan</li> <li>Organisation/project M&amp;E plan or performance framework/s</li> <li>Global HIV indicator registries</li> </ul>

<sup>51</sup> For example, government, civil society, CBOs, key population networks, private sector.

<sup>52</sup> It would not be expected that all indicators would be linked to the national plan, but there should be a number of indicators that show the contribution of the organisation to the national response. These might be in programme/project results frameworks or in the organisational results framework.

<sup>52b</sup> For example, PEPFAR, UNGASS, Global Fund.

HIV programming  
Principle 8

Criteria	Guidance	Evidence
<b>33.3</b> M&E activities are adequately budgeted for	<ul style="list-style-type: none"> <li>What proportion of the organisational, programme or project budget is allocated to M&amp;E? <sup>53</sup></li> </ul>	<ul style="list-style-type: none"> <li>Organisational, programme or project budgets</li> <li>M&amp;E salary scales</li> </ul>
<b>33.4</b> There is a focal person with relevant skills who is responsible for M&E	<ul style="list-style-type: none"> <li>Is there a designated person with overall responsibility for developing M&amp;E systems and coordinating M&amp;E activities?</li> <li>Are there clearly-defined and documented roles and responsibilities for M&amp;E?</li> <li>Has the designated person had any M&amp;E training?</li> <li>Do they have the required skills? <sup>54</sup></li> </ul>	<ul style="list-style-type: none"> <li>Job descriptions</li> <li>Roles and responsibilities of programme staff and the M&amp;E focal person</li> </ul>
<b>33.5</b> Evaluations or reviews are conducted during the lifecycle of the organisation's strategic plan	<ul style="list-style-type: none"> <li>Are there written plans to evaluate programmes, projects and the organisation's strategy?</li> <li>What is the most recent evaluation report the organisation has produced?</li> <li>Has an evaluation or mid-term review been conducted for projects that are more than halfway through implementation?</li> <li>What baseline data is available on projects?</li> </ul>	<ul style="list-style-type: none"> <li>M&amp;E plan/s</li> <li>Evaluation reports on programmes and projects</li> <li>Baseline reports</li> </ul>
<b>33.6</b> Mechanisms have been established to take forward findings and recommendations from evaluations and reviews	<ul style="list-style-type: none"> <li>Are there mechanisms to take forward findings and recommendations from evaluations and reviews?</li> <li>Is there a management response written for each evaluation, with named staff responsible for taking forward recommendations?</li> <li>Ask staff what changes have been made in the organisation as a result of an evaluation?</li> </ul>	<ul style="list-style-type: none"> <li>Documented management responses to evaluations</li> <li>Minutes of senior management meetings discussing evaluation recommendations</li> <li>Evaluation findings used during review and re-planning</li> <li>Staff interviews</li> </ul>

<sup>53</sup> It should be approximately 5%-10%, including the budget for M&E staff.

<sup>54</sup> For example, data analysis, evaluation, research, health management information systems.

## HIV programming

## Principle 8



**Standard 34:** There is a monitoring and evaluation system that captures relevant, high quality data



For further guidance see: [Data quality tools](#)

## EVIDENCE-BASED

Criteria	Guidance	Evidence
<b>34.1</b> There is an M&E system (manual or computerised) to capture and manage programmatic data at an organisational level	<ul style="list-style-type: none"> <li>How is data captured and recorded when an activity is implemented?</li> <li>How is the data entered into a system?</li> <li>Can the monitoring system identify whether indicators and targets are being met?</li> <li>Is there a systematic filing system for data and reports?</li> <li>Do implementing partners have written guidance on how to complete data collection tools?</li> </ul>	<ul style="list-style-type: none"> <li>Management or monitoring information system</li> <li>Data collection tools that have been shared with implementing partners</li> <li>Filing system</li> </ul>
<b>34.2</b> Monitoring reports from implementing partners are submitted on time and in a standardised format	<ul style="list-style-type: none"> <li>Is a template provided to implementing partners for reporting?</li> <li>Is the template being used?</li> <li>Are reports submitted on time?</li> </ul>	<ul style="list-style-type: none"> <li>Template/report formats used by implementing partners to report</li> <li>Schedule of when documents are due versus when submitted</li> </ul>
<b>34.3</b> Data quality control processes are in place at all levels	<ul style="list-style-type: none"> <li>What systems and tools are in place for data quality control? <sup>54b</sup></li> <li>What mechanisms are in place to avoid double counting and assure the reliability and validity of data?</li> <li>How are reports from implementing partners verified?</li> <li>Are routine data quality assessments conducted? Has a visit been made to each implementing partner in the past 12 months to review data quality?</li> <li>Can M&amp;E staff describe the data quality process?</li> </ul>	<ul style="list-style-type: none"> <li>Tools /checklists/guidelines for data quality control</li> <li>Records of routine data quality assessment visits with recommendations for improvements</li> <li>Interviews with M&amp;E staff</li> </ul>

<sup>54b</sup> Including mechanisms to ensure quality during data collection, transfer, compilation, analysis and storage.

HIV programming  
Principle 8

Criteria	Guidance	Evidence
<b>34.4</b> Relevant data is disaggregated by gender and other characteristics	<ul style="list-style-type: none"> <li>Where relevant, is data disaggregated by gender, <sup>55</sup> age, key population group and any other relevant characteristic? <sup>56</sup></li> <li>How is disaggregated data analysed to improve the gender sensitivity of programmes?</li> </ul>	<ul style="list-style-type: none"> <li>Disaggregated data and analysis reports</li> </ul>
<b>34.5</b> Personal data <sup>57</sup> collected for M&E purposes is stored in a safe manner (see standard 24)	<ul style="list-style-type: none"> <li>Are there formal procedures to ensure that informed consent is given by individuals for any personal data collected for M&amp;E purposes?</li> <li>Are the staff or consultants responsible for the collection of sensitive or personal M&amp;E data trained in data protection?</li> <li>Can individuals' names be directly associated with data collected about them, or is data anonymised?</li> <li>If identifiable data is stored, are procedures in place to restrict access to that e.g. use of passwords?</li> </ul>	<ul style="list-style-type: none"> <li>Protocols and guidelines for M&amp;E data collection and storage</li> <li>Consent forms</li> </ul>



**Standard 35:** Programmatic data is analysed and used for planning and decision-making, and is shared with internal and external stakeholders

**EVIDENCE-BASED**

Criteria	Guidance	Evidence
<b>35.1</b> All reports and data are regularly analysed	<ul style="list-style-type: none"> <li>How is data analysed? <sup>58</sup></li> <li>Who is the analysed data shared with and how often?</li> </ul>	<ul style="list-style-type: none"> <li>Reports that illustrate analysed data</li> </ul>

<sup>55</sup> Girls/women, boys/men, transgender people.

<sup>56</sup> Gender disaggregation is the minimum requirement to meet this criterion.

<sup>57</sup> Personal data is information relating to an identifiable person. The person may be identified directly (e.g. name) or indirectly (e.g. ID number). This includes names, addresses, contact details, health status, images and any other description that would make a person identifiable.

<sup>58</sup> For example, by comparing plans and achievements; by showing trends in performance indicators over time; or comparing across regions or implementing partners.

HIV programming  
Principle 8

Criteria	Guidance	Evidence
<b>35.2</b> Implementing partners are given regular feedback on their monitoring data, reports and performance	<ul style="list-style-type: none"> <li>Is feedback systematically provided to implementing partners?</li> <li>Ask M&amp;E staff to describe how they support implementing partners to use their own data to improve the efficiency and effectiveness of their work</li> <li>How are performance issues (e.g. not meeting targets) followed up with implementing partners?</li> </ul>	<ul style="list-style-type: none"> <li>Feedback provided to implementing partners</li> <li>Interviews with M&amp;E staff</li> </ul>
<b>35.3</b> M&E data is used by programme or technical staff for planning and other programme decision-making purposes	<ul style="list-style-type: none"> <li>How has M&amp;E data been used to inform and improve ongoing programmes? Ask programme staff to give examples</li> <li>Are written procedures in place to ensure regular (at least quarterly) review of M&amp;E data by managers, M&amp;E staff, other technical staff and partners?</li> <li>Are programme/technical staff familiar with key indicators and results relating to their programme/technical area?</li> <li>Is monitoring data accessible to relevant technical staff and managers?</li> <li>Has at least one data review and interpretation meeting taken place in the last quarter at an organisational or programme level involving managers and programme/technical staff?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of relevant meetings</li> <li>Annual data reports</li> <li>Documentation of processes in place to regularly review M&amp;E data</li> <li>Interviews with M&amp;E and programme/technical staff</li> </ul>
<b>35.4</b> Donor reports are submitted on time and according to donor requirements	<ul style="list-style-type: none"> <li>What are the donor requirements, and have reports been submitted according to these?</li> <li>Are programme and M&amp;E teams aware of donor requirements?</li> </ul>	<ul style="list-style-type: none"> <li>Donor reports</li> <li>Donor requirements <sup>59</sup></li> <li>Interviews with programme and M&amp;E staff</li> </ul>

<sup>59</sup> For example, M&E plan indicators, reporting requirements from the contract, reporting schedules.

