
SYSTEMATIZATION OF COUNTRY EXPERIENCES
IN THE CONTRACTING OF NON-STATE ACTORS
TO PROVIDE HIV, TUBERCULOSIS AND / OR
MALARIA SERVICES



APMG
HEALTH

MEXICO
AUGUST
2018

Index

- a. **List of charts, boxes and tables**
- b. **Acronyms**
- c. **Acknowledgements**
- d. **Executive summary**

- 1. **INTRODUCTION**

- 2. **BACKGROUND**
 - 2.1 Evolution of public financing of CSOs
 - 2.2 Services provided by CSOs with public financing
 - 2.3 Key populations served by public financing

- 3. **LEGAL AND POLICY FRAMEWORKS FOR PUBLIC FINANCING OF CSOS FOR HEALTH SERVICE DELIVERY**
 - 3.1 Legal frameworks for State activities related to health and HIV/AIDS
 - 3.2 Legal frameworks for the creation and operation of CSOs
 - 3.3 Legal frameworks to request and receive public funds
 - 3.4 Legal frameworks guiding the acquisition and distribution of equipment and supplies

- 4. **STRUCTURE OF PUBLIC FINANCING OF CSOS**
 - 4.1 Types of public financing for CSOs
 - 4.2 Sources of public financing
 - 4.3 Eligible costs for public financing
 - 4.4 Bidding and selection process
 - 4.5 Reporting, accounting, monitoring and evaluation processes

- 5. **STAKEHOLDER PARTICIPATION IN PUBLIC FINANCING**
 - 5.1 Participation of CSOs
 - 5.2 Participation of beneficiaries

- 6. **CSO AND GOVERNMENT CAPACITY-BUILDING EFFORTS TO IMPROVE PUBLIC FINANCING**

- 7. **RESULTS AND IMPACTS OF PUBLIC FINANCING TO CSOS**
 - 7.1 Impact on the epidemic
 - 7.2 Capability and disposition of CSOs to continue advocacy work

- 8. **ASSESSMENT OF SUCCESS FACTORS AND CHALLENGES**
 - 8.1 Successes Factors
 - 8.2 Challenges

- 9. **CONCLUSIONS AND RECOMMENDATIONS**
 - 9.1 Legal and policy frameworks
 - 9.2 Structure of public financing
 - 9.3. Participation in public financing

- ANNEX A:** Case study *KARUNA A.C.*
- ANNEX B:** Case study *INSPIRA A.C.*

- REFERENCES**

a. List of charts, boxes and tables

TABLES

- Table 1.** *Censida's* Public Calls for Proposals (2006 to 2018)
- Table 2.** Services provided by CSOs with public financing (2018)
- Table 3.** Maximum amounts per project by category (2018)
- Table 4.** Definitions of key populations
- Table 5.** Eligible and non-eligible expenses (2018)
- Table 6.** Requirements to obtain public financing
- Table 7.** Components for the evaluation of proposals

BOXES

- Box 1:** Global Fund financing to Mexico (2010 to 2013)
- Box 2:** Authorization for the delivery of subsidies and transfers
- Box 3:** CSO obligations when receiving public financing
- Box 4:** Conflicts of interest for receiving public financing
- Box 5:** General administrative regulations of CSOs
- Box 6.** Terms and Conditions of *Censida's* Call for Proposals
- Box 7:** General guidelines for the development of projects in "Category 1: Community centers for the detection and prevention of HIV, syphilis and other STIs in targeted communities" (2018)
- Box 8:** Online "Prevention Activities Monitoring System" (SMAP)
- Box 9:** Verification of compliance with public financing contracts

CHARTS

- Chart 1.** *Censida's* Public Calls for Proposals (2006 to 2018)
- Chart 2.** Registration and selection process for *Censida's* Public Call for Proposals (2018)
- Chart 3.** Assessment, supervision and oversight of projects

b. Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CCM	Country Coordinating Mechanism
CENSIDA	<i>Centro Nacional para la Prevención y control del VIH y el sida</i> (National Center for the Prevention and Control of HIV and AIDS)
CONASIDA	<i>Consejo Nacional para la Prevención y Control del VIH y el Sida</i> (National Council for the Prevention and Control of AIDS)
CSO	Civil Society Organization
GF	Global Fund
HIV	Human Immunodeficiency Virus
INDESOL	<i>Instituto Nacional de Desarrollo Social</i> (National Institute for Social Development)
LFFAROSC	<i>Ley Federal de Fomento a las Actividades Realizadas por Organizaciones de la Sociedad Civil</i> (Federal Law for the Promotion of Civil Society Organization Activities)
MSM	Men who have Sex with Men
PLWHA	People Living with HIV/AIDS
PWID	People Who Inject Drugs
REDUMEX	<i>La Red Mexicana de Reducción de Daños</i> (The Mexican Network for Harm Reduction)
SMAP	<i>Sistema de monitoreo de acciones en prevención</i> (Monitoring System of Prevention Actions)
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV and AIDS

c. Acknowledgements

This systematization was carried out by APMG Health and financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Valuable contributions were provided by the Mexican National Center for the Prevention and Control of HIV and AIDS (*Centro Nacional para la Prevención y control del VIH y el Sida–Censida*); and the organizations *KARUNA Salud y Desarrollo, A.C.*, and *INSIPRA CAMBIO, A.C.*

The authors would like to thank in particular:

Dr. Patricia Uribe Zúñiga, General Director of Censida

Agustín López, Director of Prevention and Social Participation of Censida

Francisco López Lozada, President of *KARUNA Salud y Desarrollo, A.C.*

Ricardo Román, General Director of *INSPIRA CAMBIO A.C.*

Consultants:

Carlos García de León M.

Juan Carlos Jaramillo

Hernán Fuenzalida

Francisco Urrutia

Valerie Díaz

d. Executive Summary

Mexico is a federated constitutional republic, with solid institutions and well-developed health systems. It was one of the first countries in the region to respond to the HIV epidemic. Civil Society Organizations (CSOs) have played a key role in promoting, raising awareness of, and providing health services to key and vulnerable populations.

This study aims to analyze and systematize Mexico's experience in public financing CSOs to provide health services in response to HIV. Its purpose is to serve as guidance to other countries interested in establishing or improving access to health services, particularly for certain vulnerable groups, through collaboration between the public sector and CSOs.

Mexico relies on a unique institution for the public financing of CSOs working in HIV/AIDS, the National Center for the Prevention and Control of HIV and AIDS (*Centro Nacional para la Prevención y control del VIH y el Sida-Censida*). *Censida* is an agency within the Federal Ministry of Health (*Secretaría de Salud Federal*) which, among other functions, supports CSOs in the provision of health services.

Censida operates through Calls for Proposals (bids), to which CSOs submit their proposals and compete for available financial resources. Announced annually by *Censida*, the public Call for Proposals includes rules, procedures and requirements for participation.

Funds are delivered through a partnership agreement, and transferred to organizations by way of subsidies. Organizations are selected based on an evaluation of their proposal(s), and then an agreement establishes the rights and obligations of both parties, as well as the length of financing. There is a specific budget line for *Censida* funding in the Federal Budget and Fiscal Responsibility Law (*Ley Federal de Presupuesto y Responsabilidad Hacendaria*). The funds must be used during the fiscal year (calendar year), meaning that projects financed with federal funds need to be completed during the fiscal year. Projects are managed according to the criteria and principles of effectiveness, efficiency, economy, honesty, legality, reasonability, austerity, transparency, and accountability, as set forth in said law.

Along with the rules set forth in the budget law, CSOs must have knowledge of other regulatory frameworks for providing services with public financing, such as the Law on Acquisitions, Leases and Public Sector Services (*Ley de Adquisiciones, Arrendamientos y Servicios del Sector Público*). These laws must be applied when purchasing materials and supplies.

Censida's public Call for Proposals defines the beneficiaries of the activities to be

funded. Specifically, it refers to key populations, including men who have sex with men (MSM), trans women, people who inject drugs (PWID), sex workers and prisoners. *Censida* also includes women and girls that are particularly vulnerable to HIV and other STIs; vulnerable adolescents and young people in environments with a high prevalence of HIV; people with HIV and their partners; migrant and mobile populations; indigenous population in contexts of vulnerability and environments with a higher prevalence of HIV; and the homeless.

The Call for Proposals also defines services that are eligible for financing, including detection of HIV, syphilis and other STIs; comprehensive interventions for detection and prevention; prevention supply delivery programs; harm reduction strategies for PWID; application and/or promotion of HIV, syphilis and other STI detection in pregnant women who are difficult to reach and/or have difficulties in accessing health services; and strategies to better reach people living with HIV/AIDS (PLWHA) through education, services and treatment.

