International HIV/AIDS Alliance

Together to end AIDS

Guide

Accreditation Standards Guidance Cycle II



About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

International HIV/AIDS Alliance
(International secretariat)
91–101 Davigdor Road
Hove, East Sussex
BN3 1RE
United Kingdom
Tel: +44 (0)1273 718 900
Fax: +44 (0)1273 718 901
Email: mail@aidsalliance.org

Registered British charity number 1038860

www.aidsalliance.org

Acknowledgements

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

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At a glance: Accreditation principles and standards

A Governance and sustainability

Principle 1	**Our organisation is well governed**
Standard 1	Our organisation has an independent governing body (e.g. 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 compliant way in accordance with its governing documents
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 are strategic and relevant**
Standard 6	Our organisation has a strategic plan developed with key stakeholder involvement and linked to the relevant national strategy
Standard 7	Our organisation has a strategic plan that demonstrates a strong commitment to the Alliance's strategy and vision, mission and values
Standard 8	Our organisation's strategic plan is operationalised and is regularly reviewed with key stakeholders
Standard 9	Our organisation has strategic links to key stakeholders and mechanisms through which to engage with the national response to HIV
Standard 10	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
Principle 3	**Our organisation takes steps to ensure financial sustainability in support of its programmes**
Standard 11	Our organisation has a resource mobilisation strategy and guidelines in place
Standard 12	Our organisation has a coherent plan for ensuring long-term sustainability

B Organisational management

Principle 4	**Our organisation manages its finances effectively and efficiently in the planning and implementation of its work**
Standard 13	Our organisation has financial policies and procedures for effective management of resources, including cash and fixed assets
Standard 14	Our organisation has good financial management and reporting systems
Standard 15	Our organisation complies with all relevant financial statutory obligations
Standard 16	Our organisation buys goods and services in a fair and transparent way
Standard 17	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 18	Our organisation has policies procedures and job descriptions to ensure human resources structure supports organisational strategy
Standard 19	Recruitment and selection policies and practices are transparent, consistent and ensure that skilled staff are employed to achieve organisational objectives
Standard 20	Our organisation's compensation and benefits package is aimed at attracting and retaining skilled, motivated and experienced staff
Standard 21	Our organisation has a performance appraisal system for managing and evaluating staff performance, and provides training and development opportunities
Standard 22	The working standards and conditions of our organisation are conducive to satisfactory staff performance and staff wellbeing
Standard 23	Our organisation has security management systems in place to safeguard people and property
Principle 6	**Our organisation has effective communications and information technology systems**
Standard 24	Our organisation communicates its values and the impact of its work
Standard 25	Information technology procedures are in place and communicated to staff

C HIV programming

Principle 7	**Our organisation has a functional and effective monitoring and evaluation system**
Standard 26	Our organisation has a monitoring and evaluation plan with clearly defined indicators linked to objectives, and the plan is adequately budgeted for
Standard 27	A monitoring and evaluation system able to capture relevant, reliable, accurate and complete data is available, with appropriate quality control measures taken at all levels
Standard 28	Programmatic data is analysed and used for planning and decision-making, and shared with external stakeholders, including donors
Standard 29	Our organisation has undertaken (or has plans to undertake) at least one evaluation or review during the lifecycle of its strategic plan
Principle 8	**Our organisation promotes learning and knowledge sharing**
Standard 30	Our organisation learns and shares its learning in accessible and effective ways
Principle 9	**Our programmes are evidence based, promote human rights and prioritise the needs of communities most affected by HIV**
Standard 31	Our organisation is committed to a human rights-based approach
Standard 32	Our organisation is committed to the effective implementation of the Greater Involvement of People Living with HIV (GIPA) principles
Standard 33	Our organisation promotes the human rights of women, men, other gender identities and those of all sexual orientations by transforming gender relations and reducing inequality
Standard 34	Our organisation respects and promotes the rights of children and their protection from abuse, exploitation and neglect
Standard 35	Our organisation's HIV and health programmes are part of a coordinated local/national network of services and programmes and contribute to the national HIV response
Standard 36	Our organisation is committed to ensuring the participation of those populations intended to benefit from programmes at all stages of the programme cycle
Standard 37	Our organisation mobilises communities most affected by HIV in order to ensure an effective HIV response
Standard 38	Our organisation prioritises communities most affected by HIV and its HIV programmes are tailored to meet their needs

HIV technical areas	
Technical area A	**HIV and human rights**
Standard A1	Our programmes are based on a human rights assessment
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
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
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
Technical area B	**HIV prevention**
Standard B1	Our organisation's community-based HIV prevention programming takes a combination HIV prevention approach
Standard B2	Our organisation's HIV prevention activities adopt a positive approach to sex
Standard B3	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**
Standard C1	Our organisation promotes the linking and integration of sexual and reproductive health and rights and HIV in policies, programmes and services
Standard C2	Our organisation promotes and/or provides information and services for dual protection (STI/HIV prevention that is integrated with voluntary family planning to protect against unintended pregnancies and STI/HIV)
Standard C3	Our organisation promotes and/or provides comprehensive information and services for prevention of vertical HIV transmission (PPTCT)
Standard C4	Our organisation promotes and/or provides education, testing and treatment for sexually transmitted infections, either directly or through referrals
Standard C5	Our organisation ensures client satisfaction and quality of integrated services

HIV technical areas	
Technical area D	**TB and HIV**
Standard D1	Our organisation promotes the integration of TB and HIV in policies, programmes and services
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
Standard D3	Our organisation ensures that all people with HIV receive understandable information about TB
Technical area E	**Family-centred HIV programming for children**
Standard E1	Our organisation promotes the participation of children in processes that are inclusive and age appropriate
Standard E2	Our organisation promotes a family-centred approach to reaching HIV-affected children within and through their families and communities
Standard E3	Our organisation promotes and/or provides additional broad support to individuals and families to improve health, education and social welfare
Technical area F	**HIV and drug use**
Standard F1	Our organisation uses a harm reduction approach to drug use and HIV
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
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; and diagnosis and treatment for hepatitis C for people who use drugs and their sexual partners
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

HIV technical areas

Technical area G	HIV treatment, care and support
Standard G1	Our organisation is committed to a client-centred approach to HIV testing and treatment that promotes autonomy and choice
Standard G2	Our organisation promotes/provides home-based care and palliative care to people with HIV-related illness
Standard G3	Our organisation is committed to caring for carers and promoting the recognition of community health workers
Standard G4	Our organisation supports people taking or in need of HIV treatment, including by providing treatment adherence support and treatment literacy programmes, and by advocating for HIV treatment access
Standard G5	Our organisation promotes and/or provides early diagnosis, testing and treatment for sexually transmitted infections/HIV, hepatitis B and TB
Standard G6	Our organisation promotes a holistic approach to treatment and promotes access to treatment and care to all age groups: paediatrics, adolescents, adults and the aged

Introduction

Why is accreditation important?

Our accreditation system is the backbone of a strong Alliance. It is how we guarantee standards and ensure a shared vision and values across the Alliance. Using assessment teams from peer organisations, we rigorously assess national organisations against the highest standards. At the Alliance, we want to build donors' confidence in the ability of our Linking Organisations (LOs) to deliver quality HIV programmes. We also want to ensure that the meaningful involvement of people with HIV and other marginalised groups, together with gender equality, are central to the work of all LOs.

A robust accreditation system provides a vital opportunity for LOs to learn from each other. Peer assessment teams identify areas where strengthening is needed to meet accreditation standards, feeding this into each organisation's capacity development plan. The Alliance is committed to upholding these principles, ensuring each organisation has a shared vision and values.

What is accreditation?

The Alliance accreditation system promotes good governance, accountability and good practice programming across our LOs. It guides the admission of new organisations and maintains standards for existing LOs. An accredited Alliance LO must meet our standards for good governance, organisational management, and good practice programming as assessed through a peer review process.

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

Meeting the standards

All Alliance LOs are required to meet 9 principles containing 38 accreditation standards. The standards cover three areas:

- governance and sustainability
- organisational management
- HIV programming.

In order to become an accredited member of the Alliance, an LO must meet all 38 standards. In addition, there are 7 programme-related HIV and health technical areas containing a further 28 standards. LOs are required to select two technical areas and meet all the standards each contain.

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 LO is not required to have every relevant resource in order to meet criteria).

At a glance: Accreditation principles

A Governance and sustainability

Principle 1	Our organisation is well governed	Standards 1–5
Principle 2	Our organisation and our programming are strategic and relevant	Standards 6–10
Principle 3	Our organisation takes steps to ensure financial sustainability in support of its programmes	Standards 11–12

B Organisational management

Principle 4	Our organisation manages its finances effectively and efficiently in the planning and implementation of its work	Standards 13–17
Principle 5	Our organisation recruits skilled staff and has good employment and working conditions	Standards 18–23
Principle 6	Our organisation has effective communications and information technology systems	Standards 24–25

C HIV programming

Principle 7	Our organisation has a functional and effective monitoring and evaluation system	Standards 26–29
Principle 8	Our organisation promotes learning and knowledge sharing	Standard 30
Principle 9	Our programmes are evidence based, promote human rights and prioritise the needs of communities most affected by HIV	Standards 31–38
	HIV technical area A HIV and human rights	Standards A1-A4
	HIV technical area B HIV prevention	Standards B1–B3
	HIV technical area C Integration of HIV and sexual and reproductive health and rights	Standards C1–C5
	HIV technical area D TB and HIV	Standards D1–D3
	HIV technical area E Family-centred HIV programming for children	Standards E1–E3
	HIV technical area F HIV and drug use	Standards F1–F4
	HIV technical area G HIV treatment, care and support	Standards G1–G6



The accreditation process

A **non-accredited Linking Organisation** is an organisation that has not yet been accredited. If after two years since receiving the self-assessment tool the organisation has not achieved accreditation, the Linking Organisation will be reviewed.

Stage 1: Self-assessment

The first stage of the accreditation process is self-assessment. The LO assesses how well it meets the standards by using the accreditation self-assessment tool and guidelines and providing documentary evidence.

At this stage the LO also proposes two HIV technical areas based on their programming profile (see page 11 for all seven HIV technical areas). These technical areas are agreed in consultation with the LO, regional teams, the Best Practice Unit and the accreditation team, with final approval given by the accreditation committee.

Stage 2: Desk review

A team in the Alliance secretariat then reviews the self-assessment. Where standards are not yet met, an action plan is prepared by secretariat staff in conjunction with the LO to assist the LO to reach these standards. This stage should take between one and six months depending on the capacity development work outlined in the action plan.

Once the LO is confident it meets all standards, a field review visit is arranged.

Stage 3: Review visit

The Alliance accreditation system is peer led. The field review team consists of three members: two senior representatives from LOs (usually a board member and a senior staff member) and one senior staff member from the Alliance secretariat. The team members are chosen for their complementary skills and expertise in the three main areas covered by the accreditation standards: governance and sustainability, organisational management and HIV programming.

The varied and balanced experience of the field review team ensures that a constructive dialogue will occur when the team visits an LO. A relevant and deliverable further actions and recommendations is given to the LO.

The field review team conducts its review by gathering information from meetings and interviews with LO staff and external stakeholders. The team also requests documentation providing evidence that standards have been met.

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

Stage 4: Follow-up action

The Alliance secretariat supports the LO to develop any final areas requiring improvement. Once the LO and secretariat are satisfied that these improvements have been achieved, a final report is prepared for submission to the accreditation committee.

Stage 5: Accreditation

The Alliance accreditation committee comprises Alliance secretariat trustees and representatives from LO boards and senior management. The committee is responsible for deciding whether an LO should be accredited, based on the reports from the field review team and secretariat staff. Once a LO adheres to the accreditation principles, the accreditation committee awards the accreditation certificate, which is valid for four years.

Where an LO has not been able to make required improvements over an agreed period of time to meet all standards, the accreditation committee may decide to suspend the LO.

The Accreditation committee reports all of its decisions to the Alliance secretariat board of trustees. An LO may appeal to the board of trustees against a decision of the accreditation committee.

An **accredited Linking Organisation** has demonstrated strong governance and organisational management. Its HIV programming is good practice programming - effective, targeted and human rights-based.

Accredited Alliance LOs are entitled to a wide range of benefits, all designed to keep them up to date with the latest programming, policy and fundraising news. Accredited LOs will be assessed every four years. However, within this time it is the responsibility of the LO to ensure that Alliance principles are adhered to.

For more information on Alliance accreditation, please refer to page 4 of the Alliance Charter and Linking Agreement.