HIV programming  
Principle 9

Criteria	Guidance	Evidence
35.5 M&E data and learning is shared with external stakeholders, including national AIDS coordinating bodies	<ul style="list-style-type: none"> <li>What are the reporting requirements of national AIDS coordinating bodies, and have reports been submitted according to these?</li> <li>Do M&amp;E plans describe the types of products and publications that will be used to share the information collected by the programme?</li> <li>Are programme results published via the International Aid Transparency Initiative?</li> <li>Is there evidence data has been shared more widely?</li> </ul>	<ul style="list-style-type: none"> <li>Previous reports to national AIDS coordinating bodies</li> <li>Reporting requirements of national AIDS coordinating bodies</li> <li>M&amp;E plans</li> <li>Minutes of stakeholder meetings where M&amp;E data has been shared</li> <li>Organisational or other websites where data/reports have been shared</li> </ul>

## Principle 9: Our organisation promotes learning and knowledge sharing



**Standard 36:** Our organisation learns and shares its learning in accessible and effective ways

### EVIDENCE-BASED

Criteria	Guidance	Evidence
36.1 The organisation's strategy states that it will learn and share its learning	<ul style="list-style-type: none"> <li>Is there a dedicated knowledge-sharing strategy or policy?</li> <li>Are knowledge sharing and learning referred to in the strategic plan?</li> </ul>	<ul style="list-style-type: none"> <li>Strategic plan</li> <li>Knowledge sharing strategy/policy</li> </ul>
36.2 There are clearly defined roles and responsibilities for learning, documentation and knowledge sharing	<ul style="list-style-type: none"> <li>Are there staff with knowledge sharing/management and documentation in their job descriptions?</li> <li>What role do different teams have in knowledge sharing?</li> </ul>	<ul style="list-style-type: none"> <li>Job descriptions</li> <li>Organogram</li> <li>Documentation outlining team roles and responsibilities</li> </ul>
36.3 There is a system for generating and documenting learning from the organisation's programmes	<ul style="list-style-type: none"> <li>Is there systematic documentation of lessons learnt, case studies and good practices?</li> <li>Does documentation refer to failures and challenges openly, identifying lessons learnt?</li> <li>Is documentation of learning included in project proposals and budgets?</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of lessons learnt, case studies, best practice, evaluations and research</li> <li>Minutes of review and learning sessions</li> <li>Database or resource centre of documentation accessible to staff</li> </ul>

HIV programming  
Principle 9

Criteria	Guidance	Evidence
	<ul style="list-style-type: none"> <li>Do individuals served by the programmes and implementing partners participate in review and learning sessions?</li> <li>Is there a systematic and accessible way of storing information and learning?</li> </ul>	<ul style="list-style-type: none"> <li>Systematic use of a shared filing system</li> </ul>
<p><b>36.4</b> There is a system for sharing and using learning internally and externally</p>	<ul style="list-style-type: none"> <li>Does the organisation share challenges and lessons learnt, as well as successes?</li> <li>What mechanisms, systems and processes are in place (and being used) for staff to share and use learning (including evaluation and research) to improve practices? <sup>60</sup></li> <li>Are evaluations shared on the website?</li> <li>Do staff keep up-to-date with the latest global research, learning and evidence?</li> <li>Has learning been used to improve practice and processes?</li> <li>Does the programme design process (as described by staff and/or in policies/guidance) take into account lessons learnt from previous programmes?</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of stakeholder meetings</li> <li>Communication plans for evaluations</li> <li>Organisational website</li> <li>Minutes (or other evidence) of learning and knowledge sharing sessions (e.g. 'brown bag lunches')</li> <li>Evidence of staff contributing content to Inspire (Frontline AIDS intranet), or in other ways sharing knowledge with other partner organisations</li> <li>Evidence of staff participating in communities of practice, horizontal learning exchanges, or other professional knowledge sharing networks (virtual or face-to-face)</li> </ul>
<p><b>36.5</b> Programming plans and advocacy agendas are informed by the best available evidence, programmatic expertise and community preferences</p>	<ul style="list-style-type: none"> <li>Can staff describe the programme design process?</li> <li>Is external and internal evidence reviewed before designing a programme or developing an advocacy agenda?</li> <li>Are the views of communities taken into account when designing a programme or developing an advocacy agenda?</li> <li>Are the views of those with programming expertise taken into account when designing a programme or developing an advocacy agenda?</li> </ul>	<ul style="list-style-type: none"> <li>Programme design/ advocacy documents</li> <li>Staff interviews</li> </ul>

<sup>60</sup> For example, within programmes, between teams (including for use in policy and strategic planning), with other organisations and within the Frontline AIDS partnership.

## HIV programming

Technical area A

### HIV technical area A: HIV and human rights



For further guidance, see: [Good Practice Guide: HIV and human rights \(2014\)](#) and [Good Practice Guide: Greater involvement of people living with HIV \(GIPA\) \(2010\)](#)



**Standard A1:** Our programmes are based on a human rights assessment and include specific human rights interventions

Criteria	Guidance	Evidence
<b>A1.1</b> <b>UNAIDS 'know your epidemic' – 'know your human rights' and 'know your laws' assessments have been carried out and inform programming</b>	<ul style="list-style-type: none"> <li>Does programme documentation reflect UNAIDS assessment documentation?</li> </ul>	<ul style="list-style-type: none"> <li>'Know your epidemic' – 'know your human rights' and 'know your laws' UNAIDS assessment documentation</li> <li>Programme documentation <sup>61</sup></li> </ul>
<b>A1.2</b> <b>The organisation implements at least 3 of the 8 human rights and HIV programmes recommended by Frontline AIDS, and provides referrals to at least 2 more such programmes</b> <sup>62</sup>	<ul style="list-style-type: none"> <li>Do they include human rights-related programme activities, including delivery, referrals and follow-up to human rights services?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Records of delivery/referral and follow-up to human rights services</li> </ul>



**Standard A2:** Our programmes are designed to build the capacity of both rights holders and duty bearers to claim their rights and to promote, protect and respect the rights of others

Criteria	Guidance	Evidence
<b>A2.1</b> <b>A variety of stakeholders have been trained on human rights and HIV</b>	<ul style="list-style-type: none"> <li>Have people living with HIV, key populations and duty bearers been trained? <sup>63</sup></li> <li>Ask staff and participants about their experience of the training</li> </ul>	<ul style="list-style-type: none"> <li>Training plans and reports</li> <li>Participant lists</li> <li>Training materials</li> <li>Participant evaluation/feedback forms</li> <li>Staff interviews</li> <li>Interviews with key populations representatives/participants and duty bearers</li> </ul>

<sup>61</sup> Programme documentation includes the following: operational plans, programme design, theory of change/logframe, workplans, budgets, M&E frameworks and indicators, activity reports, curricula/field guides and narrative and financial reports. One of more of these may be relevant as evidence depending on the criteria and/or organisational context.

<sup>62</sup> Refer to the [Good Practice Guide HIV and human rights \(2014\)](#), (p.30) for programme descriptions.

<sup>63</sup> For example, policymakers, parliamentarians, law enforcement officers and health workers.

## HIV programming

### Technical area A

Criteria	Guidance	Evidence
<b>A2.2 Campaigns to address discrimination against people living with HIV and key populations by law enforcement institutions have been undertaken and documented</b>	<ul style="list-style-type: none"> <li>Is there evidence of campaigns/activities to address discrimination against people living with HIV and key populations by law enforcement institutions?</li> <li>Ask staff about documentation of human rights violations; campaigns to address discrimination; and activities and successes in this area</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Campaign documents</li> <li>Advocacy strategy/theory of change</li> <li>Advocacy objectives and strategies, and programmatic results</li> <li>Staff interviews</li> <li>External communications <sup>64</sup></li> </ul>
<b>A2.3 Human rights education has been mainstreamed into all HIV programme activities</b>	<ul style="list-style-type: none"> <li>Is there evidence of human rights education being mainstreamed into HIV programme activities?</li> <li>Talk to staff to assess their understanding of mainstreaming human rights education into programming</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Training materials including stakeholder feedback on trainings</li> <li>Staff interviews</li> </ul>



**Standard A3:** Our organisation holds both state and non-state actors accountable for the enjoyment of all human rights as a core part of all our programmes

Criteria	Guidance	Evidence
<b>A3.1 Human rights violations against people living with HIV and key populations are documented and publicised if and when possible</b>	<ul style="list-style-type: none"> <li>Is there a record of documented human rights violations?</li> <li>How have these records been shared/publicised?</li> </ul>	<ul style="list-style-type: none"> <li>Organisational documentation or documentation produced by partner organisations e.g. community-based organisations and networks</li> </ul>
<b>A3.2 A monitoring system has been developed that collects data to support advocacy efforts on HIV and human rights <sup>65</sup></b>	<ul style="list-style-type: none"> <li>Is data disaggregated for women, men, children and different key populations?</li> <li>Is data used for advocacy purposes?</li> </ul>	<ul style="list-style-type: none"> <li>Human rights and HIV monitoring system including indicators and indicator descriptions</li> <li>Advocacy documents</li> </ul>

<sup>64</sup> External communications includes the following: organisational website, advocacy briefs, calls to action, position papers, newsletters, campaigns, articles, blogs, social media, case studies, communications plans and advocacy frameworks. One or more of these may be relevant as evidence depending on the criteria and/or organisational context.

