



Empowered lives.
Resilient nations.

Factsheet Moldova



1. HIV EPIDEMIOLOGY AND RESPONSE

1.1 HIV epidemiology in brief

Moldova has a concentrated HIV epidemic, with 6,891 people living with HIV officially registered¹ (about 39% of the estimated number) and 3,116 of them receiving antiretroviral therapy (coverage 18% of the estimated and 45% of the registered number of people living with HIV). More than 80% of new HIV infections in 2014 were caused by sexual transmission. HIV prevalence among people who inject drugs (PWID), sex workers (SW) and men who have sex with men (MSM) is above 5%. The interpretation of prevalence trends is limited due to methodological reasons. There are significant gender (e.g. 21% of the estimated number of females living with HIV have been enrolled in treatment, compared with 15% of the estimated number of males living with HIV) and sub-national differences in HIV prevalence (e.g. 41% among people who inject drugs and 21% among sex workers in Balti compared with 8% and 11% respectively in Chisinau)².

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

The key document for the national HIV response in Moldova is the **Law on Prevention of HIV-infection and AIDS**³. Among other objectives, the Law aims to ensure delivery of comprehensive policy through “uniting the efforts of government, non-governmental and international organizations, people living with HIV/AIDS, employers and individuals, as well as the introduction of a system of monitoring and evaluation activities on HIV/AIDS”. Even though the Law does not explicitly mention NGOs as service providers, this

1 Republic of Moldova, *Progress Report on HIV/AIDS 2014* (2015).

2 Ibid.

3 Republic of Moldova, *Lege cu privire la profilaxia infecției HIV/SIDA* (2007).

Table 1: Indicators for key populations

		PWID	MSM	SW
Estimated population size		30,200	13,500	12,000
HIV prevalence (%)	Chisinau	8.5	5.4	11.6
	Balti	41.8	8.2	21.5
	Tiraspol	23.9		
Coverage of HIV testing in the past 12 months (%)	Chisinau	47.3	24.3	49.5
	Balti	43.4	1.1	18.5
	Tiraspol	29.1		
Prevention programme coverage ^a (%)	Chisinau	16.5	24	22.1
	Balti	51.4	88	29.1
	Tiraspol	24.7		

^a Those who received condoms during last 12 months for free and who know where to get tested for HIV (men who have sex with men and sex workers); received syringes for fee (people who inject drugs).

Source: *Integrated bio-behavioural study in key populations at higher risk: key indicators (IBBS) 2012-2013* (Chisinau, National Centre for Health Management, 2013); *Republic of Moldova progress Report on HIV Control, 2015* (Chisinau, 2015).

is implied in the Law as it encourages involvement of NGOs in development and implementation of the National Programme on HIV Prevention and Control and other related programmes aimed at prevention, care, treatment, legal and social assistance to people living with HIV. The Law regulates service provision to people living with HIV, including diagnostics and treatment of HIV, laboratory services, psychological and social assistance, palliative care and emergency care.

In addition, the **Law on Health Care**⁴ guarantees provision of medical and social services to people living with HIV. The Law does not provide further details of service provision for people living with HIV, but simply refers to ‘current legislation’. However, the Law mentions involvement of NGOs as providers of

4 Republic of Moldova, *Legea ocrotirii sănătății* (1995).

social and medical services for senior citizens, which supports the assumption that existing legislation does not prohibit NGOs from providing social and medical services for people living with HIV and key affected populations.

The National Programme on Prevention and Control of HIV/AIDS and Sexually Transmitted Infections for 2014-2015⁵ is an integrated policy document that provides a set of measures in response to HIV and sexually transmitted infections. According to this document, in 2014 there were 49 on-going projects and programmes, implemented in collaboration with civil society. NGOs including service providers, associations of people living with HIV, international and national HIV NGOs are named as partners in the implementation of the Programme. One specific objective of the Programme is strengthening partnerships between healthcare institutions (public and private) and NGOs in provision of palliative care. A new programme is being developed for 2016-2020 by a joint working group that includes representatives of public authorities and NGOs. According to the National Commitment and Policy Instrument report⁶, prevention, care and support services are part of the National Programme. However, these services are funded primarily by external donors, due to a low level of public funding available⁷. There is no earmarked state budget for HIV related activities included in multisectoral strategies. The sectors that have no earmarked budgets for HIV activities are supported from grants and funding provided by the Global Fund, UN agencies, Open Society Foundations, as well as funding allocated for synergistic programmes in the sectors of education, youth, social support, and justice.