A list of Alliance accredited LOs can be found on the Alliance website at **http://www.aidsalliance.org/search?q=Accreditation**

Full guidance to accreditation principles and standards

A Governance and sustainability

Principle 1: Our organisation is well governed

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

	Criteria	Guidance	Evidence
1.1	**Is there an independent governing body (board of directors or trustees)?**	• Does the board composition reflect the governing documents? • Do board members have sufficient independence in decision-making? • Are senior staff also voting board members?	• Governing documents • Minutes of board meetings
1.2	**Is there a clear, transparent and impartial selection process for board members?**		• Criteria and evidence for recruitment of board members • Letter of invitation to potential candidates
1.3	**Is there relevant representation from women and men on the board?**	• Is there equal representation of women and men? • If not, is there a strategic reason for this (e.g. a transgender-focused organisation)?	• List of board members
1.4	**Does the board have representation from affected communities?**	• Is representation of key populations a requirement? • Is there representation of key populations on the board?	• Governing documents • List of board members
1.5	**Does the board balance a mix of skills and experience with competency in effective decision-making?**	• Does the composition of the board reflect the optimum balance of skills and experience (e.g. health, HIV programming, fundraising, finance, legal, board-level experience)?	• Criteria for recruitment and selection of board members • CVs of board members

Governance and sustainability
Principle 1

Standard 2 Our board operates in a transparent, accountable and compliant way in accordance with its governing documents.

	Criteria	Guidance	Evidence
2.1	**Is the organisation legally registered with the relevant statutory and regulatory authorities?**	• How is the organisation registered?	• Registration documents
2.2	**Are there governing documents stipulating the role of the board and the term of office of board members?**	• Are the objectives of the organisation defined? • Is the role of the board defined? • What is the procedure for electing a board member? • How is the term of office for board members regulated?	• Governing document
2.3	**Does the board have regular and minuted meetings?**	• What is the frequency of board meetings?	• Minutes of board meetings
2.4	**Does the board review and authorise annual financial reports?**	• Does the board review the audited financial reports?	• Minutes of board meetings • Minutes of finance meetings
2.5	**Does the board review and authorise a consolidated annual budget?**	• Is the budget backed up by supporting documentation evidencing adequate incoming resources? • Is it a balanced budget?	• Minutes of board meetings • Annual budget • Supporting documentation for budgets
2.6	**Does the board encourage and enable the engagement of key stakeholders (e.g. people living with HIV, sex workers, people who inject drugs, men who have sex with men, transgender people, government) in the organisation's planning and decision-making?**	• How does the board enable engagement of key stakeholders in organisational planning?	• Letters of invitation to key stakeholders • Minutes of planning meetings

Governance and sustainability
Principle 1

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

	Criteria	Guidance	Evidence
3.1	**Has the board approved a current strategic plan for the organisation?**	• Does the board decide the organisation's strategy and major policies?	• Minutes of board meetings approving strategic plan • Current strategic plan
3.2	**Does the board periodically carry out strategic reviews of all aspects of the organisation's work, and use the results to inform positive change and innovation?**		• Minutes of strategic review meetings
3.3	**Has the board set a clear statement of vision and mission for the organisation?**	• Are vision and mission statements reviewed during strategic planning meetings?	• Vision and mission statements • Minutes of strategic planning meetings

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

	Criteria	Guidance	Evidence
4.1	**Are the nature and limits of any delegated authority within the board recorded clearly and known to all involved (e.g. setting clear terms of reference for committees and advisory panels)?**	• Is there a policy in place for managing potential conflicts of interest? • Do board members benefit from their position beyond what is allowed by law and the interests of the organisation?	• Terms of reference for board committees • Board policy
4.2	**Does the board appoint, support and appraise the executive director?**		• Annual appraisal of executive director
4.3	**Does the board delegate effectively and appropriately to the executive director?**	• Has the board placed a limit of signing authority on the executive director for cash disbursements?	• Board decision regarding delegation of authority

Governance and sustainability
Principle 1

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

	Criteria	Guidance	Evidence
5.1	**Has the organisation identified the major risks to which it is exposed?**	• Is the risk management plan up to date? • Are risks categorised (e.g. strategic, operational, financial, compliance with donor requirements and national law, security)? • Are risks ranked (e.g. high, medium, low)?	• Risk assessment • Risk workshop • Risk management plan
5.2	**Are there plans in place to manage major risks in a proactive way?**	• Are individual risks assigned to senior staff? • Is management of risks included in work plans? • How are major risks being managed? • Does the board review the organisational risks and the risk management plan? • Is risk management discussed at senior management meetings?	• Risk management plan • Work plans • Minutes of board meetings

Principle 2: Our organisation and our programming are strategic and relevant

Standard 6 Our organisation has a strategic plan developed with key stakeholder involvement and linked to the relevant national strategy.

	Criteria	Guidance	Evidence
6.1	**Is there a current strategic plan?**	• Are the strategic objectives intended to guide programmes clearly stated?	• Current strategic plan • Strategic objectives
6.2	**Was the strategic plan developed through a participatory process involving key populations, staff and other key stakeholders?**		• Minutes of strategic planning meetings
6.3	**Does the strategic plan align with national priorities articulated in the national HIV and AIDS strategic document?**		• Strategic plan • National HIV and AIDS strategic document • National HIV and AIDS medium-term plans

Standard 7 Our organisation has a strategic plan that demonstrates a strong commitment to the Alliance's strategy and vision, mission and values.

	Criteria	Guidance	Evidence
7.1	**Does the strategic plan contribute to meeting the Alliance's goals and objectives?**	• Does the current strategic plan align with the Alliance global strategy: *HIV, health and rights: sustaining community action. Strategy 2013–2020?*	• Strategic plan • Global Alliance strategy: *HIV, health and rights: sustaining community action. Strategy 2013–2020*
7.2	**Do the vision, mission and values align with the Alliance's vision, mission and values?**	• What aspects of the organisation's vision, mission and values align with the global Alliance?	• Vision, mission and values • Global Alliance vision, mission and values

Governance and sustainability
Principle 2

	Criteria	Guidance	Evidence
7.3	**Does the strategic plan contain goals and objectives to achieve the organisation's vision and mission?**	• Are there performance indicators linked to the corresponding goals and objectives?	• Strategic plan

Standard 8 Our organisation's strategic plan is operationalised and is regularly reviewed with key stakeholders.

	Criteria	Guidance	Evidence
8.1	**Is the strategic plan translated into a periodic operational plan and are these costed in a realistic way?**	• Is the operational plan costed in line with restricted and unrestricted available resources?	• Operational plan
8.2	**Is the strategic plan used to inform operational planning and programme or project priorities?**	• Are strategic plan documents used during operational planning (e.g. changes in planned activities for the coming year, budgets)?	• Strategic plan documents • Operational planning documents
8.3	**Is the strategic plan monitored and reviewed regularly with key stakeholders?**	• Is the strategic plan revisited every year and compared with progress against performance indicators?	• Minutes of review process • Progress against performance indicators

Governance and sustainability
Principle 2

Standard 9 Our organisation has strategic links to key stakeholders and mechanisms through which to engage with the national response to HIV.

	Criteria	Guidance	Evidence
9.1	**Is there a strategic relationship with key civil society stakeholders involved in the national and regional response to HIV?**	• What civil society actors are key within the country? Where implementing partners are working on a regional basis rather than a national one, look at the regional key players. • What activities does the organisation carry out with each of these civil society stakeholders? • What civil society networks and platforms is the organisation a part of?	• Civil society network emails • Registration of non-governmental organisations working on a regional basis • Minutes of relevant meetings
9.2	**Are there strategic relationships with other key stakeholders involved in the national and regional response to HIV (e.g. government ministries, donors, the private sector, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Country Coordinator)?**	• Who are the key stakeholders within: – government (national or regional depending on the organisational focus) – donor organisations – the private sector? • How does the organisation engage with key stakeholders to develop meaningful relationships? • What are recent successes from these engagements?	• Relevant email exchanges
9.3	**Does the organisation participate directly with, or have an established mechanism to channel contributions to, key institutions and platforms in the national and regional response to HIV (e.g. National AIDS Council, Global Fund Country Coordinating Mechanism)?**	• What are the main national coordinating bodies within the country? • Which civil society representatives are on the National AIDS Council, the Country Coordinating Mechanism and other national coordinating bodies? • What activities has the organisation participated in that have contributed civil society responses to national coordinating bodies?	• Evidence of advocacy campaigns • Legal and financial help for other organisations • Email correspondence

Governance and sustainability
Principle 2

	Criteria	Guidance	Evidence
9.4	**Is the organisation acting as a civil society leader within the national and regional response to HIV?**	• What actions have civil society as a whole (not the organisation) taken over the past year that have contributed to the national response? • What contribution has the organisation has made to these actions?	• Minutes of relevant meetings (including attendance) • Email correspondence as evidence of advocacy campaigns • Appearance in the media, including social media (e.g. Facebook, Twitter)

Standard 10 Our organisation has a clearly defined strategy and operational plan for policy engagement and advocacy, based on the national policy context and the needs of civil society.

	Criteria	Guidance	Evidence
10.1	**Is policy engagement and advocacy work included in the strategic plan?**	• What are the national priorities for policy issues? • How are these policy priorities reflected in the strategic plan?	• Strategic plan
10.2	**Is the strategic plan for policy engagement and advocacy based on the needs of civil society and/or on its expressed agenda?**	• What key challenges are impacting on civil society in the country? • How do these challenges translate into needs for civil society? • Does the strategic plan reflect these needs?	• Strategic plan
10.3	**Is there a written work plan with clear targets for policy engagement and advocacy work, either separate to or part of broader programmes?**	• What are the policy and advocacy activities within the operational work plan? • Do the activities have clear SMART (Specific, Measureable, Achievable, Realistic) targets?	• Operational plan
10.4	**Is there technical and financial capacity to implement the annual work plan for policy engagement and advocacy work?**	• Has the operational plan been costed? • Which staff members are engaged in implementing policy and advocacy activities? • Are staff involved in advocacy activities appropriately qualified, with relevant work experience?	• Operational plan • Job descriptions

Governance and sustainability
Principle 2

	Criteria	Guidance	Evidence
10.5	**Is the strategic plan for policy engagement and advocacy coordinated with and communicated to national and regional implementing partners?**	• Who has the strategic plan been shared with? • Does this relate to key national and regional players?	• Relevant correspondence with national and regional players

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

Standard 11 Our organisation has a resource mobilisation strategy and guidelines in place.

	Criteria	Guidance	Evidence
11.1	**Has a resource mobilisation strategy been developed to cover short-term funding gaps and long-term strategic goals?**	• Is the resource mobilisation strategy realistic and deliverable? • What activities are taking place to deliver it? • Does the strategy include a plan that is costed and has objectives, financial targets and indicators of success? • Is the plan being monitored? • Are there reports against financial targets?	• Resource mobilisation strategy • Resource mobilisation plan • Minutes of resource mobilisation, senior management team and board meetings • Reports against financial targets
11.2	**Is resource mobilisation included in the strategic plan?**		• Strategic plan • Minutes of relevant meetings

Governance and sustainability
Principle 3

	Criteria	Guidance	Evidence
11.3	**Is there a resource mobilisation focal point?**	• Does the resource mobilisation focal point have a clear remit, including searching for new funding sources, building relationships with donors, gathering intelligence and preparing proposals?	• Job descriptions
11.4	**Is there a policy or guidelines on cost recovery that is being applied to funding proposals?**	• Are full overheads and staff costs covered wherever possible? • Are indirect costs (proportion of bills, rent, support staff salaries, etc.) charged directly if overheads are missing? • Is the basis for calculating indirect costs reasonable? • Has a realistic plan been developed for funding the shortfall if the donor will not pay (the plan should include clear identification of the shortfall amount and potential funding sources)? • Is the cost recovery policy reasonable?	• Proposal budgets • Plan for funding the shortfall • Alliance cost recovery guidelines
11.5	**Is there an operationalised policy on accepting donations from private sources?**	• Does funding from private sources comply with policy? • When will funding not be accepted from the private sector? • Is there a clear process set out for making this decision, and how is this being implemented?	• Funding policy • Case studies

Governance and sustainability
Principle 3

Standard 12 Our organisation has a coherent plan for ensuring long-term sustainability.

	Criteria	Guidance	Evidence
12.1	**Are there positive relationships with current and potential donors?**	• Are there relationships with key donors in the country and region? • For on-going projects, is there evidence of good contract or grant management (e.g. reports submitted on time, variances in budget or activity plans explained, budget requests submitted on time)? • Where possible, has the organisation interviewed one or two donors as part of the external stakeholder interviews?	• Relevant letters or email correspondence
12.2	**Is the organisation taking adequate steps to diversify its sources of funding?**	• Does the consolidated budget reflect appropriate funding diversity? • What is the percentage share of funding from each donor? • How are short- to medium-term funding gaps identified? • Is there an analysis of core costs against projected income? • How are new sources of funding being developed? • What plans are in place to mitigate the impact of contracts ending or a funding gap?	• Consolidated budget with all income sources • Minutes of relevant meetings

Governance and sustainability
Principle 3

	Criteria	Guidance	Evidence
12.3	**Is there a reliable source of unrestricted funding, either from a donor or another source (e.g. revenue from service delivery)?**	• Is there sufficient unrestricted or flexible funding to sustain the organisation (e.g. to pay salaries and fixed costs)? • Interview ED and Head of Finance	• Accounts and budgets • Reports detailing sources of unrestricted funding
12.4	**Is there a plan to build adequate unrestricted reserves?**	• Is the level of unrestricted reserves presented to and discussed by the board? • What is the level of current organisational reserves?	• Reserves policy • Minutes of board meetings • Latest set of audited accounts • Current balance sheet

B Organisational management

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

Standard 13 Our organisation has financial policies and procedures for effective management of resources, including cash and fixed assets.