A comprehensive review of international and national literature was completed for this systematization. In addition, two in-depth, face-to-face interviews and one telephone interview were conducted with the Director of Prevention of *Censida*; a face-to-face interview was conducted with two CSOs working on the issue of HIV, *KARUNA, A.C.*, and *INSPIRA CAMBIO, A.C.*, as well as subsequent consultations over telephone. The study in Mexico focuses mainly on CSOs working in HIV/AIDS. A few CSOs also work in Tuberculosis (TB), but not many. No CSOs were identified that work in Malaria.

Main conclusions are as follows:

- CSOs in Mexico play a fundamental role in providing health services, counseling, advocacy and research. Without them, it would not be possible to address key and vulnerable populations, and provide access to treatment and follow-up.
- The Mexican government recognizes the significant role CSOs play in reducing HIV prevalence and incidence.
- Legal and policy frameworks are considered adequate by the different actors involved, but interpretation and implementation of the frameworks can make processes cumbersome and costly for CSOs.
- There is no law describing explicitly what may or may not be purchased with public funds, and thus *Censida* is allowed to use their discretion to define procurement rules. As a result, the Call for Proposals does not account for necessary costs for implementing projects, such as funds for banking expenses or computer equipment, among others, since *Censida's* own regulations exclude these purchases.
- Public financing for CSOs working in HIV has suffered ups and downs over the years, but the overall trend has been upward.
- Through Call for Proposals, organizations have learned to adapt to legal and policy frameworks, and comply with requirements.

- CSOs do not depend solely on public financing. Public financing is considered essential and necessary, but insufficient. Most CSOs have different sources of financing, such as public, private, international, and fee-for-service models.
- The general opinion of the CSOs that were interviewed is that public financing controlled by one single entity limits their independence and restricts their ability to advocate.
- CSOs must be strengthened and expanded in order to respond more effectively to key and vulnerable populations, and to become sustainable as organizations. This includes: *technical capacity* (improvements in the implementation of prevention strategies and the provision of health services); *management capacity* (administrative management, management of paid or hired personnel and volunteers); *operational capacity* (workshop preparation, purchasing supplies for workshops, designing pamphlets and graphics); *financial capacity* (management of financial resources, accounting, receipts, files, reporting, etc.)
- Public financing does not cover administrative costs. This limits the growth of CSOs, which must generate income to cover these costs.
- There is no specific process or mechanism for CSOs to participate in the creation of policies and procedures for public financing. *Censida* has held ad hoc meetings with CSOs to identify areas of opportunity and improvement in the Calls for Proposals; however, organizations would like a more regular consultation process regarding limitations to projects, acceptable amounts in budgets, and activities that can be included in proposals.
- At present, beneficiaries do not participate in the evaluation and design of proposals, unless they belong to an organization, or are activists.
- In order to ensure that the Call for Proposals responds to the epidemic and the needs of key and vulnerable population, as well as the needs of organizations and institutions, constant evaluation and evolution in financing mechanisms is necessary.

INTRODUCTION

In the past decade, many countries have made important advances in their responses to HIV, TB and Malaria. However, the control of epidemics and compliance with the 2030 ¹ Sustainable Development Goals will depend to a large extent on whether responses can increase access to health services for affected populations and vulnerable groups. To this end, different countries have chosen a health service delivery model that includes collaboration with non-state actors, particularly with CSOs.

Governments are not always able to provide health services to key and vulnerable populations due to different factors, such as budget constraints, lack of motivation among traditional health providers, distrust of health services personnel among key populations, difficulties accessing key populations, stigma and discrimination.

International literature¹ indicates that CSOs integrated by peers often have better opportunities to reach key populations with services that include prevention, information, rapid tests, access to treatment and monitoring.

The purpose of this report, funded by the Global Fund (GF), is to systematize Mexico's experience with public financing for the provision of services by CSOs for key populations. The results are expected to serve as support for other countries interested in introducing this modality, by providing clear and detailed information on the operation of this mechanism, as well as lessons learned in recent years.

Based on the terms of reference and the literature review, a conceptual framework has been prepared to guide the process of preparing this report, as well as another of the same nature about Argentina. A guide with discussion points was developed to facilitate interviews with stakeholders, and key people within CSOs and the government were interviewed.