The National Coordination Council of National Programmes on Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases and Control of Tuberculosis is responsible for implementation of

the National HIV Programme⁸. The Council currently consists of 34 members, including 18 representatives of NGOs⁹. The Council's main tasks include analysis of the causes for HIV, defining strategies for prevention and control, drafting budget proposals for national strategies, drafting new legislation and amendments to the current laws in the relevant spheres, and monitoring of the implementation of international treaties. The structure of the Council includes a number of working groups on HIV and HIV/TB issues.

5 Republic of Moldova, Hotărîre privind aprobarea Programului național de prevenire și control al infecției HIV/SIDA și infecțiilor cu transmitere sexuală pentru anii 2014-2015 (2014).

6 UNAIDS, *Republic of Moldova National Commitment and Policy Instrument Report* (2014).

7 Ibid.

8 The National Coordination Council of National Programmes on Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases and Control of Tuberculosis.

9 Republic of Moldova, Hotărîre cu privire la instituirea Consiliului național de coordonare a programelor naționale de profilaxie și control al infecției HIV/SIDA, infecțiilor cu transmitere sexuală și de control al tuberculozei (2005).

2. SOCIAL CONTRACTING OF NGOS IN THE NATIONAL HIV RESPONSE

2.1 NGO landscape in Moldova

The main document providing general legal framework for non-commercial organizations (the way NGOs are officially called in Moldova) is the **Civil Code**, which identifies three main types of not-for-profit organisations: associations, foundations and institutions¹⁰. The Code also lists general requirements for NGO constitutions, activities and management.

Further regulation of NGOs is carried out by the **Law on Public Associations**¹¹ and the **Law on Foundations**¹². According to the Registry of Non-commercial Organisations of the Ministry of Justice, there are 10,078 non-commercial organizations registered at the national level¹³. The exact number of NGOs is not available, as NGOs can also be registered through a simplified procedure by the local authorities and there is no common registry.

Financial sustainability is the main challenge for NGOs. In general, most NGOs are funded from external sources¹⁴. The **Fiscal Code**¹⁵ provides that all NGOs, regardless of the public benefit status, can receive an exemption from paying the income tax in a given fiscal

year by filing a request with the fiscal authorities¹⁶. Any NGO can obtain income from economic activities as long as they are in line with statutory activities. There are tax deductions available to donors (businesses and individuals) of up to 2% of their taxable income though there are reported challenges in obtaining these deductions¹⁷. The legal regulation guarantees other indirect mechanisms of support for NGOs, including such progressive mechanisms as percentage designation, which allows physical persons to designate up to 2% of their income tax to a public association with a status of public benefit or a religious organisation. The Government is preparing the implementing regulation for this mechanism¹⁸.

At the policy level, there is a **Strategy for the Development of Civil Society for 2012-2015**¹⁹, which has a goal “to create favourable conditions for the development of an active civil society, capable of contributing to the progressive development of democracy in the Republic of Moldova, to promote social integrity and development of social capital”. The Strategy has three main objectives:

10 Republic of Moldova, Codul Civil al Republicii Moldova (2002).

11 Republic of Moldova, Lege cu privire la asociațiile obștești (1996).

12 Republic of Moldova, Lege cu privire la fundații (1999).

13 The registration process, both for public associations and foundations, is fairly simple and does not require considerable founding assets. The Law on Public Associations prescribes a lengthy, up to 30 days deadline for registration of an association, with a possibility of extension up to three months in case the applicant needs to amend the application.