	Criteria	Guidance	Evidence
13.1	**Are there written financial policies and procedures, with clear delegation of authority for approvals?**	• Are there set limits for delegation of authority for approvals? • What authorisation levels are set out in the internal control procedure?	• Financial manual • Payment procedure • Procurement procedure
13.2	**Do these financial policies safeguard cash and assets, and include an anti-fraud policy?**	• How is the financial policy communicated to staff? • Are staff aware of the policy?	• Anti-fraud policy
13.3	**Is there a fixed asset register, and does the organisation carry out annual fixed asset physical verification?**		• Fixed asset register • Authorised reports of periodic physical verification
13.4	**Are bank reconciliations (between the bank statement and general ledger) conducted for each bank account every month, and authorised by a senior manager?**	• Are there any unusual or outstanding items on the reconciliation? • Are bank reconciliations reviewed and signed by senior staff?	• Recent bank reconciliations
13.5	**Are at least two signatures required on all payments and agreements?**		• Bank payments (cheque and or bank transfer) with two authorised signatures

Organisational management
Principle 4

	Criteria	Guidance	Evidence
13.6	**Is there a documented system for tracking staff travel and other advances that ensures all staff submit expense claims and return unspent advances on a reasonable timescale?**	• Are outstanding advances at a reasonable level? • Have old advances been dealt with adequately?	• Written procedure and system for cash advances • Sample of advances given to staff • General ledger for staff advances

Standard 14 Our organisation has good financial management and reporting systems.

	Criteria	Guidance	Evidence
14.1	**Is there an annual budget that covers all activities?**	• Are the annual budget and operational plan up to date?	• Annual budget • Operational plan
14.2	**Are accounts maintained using a computerised accounting package?**	• Are accounts fully consolidated on a regular basis?	• Computerised accounting package used for maintaining accounts
14.3	**Are all transactions tracked according to the approved budget with original supporting documents?**	• Is the budget incorporated into the accounting package? • Are transactions tracked on a regular basis? (Check that a sample of transactions is supported with original documents.) • If not, what procedures exist for monitoring expenditure against budget? Are budget and expenditure reports reviewed and discussed by senior staff?	• Accounting package • Minutes of senior management team meetings • Budget and expenditure reports • Transactions with original documents
14.4	**Are regular financial reports prepared, including donor reports?**	• What statutory and donor reports need to be sent? • Are these sent regularly?	• Copies of reports submitted to relevant authorities and donors

Organisational management
Principle 4

Standard 15 Our organisation complies with all relevant financial statutory obligations.

	Criteria	Guidance	Evidence
15.1	**Are required annual returns and tax payments submitted to government authorities on time?**	• Is the organisation registered with the relevant tax and other financial regulatory authorities? • If the organisation is exempt from local tax, is documentary evidence of this available?	• Registration documents as required by local law • Local legal requirements of the organisation • Annual tax returns
15.2	**Does the organisation comply with donor policies and procedures as required by donor agreements?**	• What training have staff received on donor rules and regulations?	• Donor agreements (e.g. procurement policies, timesheets, reporting, grant audit, grant agreements with partner organisations) • Grant audits • Management letters • Staff training resources
15.3	**Is an annual external audit conducted every financial year or are the annual accounts certified by a qualified accountant?**	• Are audits submitted to statutory bodies where necessary? • Are accounts up to date? • Have auditors issued an unqualified opinion? • Are management responses to the management letter satisfactory?	• Annual audit • Latest organisational accounts • Auditors' latest management letter

Organisational management
Principle 4

Standard 16 Our organisation buys goods and services in a fair and transparent way.

	Criteria	Guidance	Evidence
16.1	**Is there a procurement policy and system, including a conflict of interest policy?**	• Does the procurement policy meet relevant donor requirements? • Does the conflict of interest policy cover procurements adequately?	• Procurement policy • Conflict of interest policy covering procurements
16.2	**Are there contracting procedures for procurement of goods, services and consultants?**		• Written procedure for contracting with consultants, services or agencies

Standard 17 Our organisation has a comprehensive and consistent process for the selection, capacity-building, monitoring and accountability of grantees.

	Criteria	Guidance	Evidence
17.1	**Is there a documented onward granting policy or procedures manual?**		• Onward granting manual
17.2	**Is there a documented process for open and fair selection of grantees?**	• How are grantees selected? What are the criteria? • Is the selection process transparent? • Who selects and awards grants? • Does the conflict of interest policy in use prevent any conflict of interest between the organisation (including staff and board members) and the grantee?	• Grantee selection criteria • Conflict of interest policy
17.3	**Are technical, managerial and financial capacity assessments of the grantee conducted prior to awarding grants?**	• What plans are in place for addressing any gaps once a grantee is selected?	• Capacity assessments of grantees • Assessment tools and capacity-building plans

Organisational management
Principle 4

	Criteria	Guidance	Evidence
17.4	**Is a formal grant agreement signed with each grantee, including a detailed work plan and budget?**	• Does the grant agreement template include: – clearly defined roles and responsibilities of the parties – relevant donor rules and regulations (e.g. USAID, European Union) – reference to conflict of interest and anti-fraud policies – requirements for audit and access to documentation – clear provision for amendment, termination, suspension, close out and return of unused funds – a clause on resolution of disputes – work plans and budgets?	• Grant agreement template
17.5	**Is there a formal process for monitoring (including on-site visits) of grantees?**	• Are reports formally checked and reviewed? • Are standard financial and programmatic reporting templates used? • Are grantees visited regularly, depending on their needs? • How are issues at grantee level dealt with (e.g. low spend, poor programming, poor delivery, fraud and financial irregularity)?	• Sample of grantee reports • Trip reports • Capacity-building plans

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

Standard 18 Our organisation has policies, procedures and job descriptions to ensure human resources structure supports the strategy.

	Criteria	Guidance	Evidence
18.1	**Are human resources policies and procedures documented, implemented and accessible to employees?**	• Are policies and procedures that relate to staff employment set out in writing, monitored and reviewed? • Are staff familiar with these (e.g. human resources and staff manuals)?	• Human resources and staff manuals
18.2	**Are there secure human resources record systems with separate files for each employee, ensuring that local statutory requirements are followed regarding employee data?**	• How are these human resources systems maintained (paper and electronic)? • Are separate files maintained for each employee containing all significant employment documentation (e.g. contracts, amendments, CVs, references, job descriptions)? • How is the confidentiality of these documents maintained?	• Human resources record systems
18.3	**Do job descriptions clearly define current roles, person specifications, line management relations, job objectives and duties, and does the organogram reflect actual organisational structures?**	• Do job descriptions clearly define the actual requirements for each position? • Who prepares the job descriptions? • Do the job descriptions capture line management, reporting relations, objectives and duties? • Is there a person specification for each one?	• Job descriptions • Person specifications
18.4	**Is there an organogram that reflects the actual organisational structure?**	• Can job descriptions and employees be related to the organogram?	• Organogram • Job descriptions

Organisational management
Principle 5

	Criteria	Guidance	Evidence
18.5	**Do management systems (e.g. staff, team and one-to-one meetings) ensure effective information flow?**	• How does the internal communication system work? • How often do staff, team and one-to-one meetings take place? • Is there an intranet? If so, how is it used for communication?	• Minutes of staff and team meetings
18.6	**Do grievance and complaints policies and procedures exist, and are staff aware of them?**	• If discipline and grievance policies are not already enshrined in law, have these procedures been documented?	• Discipline and grievance procedures
18.7	**Are there processes in place to retain knowledge when staff leave, and induct new staff into the organisation?**	• What processes are in place to ensure that knowledge is retained when individuals leave the organisation? • What documents outline the process when staff enter or leave the organisation?	• Handover notes • Exit interviews • Induction process documents • Leave policy documents

Standard 19 Recruitment and selection policies and practices are transparent, consistent and ensure that skilled staff are employed to achieve organisational objectives.

	Criteria	Guidance	Evidence
19.1	**Is there a transparent, non-discriminatory and equal opportunities recruitment system that includes internal and external advertising?**	• What is the process for creating a new position? • Is it advertised and circulated? Are internal candidates encouraged to apply? • What policies and processes are adopted for internal recruitment? Are affected communities encouraged to apply?	• Internal recruitment policy • Job advertisements • Recruitment procedures

Organisational management
Principle 5

	Criteria	Guidance	Evidence
19.2	**Are a candidate's experience and skills assessed at a level that is appropriate to the job?**	• What is the recruitment procedure?	• Recruitment process documentation (e.g. interview questionnaires, candidate responses, test results, score sheets, reference checks, feedback)
19.3	**Are decisions to recruit made solely on the basis of personal skills, abilities and individual merit, and are recruitment records sufficiently detailed to justify selection decisions?**		• Interview panel notes • Final recommendations with score sheets • Process documentation
19.4	**Is there an induction or orientation programme for all new staff?**	• Is the induction briefing tailored to each role?	• Induction programme • Staff interviews
19.5	**Have employment, recruitment and retention policies been established that support an enabling workplace environment where people living with HIV are supported and protected from discrimination?**	• Does the workplace policy ensure confidentiality and privacy? Were people living with HIV specifically encouraged to apply?	• HIV in the workplace policy • Internal human resources policy on recruitment and retention • GIPA principles • Job advertisements

Organisational management
Principle 5

Standard 20 Our organisation's compensation and benefits package is aimed at attracting and retaining skilled, motivated and experienced staff.

	Criteria	Guidance	Evidence
20.1	**Are staff salaries defined using valid external benchmarking data alongside an internal salary structure, where jobs at a similar level fall within the same pay level or band?**	• How was the salary structure developed? • Was a market survey done while finalising this? • If not, how are staff salaries defined?	• Salary structure • Documentary evidence of the salary structure process
20.2	**Are salaries paid and deductions made in accordance with local legislation, and do benefits meet the minimum standards set by local legislation (e.g. all types of paid leave, medical benefits, other statutory payments)?**	• Are tax, social security and other relevant deductions from or contributions to salaries in accordance with local law, and deposited with the authorities on or before stipulated dates? • What local legislation requirements (e.g. regarding leave, medical benefits and other statutory payments) should the organisation follow, and are requirements included in the human resources manual?	• Receipts of relevant deductions deposited with local authorities • Human resources manual

Standard 21 Our organisation has a performance appraisal system for managing and evaluating staff performance, and provides training and development opportunities.

	Criteria	Guidance	Evidence
21.1	**Does a performance appraisal system exist and is it implemented regularly?**	• Are performance appraisals conducted annually?	• Performance appraisal system
21.2	**Do all staff have the opportunity to improve their technical skills through relevant training or continuing professional development?**	• Does staff training develop skills in relevant areas? • Is there a training budget for this? Are creative ways used to help staff develop without cost or at low cost?	• Policies for staff training

Organisational management
Principle 5

Standard 22 The working standards and conditions of our organisation are conducive to satisfactory staff performance and staff wellbeing.

	Criteria	Guidance	Evidence
22.1	**Are staff working conditions outlined and adhered to (including, but not limited to, working hours, overtime, and physical working conditions)?**	• Do work plans require more hours than are set out in individual contracts?	• Operational plans • Individual contracts
22.2	**Are all types of leave made known and provided to all staff, as appropriate?**	• 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?	• Human resources manual • Staff leave records
22.3	**Are travel insurance and medical support available for staff?**		• Travel insurance and Medical policies

Standard 23 Our organisation has security management systems in place to safeguard people and property.

	Criteria	Guidance	Evidence
23.1	**Is there a full-time security officer or member of staff responsible for security?**		• Job descriptions
23.2	**Have effective measures been taken to protect staff and others on the premises and when travelling?**	• Do visitors and new staff receive a security induction on arrival? • Is there a fire exit and firefighting equipment on the premises? • Is there first aid equipment in offices and vehicles? • Do *all* vehicles have seatbelts (front and back)?	• Security manual • Security and safety procedures for staff travelling to implementing partners • Firefighting equipment

Organisational management
Principle 5

	Criteria	Guidance	Evidence
23.3	**Have effective measures been taken to protect the organisation's assets (e.g. office premises, vehicles, computers)?**	• Is the office guarded at night? • Does the office have lockable or grated windows and doors? • Are vehicles secured when not in use? Are all (office and vehicle) keys stored centrally and securely? • Does the office have a secure safe?	• Office secure safe

Principle 6: Our organisation has effective communications and information technology systems

Standard 24 Our organisation communicates its values and the impact of its work.

	Criteria	Guidance	Evidence
24.1	**Is there a dedicated communications plan or are communications referred to in the strategic plan (including a mapping of key stakeholders or audiences and an outline of key messages)?**		• Communications plan • Strategic plan
24.2	**Does the plan clearly articulate the purpose of the communications activity (to support advocacy and resource mobilisation)?**	• What is the communications plan's stated purpose?	• Communications plan • Strategic plan
24.3	**Are the mission, vision, values and key messages clearly and consistently communicated externally?**		• Communications materials (e.g. publications, press releases, brochures, annual reports, texts of speeches)

Organisational management
Principle 6

	Criteria	Guidance	Evidence
24.4	**Are communications guidelines in place to safeguard the reputations of the organisation and the Alliance?**	• Do communications guidelines cover areas such as agreed spokespersons, consent for use of photographs and quotes, and confidentiality?	• Communications guidelines
24.5	**Is the Alliance partnership brand (visual identity and positioning statements) used consistently and correctly?**	• Are staff aware of Alliance guidelines for using the Alliance partnership icon, stationery, publications, and online and key messages?	• Stationery • Publications • Key messages • Staff interviews

Standard 25 Information technology procedures are in place and communicated to staff.