¹ For example:

For example: *UNAIDS Guidelines for Partnerships with Civil Society, Including PLWHA and Key Populations*; *UNAIDS 2016-2021 Strategy: On the Fast-Track to end AIDS*; *Overview of State Financing Schemes for Civil Society Organizations*; *Civil Society Organizations and Service Provision*, Andrew Clayton, Peter Oakley, Jon Taylor; *What is Civil Society and What can it do for Health?*, Scott L. Greer, Matthias Wismar, Monika Kosinska.

2

BACKGROUND

2.1 EVOLUTION OF PUBLIC FINANCING OF CSOs

The beginning of providing public financing to CSOs working in HIV can be traced to the beginning of the 21st century, when resources were first given to support work with MSM and the gay population. These projects, funded by the National Institute for Social Development (*Instituto Nacional de Desarrollo Social – INDESOL*), under the Ministry of Social Development, had funds ranging from \$150,000 to \$300,000 MXN (approximately \$16,326 to \$32,652 USD²). These amounts remained the same for years, in spite of changes to the exchange rate and inflation.

Censida formalized public financing of CSOs in 2006, through the publication of a Call for Proposals for the allocation of public funds to implement prevention projects. Since 2009,

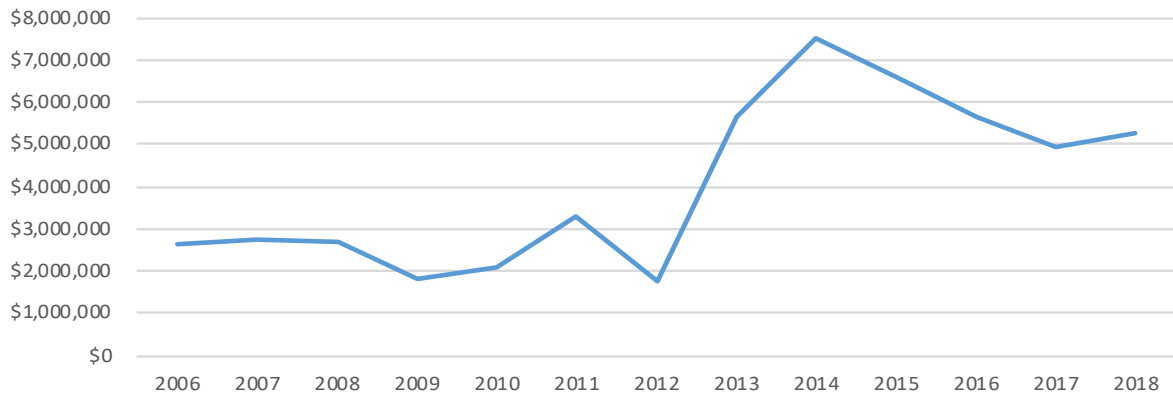
procedures for participation, evaluation and execution of projects financed by *Censida* progressively have been strengthened. It is important to note that between 2006 and 2012, when the procedures for participation in the Calls for Proposals were approved, there were three budget cuts, the largest being 40%. After 2012, the government markedly increased funding. *Censida's* investment for the period 2013 to 2018 was \$632.2 million MXN (\$38.7 million USD), and included 766 funded projects. Table 1 and Chart 1 show the changes in public financing available from *Censida* from 2006 to 2018.

² Exchange rates are based on the historical rate on oanda.com for the first day of January of the aforementioned year.

Table 1. *Censida's* Public Calls for Proposals (2006 to 2018)ⁱⁱ

YEAR	AMOUNT MXN	AMOUNT USD	ANNUAL DIFFERENCE
2006	\$28,178,923	\$2,642,220	N/A
2007	\$29,869,305	\$2,760,560	6%
2008	\$29,379,410	\$2,690,140	-2%
2009	\$25,185,418	\$1,817,960	-14%
2010	\$26,916,951	\$2,056,310	7%
2011	\$40,840,119	\$3,295,390	52%
2012	\$24,702,144	\$1,769,810	-40%
2013	\$73,192,600	\$5,630,410	196%
2014	\$98,256,350	\$7,507,780	34%
2015	\$96,775,376	\$6,565,550	-2%
2016	\$97,640,800	\$5,627,960	1%
2017	\$102,346,530	\$4,933,130	5%
2018	\$103,845,585	\$5,273,710	N/A
TOTAL	\$777,129,511	\$39,465,900	