14 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

15 Republic of Moldova, Cod fiscal (1997).

16 A special status granted to NGOs performing activities in the sphere of public benefit, according to the Law on Public Associations. To obtain a certificate of the public benefit status, an NGO should be registered as a public association in Moldova and operate for more than one year; its statutory purposes should include exclusively public benefit activities; and there should not be conflict of interest in applying for the status (art. 30 of the Law on Public Associations).

17 Konrad Adenauer Stiftung, *EU Mapping Study Civil Society Organizations from the Republic of Moldova: Development, Sustainability and Participation in Policy Dialogue* (2014).

18 According to the amendments adopted in 2014 to the Fiscal Code, the Law on Public Associations and the Law on Freedom of Conscience, Thought and Religion.

19 Republic of Moldova, Lege pentru aprobarea Strategiei de dezvoltare a societății civile pentru perioada 2012–2015 și a Planului de acțiuni pentru implementarea Strategiei (2012).

Types of NGOs in Moldova: excerpts from the Civil Code

- ▶ An association is a non-commercial organisation, established on a voluntary basis by individuals or legal entities, who gathered in a procedure established by the law, on the basis of common interests, which do not contradict to the principles of law, order and morality, to satisfy non-material needs.
- ▶ An association may be established in the form of a public association, religious association, party or other socio-political organization, trade union, union of legal entities, patronage and other forms in accordance with the law (art. 181).
- ▶ A foundation is a non-member non-commercial organization, which is established by one or several individuals or legal entities, has certain property separate from the property of the founders, and pursues non-commercial objectives envisaged by the founding document (art. 182).
- ▶ An institution is a non-commercial organisation that is established by a founder or founders for the exercise of their functions in the area of management, social, cultural, educational and other non-commercial functions, and is financed, fully or partly, by founders (art. 183).

- ▶ To strengthen foundations of civil society participation in the development and monitoring of public policy
- ▶ To promote and strengthen financial sustainability of civil society
- ▶ To develop active civic stand and volunteering

2.2 Social contracting of NGOs under Global Fund grants

In 2015, 22 NGOs were financed by the Global Fund, with an annual average of US\$ 157,039 available per NGO (range US\$ 19,443 – US\$ 657,128) predominantly for prevention programmes among key populations and services on sub-national and municipality levels (Table 2).

2.3 Government social contracting to NGOs: Legal and regulatory frameworks

According to the Law on Public Associations, the state provides funding to public associations in different forms, including the mechanism of social

contracting to carry out various state programmes²⁰. Social contracting is defined as one of the forms of implementing social programmes, organized by the public authorities. The authorities decide on the scope of the necessary work and services, and provide funding for the contracting. However, only organisations with a public benefit status can participate in the tender for social contracting.

The **Law on Social Services**²¹ establishes a general framework for provision of social services. Public associations, foundations and private non-commercial institutions are recognized as possible providers of such services. Funding can be provided from the state budget, budgets of local authorities, own resources of service providers and other sources and through co-financing. Central and local public authorities must procure and contract social services on the principles of competition and quality.

The **Nomenclature of Social Services**²², approved by the Ministry of Labour, Social Care and Family, includes the list of 41 social services (with 4 primary social services, 30 specialized and 7 highly specialized

20 Republic of Moldova, Lege cu privire la asociațiile obștești (1996).

21 Republic of Moldova, Lege cu privire la serviciile sociale (2010).

22 Republic of Moldova, Nomenclatorul serviciilor sociale (2011).

Table 2: Global Fund average annual budget for NGOs (2015-2017)

Programme	Budget allocated to NGOs (US\$)	% of budget line	National/sub-national/local (%)
Prevention PWID	1,276,406	90.7	24/28/48
MSM	174,674	100.0	9/91/0
SW	377,180	100.0	25/0/75
Prevention subtotal	1,828,260	92.3	23/28/49
Treatment, care and support	763,010	42.1	15/35/50
Capacity strengthening and sustainability	383,618	90.6	100/0/0
Grant management	235,854	58.5	100/0/0
TOTAL	3,210,742	69.5	36/24/40

Sources: Centre for Health Policies and Studies (PAS); Public Institution „Unit for Coordination, Implementation and Monitoring of the Project on Health System Restructuring” (UCIMP).

services). The Nomenclature regulates the title of services, legal basis, beneficiaries and required staff members for delivery of each service. The document, among others, refers to requirements for a social centre for people living with HIV. The regulation for this type of service is in the process of adoption²³. The related social services included under this area are listed as: antiretroviral treatment, peer counselling, counselling in crisis situations, legal services and others.