	Criteria	Guidance	Evidence
25.1	**Is computer data shared appropriately?**	• Is all data stored in one location? • Is access to confidential data restricted by passwords or security permissions? Do senior staff know who can access confidential data stored on computers?	
25.2	**Can the organisation protect, back up and retrieve data?**	• Is shared and confidential data backed up daily to a tape or external hard drive? • When not in use, are back-up tapes stored in a secure location outside of the office? • Has the ability to recover documents from a back-up tape been tested, and are back-ups checked regularly (e.g. weekly)?	• External hard drive • Back-up tapes

Organisational management
Principle 6

	Criteria	Guidance	Evidence
25.3	**Are there clearly defined roles and responsibilities for the day-to-day running of information technology (IT) services?**	• Is one staff member responsible for IT policies and procedures, and do they have sufficient authority to ensure compliance? (If IT support is outsourced, a staff member should still be responsible for IT and managing external support.)	• Job descriptions
25.4	**Is there legal compliance regarding software licensing?**	• Is a staff member responsible for ensuring all software is appropriately licensed? • Is there a job description covering these responsibilities?	• Software licenses • Job descriptions

C HIV programming

Principle 7: Our organisation has a functional and effective monitoring and evaluation system

Standard 26 Our organisation has a monitoring and evaluation plan with clearly defined indicators linked to objectives, and the plan is adequately budgeted for.

	Criteria	Guidance	Evidence
26.1	**Is there a monitoring and evaluation (M&E) plan, with indicators linked to the strategic plan or programme objectives?**		• M&E plan • M&E framework • Strategic plan
26.2	**Are the indicators in the M&E plan linked to the national strategic plan indicators?**	• How do the indicators in the M&E plan link to the overarching indicators for the national strategy?	• Strategic plan • Programme plan • Project M&E plan
26.3	**Are the planned M&E activities adequately budgeted for?**	• What proportion of the organisational, programme or project budget is allocated for M&E? (As a guide, it should be about 5%.)	• Organisational, programme or project budgets • M&E job descriptions
26.4	**Is there a focal person with relevant skills responsible for M&E?**	• Is there a designated person with overall responsibility for developing M&E systems and coordinating those activities within the organisation? (Their salary, or part of their salary, should be taken into account for 21.3.) • Are there clearly defined and documented roles and responsibilities for M&E?	• Job descriptions (preferably there should be an M&E officer or advisor) • Document that outlines roles and responsibilities of programme staff and the M&E officer

HIV programming
Principle 7

Standard 27 A monitoring and evaluation system able to capture relevant, reliable, accurate and complete data is available, with appropriate quality control measures taken at all levels.

	Criteria	Guidance	Evidence
27.1	**Are reports submitted from implementing partners to higher levels using standard and agreed formats, at pre-determined frequencies and to known deadlines?**	• Are reports submitted on time and in the correct format?	• Report formats used by implementing partners to report upwards • Schedule of when documents are due versus when submitted
27.2	**Is there a system (manual or computerised) to capture and manage programmatic data at organisational level, with proper filing of reports maintained?**	• Can the system used to capture programmatic data identify whether the indicators and targets are being met? • If using the Alliance Monitoring and Reporting System, is the data up to date, with data from the last quarter already captured? • Is there a systematic filing system? • Are data captured and recorded when and where any activity is implemented?	• Alliance Monitoring and Reporting System or equivalent • Filing system • Data collection tools that have been shared with implementing partners
27.3	**Is data quality control performed at all levels, including field visits to implementing partners?**	• How are reports from implementing partners verified before final figures are used to report to donors or inform future plans? • What systems are in place for data quality control? • Are there any tools employed for data quality control?	• Tools for data quality control

HIV programming
Principle 7

Standard 28 Programmatic data is analysed and used for planning and decision-making, and shared with external stakeholders, including donors.

	Criteria	Guidance	Evidence
28.1	**Are all regularly received reports and data analysed?**	• How is data analysed (e.g. by comparing plans and achievements, or across regions or implementing partners)? • Who is the analysed data shared with?	• Reports that illustrate analysed data
28.2	**Are implementing partners given feedback on their reports and performance at defined intervals?**	• How is feedback provided to implementing partners? • Is there a systematic way of doing this? • How are implementing partners encouraged to reflect on, discuss and learn from their reports?	• Feedback provided to implementing partners
28.3	**Is the information from M&E systems provided to programme managers or officers for planning and other programme decision-making purposes?**	• Is data analysed in an accurate, logical, consistent, regular and transparent manner? • How has monitoring data been used to inform and improve ongoing programmes?	• Minutes of relevant meetings • Annual data reports • Documentation of reports of data analysis relevant to specific programmes
28.4	**Are reports to donors produced according to donor requirements, and submitted to agreed deadlines?**	• What are the donor requirements, and have reports been submitted according to these? • Are the programmes and M&E teams aware of donor requirements?	• Previous donor reports • Donor requirements (e.g. M&E plan indicators, reporting requirements from the contract, reporting schedules)
28.5	**Is information shared with other external stakeholders, including national AIDS coordinating bodies?**	• What are the reporting requirements of national AIDS coordinating bodies, and have reports been submitted according to these? • Are the programmes and M&E teams aware of national AIDS coordinating bodies?	• Previous reports to national AIDS coordinating bodies • Reporting requirements of national AIDS coordinating bodies

HIV programming
Principle 7

Standard 29 Our organisation has undertaken (or has plans to undertake) at least one evaluation or review during the lifecycle of its strategic plan.

	Criteria	Guidance	Evidence
29.1	**Do plans exist to conduct qualitative and quantitative evaluations or reviews during the lifecycle of the strategic plan?**	• Are there written plans to evaluate programmes and projects? • What is the most recent evaluation report the organisation has produced?	• M&E plan • Evaluation reports on programmes and projects
29.2	**Have mechanisms been established to take forward findings and recommendations from evaluations and reviews?**	• What are these mechanisms?	• Minutes of senior management team meetings summarising evaluation recommendations • Evaluation findings used during review and re-planning
29.3	**Are evaluation and research results disseminated to stakeholders, including to research and evaluation participants?**	• What are these mechanisms?	• Minutes of stakeholder meetings • Communication plans for research and evaluation of projects

Principle 8: Our organisation promotes learning and knowledge sharing

Standard 30 Our organisation learns and shares its learning in accessible and effective ways.

	Criteria	Guidance	Evidence
30.1	**Does the organisation state in its strategy that it will learn and share its learning?**	• Is there a dedicated knowledge-sharing strategy or policy? • Are knowledge sharing and learning referred to in the strategic plan?	• Strategic plan • Knowledge-sharing strategy or policy
30.2	**Are there clearly defined roles and responsibilities for learning, documentation and knowledge sharing?**	• Are there staff with knowledge sharing and management, and documentation in their job descriptions? • What role do different teams have in knowledge sharing?	• Job descriptions • Organogram • Document outlining the roles and responsibilities of staff
30.3	**Is there a system for generating and documenting learning from the organisation's programmes?**	• What mechanisms, systems and processes are in place to identify lessons learnt? • Is there a willingness to look at failures and challenges openly, identify lessons learnt, and act on them without blame? • Is there systematic documentation of lessons learnt, case studies and good practices? • Do beneficiaries and implementing partners participate in review and learning sessions? • Is there a systematic and accessible way of storing information and learning?	• Documentation of lessons learnt • Case studies • Best practice documentation • Minutes of review and learning sessions • Accessible database • Shared filing system • Resource centre

HIV programming
Principle 8

	Criteria	Guidance	Evidence
30.4	**Is there a system for sharing and using learning internally and externally?**	• Does the organisation share challenges and lessons learnt, as well as successes? • 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: – within programmes – between teams (including for use in policy and strategic planning) – with other organisations – within the Alliance? • How do staff keep up to date with the latest research, learning and evidence from across the world? • How has learning been used to improve practice and processes?	• Evaluations • Relevant research • Inspire • Communities of practice • Horizontal learning exchanges

Principle 9: Our programmes are evidence based, promote human rights and prioritise the needs of communities most affected by HIV

Standard 31 Our organisation is committed to a human rights-based approach.



For further guidance on a rights-based approach, see International HIV/AIDS Alliance (2014), *Good Practice Guide: HIV and human rights*. Available at: **http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-andhuman-rights**

	Criteria	Guidance	Evidence
31.1	**Do documents such as strategic and work plans and annual reports articulate a human rights-based approach to HIV?**	• Review strategic and operational plans, work plans and the annual report.	• Strategic plan • Operational plan • Annual report
31.2	**Has an organisational assessment been undertaken to measure the capacity of staff and board members to use a human rights-based approach to HIV programming?**	• Review organisational assessment documents and talk to staff and board members.	• Organisational assessment reports • Interviews with staff and board members
31.3	**Have staff and board members been trained on a human rights-based approach to HIV programming?**	• Review capacity-building plans and reports, and 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.	• Capacity-building plans and reports • Interviews with staff and board members
31.4	**Have systems been created to monitor and evaluate the results of human rights-based programmes?**	• Review M&E systems and check for indicators for stakeholders' increased capacity to claim their rights and participate in national HIV programmes. • For further guidance on human rights indicators, see *Measuring Up*	• M&E system • Interviews with M&E staff and programme managers

HIV programming
Principle 9

	Criteria	Guidance	Evidence
31.5	**Do the programmes contribute to the realisation of human rights? Are programme results documented to reflect their impact on the realisation of human rights?**	• Review programme documentation.	• Programme documentation • Logframes • Theories of change • M&E system
31.6	**Are there policies and processes in place to address stigma and discrimination related to HIV and key populations?**	• Review the strategic plan and human resources policies, and speak to managers and staff to assess the level of importance they attribute to these and their level of understanding of them. • Does an equal opportunities policy exist? • Does it refer to equal opportunities in relation to HIV, drug use, sex work, gender, sexuality and age? • Does a code of conduct exist? Are staff aware of it and have they signed it?	• Strategic plan • Human resources policies • Code of conduct • Interviews with managers and staff
31.7	**Is stigma reduction an identifiable feature of the organisation's programmes?**	• Review the strategic plan and programme documentation. Ask programme staff to identify anti-stigma programmes.	• Strategic plan • Programme documentation • Logframes • M&E system
31.8	**Do the organisation's programmes promote and contribute to the realisation of sexual and reproductive rights of those most affected by HIV, and sexual and reproductive health issues?**	• Ask programme staff to identify relevant programmes and interventions, and related challenges. For further information on sexual and reproductive health and rights[1] (SRHR), see International HIV/AIDS Alliance (2007), *Good Practice Guide: Integration of HIV and sexual and reproductive health and rights*. Available at: **www.aidsalliance.org/publicationsdetails.aspx?id=507**	• Programme documentation • Logframes • M&E system • Programme staff interviews

1. Sexual and reproductive rights include being able to make decisions about who we have sexual relationships with; enjoy pleasurable sexual relationships free of coercion and violence; choose whether and when to marry and have children; protect ourselves from sexually transmitted infections (STIs) and HIV; and access non-stigmatising appropriate healthcare and information. These rights apply irrespective of age, gender identity, sexual orientation, marital status or HIV status.

HIV programming
Principle 9

Standard 32 Our organisation is committed to the effective implementation of the Greater Involvement of People Living with HIV (GIPA) principles.



For further guidance on GIPA principles, see the GIPA Tree of Involvement. Available at: **http://www.gnpplus.net/resources/gipa-tree-involvement/**

See also International HIV/AIDS Alliance (2010), *Good Practice Guide: Greater involvement of people living with HIV (GIPA)*. Available at: **http://www.aidsalliance.org/resources/283-good-practice-guide-greaterinvolvement-of-people-living-with-hiv**

	Criteria	Guidance	Evidence
32.1	**Is the organisation committed to ensuring that people living with HIV are meaningfully involved in all aspects of the HIV response, at all levels of the organisation?**	• Review GIPA-related documents and check that they acknowledge the specific needs, expertise and experiences of people living with HIV as a diverse group.	• Organisational policy statements • Vision and mission statements
32.2	**Have employment, recruitment and retention policies been established that support an enabling workplace environment in which people living with HIV are supported and protected from discrimination?**	• Review workplace policies, such as HIV in the workplace and check if it ensures confidentiality and privacy. • Review internal human resources policies on recruitment and retention, and assess how the GIPA principle is embedded in them. • Ask to see recent job advertisements and verify whether people living with HIV were specifically encouraged to apply.	• Workplace policies (e.g. HIV in the workplace) • Human resources policies • Job advertisements
32.3	**Are GIPA principles integrated into strategic and work plans?**	• Review strategic plans, competency framework for appraisals and work plans.	• Strategic and work plans • Appraisal framework

HIV programming
Principle 9

	Criteria	Guidance	Evidence
32.4	**Has the capacity of people living with HIV in the organisation's context been assessed and documented (e.g. national and local community structures)? Is there a strategy on meaningfully involving appropriately qualified and experienced people living with HIV in governance and decision-making structures based on the results of this capacity assessment?**	• Review capacity assessments, capacity building plans, strategy documents, advisory structures (e.g. community advisory committee) and the structure of the organisation's board.	• Capacity assessments • Capacity-building plans • Organisational strategy • Operational plan • Documentation of advisory board structures
32.5	**Are people living with HIV involved in planning, implementing and evaluating programmes?**	• Review programme documentation. • Speak to representatives of people living with HIV and establish whether advisory structures or other mechanisms exist that include them in planning, implementing and evaluating programmes in a systematic manner.	• Programme documentation • Work plans • Logframes • M&E plans • Programme reports • Interviews with representatives of people living with HIV • Documentation of advisory structures and other involvement mechanisms (e.g. minutes of meetings)

HIV programming
Principle 9

Standard 33 Our organisation promotes the human rights of women, men, other gender identities and those of all sexual orientations by transforming gender relations and reducing inequality.