<sup>65</sup> For example, Rights – Evidence – ACTION (REAct).

## HIV programming

### Technical area A

Criteria	Guidance	Evidence
<b>A3.3</b> National-level partnerships are in place with human rights institutions, human rights watchdog organisations, community-led networks and international agencies to monitor how the state fulfils its human rights obligations, in particular towards people living with HIV and key populations	<ul style="list-style-type: none"><li>Ask staff to explain how these partnerships and efforts to monitor the state's human rights obligations work in practice</li></ul>	<ul style="list-style-type: none"><li>MoUs or partnership agreements</li><li>Workplans with strategic human rights partners</li><li>Staff interviews</li></ul>



**Standard A4:** Our organisation promotes and/or provides legal services to ensure redress for HIV-related discrimination experienced by people living with HIV and key populations

Criteria	Guidance	Evidence
<b>A4.1</b> Legal services are provided directly by the organisation, and/or referral systems have been established to ensure that those who have experienced human rights violations have access to redress	<ul style="list-style-type: none"><li>How are services promoted?</li><li>Ask staff about individual response mechanisms for people who have experienced human rights violations, including referrals for legal services</li><li>Are people supported to attend services?</li></ul>	<ul style="list-style-type: none"><li>Documentation of services, lists of services and referral systems</li><li>Staff interviews</li></ul>
<b>A4.2</b> Lawyers and the judiciary have been trained on HIV and the law		<ul style="list-style-type: none"><li>Programme documentation</li><li>Training plans, materials and reports</li><li>Participant lists</li></ul>

### HIV technical area B: HIV prevention



**Standard B1:** Our organisation's programming takes a person-centred approach to combination HIV prevention



For further guidance, see International HIV/AIDS Alliance (2016), [Advancing combination prevention: An advocacy brief for community-led organisations](#). See also, WHO (2016 Update), [Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations](#)

Criteria	Guidance	Evidence
<b>B1.1</b> Organisations and programme documents reflect combination HIV prevention, including integrated elements of biomedical, behavioural and structural interventions	<ul style="list-style-type: none"> <li>Do they illustrate different elements of combination prevention in an integrated approach?</li> <li>Check approach is adapted to the epidemiological, social, cultural context and is rights-based, evidence-informed, community-led and results in packages tailored to target population(s)/ subpopulation(s)</li> </ul>	<ul style="list-style-type: none"> <li>Strategic documents</li> <li>Programme documentation</li> <li>Documents that describe the organisation's approach to HIV prevention</li> <li>External communications</li> </ul>
<b>B1.2</b> Programme managers, staff and volunteers have been trained on combination HIV prevention	<ul style="list-style-type: none"> <li>Is there evidence of training in combination HIV prevention?</li> <li>Ask staff if refresher training is carried out, or are there other ways to keep staff up to date with developments in combination HIV prevention?</li> </ul>	<ul style="list-style-type: none"> <li>Capacity-building and training plans, materials and reports</li> <li>Staff/volunteer interviews</li> <li>Evidence of other means for programme staff to keep up to date e.g. social media and e-groups</li> </ul>
<b>B1.3</b> The organisation advocates for scaling up effective multi-sectoral approaches to ensure that services are available, affordable, accessible and acceptable to the people that need them most	<ul style="list-style-type: none"> <li>Do strategic and programme documents include efforts to increase universal access, scale-up and quality improvement of biomedical, behavioural and structural HIV prevention interventions?</li> <li>Are advocacy efforts made to address structural barriers to access to services?</li> </ul>	<ul style="list-style-type: none"> <li>Strategic documents</li> <li>Advocacy strategy/plans and reports</li> <li>Programme documentation</li> <li>Referral and follow-up records</li> <li>External communications</li> </ul>

## HIV programming

### Technical area B

Criteria	Guidance	Evidence
<b>B1.4</b> The organisation promotes confidentiality, informed consent and the right to choice	<ul style="list-style-type: none"> <li>Do documents include these concepts?</li> <li>Do counselling guidelines ensure informed choice around HIV prevention methods for children, young people and adults in all their diversity?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>External communications</li> <li>Protocols and guidelines</li> <li>Referral records</li> <li>IEC materials</li> </ul>
<b>B1.5</b> HIV prevention interventions are promoted and/or provided that pave the way for or incorporate new prevention technologies and use information and communication technologies (ICT)	<ul style="list-style-type: none"> <li>Do interventions include new prevention technologies such as self-testing and the use of antiretroviral therapy for prevention?</li> <li>Do interventions make use of ICT <sup>66</sup></li> <li>Talk to staff to assess their understanding of new prevention technologies and the use of ICT in programming, including advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Advocacy plans</li> <li>Recent proposals</li> <li>Staff interviews</li> <li>External communications</li> </ul>



### Standard B2: Our organisation's HIV prevention activities adopt a positive approach to sex

Criteria	Guidance	Evidence
<b>B2.1</b> Programme-related documents reflect a positive approach to sex <sup>67</sup>	<ul style="list-style-type: none"> <li>Do documents reflect and promote a positive approach to sex?</li> <li>If the organisation provides and supports direct services, ask to see service provider protocols and guidelines <sup>68</sup></li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Protocols and guidelines</li> <li>IEC materials</li> </ul>

<sup>66</sup> For example, to increase reach and service demand, ensure referrals, support adherence and retention in care – ideally using unique identifier codes (UIC).

<sup>67</sup> Note: in contexts where same-sex relationships are criminalised, a sex-positive approach is unlikely to be reflected in programme-related documents and service provider protocols. This is because of the risk of being interpreted, for instance, as 'promoting' homosexuality.

<sup>68</sup> For example, for voluntary HIV testing and counselling, including risk-reduction counselling.

## HIV programming

### Technical area B

Criteria	Guidance	Evidence
<b>B2.2</b> Programme managers, staff and volunteers are trained in positive approaches to sex to enable open and honest discussions around sexuality	<ul style="list-style-type: none"> <li>Do training documents include topics such as sexual desire and sexual pleasure, and how to help people find safer ways to express their sexuality and feel confident and positive about their choices?</li> <li>Talk to a cross-section of staff at different levels to assess their understanding of a sex-positive approach</li> </ul>	<ul style="list-style-type: none"> <li>Capacity assessments</li> <li>Capacity-building and training plans and materials</li> <li>Staff/volunteer interviews</li> </ul>



**Standard B3:** Our organisation's HIV prevention activities address the HIV prevention needs of people living with HIV



For further guidance see, GNP+ and UNAIDS (2011), [Positive Health, Dignity and Prevention: A Policy Framework](#) and GNP+ and UNAIDS (2013), [Positive Health, Dignity and Prevention: Operational Guidelines](#)

Criteria	Guidance	Evidence
<b>B3.1</b> Documents and programmes reflect HIV combination prevention with people living with HIV	<ul style="list-style-type: none"> <li>Is there evidence of a commitment to combination prevention with people living with HIV?</li> </ul>	<ul style="list-style-type: none"> <li>Organisational strategy</li> <li>Advocacy strategy</li> <li>Programme documentation</li> <li>External communications</li> </ul>
<b>B3.2</b> Programme managers, staff and volunteers have a basic understanding of the Positive Health, Dignity and Prevention (PHDP) framework and operational guidelines	<ul style="list-style-type: none"> <li>Do documents incorporate the core components of the PHDP framework and operational guidelines?</li> <li>Talk to a cross-section of staff at different levels and volunteers to assess knowledge and understanding of PHDP</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Staff/volunteer interviews</li> </ul>

### HIV technical area C: Integration of HIV and sexual and reproductive health and rights



For further guidance see, International HIV/AIDS Alliance (2011), **Good Practice Guide: Integration of HIV and sexual and reproductive health and rights**. See also, International HIV/AIDS Alliance (2015), **SRHR, and HIV 101 workshop guide** and International HIV/AIDS Alliance (2014), **Safeguarding rights: workshop guide** and (2008) **Sexuality and life-skills toolkit**



**Standard C1:** Our organisation promotes sexual and reproductive health and rights (SRHR) and HIV linkages – including integration – in policies, programmes and services

Criteria	Guidance	Evidence
<p><b>C1.1</b> A mapping exercise has been carried out of existing (bi-directional) linkages between SRHR and HIV in services, policies and programmes, appropriate to the populations the organisation aims to serve</p>	<ul style="list-style-type: none"> <li>• Did the mapping involve community members including people living with HIV and key populations?</li> <li>• Did the mapping include a comprehensive package of core interventions as articulated in the Good Practice Guide: Integration of HIV and sexual and reproductive health and rights (p.47)?</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping and assessment documents</li> <li>• Organisational SWOT analysis <sup>69</sup></li> <li>• Documentation of consultation process</li> <li>• Staff interviews</li> </ul>
<p><b>C1.2</b> There is an operational plan to enhance SRHR and HIV linkages that has financial and human resources allocated to it, and an M&amp;E framework that ensures results are adequately documented</p>	<ul style="list-style-type: none"> <li>• Is there evidence of integrated activities/linkages <sup>70</sup></li> <li>• Are there sufficient resources allocated to integrated activities?</li> <li>• Does the M&amp;E system/indicators capture integrated SRHR/HIV interventions?</li> </ul>	<ul style="list-style-type: none"> <li>• Operational plan</li> <li>• Programme documentation</li> <li>• Annual budget</li> <li>• Workplans</li> <li>• M&amp;E system including indicators</li> <li>• Data reports</li> </ul>
<p><b>C1.3</b> Staff trainings have been conducted and documented in SRHR and HIV linkages based on widely recognised protocols and guidelines <sup>71</sup> to support integrated activities</p>	<ul style="list-style-type: none"> <li>• Does staff training include knowledge, practice, attitudes and values around SRHR areas (e.g. gender and sexuality, SRHR for key populations and protecting rights of adolescents and children)</li> </ul>	<ul style="list-style-type: none"> <li>• SRHR and HIV integration training materials</li> <li>• Capacity-building plans and reports</li> <li>• Staff training reports and evaluations</li> <li>• Staff interviews</li> </ul>

<sup>69</sup> Strengths, weaknesses, opportunities, threats.