The current **Law on Public Procurements**²⁴ describes the mechanism for financing of procurement of goods and services, including social services, from the state budget. The Law applies to procurement of goods and services to the amount equal to or above MDL 40,000 (app. US\$ 1,960 without VAT), and for works of above MDL 50,000 (app. US\$ 2,450). It does not provide any special conditions for procurement of services from non-commercial entities. Moreover, the Law does not include specific provisions on social contracting, i.e. the Law sets the cost as the key selection criteria. Interested

entities submit their offers with a financial guarantee of up to 3% of the offer cost²⁵. The contract with the winning bidder comes into force upon registration with the Agency for Public Procurements²⁶. According to the Law, if the estimated cost of goods equals or exceeds MDL 200,000 (app. US\$ 9,802) and cost of works equals to or exceeds MDL 1,000,000 (app. US\$ 49,007), the contractee should provide a guarantee for implementing the contract, up to 15% of the contract's cost²⁷.

In 2015, a new **Law on Public Procurements**²⁸ was adopted (effective from May 2016, with some provisions in 2020). The Law is aligned with the European legislation on procurement of works, goods and services. The new Law includes a higher threshold for the public contracts on goods and services of MDL 80,000 (app. US\$ 3,921) and MDL 100,000 (app. US\$ 4,901) for public procurements of work. Any entity – resident or non-resident, an individual or a

23 In November 2015 the Ministry of Labour, Social Care and Family posted for discussion a draft regulation on establishing social centres for people living with HIV in Moldova's regions and the minimum quality standards for the services they will provide (Republic of Moldova, Hotărîrea Guvernului pentru aprobarea Regulamentului-cadru privind organizarea și funcționarea Centrului Social Regional pentru Asistența Persoanelor infectate HIV/SIDA și a standardelor minime de calitate (2015).

24 Republic of Moldova, Lege privind achizițiile publice (2007).

25 If the estimated cost of goods does not exceed 200,000 MDL (app. US\$ 9,802) and the cost of works does not exceed 1,000,000 MDL (app. US\$ 50, 867), then the contracting authority has the right not to require such a guarantee.

26 Agenția Achiziții Publice, Prezentarea generală.

27 While the Law on Public Associations (art. 33-2) states that the NGO social service providers do not need to provide financial guarantee for the offer and the contract, in practice NGOs can also be asked for such guarantees.

28 Republic of Moldova, Lege privind achizițiile publice (2015).

legal entity of public or private law or group of such persons – has the right to participate in the procedure of obtaining a public procurement contract. The main procedure of public procurement is by organising an open competition. The contracting authority publishes an invitation for the participants with all the details about the specific procurement, the scope of work/ services and the terms for their provisions and other information. The invitation should be published at least 15 days before the deadline for submitting offers in order to ensure equal participation of all interested parties.

In the announcement, the contracting authority must announce the selection criteria. There are two possible criteria:

- ▶ The most advantageous offer based on technical and economic criteria
- ▶ The lowest bid

In case of contracting of services, the price constitutes at least 40% of the selection criteria of the offer. Other criteria for procurement of services can include anticipated quality, cost per unit, overall cost, and other essential elements. The financial guarantee of the offer is lowered to 2% of the total cost. Importantly, the contracting authority may waive the requirement for the financial guarantee of the offer in case it is under MDL 400,000 (app. US\$ 19,603) for goods and services and under MDL 1,500,000 (app. US\$ 73,512) in case of works. Similar to the current Law, the new Law includes a provision on financial guarantee of the contract in the amount up to 15% (without specifying the criteria used for setting the guarantee in the amount below 15%) and does not address contracting of social services in particular.