For further guidance on gender and gender transformative programming, see International HIV/AIDS Alliance (2011), *Good Practice Guide: Integration of HIV and sexual and reproductive health and rights*. Available at: **http://www.aidsalliance.org/resources/287-good-practice-guide-hiv-and-sexual-and-reproductive-health**

	Criteria	Guidance	Evidence
33.1	**Is there gender equity within organisational decision-making forums that creates an enabling environment for women, men, other gender identities and those of all sexual orientations to play an effective role?**	• Review the gender and diversity policy. • Request staff statistics on women, men, other gender identities and those of all sexual orientations who are heads of team in middle and senior management. • Review decision-making processes and organisational structures for gender balance. • Talk to a cross section of staff to assess their level of understanding of gender-related issues.	• Gender and diversity policy • Staff statistics • Organogram • Staff interviews
33.2	**Are there workplace policies and procedures in place to respond to complaints about sexual harassment?**	• Review the human resources manual to ensure there is a clear process for staff to follow regarding sexual harassment. • Ask a cross section of staff if they feel the environment within the organisation encourages staff to use policies and procedures to respond to their needs.	• Human resources manual • Staff interviews
33.3	**Does the organisation incorporate a gender analysis into its HIV programming and M&E system?**	• Review the gender and sexuality assessments that inform HIV programming and the M&E system.	• Gender and sexuality assessments • M&E system

HIV programming
Principle 9

	Criteria	Guidance	Evidence
33.4	**Do the strategy and work plans reflect the results of this analysis?**	• Review the strategy and work plans to see if they reflect the priorities identified by the gender assessments. • Does the organisation report against indicators disaggregated by gender and sexual orientation?	• Strategic documents • Work plans • M&E reports
33.5	**Are programmes implemented that address harmful gender norms and practices that make women, men, other gender identities and those of all sexual orientations vulnerable to HIV and sexual and reproductive health problems, or that limit access to services?**	• Review programme documentation to assess whether programme goals, objectives and activities address these practices at individual, community, structural and service levels. • Ask staff about harmful gender norms and practices in their country, and how these impact on HIV risk and vulnerability among different groups (e.g. early marriage, gender-based violence, intimate partner violence, homophobia, transphobia).	• Programme documentation • Staff interviews
33.6	**Is the organisation working to ensure that national laws and policies do not criminalise or stigmatise people because of their gender identity and sexual orientation?**	• Has the organisation done a mapping of existing national laws and policies that either protect or deny protection to women, men, other gender identifies and those of all sexual orientations, and how these are implemented? • Review results from the mapping. • Ask staff to identify how the organisation links its work with advocacy for changes to harmful laws or better implementation of existing laws to increase protection for those who are vulnerable. • Review programme documentation to see how programme interventions address harmful laws.	• Mapping reports • Reports on national laws and policies • Programme documentation

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Principle 9

Standard 34 Our organisation respects and promotes the rights of children and their protection from abuse, exploitation and neglect.



For further guidance, see the Alliance Child Protection Policy on Inspire. Available at: **http://inspire-intranet.aidsalliance.org/interact/pages/content/document.aspx?id=4761**

See also: **http://www.keepingchildrensafe.org.uk**

See also Save the Children (2007), *Getting it right for children: a practitioners' guide to child rights programming*. Available at: **http://www.savethechildren.org.uk/resources/online-library/getting-it-right-children-practitioners%E2%80%99-guide-child-rights-programming**

	Criteria	Guidance	Evidence
34.1	**Is there a documented child protection policy that adheres to local legislation and is shared with staff and programme participants?**	• Review the child protection policy, and ask key staff to describe the policy and its application. • Is the policy displayed in the office? • How is the policy shared with programme participants? • Is there a child-friendly version for sharing with children? • Are staff aware of the child-friendly version of the Alliance Child Protection Policy?	• Child protection policy • Staff interviews
34.2	**Are child protection issues included in recruitment and induction of new staff, including reference to the child protection policy and code of conduct?**	• Review the human resources manual. • Talk to staff to check their knowledge of the child protection policy and code of conduct.	• Human resources manual • Staff interviews

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	Criteria	Guidance	Evidence
34.3	**Is there a designated member of staff who takes overall responsibility for child protection?**	• Review staff structure and job descriptions to ensure that at least one job description lists responsibility for child protection. • Discuss with that staff member their role in promoting child protection and responding to allegations. • Does the child protection policy contain guidance on reporting, and name staff members to approach?	• Organogram • Job descriptions • Staff interviews • Child protection policy
34.4	**Is there a clear code of conduct for staff when working with children, including incident reporting procedures?**	• Talk to staff to see if they know the code of conduct for staff working with children. • Have they signed it?	• Code of conduct for staff working with children • Staff interviews
34.5	**Have staff received training and can they demonstrate an understanding of the need to safeguard children's rights and protection?**	• Review capacity-building and training reports. • What are staff's understanding of the child protection policy? • Ask staff who they would approach if faced with a child protection issue.	• Capacity-building and training reports • Staff interviews
34.6	**Do staff discuss children in a respectful way that does not stigmatise or demean them?**	• Review programme documentation and talk to staff. • Do they avoid stigmatising labels and acronyms; e.g. 'CABA', 'OVC', 'AIDS orphan', 'innocent victim'?	• Programme documentation
34.7	**Does the organisation adhere to the permissions policy on the use of images and data on children?**	• Review evidence of the permissions process for gathering images or data from children. • Does the guidance on children in research include security of data and parental and individual consent?	• Consent forms • Publications

HIV programming
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Standard 35 Our organisation's HIV and health programmes are part of a coordinated local/national network of services and programmes and contribute to the national HIV response.



For further guidance, see International HIV/AIDS Alliance (2007), *The health journey*. Available at: **http://www.aidsalliance.org/resources/326-the-health-journey**

	Criteria	Guidance	Evidence
35.1	**Is programming based on the national HIV and AIDS strategy or programme?**	• Check that the organisation has a copy of the current national HIV strategy or programme. • Review the organisation's strategic objectives against the objectives of the national HIV strategy.	• Current national HIV strategy/programme • Organisational strategy and programming objectives
35.2	**Do programmes contribute to the achievement of national universal access targets?**	• Talk to senior programme staff and ask them to describe national targets, the organisation's targets, and the connection between the two.	• Current national HIV strategy • Organisational programming objectives • Staff interviews
35.3	**Are activities and services coordinated at local, national and regional level with other stakeholders?**	• Identify key stakeholders (government, civil society, communities, private sector) in the national and regional response. • Ask for examples of organisational mapping of stakeholders, and coordination of programmes and activities with these stakeholders. • How has the organisation coordinated its programmes and activities with key stakeholders?	• Reports from mapping assessments and coordinating meetings with stakeholders
35.4	**Are referral systems functional?**	• Review programme planning documents. • What are the main referral pathways and how are these included in programme planning? Can referrals be traced?	• Programme documentation • Agreements with referral points (formal and informal)

HIV programming
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	Criteria	Guidance	Evidence
35.5	**Are there partnerships with other organisations and sectors (including government, private sector, civil society and community-based organisations and networks) to coordinate HIV responses for key populations, including networks of people living with HIV?**	• Review partnership agreements and ask programme staff about their involvement in coordinating mechanisms at different levels. • What links exist with government services?	• Partnership agreements (formal and informal) • Staff interviews

Standard 36 Our organisation is committed to ensuring the participation of those populations intended to benefit from programmes at all stages of the programme cycle.

	Criteria	Guidance	Evidence
36.1	**Are strategies in place to ensure the meaningful participation of key stakeholders, with special emphasis on those populations intended to benefit from programmes?**	• Review strategic plan and programme documentation.	• Strategic plan • Programme documentation
36.2	**Is there a workplace policy that ensures that the confidentiality, privacy and dignity of people living with HIV and other key populations are protected at work?**	• Ask to see the workplace policy. • Talk to staff at different levels about their experiences.	• Workplace policy • Staff interviews

HIV programming
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	Criteria	Guidance	Evidence
36.3	**Do programme objectives reflect the involvement of key populations in planning, implementation and evaluation of all programmes?**	• Ask to see programme objectives and minutes of meetings with stakeholder groups. • Ask how documentation is shared with stakeholder groups. • Ask about mechanisms to systematically involve key populations in programming (e.g. through advisory groups).	• Programme objectives • Minutes of meetings with stakeholder groups • Involvement mechanisms • Interviews with members of stakeholder groups

Standard 37 Our organisation mobilises communities most affected by HIV in order to ensure an effective HIV response.

	Criteria	Guidance	Evidence
37.1	**Has the organisation helped to establish and build the capacity of community-based networks and organisations to respond to HIV?**	• Review programme documentation and capacity-building plans to see whether the organisation is supporting the establishment of and building the capacity of community-based organisations and networks (people living with HIV and other key populations).	• Programme documentation • Capacity-building plans • Memorandums of understanding (MoUs) with organisations representing key populations • Interviews with representatives of key populations and networks of people living with HIV
37.2	**Are community-based organisations and networks provided with financial support to respond to HIV?**	• Review technical support plans and reports, and programme documentation.	• Technical support plans and reports • Programme documentation

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	Criteria	Guidance	Evidence
37.3	**Are key populations empowered to advocate for an enabling environment for an effective HIV response?**	• Review capacity-building and technical support plans and reports to identify advocacy-related capacity-building and technical support to key population representatives, networks and groups. • Review advocacy strategies and plans. • Talk to representatives from key population networks about joint advocacy initiatives.	• Capacity-building plans and reports • Technical support plans and reports • Advocacy strategies and plans • Interviews with key population representatives

Standard 38 Our organisation prioritises communities most affected by HIV and its HIV programmes are tailored to meet their needs.

	Criteria	Guidance	Evidence
38.1	**Are the HIV programmes based on evidence of and tailored to the HIV needs of communities most affected?**	• Review programmes to identify the connection between HIV transmission trends and programming priorities. Identify tailored interventions for specific priority populations. • Can senior staff describe the current trends in HIV transmission among communities most affected in their context?	• Programme documentation • Programme staff interviews

HIV programming
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	Criteria	Guidance	Evidence
38.2	**Are community-based organisations and networks provided with financial support to respond to HIV?**	• Review advocacy strategy and plans. • Talk to staff involved in advocacy and strategy development to assess their level of understanding of the UNAIDS Investment Framework key questions. • Can the organisation respond to the following key questions: – Where will the next 1,000 HIV infections occur (e.g. geographical distribution and population groups)? – What are the key drivers of the national HIV epidemic at individual, community, services and structural levels? See UNAIDS (2012), *Investing for results: results for people*. Available at: **http://www.unaids.org/en/resources/documents/2012/name,72628,en.asp**	• Advocacy strategy and plans • Staff interviews
38.3	**Are there age-specific and appropriate services that take account of the developing capacities of children and adolescents and their right to self-determination?**	• Is there programme documentation of age-differentiated activities, information and programmes?	• Programme documentation

HIV technical area A: HIV and human rights



For further guidance, see International HIV/AIDS Alliance (2014), *Good Practice Guide: HIV and human rights*. Available at: **http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-andhuman-rights**

See also International HIV/AIDS Alliance (2010), *Good Practice Guide: Greater involvement of people living with HIV (GIPA)*. Available at: **http://www.aidsalliance.org/resources/283-good-practice-guide-greaterinvolvement-of-people-living-with-hiv**

Standard A1 Our programmes are based on a human rights assessment.