<sup>70</sup> For example, family planning/HIV; prevention of mother-to-child transmission; STI prevention, diagnosis and treatment; and preventing and responding to gender-based violence.

<sup>71</sup> Refer to: SRHR and HIV linkages, <http://srhhivlinkages.org/srh-hiv-linkages/>.

## HIV programming

### Technical area C



**Standard C2:** Our organisation uses a person-centred approach to promote the SRHR of adolescents, young people and adults of all gender identities and sexual orientations, including those living with and most affected by HIV

Criteria	Guidance	Evidence
<b>C2.1</b> The organisation promotes and/or provides comprehensive SRHR information tailored to the people it serves	<ul style="list-style-type: none"> <li>Do SRHR education materials and resources use a sex positive rights-based approach?</li> <li>Do they promote the SRHR of adolescents and young people, people living with HIV, people in same sex relationships and other key populations?</li> <li>Do they challenge harmful gender stereotypes?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Comprehensive sexuality education (CSE) and behaviour change communication (BCC) materials and resources</li> <li>External communications</li> </ul>
<b>C2.2</b> The organisation uses peer strategies to reach key populations, adolescents and young people with integrated HIV and SRHR information and services	<ul style="list-style-type: none"> <li>Are peers adequately supported with skills and knowledge training, refresher trainings, supervision and remuneration/expense? <sup>72</sup></li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Peer strategy working practices/guidelines</li> <li>Materials for training peer outreach workers</li> </ul>



**Standard C3:** Our organisation promotes and/or provides comprehensive quality, non-judgemental, integrated HIV information and services

Criteria	Guidance	Evidence
<b>C3.1</b> The organisation provides or refers clients for a comprehensive range of SRHR services	<ul style="list-style-type: none"> <li>Do services and/or referrals include: <ul style="list-style-type: none"> <li>HIV testing, treatment and care</li> <li>voluntary family planning including counselling and services for dual protection <sup>73</sup></li> <li>comprehensive prevention of vertical transmission counselling and services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Programme documents</li> <li>Protocols and guidelines</li> <li>Referral and follow-up records</li> <li>Counselling records</li> </ul>

<sup>72</sup> Further guidance: [Link Up youth leadership](#) and [Link Up research and evidence](#).

<sup>73</sup> For prevention of HIV, STIs and unintended pregnancies: for example, condom demonstration and supply, together with supply or referral for other contraception.

## HIV programming

### Technical area C

Criteria	Guidance	Evidence
<p><b>C3.1</b></p>	<ul style="list-style-type: none"> <li>• STI counselling and services including vaccination for HPV</li> <li>• safe, legal abortion and/or post-abortion care</li> <li>• comprehensive post-rape care</li> <li>• voluntary medical male circumcision</li> <li>• screening for reproductive cancers</li> <li>• support for gender-based violence</li> </ul>	
<p><b>C3.2</b>    <b>There are plans to improve coordination and strengthen existing information and services on some or all of the above areas</b></p>	<ul style="list-style-type: none"> <li>• Do plans include strategies to strengthen integrated information and services, including referral pathways and follow-up?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Capacity assessments and workshop reports</li> </ul>
<p><b>C3.3</b>    <b>The organisation ensures SRH and HIV service providers are sensitised and tailor responses to the needs of people living with HIV, adolescents, young people and key populations in all their diversity; and works to eliminate all forms of stigma, discrimination, coercion and violence within health service settings</b></p>	<ul style="list-style-type: none"> <li>• Have SRH and HIV service providers been sensitised?</li> <li>• Talk to service providers about how they address the needs of key populations</li> <li>• Are feedback mechanisms in place and used to guide and improve service delivery and quality?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Documentation/curricular for sensitisation workshops with service providers</li> <li>• Feedback forms and evidence of resulting service improvements</li> <li>• Interviews with service providers</li> <li>• Youth-friendly corners/ services</li> </ul>

## HIV programming

Technical area D

### HIV technical area D: TB and HIV



For further guidance see, International HIV/AIDS Alliance (2013), **Good Practice Guide: Community-based TB and HIV integration**



**Standard D1:** Our organisation promotes the integration of TB and HIV in policies, programmes and services

Criteria	Guidance	Evidence
<b>D1.1</b> There is a strategic objective to address the burden of TB among people living with HIV	<ul style="list-style-type: none"> <li>What are the co-infection rates in the organisation's context?</li> <li>Is the integration of TB a strategic priority for the organisation? If not, ask senior staff if this is because these needs do not exist in their context</li> <li>Are there specific indicators related to TB/HIV integrated services</li> </ul>	<ul style="list-style-type: none"> <li>Strategic plans</li> <li>Operational plan</li> <li>Annual reports</li> <li>Partnership frameworks</li> <li>Programme documentation</li> <li>M&amp;E frameworks including indicators</li> <li>Staff interviews</li> </ul>
<b>D1.2</b> Tailored and appropriate information related to TB is provided to all clients, including those from key populations who have been diagnosed with HIV and TB co-infection	<ul style="list-style-type: none"> <li>Have clients been counselled on TB infection or provided with general education on TB?</li> <li>Do training materials and protocols and guidelines cover TB and HIV/TB co-infection?</li> <li>Do IEC materials include information on TB and HIV/TB co-infection?</li> </ul>	<ul style="list-style-type: none"> <li>Service/clinic records</li> <li>Training curricula</li> <li>Protocols and guidelines</li> <li>Posters and other educational materials</li> </ul>



**Standard D2:** Our organisation promotes and/or provides access to TB screening, cotrimoxazole preventive therapy, isoniazid preventive therapy or TB treatment to people living with HIV

Criteria	Guidance	Evidence
<b>D2.1</b> People living with HIV are screened, monitored and treated for TB in a way that promotes their personal agency and choice	<ul style="list-style-type: none"> <li>Are people living with HIV regularly screened for TB and provided with TB treatment?</li> </ul>	<ul style="list-style-type: none"> <li>Service/clinic records</li> <li>M&amp;E reports</li> <li>Programme documentation</li> <li>Staff interviews</li> </ul>

## HIV programming

Technical area D

Criteria	Guidance	Evidence
<b>D2.2</b> People who have been diagnosed with TB/HIV co-infection are provided with adherence support to access and stay on both antiretroviral therapy and TB treatment	<ul style="list-style-type: none"> <li>Have adults/children been provided with support to assist them to remain on antiretroviral therapy and TB treatments? <sup>74, 75</sup></li> </ul>	<ul style="list-style-type: none"> <li>Service/clinic records</li> <li>M&amp;E reports</li> <li>Programme documentation</li> <li>Staff interviews</li> </ul>

➔ **Standard D3:** Our organisation provides people who have TB symptoms, TB infection, or confirmed TB disease with information on HIV and refers them for HIV counselling and testing

Criteria	Guidance	Evidence
<b>D3.1</b> In generalised epidemic settings, people with TB are offered testing and treatment for HIV – and in epidemics where HIV is concentrated among key populations, people with TB who are also from these populations are offered testing and treatment for HIV	<ul style="list-style-type: none"> <li>Is everyone newly diagnosed with TB also offered an HIV test, and if positive, are they offered treatment?</li> <li>Is HIV testing and treatment offered in a way that promotes choice and agency?</li> </ul>	<ul style="list-style-type: none"> <li>Service/clinic records</li> <li>M&amp;E reports</li> <li>Programme documentation</li> <li>Staff interviews</li> </ul>

➔ **Standard D4:** Our organisation applies a person-centred approach to increase knowledge awareness on TB and HIV, to address multiple stigmas related to TB/HIV and to protect and promote the human rights of people with TB/HIV in TB prevention, care and treatment

Criteria	Guidance	Evidence
<b>D4.1</b> People affected by TB and HIV are leading in peer outreach, community mobilisation and advocacy activities to increase knowledge and community awareness of TB and HIV, and are promoting the rights of people with TB and HIV	<ul style="list-style-type: none"> <li>Do programmes include activities where people affected by TB/HIV are leading on increasing knowledge and community awareness of TB/HIV?</li> <li>Do human rights, litigation and legal interventions focus on the rights of people with TB?</li> <li>Do education and information materials and community outreach and counselling include both TB and HIV messages?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>M&amp;E reports</li> <li>Advocacy and human rights reports</li> <li>Posters, media, IEC materials and fact sheets</li> <li>Community outreach and counselling records</li> </ul>

<sup>74</sup> For children, this treatment could be in the form of isoniazid prophylaxis.