The **Regulation on Public Procurements of a Low Value**²⁹ establishes the procedure of contracting in case the estimated cost is under the threshold of general public procurement. The contracting authority plans such procurements annually and quarterly, and it may also carry out the procurement in urgent cases. While the contract can be concluded for the whole duration of the service, its financing has to comply

with the annual financial allocations. The contractee is selected based on experience, financial capacity, availability of competent staff and other requirements by the contracting authority. If the estimated cost of the contract exceeds MDL 10,000 (app. US\$ 490), it needs to be registered in the State Treasury or in one of the territorial treasuries.

Moldova does not have laws regulating state funding through grants to NGOs, and there is no line item in the state budget specifically dedicated to funding projects of NGOs.

The Strategy for the Development of Civil Society foresaw scaling up the scope and participation of civil society in implementation of public policy through the mechanism of social contracting and creating mechanisms of state support to civil society organisations. To achieve these objectives, the Strategy envisaged a number of activities, including implementation of mechanisms for direct contracting of civil society organisations in the field of social services and works, building capacity of public authorities implementing social contracting, promoting best practices in implementation of social contracting, ensuring access of civil society organisations to funds and public financing programmes through scaling up and/or improvement of existing mechanisms and identification of additional tools, and introducing additional institutional mechanisms of support for civil society organisations.

2.4 Quality control and assurance

On the national level, the Ministry of Labour, Social Care and Family is responsible for regulating and monitoring the implementation of social service delivery, regardless of the legal form of the provider³⁰. Local authorities of second and first levels are responsible to monitor and evaluate the quality of service delivery and to report to the Ministry³¹.

Regulation and quality standards for all social services must be approved by the respective bodies, in accordance with the Nomenclature of Social Services.

29 Republic of Moldova, Hotărîre cu privire la aprobarea Regulamentului achizițiilor publice de valoare mică (2008).

30 Republic of Moldova, Lege cu privire la serviciile sociale (2010).

31 Ibid.

Not all services from the 41 services included in the Nomenclature have framework regulations and/or minimum standards adopted. The process of developing standards for services is still on-going. For instance, in November 2015, the Ministry of Labour, Social Care and Family posted for discussion a draft regulation on establishing social centres for people living with HIV in regions of Moldova and the minimum quality standards for the services they will provide³². Earlier in 2015, the Ministry of Health adopted standards for evaluation and accreditation of the providers of palliative care³³.

2.5 Other prerequisites for service provision (licenses, special permissions, etc.)

In accordance to the **Law on Accreditation of the Social Services Providers**³⁴, service providers can only engage in social service provision once they are accredited. The evaluation and accreditation of service providers is based on approved quality standards for the service. The organisation should meet the established criteria in the following areas:

- ▶ Technical-material infrastructure, e.g. own or rented space in accordance with standards, necessary equipment for the service provision
- ▶ Economic-financial activity, i.e. compliance with laws and regulations
- ▶ Qualification of the staff, i.e. compliance with qualification standards for administrative and specialized technical staff
- ▶ Compliance of the social service with the respective quality standards

32 Republic of Moldova, Hotărîrea Guvernului pentru aprobarea Regulamentului-cadru privind organizarea și funcționarea Centrului Social Regional pentru Asistența Persoanelor infectate HIV/SIDA și a standardelor minime de calitate (2015).

33 Republic of Moldova, Standardele de evaluare și acreditare pentru prestatorii de îngrijiri paliative (2015).

34 Republic of Moldova, Lege privind acreditarea prestatorilor de servicii sociale (2012).

The **National Council of Accreditation of Social Service Providers under the Ministry of Labour, Social Care and Family** carries out the accreditation of service providers regardless of their form of ownership (i.e. whether they are private or public). If the quality of the social services provided by the organization does not comply with the standards, the accreditation can be withdrawn³⁵.

It has to be mentioned that the Law on Health Care, as well as the **Law on Regulating Entrepreneurial Activities by Way of Licensing** (2001)³⁶ and Ministry of Healthcare **Regulations on the Procedure for Licensing of Medical Activities (Other Than Activities Carried Out Solely by Public Enterprises, Organisations and Institutions)** (1999)³⁷ do not specifically recognise NGOs as potential providers of medical services.