Chart 1. *Censida's* Public Calls for Proposals (2006 to 2018)



— Funding Amounts per Year in USD

Reference: Table elaborated with information from *Censida* website: www.gob.mx/Censida

To understand the volume of public financing for projects carried out by CSOs, it is important to look at the percentage allocated by the federal government for these projects. The total of the resources allocated to the annual Call for Proposals represents approximately one-third of *Censida's* annual programmable budget³. More specifically, of the approximately \$300 million MXN (\$15,093,600 USD) implemented

annually by *Censida*, some \$100 million MXN (\$5,031,210 USD) are allocated to support civil society. When added to the purchase of male condoms and screening tests, it's fair to say that *Censida* allocates practically two-thirds of its annual operating resources to prevention activities, through cooperation with civil society.

Box 1: Global Fund financing to Mexico 2010 to 2013

Mexico's participation in Round 9 of Global Fund grants from 2010 to 2013 is particularly important. The main objective of the grant was to strengthen the national response to HIV prevention via the government and social and academic institutions. All project activities were carried out in collaboration with the Country Coordinating Mechanism (CCM), *Censida*, State Health Services and about 65 CSOs.

The grant ended December 31, 2013, after allocating \$34,680,258 USD aimed at training for health personnel and CSOs on epidemic, prevention, stigma and discrimination, management, and more.

The GF project reinforced the significance of CSOs' work and the need to sustain it through public financing. The Mexican government committed to continuing the project through the use of public resources, and has done so to date.

³ This refers to *Censida's* budget that is not intended for administrative functions and fixed costs.

The evolution of public financing through *Censida's* Calls for Proposals over the last 12 years reflects changes in the federal government's response to HIV. Budgetary allocations for the HIV response depend on strategic plans that are valid for a six-year period, coinciding with the six-year term of the executive power. Regional and international commitments and goals proposed by the United Nations are also considered. For example, in line with the HIV care continuum and UNAIDS' regional goals, the response to HIV in Mexico has placed greater emphasis on the screening of key populations, linkage to and retention in health services, and early treatment. Authorities from the Secretary of Prevention and the *Censida* Directorate General, as well as Directors of other responsible institutions, also provide input to budgetary allocations.

Communities have used political advocacy to ensure that resources are directed to particular populations. For example, organizations working in gender are lobbying within the Chamber of Deputies to ensure funds for those disenfranchised because of gender. Therefore, it is fundamental that CSOs influence these decisions and advocate for activities, specific line items, and strategies that are based on needs-analyses of key populations.

The original budget allocated for the current Call for Proposals (2018) was \$95,000,000 MXN (\$4,779,650 USD), but was modified in accordance with available funds to \$1,983,925,329 MXN (\$100,752,000 USD). Once projects are evaluated, and those eligible for financing are defined, *Censida* conducts a budget review to adjust funding, depending on the projects' indicators and costs. For example, it may adjust the price of screening tests to be in line with a lower cost option, and might not allow the purchase of flavored condoms, etc. These adjustments result in a larger available budget, which allows for the addition of projects that were waitlisted. With these funds, *Censida* is financing 121 projects from 94 organizations in 2018.ⁱⁱⁱ

At present, the Mexican government seeks to do the following through public financing^{iv}:

- Increase the timely detection of HIV, syphilis and other STIs;
- Promote early treatment of PLWHA, and their retention in health services;
- Support the establishment of *community detection centers* linked to health services;
- Support the development of health promotion and reduction of risk behaviors and practices;
- Contribute to the reduction of HIV vertical transmission and congenital syphilis cases;
- For PLWHA: promote health and improve quality of life, delay the progression of the disease, avoid contracting new STIs, and prevent the transmission of HIV to others;
- Reduce the risks of infection and effects of HIV and other STIs among PWID; and
- Promote practices of full respect for the human rights of key populations through actions aimed at reducing stigma and discrimination.

2.2 SERVICES PROVIDED BY CSOs WITH PUBLIC FINANCING

CSOs have provided a variety of services with public resources, adapting to trends in HIV programming priorities and policies. The CSOs that participate in Calls for Proposals for public financing have comparative advantages, areas of expertise, and are in accordance with the priorities set by *Censida*. Which services CSOs can provide with public financing, along with rules for participation, categories of activities and services that may be contracted, are all included in the instructions for the Call for Proposals.