<sup>75</sup> Examples of these services include directly observed therapy (DOT), adherence counselling, peer groups or navigators, and treatment reminders.

## HIV programming

Technical area E

### HIV technical area E: Adolescents and young people



For further guidance, see International HIV/AIDS Alliance (2017), [Good Practice Guide: Adolescent HIV programming](#)



**Standard E1:** Our organisation promotes the participation of children in processes that are inclusive and age appropriate.

Criteria	Guidance	Evidence
<b>E1.1 Children, adolescents and young people are involved in the design and implementation of programmes and interventions aimed at supporting them</b>	<ul style="list-style-type: none"><li>• Do situational assessments identify processes that involve consulting children?</li><li>• Is there clear guidance, including standards, around the participation of children and young adolescents that takes into account consent and permissions?</li><li>• Is there clear guidance for staff about when parental permission is required?</li><li>• Do staff understand the value of involving the entire family, and of amplifying the voices of children, adolescents and young people in programmes?</li><li>• Do staff understand a child's right to refuse or withdraw from activities?</li><li>• Do staff understand the value of involving the entire family, and of amplifying the voices of children, adolescents and young people in programmes?</li><li>• Do staff understand a child's right to refuse or withdraw from activities? <sup>76</sup></li></ul>	<ul style="list-style-type: none"><li>• Programme documentation</li><li>• Situational assessments</li><li>• Informed consent guidance and signed paperwork</li><li>• Child protection policy</li><li>• Staff interviews</li></ul>

<sup>76</sup> For further guidance: International HIV/AIDS Alliance (2016), [Aiming High: 10 strategies for the meaningful engagement of young people](#).

## HIV programming

### Technical area E

Criteria	Guidance	Evidence
<b>E1.2</b> The organisation recognises the evolving capacities of children and young adolescents, and develops programmes that balance child protection/safeguarding rights with recognising and promoting children and adolescents' evolving autonomy, agency and decision-making	<ul style="list-style-type: none"><li>Do documents on children's interventions include different approaches or programming models for children, early adolescents, older adolescents and young people; do they use age-disaggregated data?</li><li>How do staff talk about evolving capacity and can they explain how the organisation balances protection with autonomy? <sup>77</sup></li></ul>	<ul style="list-style-type: none"><li>Programme documentation</li><li>M&amp;E reports</li><li>Child protection policy</li></ul>
<b>E1.3</b> The organisation incorporates the different views of boys and girls, various age groups and identities, thereby promoting human rights and gender equality in processes	<ul style="list-style-type: none"><li>Are age- and gender-specific groups referred to in programme documents?</li><li>Do programmes cater to different groups, e.g. children/adolescents living with HIV; children with disabilities,?</li><li>Are activities appropriate for different ages?</li><li>Is data disaggregated by age and gender? <sup>78</sup></li></ul>	<ul style="list-style-type: none"><li>Programme documentation</li><li>M&amp;E framework including indicators</li><li>M&amp;E reports</li></ul>

<sup>77</sup> For further guidance: International HIV/AIDS Alliance (2014), *Safeguarding the rights of children and young people – workshop guide STOPAIDS (2016)*, Factsheet: Adolescents and young people and HIV.

<sup>78</sup> Refer to: Population Council, *Link Up: Uganda KAP brief*.



**Standard E2:** Our organisation promotes and/or provides a person-centred approach to reaching HIV-affected children, adolescents and young people within and through their families and communities

Criteria	Guidance	Evidence
<p><b>E2.1</b> Programmes reflect an inclusive approach to the provision of services to adolescents and young people, recognising the role of family and community in reaching this population</p>	<ul style="list-style-type: none"> <li>Do programmes recognise the role of family and communities, in care and support?</li> <li>Have communities been involved in identifying vulnerable children and families?</li> <li>Are the children of sex workers, people who use drugs, people living with HIV and men who have sex with men included in the programmes?</li> <li>Does the organisation support parenting, access to social welfare and community-based alternative care?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Advocacy and policy documentation</li> <li>M&amp;E reports</li> <li>Staff interviews</li> </ul>
<p><b>E2.2</b> Programmes engage with families and wider communities to address social norms and structural barriers to accessing health for children, adolescents and young people in all their diversity</p>	<ul style="list-style-type: none"> <li>Do programmes and services respond to the diverse needs of adolescents?</li> <li>Do they recognise the family and community as entry points, and adolescence as a distinct period of developmental and social change?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Advocacy and policy documentation</li> <li>M&amp;E reports</li> </ul>
<p><b>E2.3</b> The organisation promotes and implements peer-led strategies to reach and engage children, adolescents and young people, especially those from key and hard-to-reach populations</p>	<ul style="list-style-type: none"> <li>Do programmes include peer-led approaches and community-based interventions for adolescents and young people?</li> <li>Does the organisation promote the empowerment of adolescents to develop resilience and leadership skills?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Staff interviews</li> </ul>



**Standard E3:** Our organisation promotes and/or provides access to tailored, integrated, quality, child/adolescent-centred services and information

Criteria	Guidance	Evidence
<p><b>E3.1</b> The organisation promotes and/or provides a comprehensive and differentiated HIV/SRHR package of services that addresses the needs of children, adolescents and young people, either by integrating or linking services</p>	<ul style="list-style-type: none"> <li>• Is there collaboration with other stakeholders to provide access to comprehensive HIV/SRHR services and information for children, adolescents and young people affected by HIV that links families to health, psychosocial, education, nutrition and social welfare support?</li> <li>• Does the organisation sensitise service providers to the needs and rights of children, adolescents and young people in all their diversity?</li> <li>• Are services child-, adolescent- and youth-friendly? <sup>79</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Partnership agreements/MoUs</li> <li>• Staff interviews</li> </ul>
<p><b>E3.2</b> The organisation aims to support children, adolescents and young people across a broad range of programmes and services for adults, such as testing, treatment, prevention, harm reduction and TB services</p>	<ul style="list-style-type: none"> <li>• Has a mapping exercise been carried out to explore opportunities to support children, adolescents and young people through other programmes? <sup>80</sup></li> <li>• Is there evidence of activities to support children, adolescents and young people through adult programmes?</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping and assessment reports</li> <li>• Programme documentation</li> </ul>
<p><b>E3.3</b> There is a system for referrals to other sectors, including government, and referrals are followed up</p>	<ul style="list-style-type: none"> <li>• Is there a system for referrals to other sectors such as social welfare, where available?</li> <li>• Are referrals followed up?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Referral and follow-up records</li> <li>• Staff interviews</li> </ul>
<p><b>E3.4</b> The organisation advocates for the removal of legal barriers to accessing information and services <sup>81</sup></p>	<ul style="list-style-type: none"> <li>• What is the advocacy position on legal barriers and age-appropriate comprehensive sexuality education?</li> <li>• Does the organisation work with partners to advocate for the removal of legal barriers?</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy strategy</li> <li>• Advocacy briefs</li> <li>• Policy positions</li> <li>• Programme documentation</li> </ul>

<sup>79</sup> For example, do they engage peers in service delivery; are there youth-friendly corners; and/or are there youth friendliness improvement plans?

<sup>80</sup> For example, when testing adults, asking questions about children in the family; offering family support for disclosure; or parenting support for women who use drugs.

<sup>81</sup> For example, access to age-appropriate comprehensive sexuality education; age of consent laws for accessing services without consent of a parent/legal guardian below the age of 18.

## HIV programming

Technical area F

### HIV technical area F: HIV and drug use



For further guidance see, International HIV/AIDS Alliance (2010), [Good Practice Guide: HIV and drug use](#)



**Standard F1:** Our organisation uses a person-centred, harm reduction approach to drug use and HIV

Criteria	Guidance	Evidence
<b>F1.1</b> Key programme staff understand the basic principles of harm reduction	<ul style="list-style-type: none"><li>Talk to programme staff to assess their understanding of the key principles of harm reduction</li></ul>	<ul style="list-style-type: none"><li>Interviews with programme staff</li></ul>



**Standard F2:** Our organisation promotes and/or provides access to clean injecting equipment, condoms, and information about safe injecting and safer sex for people who use drugs and their sexual partners



For further guidance see, International HIV/AIDS Alliance (2013), [Reaching drug users: a toolkit for outreach services](#)