2.6 Government social contracting of NGOs: The practice

A quarter of national HIV financing came from the state budget and constituted a total of MDL 32.8 million (app. US\$ 2 million)³⁸. According to the EU Mapping Study, social services are the primary area of activity for about 40% of respondent NGOs in Moldova³⁹. It means that most NGOs rely on their own and their donors' resources in carrying out these services and activities. In 2014, the Ministry of Labour, Social Care and Family set the precedent of the first contract with an NGO for provision of a social service with public funding on the central level, granted by the Ministry to NGO La Strada. The contract was signed between the NGO and the Ministry of Labour,

35 Republic of Moldova, Hotărîre pentru aprobarea Regulamentului cu privire la procedura de acreditare a prestatorilor de servicii sociale (2014).

36 Republic of Moldova, Lege privind reglementarea prin licențiere a activității de întreprinzător (2001).

37 Republic of Moldova, Regulamentul cu privire la modul de eliberare a licențelor pentru acordarea asistenței medicale (cu excepția unor activități practicate în exclusivitate de întreprinderile de stat, de organizațiile și instituțiile publice, (1999).

38 Republic of Moldova, *Progress Report on HIV/AIDS 2014* (2015).

39 Konrad Adenauer Stiftung, *EU Mapping Study: Civil Society Organizations from the Republic of Moldova: Development, Sustainability and Participation in Policy Dialogue* (2014).

Social Care and Family for the duration of 31 months. Two other ministries, the Ministry of Culture and the Ministry of Economy, also signed service contracts with NGOs. Although the amounts allocated were relatively small (US\$ 500 to US\$1,000 per project), this provided a good example for future cooperation between NGOs and ministries⁴⁰. For instance, in 2015, the Ministry of Youth and Sports granted NGO Alternativa from Răzeni with a small grant on reproductive health and HIV prevention.

Grants to NGOs are also given by other ministries, too. The Ministry of Youth and Sports, the Ministry of Culture, and the Ministry of Environment provide small grants to NGOs on an annual basis in their respective areas. For example, the Ministry of Youth and Sports issues annual calls for proposals for NGOs in the area of youth and sports. Small grants up to the amount of MDL 10,000 (app. US\$ 490) are provided to the qualifying NGOs. The approved projects (around 20-30 projects per year) must be implemented within the calendar year.

Insufficient geographic coverage of services on both banks of the Nistru River is yet another problem. For example, in Transnistria there are no possibilities to ensure palliative care services for children and adults living with HIV⁴¹.

The Law and regulations on public procurements do not take into account the special nature of social contracting in terms of criteria for award, financial conditions and other procedures. For example, the requirement for guarantee of 15% of the value of the contract issued under the procedure of procurement is hard to meet for non-commercial organizations⁴².

Another challenge is that not many local public authorities set the priority of social service provision on the local level due to budget constraints and lack of guidance on identifying the needs of local communities

in services⁴³. Services provided by NGOs for people living with HIV and key affected populations are less likely to receive funding from local governments. As an illustrative example, in the official mapping of social and medical HIV related services the municipality of Chisinau lists only three NGOs providing services to people living with HIV⁴⁴. The on-going decentralisation reform gives an opportunity to ensure that the social services currently provided by NGOs can be further sustained with local authorities' public financing. This can be for example achieved through integration of HIV services into strategic plans and development programmes on local levels. During the transition period, however, it is important to earmark budget for such services from the central level⁴⁵.

40 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

41 Republic of Moldova, *National Commitments and Policy Instruments* (2014).

42 Odessa Public Institute for Social Technologies, *Social Contracting in Post-Soviet Countries* (2013).

43 United Nations International Children's Emergency Fund, *Policy Paper on Changes to the Law on Local Public Finances to Finance Social Services* (2014).

44 United Nations International Children's Emergency Fund, *Map of Social Services in the Municipality of Chisinau* (2014).