Services are grouped according to the participation categories defined by *Censida* and published in the Call for Proposals. Currently, the following categories are considered in the 2018 Call for Proposals^v:

1. Community centers for the detection and prevention of HIV, syphilis and other STIs in targeted communities;
2. Comprehensive interventions for targeted detection and prevention;

3. Programs that provide prevention supplies;
4. Harm reduction in PWID;
5. Prevention of vertical transmission of HIV and congenital syphilis;
6. Positive prevention to improve quality of life for PLWHA.

Table 2 shows the specific details for activities included in each category within the Call for Proposals for 2018.

Table 2. Services provided by CSOs with public financing (2018)

CATEGORY	ACTIVITIES
1. Community Centers for the detection and prevention of HIV, syphilis and other STIs in strategic areas	<ul style="list-style-type: none"> • Detection services that include counseling and linkage to health services in Community Centers
2. Comprehensive interventions for targeted detection and prevention	<ul style="list-style-type: none"> • Implementation and/or promotion of HIV, syphilis and other STIs detection through outreach strategies • Linkage to health services • Distribution of prevention supplies • Outreach, and sexual and reproductive education interventions • Promotion of adherence to treatments • Support services and other psychosocial strategies
3. Programs that provide prevention supplies	<ul style="list-style-type: none"> • Outreach strategies • Approaches to key populations • Outreach and education actions • Promotion of detection and health services • Risk reduction
4. Harm reduction in PWID	<ul style="list-style-type: none"> • Delivery and/or exchange of needles and syringes • Outreach and education for harm reduction • Implementation and/or promotion of HIV, syphilis and other STIs detection through outreach strategies • Linkage to health services
5. Prevention of vertical transmission of HIV and congenital syphilis	<ul style="list-style-type: none"> • Outreach, and sexual and reproductive education interventions • Promotion of adherence to treatments • Support services and other psychosocial strategies • Monitoring of the children of women with HIV • Distribution of prevention supplies • Supply of breast milk substitutes to newborns of mothers with HIV
6. Positive prevention to improve quality of life for PLWHA	<ul style="list-style-type: none"> • Prevention and self-care of health • Support and promotion of adherence to treatment • Implementation and/or promotion of HIV, syphilis and other STIs detection for serodiscordant couples

Each category has a specific budget structure. For example, for the category “1. Community centers for the detection and prevention of HIV, syphilis and other STIs in targeted communities,” medical and testing supplies are included in the project budget, along with other line items. However,

in the category “3. Programs that provide prevention supplies,” a larger percentage is included in the project budget for the purchase and distribution of prevention supplies.^{vi} Table 3 specifies the maximum amounts per project allowed in each category.

Table 3. Maximum amounts per project by category (2018)^{vii}

CATEGORY	MAXIMUM AMOUNT
1. Community centers for the detection and prevention of HIV, syphilis and other STIs in strategic areas	\$1,300,000 to \$65,406 USD
2. Comprehensive interventions for targeted detection and prevention	\$900,000 to \$45,281 USD
3. Programs that provide prevention supplies	\$700,000 to \$35,219 USD
4. Harm reduction in PWID	\$900,000 to \$45,281 USD
5. Prevention of vertical transmission of HIV and congenital syphilis	\$800,000 to \$40,250 USD
6. Positive prevention to improve quality of life of PLWHA	\$700,000 to \$35,219 USD

2.3 KEY POPULATIONS SERVED BY PUBLIC FINANCING

According to UNAIDS, countries with concentrated epidemics have two target populations when it comes to HIV work. First are key populations, who have a higher incidence and prevalence, and are most at risk. Key populations play a fundamental role in the dynamics of the epidemic. Second are those populations in situations of inequality or vulnerability who are at risk due to their context, but do not have a higher prevalence.

For publicly financed projects, *Censida* identifies key populations, which are the ultimate beneficiaries of the activities or services, while also specifying subgroups of the key population. For example, if MSM is the key population, the priority population may be gay men from a specific city who seek sexual encounters. *Censida* also distinguishes direct and indirect beneficiaries, the former being those to whom the intervention is directed, and the

latter those who benefit as a result of the intervention.