Criteria	Guidance	Evidence
<b>F2.1</b> Programmes to provide safe injecting equipment and condoms through fixed sites, outreach or community pharmacy programmes are in place	<ul style="list-style-type: none"><li>Wherever possible, visit the project sites to observe the programme field practices</li><li>How are people who inject drugs assisted to access safe injecting equipment and condoms?</li><li>What proportion of people who inject drugs is being reached with safe injecting equipment and condoms?</li></ul>	<ul style="list-style-type: none"><li>Programme documentation</li><li>M&amp;E reports</li><li>Advocacy plans and documentation of advocacy initiatives/campaigns</li><li>Site visits</li></ul>
<b>F2.2</b> Where legal, policy or social barriers exist to prevent needle and syringe programmes, advocacy and community education campaigns have been developed to improve access	<ul style="list-style-type: none"><li>Are there examples of advocacy and community education campaigns for increased access to safe injecting equipment?</li></ul>	<ul style="list-style-type: none"><li>Programme documentation</li><li>Advocacy plans and documentation of advocacy initiatives/campaigns</li><li>External communications</li></ul>
<b>F2.3</b> Behaviour change programmes have been developed by people who use drugs and their sexual partners, which inform, educate and build skills in safer sex education and safe injecting	<ul style="list-style-type: none"><li>Is there a focus on behaviour change for safer sex and safe injecting, along with the distribution of commodities?</li></ul>	<ul style="list-style-type: none"><li>Programme documentation</li></ul>



**Standard F3:** Our organisation promotes and/or provides: access to antiretroviral treatment; opportunistic infection prevention and treatment; TB prevention and treatment; opiate substitution therapy; treatment for overdose; diagnosis and treatment for viral hepatitis; and SRHR services for people who use drugs and their sexual partners

Criteria	Guidance	Evidence
<p><b>F3.1</b> The organisation promotes and/or provides accessible and affordable treatment for HIV; prevention and treatment for opportunistic infections and TB; opiate substitution therapy; treatment for overdose; diagnosis and treatment for viral hepatitis; and programmes/services for SRHR, paying specific attention to underserved groups such as women and younger people who use drugs <sup>82</sup></p>	<ul style="list-style-type: none"> <li>• Are there links to testing and treatment services for people who use drugs?</li> <li>• Review M&amp;E reports for access to treatment statistics for people who use drugs and ask staff about reaching underserved populations</li> <li>• Where treatment services are provided, identify the reach of these programmes as a proportion of the overall need</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Mapping and assessment reports</li> <li>• M&amp;E reports</li> <li>• Staff interviews</li> <li>• External communications</li> </ul>
<p><b>F3.2</b> Where treatment services (see criteria in F3.1) are not in place, or are not accessible to people who use drugs, there are advocacy plans to improve access to them</p>	<ul style="list-style-type: none"> <li>• Are there planned activities to improve access to testing and treatment for people who use drugs for each of these treatment priorities?</li> <li>• Are there overdose management programmes?</li> <li>• Is naloxone provided to people at risk of overdose?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Advocacy plans and documentation of advocacy initiatives</li> <li>• External communications</li> </ul>

<sup>82</sup> Treatment services (for opportunistic infections, HIV, TB, viral hepatitis overdose, and opiate substitution treatment) are often provided by clinical services. Testing and diagnostic services are sometimes provided in community settings. Overdose treatment is also often provided in community settings.

## HIV programming

### Technical area G



**Standard F4:** Our organisation promotes and/or provides access to psychosocial support services to meet the priority needs of people who use drugs and their sexual partners

Criteria	Guidance	Evidence
<b>F4.1</b> Non-judgemental psychosocial support programmes and services for people who use drugs and their sexual partners are in place	<ul style="list-style-type: none"> <li>Are there separate services for women and men, and for couples?</li> <li>Ask staff about the harm reduction ethos in these services, for example, check that psychosocial support is not contingent on abstinence</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Staff interviews</li> </ul>
<b>F4.2</b> Links exist between psychosocial services and antiretroviral therapy, TB, viral hepatitis and opiate substitution therapy programmes	<ul style="list-style-type: none"> <li>Is the organisation or its implementing partners actively referring to this range of treatment services?</li> <li>Are referrals followed up?</li> <li>Are clients supported to attend services?</li> </ul>	<ul style="list-style-type: none"> <li>Referral guidelines</li> <li>Care pathways for people who use drugs</li> <li>Referral and follow-up records</li> </ul>

## HIV technical area G: HIV care, support and treatment



For guidance on clinic and community-based services for people living with HIV see, WHO (2016), [Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection](#)



**Standard G1:** Our organisation is committed to a person-centred approach to HIV testing and treatment that promotes autonomy and choice

Criteria	Guidance	Evidence
<b>G1.1</b> The organisation promotes and/or provides HIV testing and treatment services that ensure individual choice and confidentiality	<ul style="list-style-type: none"> <li>Do standard operating procedures stipulate fully informed consent and confidentiality?</li> <li>Ask staff what strategies are used to safeguard the confidentiality of individuals' diagnosis and data <sup>83</sup></li> </ul>	<ul style="list-style-type: none"> <li>Standard operating procedures for pre-test counselling and initiation of treatment</li> <li>Staff interviews</li> <li>External communications</li> </ul>

<sup>83</sup> GNP+ and UNAIDS (2011), *Positive Health, Dignity and Prevention: A Policy Framework*.

## HIV programming

### Technical area G

Criteria	Guidance	Evidence
<b>G1.2</b> <b>Care, support and treatment programmes and approaches include models of differentiated HIV care for people living with HIV</b>	<ul style="list-style-type: none"> <li>Verify that activities include models of differentiated HIV care and that they are focused on the health needs, preferences and expectations of people living with HIV, upholding individual dignity and respect, especially for vulnerable and key populations <sup>84, 85</sup></li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Documents articulating technical approach to care and treatment</li> <li>External communications</li> </ul>



**Standard G2:** Our organisation supports people taking or in need of HIV treatment by promoting, providing and advocating for community- and/or clinical-based interventions that contribute to the strengthening of the HIV continuum of care

Criteria	Guidance	Evidence
<b>G2.1</b> <b>The organisation promotes and/or provides community- and/or clinical-based services for people living with HIV that contribute to strengthening the HIV continuum of care</b>	<ul style="list-style-type: none"> <li>Is the organisation committed to implementing at least two of the following: <ul style="list-style-type: none"> <li>HIV testing <sup>86</sup></li> <li>HIV self-testing</li> </ul> </li> <li>Strategies for ensuring that newly diagnosed people living with HIV are linked to care</li> <li>Retention strategies that promote treatment initiation and/or treatment adherence</li> <li>Diversified community and/or clinical models of antiretroviral therapy delivery</li> <li>Tracking and follow up of people living with HIV who are not engaged in care</li> <li>CD4 and viral load monitoring of people living with HIV receiving antiretroviral therapy <sup>87</sup></li> </ul>	<ul style="list-style-type: none"> <li>Organisational strategy</li> <li>Programme documentation</li> <li>M&amp;E reports</li> <li>Treatment literacy tools</li> <li>Treatment training plans and literacy training curricula/materials</li> </ul>

<sup>84</sup> WHO (2016), Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.

<sup>85</sup> IAS (2016), Differentiated Care for HIV: A Decision Framework for Antiretroviral Therapy Delivery.

<sup>86</sup> Either community- or clinical-based testing.

<sup>87</sup> WHO (2016), Consolidated Guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, chapters 4 and 6.

## HIV programming

### Technical area G

Criteria	Guidance	Evidence
<b>G2.2</b> The organisation promotes and/or provides training and community education activities that increase HIV treatment preparedness, adherence and literacy	<ul style="list-style-type: none"> <li>• Is there evidence of treatment preparedness and treatment literacy activities?</li> <li>• Are treatment literacy tools, training plans and materials available?</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational strategy</li> <li>• Programme documentation</li> <li>• M&amp;E reports</li> <li>• Treatment literacy tools</li> <li>• Treatment training plans and literacy training curricula/materials</li> </ul>
<b>G2.3</b> The organisation conducts advocacy activities that promote access to services for people living with HIV across the HIV continuum of care	<ul style="list-style-type: none"> <li>• Does the organisation advocate for:               <ul style="list-style-type: none"> <li>• treatment preparedness and access to treatment</li> <li>• home-based/palliative care for people who can't access HIV treatment</li> <li>• person-centred approaches to treatment and differentiated models of antiretroviral therapy delivery</li> <li>• treatment adherence</li> <li>• treatment and viral load literacy?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Advocacy plans</li> <li>• External communications</li> </ul>



**Standard G3:** Our organisation promotes and/or provides early diagnosis, testing and treatment for sexually transmitted infections, hepatitis B and C, and TB

Criteria	Guidance	Evidence
<b>G3.1</b> Community health workers and carers are compensated and supported	<ul style="list-style-type: none"> <li>• Is training provided?</li> <li>• Is remuneration/compensation provided?</li> <li>• Is ongoing support (such as psychosocial support) provided?</li> </ul>	<ul style="list-style-type: none"> <li>• Training curriculum for community health workers and other carers</li> <li>• Documentation recording remuneration and compensation scales for community health workers and other carers</li> <li>• Interviews with community health workers/carers</li> </ul>

## HIV programming

### Technical area G



**Standard G4:** Our organisation promotes and/or provides early diagnosis, testing and treatment for sexually transmitted infections (STIs), hepatitis B and C, and TB