45 Such a possibility of creating a reserve fund on the central level for 1-2 years of transition has already been discussed during public hearings at the Moldovan Parliament on implementation of the Law on Social Services, June 2015.

3. RECOMMENDATIONS

Legal and institutional aspects of the national HIV response:

- ▶ NGO service providers should better advocate that the needs of their clients, people living with HIV and key affected populations, are included in HIV policies, strategies and programmes central and local level.
- ▶ Continuity and sustainability of the available services provided by NGOs for people living with HIV and key populations should be assured. More advocacy, assistance and support in leveraging resources to increase the state budget for the HIV response and diversification of donor funding will be required.

NGO landscape in Moldova:

- ▶ It would be important to adopt as soon as possible a regulation for the implementation of the percentage designation mechanism to provide an additional source of indirect funding for NGOs.
- ▶ It is recommended to carry out a feasibility study and advocate for establishing a mechanism of state financing for NGOs on the central level.
- ▶ For better access to the services, as well as to promote the non-state social service providers, it is advised to develop a national map of social services in the area of HIV, similarly to the mapping of social services and service providers for HIV prepared in the municipality of Chisinau.
- ▶ Local governments should be encouraged to provide more funding opportunities for NGOs engaged in social service provision, including HIV-related services.

Social contracting of NGOs for the national HIV response:

- ▶ It is recommended to promote more actively social contracting for example through including activities on further promotion of social contracting of NGOs under the upcoming Strategy for the Development of Civil Society.
- ▶ Government should attract NGO service providers to the process of developing local development

strategies and nomenclature for HIV specific services.

- ▶ Public authorities (ministries and local authorities that allocate funding to NGOs) should announce competitions in a transparent manner and through various channels of communication, as well as regularly publish information on the funded and implemented projects.
- ▶ Local authorities should be able to carry out analysis of the population needs in specific social services in their region, with consideration of the needs for the most marginalized groups.
- ▶ It is important to empower local authorities through developing hands-on guidance on social contracting.
- ▶ In case of public procurement processes, it is important to consider the non-commercial nature of NGOs and to replace requirement for financial guarantees with other means of verification of the capacity to implement the contract (e.g. assessments, references, experience, etc.).
- ▶ It is important to share good practices of contracting of social services from non-state actors with local public authorities and ministries.
- ▶ The system of monitoring public funding spending allocated by public authorities for provision of social services can be boosted by building up NGOs and citizens' capacity for monitoring of local budgets.
- ▶ Progress related to the whole process of setting up the system of social contracting should be clearly communicated to the public, including beneficiaries, e.g. through a website containing information about services, but also offering the opportunity for comments on further needs and feedback on the quality of social services provided.

NGO Social Contracting: Factsheet Moldova
2016

Authors: Timur Abdullaev, Predrag Đurić, Boyan Konstantinov, Christoph Hamelmann

Substantive background research was conducted in collaboration with the European Centre for Not-For-Profit Law (ECNL). The inputs from Eszter Hartay, Hanna Asipovich, Katerina Hadzi-Miceva and Luben Panov are gratefully acknowledged. Evghenii Golosceapov (UNDP country office in Moldova) and Liliana Caraulan (Centre for Health Policies and Studies (PAS)) and Daniela Bolun (Health System Restructuring Project – Coordination, Implementation, Monitoring Unit (PCIMU)) provided valuable comments and participated in the collection and review of background information.

This factsheet is part of UNDP’s Eastern Europe and Central Asia Series on Sustainable Financing of National HIV Responses.

Series Team: Timur Abdullaev, Predrag Đurić, Christoph Hamelmann, Boyan Konstantinov, John Macauley.

Series Editor: Christoph Hamelmann

Contact: rosemary.kumwenda@undp.org

Published are so far:



Disclaimer: The views expressed in the document are those of the authors and do not in any way express, nor do they necessarily reflect the official position of UNDP, its employees or board members. Any omissions, inaccuracies and mistakes are solely the responsibility of the authors.

Design and layout by Phoenix Design Aid A/S, Denmark. ISO 14001/ISO 9000 certified and approved CO2 neutral company – www.phoenixdesignaid.com