	Criteria	Guidance	Evidence
A1.1	**Do programme planning documents reflect a human rights analysis, highlighting the human rights issues that have an impact on the implementation of HIV programmes in the organisation's context?**	• Review programme planning documents.	• Programme planning documents
A1.2	**Have 'know your epidemic' – 'know your human rights' and 'know your laws' assessments been undertaken and documented to inform programming?**	• Review 'know your epidemic' – 'know your human rights' and 'know your laws' UNAIDS assessment documentation.	• Assessment documentation
A1.3	**How does programming directly contribute to the realisation of human rights? Are programme results documented to reflect their impact on the realisation of human rights?**	• Review M&E data (human rights-specific and -related indicators) and programme reports.	• Programme documentation • M&E system (indicators, data reports)
A1.4	**Do programmes that target key populations address their particular vulnerabilities?**	• Review programme planning and assessment documents.	• Assessment documents • Programme documentation • Logframes • Theories of change

HIV programming
Technical area A

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
A2.1	**Have a variety of stakeholders been trained on human rights and HIV, particularly people living with HIV and key populations, and duty bearers such as policymakers, parliamentarians, law enforcement officers and health workers?**	• Review training plans, materials and reports. • Talk to staff and duty bearers (e.g. policymakers, parliamentarians, law enforcement officers and health workers) about their experience of the training.	• Training plans, materials and reports • Discussions with staff and duty bearers
A2.2	**Has a review of all laws and policies that have a bearing on HIV been undertaken in partnership with government and civil society?**	• Review assessment documentation, advocacy objectives and strategies, and programmatic results. Talk to staff about reviews and advocacy.	• Assessment documentation • Advocacy strategy/ theory of change • Programme documents • Discussions with staff
A2.3	**Have campaigns to address discrimination against people living with HIV and key populations by law enforcement institutions been undertaken and documented?**	• Review campaign documentation, advocacy objectives and strategies, and programmatic results. Talk to staff about campaigns and documentation of human rights violations.	• Programme documentation • Campaign documents • Advocacy strategy/ theory of change • Discussions with staff
A2.4	**Has human rights education been mainstreamed into all of the HIV programme activities?**	• Review training materials and stakeholder feedback on trainings, as well as programme documents. Talk to staff to assess their understanding of mainstreaming human rights education into programming.	• Programme documentation • Training materials, including stakeholder feedback • Staff interviews

HIV programming
Technical area A

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
A3.1	**Are human rights violations against people living with HIV and marginalised communities documented and publicised if and when possible?**	• Review organisational documentation or documentation produced by partner organisations (e.g. community-based organisations and networks) that identify human rights violations.	• Documentation of human rights violations
A3.2	**Has an M&E system been developed that collects data to support advocacy efforts on HIV and human rights? Does it disaggregate data on women, men, children and key populations?**	• Review the M&E system and relevant indicators, including indicator descriptions, to assess the level of data disaggregation.	• M&E system and indicators • Indicator descriptions
A3.3	**Have national-level partnerships been formed (or joined) with national human rights institutions, human rights watchdog organisations and international agencies to monitor how the state fulfil its human rights obligations, in particular towards people living with HIV and key populations?**	• Review MoUs or other documentation about strategic human rights partnerships and talk to staff about how they work in practice.	• Partnership documentation • Staff interviews
A3.4	**Is there a campaign on access to information?**	• Review strategies, press statements or other strategic documents that highlight access to strategic information as a tool for greater accountability.	• Strategic documents • Press statements • Campaign briefs

HIV programming
Technical area A

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
A4.1	**Are legal services provided directly by our organisation, and have referral systems been established to ensure that those who have experienced human rights violations have access to redress?**	• Review documentation and lists of services, and ask how services are promoted. • Talk to staff about individual response mechanisms that are in place for people who have experienced human rights violations, including referrals for legal services.	• Documentation of services and referral systems • Staff interviews
A4.2	**Have lawyers and the judiciary been trained on HIV and the law?**	• Review training plans, materials and reports.	• Training plans, materials and reports

HIV technical area B: HIV prevention



For further guidance on combination prevention, see UNAIDS (2010), *Combination HIV prevention: tailoring and coordinating biomedical, behavioural and structural strategies to reduce new HIV infections*. Available at: **http://www.unaids.org/en/resources/documents/2010/name,63351,en.asp**

See also UNAIDS (2012), *Combination prevention: addressing the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and begin to reverse the spread of AIDS*. Available at: **http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20120516_ThematicSegment_background_paper_en.pdf**

Standard B1 Our organisation's community-based HIV prevention programming takes a combination HIV prevention approach.

	Criteria	Guidance	Evidence
B1.1	**Do programme managers and staff promote the concept of combination HIV prevention?**	• Ask programme managers and staff to identify the key characteristics and elements of combination HIV prevention programmes and how they are applying them in programming.	• Interviews with programme managers and staff
B1.2	**Do organisational and programme documents reflect a combination HIV prevention approach?**	• Review documents that describe in detail the organisation's approach to HIV prevention, and its role in a wider local or national combination effort involving other civil society organisations and sectors.	• Strategic documents • Programme documents • Theories of change • Logframes
B1.3	**Have programme managers, staff and volunteers been trained on a combination approach to HIV prevention?**	• Review capacity-building and training plans, materials and reports, and check how far combination HIV prevention features in them. Also check for refresher training or other ways to keep programme managers and staff up to date with developments in the area of combination HIV prevention.	• Capacity-building and training plans, materials and reports • Other means for programme staff to keep up-to-date (e.g. social media, e-groups)

HIV programming
Technical area B

	Criteria	Guidance	Evidence
B1.4	**Is universal access promoted and provided to the available range of biomedical, behavioural and structural HIV prevention interventions? Does the organisation advocate for scaling up effective approaches and intervention packages, and for ensuring that services are available, affordable, accessible and acceptable to clients?**	• Review relevant strategies (e.g. advocacy strategy or plan) and HIV prevention programme plans and documentation. • Identify efforts that increase universal access to, scale up, expand the scope of, and improve the quality of biomedical, behavioural and structural HIV prevention interventions.	• Strategic documents (including advocacy strategy or plan) • Programme documents • Theories of change • Logframes
B1.5	**Does the organisation promote confidentiality, informed consent and the right to choice, particularly for people living with HIV and other key populations, and are these concepts reflected in its HIV prevention programmes?**	• Review programme documents (including protocols, guidelines, referral records and information, education and communication (IEC) materials) and advocacy materials and check how far these concepts feature in the documents. • Counselling guidelines promoted and used by the organisation should ensure that the client is presented with all possible methods of HIV prevention (behavioural and biomedical) and supported in making a choice that may or may not be the optimal one from a prevention point of view, but meets the clients' needs.	• Programme documents (including protocols, guidelines, referral records, IEC materials, programme reports) • Advocacy materials

HIV programming
Technical area B

	Criteria	Guidance	Evidence
B1.6	**Are HIV prevention interventions promoted and provided that pave the way for or incorporate new prevention technologies and use information and communication technologies (ICT)?**	• Review recent proposals and programme documents and check for interventions that pave the way for or incorporate new prevention technologies, such as voluntary medical male circumcision and the use of antiretrovirals for treatment and prevention. • Also check for interventions and that make use of ICT (e.g. to increase reach, service demand, support adherence and retention in care). Talk to staff to assess their level of understanding of new prevention technologies and the use of ICT in programming, including advocacy.	• Programme documents • Recent proposals • Discussions with staff

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

	Criteria	Guidance	Evidence
B2.1	**Do programme-related documents reflect a positive approach to sex?**	• Review programme-related documents that the organisation has developed, disseminates and supports (including guidelines, protocols, IEC materials) and check if they describe and reflect a positive approach to sex. This acknowledges that sexual pleasure is a key motivation for sexual activity, and it promotes pleasure as a joy and a right. A positive approach includes how to make condoms sexy, how different contraceptives affect pleasure, the possibilities for pleasure without intercourse, the importance of sexuality and its diverse consensual expression for all people, and issues related to love, intimacy and relationships. Sexual pleasure, diversity and intimacy are an important aspect of all safer sex counselling or education.	• Programme documents (including guidelines, protocols, IEC materials) • Service provider protocols • Staff interviews

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HIV programming
Technical area B

	Criteria	Guidance	Evidence
		• If the organisation provides and supports direct services, ask to see service provider protocols (e.g. for voluntary HIV testing and counselling, including risk reduction counselling) and review the guidelines. • Talk to staff to assess their level of understanding of a sex-positive approach. • 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.  For further guidance, see **http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/**	
B2.2	**Are programme managers, staff and volunteers trained in sexuality, including anatomy and physiology, desire and sexual pleasure, and how to help people find safer ways to express their sexuality and achieve sexual pleasure?**	• Review internal capacity assessments and capacity-building and training plans, and talk to programme managers, staff and volunteers where feasible. Check to see if anatomy and physiology, desire and sexual pleasure, and how to help people find safer ways to express their sexuality and achieve sexual pleasure, are included in training material.	• Capacity assessments. • Capacity-building and training plans and materials. • Interviews with managers, staff and volunteers
B2.3	**Is this training provided to other organisations?**	• Review external training materials and reports, and talk to staff about their training approach.	• Training materials • Staff interviews

HIV programming
Technical area B

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

	Criteria	Guidance	Evidence
B3.1	**Do documents and programmes reflect HIV combination prevention with people living with HIV?**	• Review programme documents and check whether they reflect and include combination prevention with people living with HIV.	• Organisational strategy • Advocacy strategy • Programme documents. • Theories of change and logframes
B3.2	**Are programme managers, staff and volunteers aware and have a basic understanding of the Positive Health, Dignity and Prevention (PHDP) framework and operational guidelines?**	• Talk to programme managers, staff and volunteers to assess their knowledge and level of understanding of PHDP. • The primary goals of PHDP are to improve the dignity, quality and length of life of people living with HIV. If achieved, this will, in turn, have a beneficial impact on their sexual partners, families and communities, reducing the likelihood of new HIV infections. PHDP has eight major components: 1. Empowerment 2. Gender equality 3. Health promotion and access 4. Human rights 5. Preventing new infections 6. Sexual and reproductive health and rights 7. Social and economic support 8. Measuring impact. For further guidance, see GNP+ and UNAIDS (2011), *Positive health, dignity and prevention: a policy framework*. Available at: **http://www.gnpplus.net/resources/positive-health-dignity-and-prevention-a-policy-framework**	• Discussions with programme managers, staff and volunteers.

HIV programming
Technical area B

	Criteria	Guidance	Evidence
B3.3	**Do HIV prevention programmes reflect programme components of the PHDP framework and operational guidelines?**	• Review programme documents and check how far these incorporate the core components of the PHDP framework and operational guidelines.	• Programme documents

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*. Available at: **http://www.aidsalliance.org/resources/287-good-practice-guide-hiv-and-sexual-and-reproductive-health**

Standard C1 Our organisation promotes the linking and integration of sexual and reproductive health and rights and HIV in policies, programmes and services.

	Criteria	Guidance	Evidence
C1.1	**Has a mapping exercise been done of existing linkages and integration between SRHR and HIV in services, policies and programmes?**	• Review mapping and assessment documents. • Has the organisation identified and documented strengths, weaknesses and gaps, including in organisational capacity?	• Mapping and assessment documents • Organisational SWOT (strengths, weaknesses, opportunities, threats) analysis

HIV programming
Technical area C

	Criteria	Guidance	Evidence
C1.2	**Has an integration plan been developed for SRHR and HIV activities that has financial and human resources allocated to it, and an M&E framework that ensures results are adequately documented through protocols, records and reports?**	• Review the strategic plan, budgets and work plans for integrated activities. • Review the M&E system, reports and indicators related to integrated SRHR/ HIV interventions (e.g. family planning/HIV, prevention of mother-to-child transmission, STI and gender-based violence).	• Strategic plan • Annual budget • Work plansM&E system (indicators, data reports) • Programme reports
C1.3	**Have staff trainings been conducted and documented (materials, reports, outcomes) in SRHR and HIV linkages based on protocols and guidelines to support integrated activities?**	• Review capacity-building plans and reports, and training materials. Ask staff about training received and how they have used it.	• Capacity-building plans and reports • SRHR and HIV training materials • Staff interviews

Standard C2 Our organisation promotes and/or provides information and services for dual protection (STI/HIV prevention that is integrated with voluntary family planning to protect against unintended pregnancies and STI/HIV).

	Criteria	Guidance	Evidence
C2.1	**Has a mapping and assessment been carried out of family planning information and services appropriate to the organisation's target groups?**	• Review mapping reports and assessments of available family planning information and services. • Do existing services and information include dual protection?	• Mapping reports and assessments

HIV programming
Technical area C

	Criteria	Guidance	Evidence
C2.2	**Are there plans to improve coordination and strengthen existing information and services to include dual protection?**	• Review plans and strategies to strengthen information and services on dual protection that include prevention of unintended pregnancies. • Review capacity assessments and workshop reports on dual protection.	• Programme documentation • Capacity assessments and workshop reports on dual protection
C2.3	**Does the organisation provide, or refer clients for, voluntary family planning, counselling and services for dual protection?**	• Review existing protocols, guidelines and referral records, including follow-up to referrals. • Review IEC materials and counselling records for inclusion of rights to choice for target groups (e.g. condom demonstration and supply, together with supply or referral for other contraception).	• Protocol guidelines • Referral records (including follow-up to referrals) • IEC materials and counselling records

Standard C3 Our organisation promotes and/or provides comprehensive information and services for prevention of vertical HIV transmission (PPTCT).