Criteria	Guidance	Evidence
<b>G4.1</b> <b>Strategic and programme documentation reflect a comprehensive approach to early diagnosis of STIs, hepatitis B and C, TB and other co-infections prevalent in the epidemiological context</b>	<ul style="list-style-type: none"> <li>• Are people screened and offered referrals or treatment (if appropriate) for STIs, TB, hepatitis B, hepatitis C and other co-infections?</li> <li>• Are referrals followed up?</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plans</li> <li>• Programme documentation</li> <li>• Client, referral and follow-up records</li> <li>• Case management protocols</li> <li>• Training plans</li> </ul>
<b>G4.2</b> <b>The organisation carries out advocacy for earlier and universal access to services outlined in G4.1</b>	<ul style="list-style-type: none"> <li>• Are there plans and activities to advocate for earlier and universal access to these services?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• M&amp;E reports</li> <li>• Advocacy plans</li> <li>• External communications</li> </ul>



**Standard G5:** Our organisation promotes a holistic approach to the health and wellbeing of people living with HIV in all their diversity and across the life course

Criteria	Guidance	Evidence
<b>G5.1</b> <b>The organisation takes a comprehensive approach to responding to the needs of children, adolescents, adults and the older population, including access to testing and treatment and support for mental health and welfare needs</b>	<ul style="list-style-type: none"> <li>• Are all age groups reached?</li> <li>• Do records show provision of and/or referrals to HIV testing and treatment, mental health counselling and livelihood, legal and social support?</li> <li>• Ask staff if they are aware of how to provide differentiated care to different people based on their age</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan</li> <li>• Programme documentation</li> <li>• Annual reports</li> <li>• M&amp;E data</li> <li>• Documentation and lists of people screened and referred or offered testing and treatment (if appropriate) for HIV, STI, TB, hepatitis B and other co-infections</li> <li>• Records of referrals for mental health counselling</li> <li>• Records of livelihood, legal and social support provided to individuals</li> </ul>

## HIV programming

### Technical area H

Criteria	Guidance	Evidence
<b>G5.2</b> The organisation takes a comprehensive approach to responding to the needs of key populations – men who have sex with men, transgender, sex workers and people who use drugs, including access to HIV testing and treatment and support for mental health and welfare needs	<ul style="list-style-type: none"> <li>• Are members of all key populations benefitting from these services?</li> <li>• Ask staff about how their programmes provide differentiated care to different key population groups</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic plan</li> <li>• Programme documentation</li> <li>• Annual reports</li> <li>• M&amp;E data</li> <li>• Documentation and lists of people screened and referred or offered testing and treatment (if appropriate) for HIV, STI, TB, hepatitis B and other co-infections</li> <li>• Records of referrals for mental health counselling</li> <li>• Records of livelihood, legal and social support provided to individuals</li> </ul>

## HIV technical area H: Gender and gender-based violence



**Standard H1:** Our organisation and advocacy are based on a comprehensive gender analysis using a person-centred approach



For further guidance see: International HIV/AIDS Alliance (2018), **Good Practice Guide: Gender-transformative HIV programming**. See also: **Alliance approach to gender equality**

Criteria	Guidance	Evidence
<b>H1.1</b> The organisation has undertaken a comprehensive gender analysis, highlighting gendered risks and barriers that impact on the implementation of HIV programmes, and the results are reflected in programme design and implementation	<ul style="list-style-type: none"> <li>• Were key organisations/networks of women and girls, men and boys and transgender persons in all their diversity consulted in the analysis?</li> <li>• Is there evidence that findings from the analysis have been integrated into programmes and advocacy?</li> <li>• Ask staff if gender analysis findings have been shared across the organisation <sup>88</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Gender analysis terms of reference, findings and report</li> <li>• Programme documentation</li> <li>• Advocacy plans</li> <li>• M&amp;E framework</li> <li>• Checklists for development of new proposals</li> </ul>

<sup>88</sup> UNAIDS (2014) [Gender assessment tool](#) and Salamander Trust, ATHENA Network, AIDS Legal Network, Project Empower and HEARD (2017) [ALIV\(H\)E Framework](#).

## HIV programming

### Technical area H

Criteria	Guidance	Evidence
<b>H1.2</b> The organisation articulates a clear policy position on gender equality <sup>89</sup> in the context of HIV, including clear advocacy messages	<ul style="list-style-type: none"> <li>• Are the board, staff and volunteers sensitised/trained around the organisation's position on gender equality?</li> <li>• Do key documents articulate consistent, evidence-informed messages in relation to gender equality in the context of HIV?</li> </ul>	<ul style="list-style-type: none"> <li>• Training materials</li> <li>• Organisational strategy</li> <li>• Policy position on gender equality in the context of HIV</li> <li>• External communications</li> <li>• Staff interviews</li> </ul>
<b>H1.3</b> The organisation's position on gender equality promotes the human rights, including SRHR, of women and girls, men and boys and transgender persons in all their diversity	<ul style="list-style-type: none"> <li>• Do key documents promote human rights, including SRHR of women and girls, men and boys and transgender persons in all their diversity, including key populations?</li> </ul>	<ul style="list-style-type: none"> <li>• Organisational strategy</li> <li>• Policy position on gender equality in the context of HIV</li> <li>• External communications</li> </ul>



**Standard H2:** Our programmes are designed to transform gender relations and address gender inequality in the context of and the response to HIV

Criteria	Guidance	Evidence
<b>H2.1</b> Programmes are designed and implemented to transform gender relations	<ul style="list-style-type: none"> <li>• What resources/guidance on gender transformative approaches does the organisation regularly use?</li> <li>• Does the organisation work with men and boys as well as women and girls and transgender persons to promote gender equality?</li> <li>• Are programme staff conversant with the concepts of gender blind, responsive and transformative programming?</li> <li>• Are there examples of programmes that challenge harmful gender stereotypes and norms, including norms around sexuality, gender identity, masculinity etc?</li> <li>• Do programmes involve men and boys, women and girls, religious/cultural leaders, and/or whole communities in changing harmful gender norms?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Annual reports</li> <li>• Case studies/ documentation of gender transformative processes</li> <li>• Staff interviews</li> </ul>

<sup>89</sup> For a definition of gender equality, refer to: International HIV/AIDS Alliance (2018), *Good Practice Guide: Gender transformative HIV programming*, (p.36).

## HIV programming

### Technical area H

	Criteria	Guidance	Evidence
H2.2	<b>Programmes intentionally address gender-related barriers or restrictions to accessing services for children, adolescents, young people and adults of all gender identities and sexual orientations</b>	<ul style="list-style-type: none"> <li>• What gender-related barriers to services have been identified for women and girls, men and boys and transgender persons in all their diversity?</li> <li>• How are they being addressed in programmes?</li> <li>• Are programme responses evidence-based?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Technical resources</li> <li>• Annual reports</li> <li>• Staff interviews</li> </ul>
H2.3	<b>A variety of stakeholders are supported to understand the linkages between HIV and gender/ gender-based violence, and how to address these</b>	<ul style="list-style-type: none"> <li>• Have a variety of stakeholders been sensitised?</li> <li>• Review feedback on sensitisation workshops</li> <li>• Which populations do the programmes focus on?</li> <li>• How are anticipated changes in the knowledge, attitudes and beliefs of these populations articulated?</li> <li>• What strategies are employed to bring about these changes?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Training materials for sensitisation on gender-based violence/HIV linkages</li> <li>• Records of sensitisation workshops or meetings</li> <li>• Reports and/or participant evaluations</li> <li>• Annual reports</li> <li>• External communications</li> </ul>
H2.4	<b>Programmes and advocacy promote the leadership, empowerment and meaningful involvement in decision-making of grassroots women (including young and trans women) in all their diversity</b>	<ul style="list-style-type: none"> <li>• Are activities inclusive of young women, women and girls from key populations, and trans women?</li> <li>• Are women and girls in all their diversity involved in decision-making at all stages?</li> <li>• How are representatives of key populations of women and girls selected to represent the project or organisation?</li> <li>• Are they supported to fulfil their responsibilities? <sup>90</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Programme description for grassroots women's empowerment and leadership activities</li> <li>• Programme documentation</li> <li>• Annual reports</li> <li>• MoUs/partnership agreements</li> <li>• Interviews with staff and stakeholders</li> <li>• External communications</li> </ul>

<sup>90</sup> Reference: Ladder of Youth participation and Flower of participation included in : *Aiming High: 10 strategies for meaningful involvement of young people.*



**Standard H3:** Our programmes are designed to address and respond to the links between gender-based violence and HIV

Criteria	Guidance	Evidence
<p><b>H3.1</b> Organisations, strategy and programme documents articulate a broad definition of gender-based violence<sup>91</sup> which includes violence motivated by a person's gender orientation and/or sexual identity</p>	<ul style="list-style-type: none"> <li>Does the definition of gender-based violence include physical, sexual, emotional/psychological and economic violence?</li> <li>Is discriminatory, value-laden or pejorative language used towards any groups of people in respect of their gender, sexuality or gender identity?</li> </ul>	<ul style="list-style-type: none"> <li>Organisational strategy</li> <li>Programme documentation</li> <li>Technical resources</li> <li>Position papers/policy briefings/ statements</li> </ul>
<p><b>H3.2</b> The organisation has undertaken a comprehensive assessment of the links between gender-based violence and HIV, and incorporated findings into programming and advocacy</p>	<ul style="list-style-type: none"> <li>Does the assessment use a broad definition of gender-based violence as described under H3.1 above?</li> <li>Do programme descriptions show that linkages between gender-based violence and HIV have been mainstreamed so that this is an integral part of all programming and advocacy?</li> </ul>	<ul style="list-style-type: none"> <li>Assessment ToR, methodology, findings and recommendations</li> <li>Programme documentation</li> <li>Advocacy strategy and key advocacy messages</li> <li>External communications</li> </ul>
<p><b>H3.3</b> Programme activities are designed to prevent and address the causes of gender-based violence in all its forms in the context of and the response to HIV</p>	<ul style="list-style-type: none"> <li>What causal factors for gender-based violence have been identified?</li> <li>Are strategies to prevent as well as respond to gender-based violence in the context of HIV identifiable?</li> <li>Are they adequately resourced?</li> <li>Are these strategies or activities based on evidence and good practice?</li> </ul>	<ul style="list-style-type: none"> <li>Programme documentation</li> <li>Annual reports</li> </ul>

<sup>91</sup> For a definition of gender-based violence, see: Alliance (2018) [Good Practice Guide on gender transformative HIV programming](#) (p.36).