	Criteria	Guidance	Evidence
C3.1	**Has a mapping and assessment been carried out of existing prevention of vertical transmission (PPTCT)[2] information and services?**	• Review mapping reports and assessments of available vertical HIV transmission (PPTCT) information and services. • Do existing services and information include the 4 prongs?	• Mapping reports and assessments • Programme documentation

2. Vertical transmission refers to the transmission of HIV from parent to child during pregnancy, delivery or during breastfeeding. Efforts to prevent vertical transmission are commonly called prevention of mother-to-child transmission or prevention of parent-to-child transmission (PPTCT). PPTCT is preferable because it acknowledges the responsibility of both parents to reduce the risk of transmission and is less stigmatising to women.

	Criteria	Guidance	Evidence
		For further guidance on the 4 prongs, see AIDSATAR-One focus area: PMTCT. Available at: **www.aidstar-one.com/focus_areas/pmtct**	
C3.2	**Are there plans to improve coordination and strengthen existing information and services for comprehensive prevention of vertical transmission (PPTCT)?**	• Review plans and strategies to strengthen information and services on vertical transmission (PPTCT). • Review capacity assessments and workshop or meeting reports.	• Programme documentation • Capacity assessments • Workshop or meeting reports
C3.3	**Does the organisation provide or refer clients for comprehensive prevention of vertical transmission (PPTCT) information and services?**	• Review existing protocols, guidelines and referral records, including follow-up to referrals for vertical transmission (PPTCT) services.	• Protocols • Guidelines • Referral records

Standard C4 Our organisation promotes and/or provides education, testing and treatment for sexually transmitted infections, either directly or through referrals.

	Criteria	Guidance	Evidence
C4.1	**Has a mapping and assessment been carried out of existing STI information, and testing and treatment services?**	• Review mapping reports and assessments of available STI information and services.	• Mapping reports and assessments
C4.2	**Do assessments, plans and M&E include STIs?**	• Review reports or monitoring data that collect information on the number of people receiving STI testing or treatment services.	• Assessments, plans and M&E reports

HIV programming
Technical area C

	Criteria	Guidance	Evidence
C4.3	**Does the organisation provide or refer clients for STI information and services?**	• Review existing protocols, guidelines and referral records, including follow-up to referrals for STI services.	• Protocols • Guidelines • Referral records

Standard C5 Our organisation ensures client satisfaction and quality of integrated services.

	Criteria	Guidance	Evidence
C5.1	**Does the organisation ensure sexual and reproductive health and HIV service providers are aware of the needs of key populations?**	• Review programme documentation to identify whether it includes sensitisation of service providers to the sexual and reproductive health needs and rights of key populations. • Does documentation mention the *quality* of services? • Talk to service providers to find out more about the service provided and how far they address the needs of key populations.	• Programme documentation • Interviews with service providers
C5.2	**Has a system for client feedback been incorporated?**	• Review client feedback forms.	• Client feedback forms
C5.3	**Is client feedback incorporated into programme design, development and review?**	• Review client feedback forms and programme documentation. • Talk to programme staff and service providers about how feedback is analysed, discussed and incorporated into programme design, development and review.	• Client feedback forms • Programme documentation

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*. Available at: **http://www.aidsalliance.org/resources/325-good-practice-guidecommunitybased-tbhiv-integration**

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

	Criteria	Guidance	Evidence
D1.1	**Is there a strategic objective to address the burden of TB among people living with HIV? Is this goal informed by the co-infection rates in the organisation's context?**	• Review strategic plans, annual reports, partnerships frameworks and programme documents to identify if integration of TB is reflected as a strategic priority. If not, discuss with senior staff to ascertain that these needs do not exist in their context.	• Strategic plans • Annual reports • Partnership frameworks • Programme documentation • Staff interviews

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
D2.1	**Is there TB screening and referral?**	• Review client records and M&E reports to identify how many people have been screened or referred for screening, and referred for TB treatment services.	• Client and referral records • M&E reports • Other programme documentation and reports
D2.2	**Is there adherence support to people living with HIV on TB treatment?**	• Review the records of people provided with directly observed treatment (DOT) or other adherence counselling for TB treatment.	• Client records • M&E reports • Other programme documentation and reports

HIV programming
Technical area D

	Criteria	Guidance	Evidence
D2.3	**Are cotrimoxazole preventive therapy or isoniazid preventive therapy provided to people living with HIV who are at risk of TB?**	• Identify how many people have been provided with these services.	• Client records • M&E reports • Other programme documentation and reports
D2.4	**Is TB treatment provided to people living with HIV who are co-infected with TB?**	• Identify how many people have been provided with these services.	• Client records • M&E reports • Other programme documentation and reports
D2.5	**Do children (aged under six) receive izoniazid prophylaxis in families affected by TB?**	• Identify how many children aged under six have been provided with these services.	• Client records • M&E reports • Other programme documentation and reports

Standard D3 Our organisation ensures that all people with HIV receive understandable information about TB.

	Criteria	Guidance	Evidence
D3.1	**Is information related to TB provided at the organisation's HIV voluntary counselling and testing sites?**	• Review client records to see if people have been counselled on TB infection or provided with general education on TB. • Review training curricula for counsellors. • Review IEC materials.	• Client records • Training curricula • Posters and other educational materials
D3.2	**Are advocacy, communication and social mobilisation activities implemented that are related to TB as well as HIV?**	• Review posters, media and other educational materials to ascertain whether they include both TB and HIV messages. • Check if IEC materials, including fact sheets, have been developed and disseminated.	• Posters • Media and IEC materials • M&E reports

HIV technical area E: Family-centered HIV programming for children

For further guidance, see International HIV/AIDS Alliance (2012), *Good Practice Guide: Family-centred HIV programming for children*. Available at: **http://www.aidsalliance.org/resources/269-90584-good-practice-guidefamilycentred-hiv-programming-for-childr**

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

	Criteria	Guidance	Evidence
E1.1	**Are children actively involved in the design and implementation of programmes and interventions aimed to support them?**	• Review programme documents and situational assessments to identify processes that involve consulting children. • Talk to staff to see if they demonstrate an understanding of the value of involving children. • Do processes ensure the protection of the children involved? See on Inspire, the Alliance child protection policy appendices 5 and 6 at: **http://inspire-intranet.aidsalliance.org/interact/pages/content/document.aspx?id=4761**	• Programme documentation • Situational assessments

HIV programming
Technical area E

	Criteria	Guidance	Evidence
E1.2	**Are there clear guidance and standards around the participation of children that take into account consent and permissions?**	• Review protocols and guidelines for children's participation in research, programmes and review processes. Is there clear guidance for staff about when parental permission is required? • Review guidance on informed consent, and talk to staff to see if they understand a child's right to refuse or withdraw from activities. For further guidance on children's participation and protection, see Save the Children (2005), *Practice standards in children's participation*. Available at: **http://www.savethechildren.org.uk/sites/default/files/docs/practice_standards_participation_1.pdf**	• Protocols and guidelines on children's participation and informed consent • Staff interviews
E1. 3	**Does the organisation involve the different views of boys and girls, and various age groups, recognising the influence of power and gender in processes?**	• Review programmatic documents. Are age- and gender-specific groups used? • Are activities appropriate for different ages (e.g. use of language, skills needed to participate, information discussed)? • Is data disaggregated by age and gender?	• Programmatic documentation • M&E reports

HIV programming
Technical area E

Standard E2 Our organisation promotes a family-centred approach to reaching HIV-affected children within and through their families and communities.

	Criteria	Guidance	Evidence
E2.1	**Does programme documentation reflect an understanding of the importance of family in the care and protection of children?**	• Review programme and policy documentation to ensure the approach to children recognises the role of family in care and support. • How do staff understand family and how it is defined in the programme? Ensure that their understanding reflects that families are diverse and may not be linked by blood but by choice. • 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? • How does the organisation support parenting, access to social welfare and community-based alternative care?	• Programme documentation • Staff interviews • M&E reports
E2.2	**Have communities been involved in identifying vulnerable children and families?**	• Review programme documents and discuss with staff whether communities, families and children themselves have participated in identifying vulnerable children to be targeted by a programme. • Are they asked to develop and review targeting criteria?	• Programme documentation • Staff interviews

HIV programming
Technical area E

	Criteria	Guidance	Evidence
E2.3	**Do programmes demonstrate community involvement in deciding how resources for children are allocated and used?**	• Review programme documents, and discuss with staff how the community is involved in decisions about how resources for children are allocated and used.	• Programme documentation • Staff interviews
E2.4	**Do programmes demonstrate a family-centred approach to the care of children by using families as the entry point for interventions?**	• Review programme documentation to ensure that programmes are building on the strengths of families to support children affected by HIV, providing them with access to services that meet the needs of the wider family (e.g. nutrition, treatment and social welfare). • Are programmes moving from providing one-off material support to individual children towards more sustainable support to families, building their capacity to support children to access health, education, nutrition and social welfare supports?	• Programme documentation • M&E reports

HIV programming
Technical area E

Standard E3 Our organisation promotes and/or provides additional broad support to individuals and families to improve health, education and social welfare.



For further guidance, see International HIV/AIDS Alliance (2012), *Good Practice Guide: Family-centred HIV programming for children*, p.25. Available at: **http://www.aidsalliance.org/resources/269-90584-good-practice-guidefamilycentred-hiv-programming-for-childr**

	Criteria	Guidance	Evidence
E3.1	**Are comprehensive, integrated services provided to address the needs of both children and adults in families affected by HIV and AIDS?**	• Review programme documents, and talk to staff to establish whether there is collaboration with other stakeholders to promote access to comprehensive services for children affected by HIV that link families to health, psychosocial, education, nutrition and social welfare support. • Is there evidence that the programme has assessed the barriers that face families in accessing services (e.g. location, timing, cost, integration, child-friendly) and responded to these in their provision?	• Programme documentation • Staff interviews
E3.2	**Does the organisation promote the integration of children's issues within other programmes and services, such as testing, treatment, prevention, harm reduction and TB services?**	• Has an exercise been carried out to explore opportunities for support to children that can be integrated into other programmes (e.g. testing of adults including questions about children in the family, family support for disclosure and parenting support for women who use drugs).	• Mapping and assessment reports • Programme documentation from other programmes targeting adults
E3.3	**Is there a system for referrals to other sectors, including government, and are referrals followed up?**	• Review programme documents and talk to staff to see if there is a system for referrals to other sectors and whether referrals are followed up.	• Programme documentation • Staff interviews • Referral records

HIV technical area F: HIV and drug use



For further guidance, see International HIV/AIDS Alliance (2010), *Good Practice Guide: HIV and drug use*. Available at: **http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-andhuman-rights**

Standard F1 Our organisation uses a harm reduction approach to drug use and HIV.

	Criteria	Guidance	Evidence
F1.1	**Is there a harm reduction policy that reflects the Alliance-wide policy?**	• Review the harm reduction policy to check if it is in accordance with the policy of Harm Reduction International: **www.ihra.net/what-is-harm-reduction**	• Harm reduction policy
F1.2	**Is the harm reduction policy publicly available (e.g. on the website)?**	• Check if the harm reduction policy is on the website or has been shared with staff.	• Organisational website • Staff interviews

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*. Available at: **http://www.aidsalliance.org/resources/314-reaching-drug-users-a-toolkit-foroutreach-workers**

	Criteria	Guidance	Evidence
F2.1	**Are programmes to provide safe injecting equipment and condoms in place (through fixed sites, outreach or community pharmacy programmes)?**	• Review programme documents to identify needle and syringe and condom programmes targeting people who inject drugs.	• Programme documentation

HIV programming
Technical area F

	Criteria	Guidance	Evidence
		• Where needle and syringe programmes are not provided, how are people who inject drugs accessing safe injecting equipment? • Where other services are providing safe injecting equipment, what proportion of people who inject drugs are being reached? • Where access to safe injecting equipment is low, identify examples of advocacy for increased access to safe injecting equipment.	• M&E reports • Advocacy plans and documentation of advocacy initiatives, such as campaigns
F2.2	**Where legal or policy barriers exist to prevent needle and syringe programmes, have advocacy and community education campaigns been developed to improve access?**	• Review programme and advocacy documents to identify examples of advocacy for increased access to safe injecting equipment.	• Programme documentation • Advocacy plans and documentation of advocacy initiatives, such as campaigns
F2.3	**Have behaviour change programmes been developed by people who use drugs and their sexual partners that inform, educate and build skills in safer sex education and safe injecting?**	• Review programme documents to see if needle and syringe and condom programmes target people who use drugs, and include information and skills-building activities to promote safe injecting and safer sex. • Identify a focus on behaviour change, along with the distribution of commodities.	• Programme documentation

HIV programming
Technical area F

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; and diagnosis and treatment for hepatitis C for people who use drugs and their sexual partners.

	Criteria	Guidance	Evidence
F3.1	**Are accessible and affordable opportunistic infection, HIV, TB, hepatitis C, opiate substitution therapy and overdose treatment programmes in place for people who use drugs?**	• Review mapping and assessment reports, and talk to staff to identify links to testing *and* treatment services for people who use drugs.[3] • Review M&E reports for access to treatment statistics for people who use drugs. • Where treatment services are provided, identify the reach of these programmes as a proportion of the overall need.	• Mapping and assessment reports • Programme documentation • M&E reports
F3.2	**Where treatment services are not in place, or are not accessible to people who use drugs, are there advocacy plans to improve access to HIV, hepatitis C, opiate substitution, overdose treatment and TB diagnosis and treatment?**	• Review programme documents to identify activities to improve access to testing and treatment for people who use drugs for each of these treatment priorities. • Identify overdose management programmes. Is naloxone provided to people at risk of overdose?	• Programme documentation • Advocacy plans and documentation of advocacy initiatives

3. Treatment services (for opportunistic infections, HIV, TB, hepatitis C, 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 F

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
F4.1	**Are psychosocial support programmes and services for people who use drugs and their sexual partners in place?**	• Review programme documents to identify psychosocial support services for people who use drugs and their sexual partners. Are there separate services for women and men, and for couples? • Talk to staff about the harm reduction ethos in these services (e.g. that psychosocial support is not contingent on abstinence).	• Programme documentation • Staff interviews
F4.2	**Have staff, volunteers and peers been trained in non-judgemental provision of psychosocial support?**	• Review training plans and training curricula, and talk to staff about who is trained. • Check for training on harm reduction values and that psychosocial support is not contingent on abstinence.	• Capacity-building plans and reports • Training curricula and evaluations • Interviews with support service staff and clients.
F4.3	**Do links exist between psychosocial services and antiretroviral therapy, TB, hepatitis C and opiate substitution therapy programmes?**	• Review referral guidelines and care pathways for people who use drugs to check whether the organisation or its implementing partners are actively referring to treatment services.	• Referral guidelines • Care pathways for people who use drugs

HIV technical area G: HIV treatment, care and support

Standard G1 Our organisation is committed to a client-centred approach to HIV testing and treatment that promotes autonomy and choice.

	Criteria	Guidance	Evidence
G1.1	**Do the programme and approach promote individual choice and confidentiality in HIV testing and treatment?**	• Review the standard operating procedures for pre-test counselling and initiation of treatment, and verify that these are based on fully informed consent. • Discuss with staff what strategies are used to safeguard the confidentiality of patients' diagnosis and data (e.g. the environment in which counselling and testing is done, how records are kept and coding of patients names to protect their identities).	• Standard operating procedures • Staff interviews

Standard G2 Our organisation promotes/provides home-based care and palliative care to people with HIV-related illness.

	Criteria	Guidance	Evidence
G2.1	**Are programmes implemented that address palliative needs of their beneficiaries?**	• Review programme goals, objectives and activities to assess whether programme interventions address palliative care needs of people with advance, debilitating or special requirements in a decentralised manner. Find out if community-level outreaches, home visits or home-based care activities are conducted as appropriate, and if not, whether this is justified within the context.	• Programme documentation • M& E reports • Documentation regarding community-level outreach or home visits

HIV programming
Technical area G

Standard G3 Our organisation is committed to caring for carers and promoting the recognition of community health workers.

	Criteria	Guidance	Evidence
G3.1	**Are community health workers and carers compensated and supported?**	• Review the training curriculum, as well as remuneration and compensation scales for community health workers and other carers, to find out if support (such as psychosocial support) is provided to carers and community health workers.	• Training curriculum for community health workers and other carers • Documentation recording remuneration and compensation scales for community health workers and other carers.

Standard G4 Our organisation supports people taking or in need of HIV treatment, including by providing treatment adherence support and treatment literacy programmes, and by advocating for HIV treatment access.

	Criteria	Guidance	Evidence
G4.1.	**Is treatment preparedness supported for people living with HIV?**	• Review the training curriculum, as well as remuneration and compensation scales for community health workers and other carers, to find out if support (such as psychosocial support) is provided to carers and community health workers.	• Training curriculum for community health workers and other carers • Documentation recording remuneration and compensation scales for community health workers and other carers.
G4.2	**Are training and community education activities implemented to increase HIV and treatment literacy?**	• Review programme documentation, training plans and training curricula.	• Programme documentation • Training plans • Training curricula
G4.3	**Is adherence support provided to people on HIV treatment?**	• Review programme documentation to identify what type of support is provided.	• Programme documentation • M&E reports

HIV programming
Technical area G

	Criteria	Guidance	Evidence
G4.4	**Is there advocacy for people in need of HIV treatment?**	• Review programme documentation and advocacy plans to identify how the organisation advocates.	• Programme documentation • Advocacy plans

Standard G5 Our organisation promotes and/or provides early diagnosis, testing and treatment for sexually transmitted infections/HIV, hepatitis B and TB.

	Criteria	Guidance	Evidence
G5.1	**Do strategic plans, annual work plans, annual reports and programme documents reflect a comprehensive approach to early identification of people with STIs, hepatitis B, TB and other co-infections prevalent in their epidemiological context?**	• Review programme documentation and records of people screened and offered referrals or treatment (if appropriate) for STIs, TB, hepatitis B and other co-infections. • Review case management protocols, training plans and materials related to these co-infections.	• Programme documentation • Strategic plans • Annual work plans • Annual reports • Client and referral records • Case management protocols • Training plans
G5.2	**Is there advocacy for earlier and universal access to these services?**	• Review programme documentation and advocacy plans to identify how the organisation advocates.	• Programme documentation • M&E reports • Advocacy plans

HIV programming
Technical area G

Standard G6 Our organisation promotes a holistic approach to treatment and promotes access to treatment and care to all age groups: paediatrics, adolescents, adults and the aged.

	Criteria	Guidance	Evidence
G6.1	**Do documents reflect a comprehensive approach to responding to the needs of paediatrics, adolescents, adults and the aged, including access to treatment and support for mental health and welfare needs?**	• Review records of mental health counselling, and livelihood, legal and social support provided to beneficiaries. • Review documentation and lists of people screened and referred or offered treatment (if appropriate) for STIs, TB, hepatitis B and other co-infections, to identify their demographic in terms of age. Does it cover all age groups?	• Programme documentation • Strategic plan • Work plans • Annual reports • M&E data • Records of mental health counselling • Livelihood, legal and social support provided to beneficiaries • Documentation and lists of people screened and referred or offered treatment (if appropriate) for STIs, TB, hepatitis B and other co-infections

Key resources for the field review team

GNP+ and UNAIDS (2011), *Positive health, dignity and prevention: a policy framework*.

Available at: **http://www.gnpplus.net/resources/positive-health-dignity-and-prevention-a-policy-framework**

International HIV/AIDS Alliance (2012), *Alliance cost recovery guidelines* (on Inspire).

Available at: **https://inspire-intranet.aidsalliance.org/Interact/Pages/Content/Document.aspx?id=4155**

International HIV/AIDS Alliance, *Alliance child protection policy appendices 5 and 6* (on Inspire).

Available at: **http://inspire-intranet.aidsalliance.org/interact/pages/content/document.aspx?id=4761**

International HIV/AIDS Alliance (2007), *The health journey: understanding the dimensions of care and treatment for people with HIV*.

Available at: **http://www.aidsalliance.org/resources/326-the-health-journey**

Kirschbaum, M. (2004), *x manager: organisational assessment tool (OAT)*.

Available at: **http://ngomanager.org/ngo-manager-organisational-self-assesment-tool/**

Advice on doing a SWOT analysis. Available at: **www.networklearning.org/index.php/ngo-skills/organizational-management/118-problemsolving-swots-a-strategic-plans**

Save the Children (2005), *Practice standards in children's participation*.

Available at: **http://www.savethechildren.org.uk/resources/online-library/practice-standards-children%E2%80%99s-participation**

The GIPA tree of involvement. Available at: **http://www.gnpplus.net/resources/gipa-tree-involvement/**

UNAIDS (2012), *Investing for results: results for people*.

Available at: **http://www.unaids.org/en/resources/documents/2012/name,72628,en.asp**

UNAIDS (2010), *Combination HIV prevention: tailoring and coordinating biomedical, behavioural and structural strategies to reduce new HIV infections*.

Available at: **http://www.unaids.org/en/resources/documents/2010/name,63351,en.asp**

World Health Organization (2010), *Developing sexual health programmes: a framework for action*.

Available at: **http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/**

Contains definitions of sexual and reproductive health.

International HIV/AIDS Alliance (2010), *Measuring up*.

Available at: **http://www.aidsalliance.org/resources/340-477-measuring-up-hivrelated-advocacy-evaluation-training-pack**

International HIV/AIDS Alliance, *FINAL Positioning Strategy* (on Inspire).

Available at: **https://inspire-intranet.aidsalliance.org/Interact/Pages/Content/Document.aspx?id=10652**

International HIV/AIDS Alliance, *Brand Positioning Toolkit for Linking Organisations and Regional Partners* (on Inspire).

Available at: **https://inspire-intranet.aidsalliance.org/Interact/Pages/Content/Document.aspx?id=11032**

Financial sustainability

Mango, *Financial Sustainability*.

Available at: **http://www.mango.org.uk/guide/financialsustainability**

Mango, *The Secrets of Financial Sustainability.* Available at: **http://www.mango.org.uk/toptips/tt4finsust**

Mango, *Building a sustainable future for Rwanda's children: The Streets Ahead Children's Centre Association (SACCA).*

Available at: **http://www.mango.org.uk/supportus/bursarystories/sacca**

Mango, *From grants to contracts: opportunities and risks.* Available at: **http://www.mango.org.uk/news/614**

Good Practice Guides

International HIV/AIDS Alliance (2014), *Good Practice Guide: Human rights*.

Available at: **http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights**

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

Available at: **http://www.aidsalliance.org/resources/325-good-practice-guide-communitybased-tbhiv-integration**

International HIV/AIDS Alliance (2012), *Good Practice Guide: Family-centred HIV programming for children*.

Available at: **http://www.aidsalliance.org/resources/269-90584-good-practice-guide-familycentred-hiv-programming-for-childr**

International HIV/AIDS Alliance (2011), *Good Practice Guide: Integration of HIV and sexual and reproductive health and rights*.

Available at: **http://www.aidsalliance.org/resources/287-good-practice-guide-hiv-and-sexual-and-reproductive-health**

International HIV/AIDS Alliance (2010), *Good Practice Guide: Greater involvement of people living with HIV (GIPA)*.

Available at: **http://www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv**

International HIV/AIDS Alliance (2010), *Good Practice Guide: HIV and drug use*.

Available at: **http://www.aidsalliance.org/resources/312-454-good-practice-guide-hiv-and-drug-use**

HIV and human rights

International HIV/AIDS Alliance (2014), *Good Practice Guide: Human rights*.

Available at: **http://www.aidsalliance.org/resources/400-good-practice-guide-hiv-and-human-rights**

International HIV/AIDS Alliance (2010), *Good Practice Guide: Greater involvement of people living with HIV (GIPA)*.

Available at: **http://www.aidsalliance.org/resources/283-good-practice-guide-greater-involvement-of-people-living-with-hiv**

The GIPA tree of involvement. Available at: **http://www.gnpplus.net/resources/gipa-tree-involvement/**

UNAIDS (2012), *Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses*.

Available at: **http://www.unaids.org/en/resources/documents/2012/name,85631,en.asp**

UNAIDS (2008), *Know your epidemic and your current response.*

Available at: **http://hivpreventiontoolkit.unaids.org/Knowledge_Epidemic.aspx**

HIV prevention

GNP+ and UNAIDS (2011), *Positive health, dignity and prevention: a policy framework*.

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UNAIDS (2012), *Combination prevention: addressing the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and begin to reverse the spread of AIDS*.

Available at: **http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20120516_ThematicSegment_background_paper_en.pdf**

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.*

Available at: **http://www.aidsalliance.org/resources/325-good-practice-guide-communitybased-tbhiv-integration**

World Health Organization (2010), *Developing sexual health programmes: a framework for action*.

Available at: **http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/**

Contains definitions of sexual and reproductive health

AIDSTAR-One (2013), *Focus Area: PMTCT*.

Available at: **www.aidstar-one.com/focus_areas/pmtct**

TB and HIV

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

Available at: **http://www.aidsalliance.org/resources/325-good-practice-guide-communitybased-tbhiv-integration**

International HIV/AIDS Alliance (2007), *The health journey: understanding the dimensions of care and treatment for people with HIV*.

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International HIV/AIDS Alliance (2006), *Community engagement for antiretroviral treatment*.

Available at: **http://www.aidsalliance.org/resources/421-trainers-manual-community-engagement-for-antiretroviral-treatment**

Family-centred HIV programming for children

International HIV/AIDS Alliance (2012), *Good Practice Guide: Family-centred HIV programming for children*.

Available at: **http://www.aidsalliance.org/resources/269-90584-good-practiceguidefamilycentred-hiv-programming-for-childr**

Alliance child protection policy appendices 5 and 6 (on Inspire): **http://inspire-intranet.aidsalliance.org/interact/pages/content/document.aspx?id=4761**

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HIV and drug use

Harm Reduction International. What is harm reduction? A position statement from the Harm Reduction Association.

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HIV treatment, care and support

International HIV/AIDS Alliance (2006), *Let's talk about HIV counselling and testing: facilitators' guide*.

Available at: **http://www.aidsalliance.org/resources/422-lets-talk-about-hiv-counselling-and-testing-facilitators-guide**