Criteria	Guidance	Evidence
<p><b>H3.4</b></p> <p><b>The organisation promotes and/or provides comprehensive services for people who have experienced gender-based violence</b></p>	<ul style="list-style-type: none"> <li>• Does the organisation provide, refer clients or advocate for comprehensive post-gender-based violence care?</li> <li>• Do documents include definitions of competent and comprehensive services?</li> <li>• Are staff familiar with these definitions?</li> <li>• Has a mapping of services for post- gender-based violence care been undertaken?</li> <li>• Does it include legal, medical, social and judicial referral pathways?</li> <li>• Are there formal partnerships/MoUs with referral partners?</li> <li>• How have referral partners been accredited and rated for the safety and quality of their services?</li> <li>• How does the organisation work with police, health services, and schools (for example) to ensure that reports of violence are appropriately dealt with?</li> <li>• Does the organisation support women, girls, boys, men and transgender persons in their diversity to safely document and seek redress for violence experienced within services?</li> </ul>	<ul style="list-style-type: none"> <li>• Programme documentation</li> <li>• Technical papers and resources</li> <li>• Referral mapping/ assessment and pathways</li> <li>• Quality assurance documents or processes</li> <li>• Client referral records</li> <li>• MoUs and partnership agreements</li> <li>• Staff interviews</li> </ul>

## HIV programming

### Technical area H



**Standard H4:** Our organisation holds both state and non-state actors accountable for the protection of freedom from gender-based violence in all its forms

Criteria	Guidance	Evidence
<b>H4.1</b> The organisation uses documented evidence and different data sets to inform advocacy efforts on HIV and gender-based violence in all its forms	<ul style="list-style-type: none"><li>• What data does the organisation collect on the incidence of different types of gender-based violence?</li><li>• How is data obtained?</li><li>• Is the confidentiality and safety of the person reporting the incidence assured?</li><li>• What referrals are made?</li><li>• Are they based on accurate and reliable data?</li></ul>	<ul style="list-style-type: none"><li>• Recorded incidences of gender-based violence</li><li>• Unique identifier codes</li><li>• Client referral records</li><li>• Organisational data</li><li>• External communications</li></ul>
<b>H4.2</b> National level partnerships and coalitions are in place with networks of people living with HIV, women's rights organisations, transgender and lesbian, gay, bisexual, transgender and intersex rights organisations, watchdog organisations and international agencies, to monitor how the state is fulfilling its obligations to ending gender discrimination in all its forms <sup>92</sup>	<ul style="list-style-type: none"><li>• What coalitions and partnerships does the organisation have at the national level?</li><li>• How are government commitments being monitored?</li><li>• What activities has the organisation been involved in to hold its government to account?</li></ul>	<ul style="list-style-type: none"><li>• Partnership/membership agreements, MoUs</li><li>• Documented activities/workplans with coalitions/networks</li><li>• Joint reports/statements</li><li>• External communications</li></ul>

<sup>92</sup> For example, the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) shadow reporting.

**KEY RESOURCES****FOR THE PEER  
REVIEW TEAM****Governance, sustainability and external engagement**

- International HIV/AIDS Alliance [Governance handbook](#)
- International HIV/AIDS Alliance [Cost recovery guidelines](#)

**Organisational management**

- International HIV/AIDS Alliance (2010)  
[Good Practice Guide: Greater involvement of people living with HIV \(GIPA\)](#)
- GNP+, UNAIDS (2011)  
[Positive Health, Dignity and Prevention: A policy framework](#)
- Frontline AIDS  
[Safeguarding children, YP and Vulnerable adults policy](#)
- Keeping Children Safe:  
[www.keepingchildrensafe.org.uk](http://www.keepingchildrensafe.org.uk)
- Save the Children (2007)  
[Getting it right for children: a practitioners' guide to child rights programming](#)

**HIV programming****Person-centred programming**

- International HIV/AIDS Alliance (2017)  
[Putting people at the heart of the HIV response](#)
- International HIV/AIDS Alliance (2010)  
[Good Practice Guide: Greater involvement of people living with HIV \(GIPA\)](#)
- GNP+, UNAIDS (2011)  
[Positive Health, Dignity and Prevention \(PHDP\) Operational Guidelines](#)
- Frontline AIDS approach to [gender equality](#)
- International HIV/AIDS Alliance (2018)  
[Good Practice Guide for gender-transformative HIV programming](#)
- International HIV/AIDS Alliance (2011)  
[Good Practice Guide: Integration of HIV and sexual and reproductive health and rights](#)
- International HIV/AIDS Alliance (2014)  
[Good Practice Guide: HIV and human rights](#)
- International HIV/AIDS Alliance (2014)  
[Empowerment for Advocacy \(EMPAD\)](#)
- International HIV/AIDS Alliance (2007)  
[The health journey](#)

Many of these resources were produced under Frontline AIDS former name of International HIV/AIDS Alliance.

### Monitoring and evaluation

- WHO (2017)  
Consolidated guidelines on person-centred HIV patient monitoring and case surveillance
- Better Evaluation  
Core Concepts in Developing Monitoring and Evaluation frameworks
- UNAIDS  
Monitoring and Evaluation guidance
- Measure Evaluation tools  
Data quality assurance tools

### HIV technical areas

- International HIV/AIDS Alliance (2017)  
Putting people at the heart of the HIV response

### HIV and human rights

- International HIV/AIDS Alliance (2014)  
Good Practice Guide: HIV and human rights
- International HIV/AIDS Alliance (2010)  
Good Practice Guide: Greater involvement of people living with HIV (GIPA)
- Frontline AIDS  
Rights – Evidence – ACTion (REAct) guide

### HIV prevention

- International HIV/AIDS Alliance (2016)  
Advancing combination HIV prevention: advocacy brief
- WHO (2016 update)  
Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations
- GNP+, UNAIDS (2011)  
Positive Health, Dignity and Prevention: Operational guidelines
- GNP+, UNAIDS (2011)  
Positive Health, Dignity and Prevention: A policy framework

### Integration of HIV and sexual and reproductive health rights

- International HIV/AIDS Alliance (2011)  
Good Practice Guide: Integration of HIV and sexual and reproductive health and rights
- International HIV/AIDS Alliance (2015)  
SRHR, and HIV 101 workshop guide
- International HIV/AIDS Alliance (2014)  
Safeguarding rights: workshop guide
- International HIV/AIDS Alliance (2008)  
Sexuality and life skills
- SRHR and HIV Linkages
- Link Up project:  
Link up: project summary

Many of these resources were produced under Frontline AIDS former name of International HIV/AIDS Alliance.

## TB and HIV

- International HIV/AIDS Alliance (2013)  
Good Practice Guide: Community-based TB and HIV integration

## Adolescents and young people

- International HIV/AIDS Alliance (2017)  
Good Practice Guide: Adolescent HIV programming
- Link Up project  
Aiming high: 10 strategies for meaningful youth engagement
- International HIV/AIDS Alliance (2014)  
Safeguarding rights: workshop guide
- STOPAIDS factsheet (2016)  
Adolescents and Young People and HIV
- Population Council (2016)  
Link Up: Uganda KAP brief
- Ladder of youth participation
- Flower of participation included in  
Aiming high: 10 strategies for meaningful youth engagement

## HIV and drug use

- International HIV/AIDS Alliance (2010)  
Good Practice Guide: HIV and drug use
- International HIV/AIDS Alliance (2013)  
Reaching drug users: a toolkit for outreach services

## HIV care, support and treatment

- WHO (2016)  
Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection
- GNP+, UNAIDS (2011)  
Positive Health, Dignity and Prevention: A policy framework
- IAS (2016)  
Differentiated Care for HIV: A Decision Framework for Antiretroviral Therapy Delivery

## Gender and gender-based violence

- Frontline AIDS approach to gender equality
- International HIV/AIDS Alliance (2018)  
Good Practice Guide: Gender-transformative HIV programming
- UNAIDS (2014)  
Gender assessment tool
- Salamander Trust, ATHENA Network, AIDS Legal Network, Project Empower, HEARD (2017)  
ALIV(H)E Framework
- Ladder of youth participation
- Flower of participation included in Aiming high: 10 strategies for meaningful youth engagement



**JOIN US. END IT.**

[www.frontlineaids.org](http://www.frontlineaids.org)