Consequently, for the purposes of *Censida's* public Call for Proposals, key populations are those that are most likely to be exposed to HIV, or to transmit it, and who are essential to addressing the dynamics of the epidemic:

- MSM
- Trans women
- PWID
- Sex workers
- Prisoners

Censida also includes populations in situations of inequality, who are considered vulnerable due to gender, age, ethnicity, health condition, socioeconomic status or other reasons. For the purposes of the Call for Proposals, the following are included:

- Women and girls especially vulnerable to HIV and other STIs;
- Adolescents and young people in contexts of vulnerability and

environments with a higher HIV prevalence;

- PLWHA and their partners,
- Migrant and mobile populations;
- Indigenous populations in contexts of vulnerability and environments with higher HIV prevalence; and
- The homeless.

Censida's Call for Proposals considers projects designed for both target groups: key and vulnerable populations. However, according to *Censida's* General Guidelines for Project Development, if a project is submitted that works with vulnerable populations, the OSC "must describe the epidemiological data related to the population and the location/community that justifies the intervention."^{viii} For projects related to key populations, such epidemiological data is not necessary.

Table 4 shows UNAIDS' definitions of key populations^{ix}, together with the definitions of the terms used in the Mexican legislation.

Table 4. Definitions of key populations

TERM	SOURCE	DEFINITION AND SOURCE
Men who have sex with men (MSM)	UNAIDS Terminology Guidelines	This term describes MSM, regardless of whether or not they have sexual relations with women or whether, at a personal or social level, they have a gay or bisexual identity. This concept is useful because it also includes men who define themselves as heterosexual, but who have occasional sex with men.
Key populations	UNAIDS Terminology Guidelines	UNAIDS considers gay men and other MSM, sex workers and their clients, transgender people, PWID, and prisoners as the main key populations. These population groups are often victims of punitive laws or stigmatizing policies, and are most likely to be exposed to HIV. The term "key populations at higher risk" may also be used in a broader sense, regardless of the legal or political environment, to refer to those populations exposed to a high risk of contracting HIV or transmitting the virus.
Vulnerable populations	UNAIDS Terminology Guidelines	Key populations are distinct from vulnerable groups or vulnerable populations, which are subject to social pressures or social circumstances that make them more vulnerable to exposure to infections, including HIV.

LEGAL AND POLICY FRAMEWORKS FOR PUBLIC FINANCING OF CSOs FOR HEALTH SERVICE DELIVERY

3.1 LEGAL FRAMEWORKS FOR STATE ACTIVITIES RELATED TO HEALTH AND HIV/AIDS

The Organic Law of the Federal Public Administration (*Ley Orgánica de la Administración Pública Federal*)^x defines the responsibilities that correspond to national and state governments regulating the provision of general health services. Under this law, the Ministry of Health is responsible for the following: a) establishing and carrying out the national policy on social welfare, medical services and general health services; and b) coordinating the Federal Public Administration's health service programs, as well as other functions within related programs, where appropriate.

The General Health Law (*Ley General de Salud*)^{xi} explicitly includes the prevention and control of communicable diseases within general health programming, and establishes that the National Program for the Prevention, Care and Control of HIV/AIDS and Sexually Transmitted Infections (*Programa Nacional de Prevención, Atención y Control del VIH/Sida e Infecciones de Transmisión Sexual*) is considered part of general health (Artículo 3, XV and XV bis).

Likewise, the General Health Law establishes that the national Ministry of Health, along with state governments, acting within their respective fields of expertise, will implement epidemiological surveillance, prevention, and control of certain communicable diseases, including AIDS (Article 134).

The Internal Procedures of the Ministry of Health (*Reglamento Interior de la Secretaría de Salud*)^{xii} specifies that

Censida shall “promote mechanisms to encourage engagement of civil society and communities at large, as well as public and private sectors, in activities specific to their areas of expertise” (Article 46, VI).

Considering the complexities of implementing national-level mandates, the General Health Law brought about the need to decentralize responsibilities, resources and decision-making processes. *Censida* is a decentralized agency at the federal level that sits within the Ministry of Health. It acts as the governing and financing body for CSOs. As an institution, *Censida* does not have its own assets and is not legally independent. It is directly subordinate to the Ministry of Health, and its decision-making powers are specific and limited to its scope of work, as defined by law. The legal and financial foundations of *Censida*, through the Ministry of Health, create the legal and regulatory foundations for the federal funds granted to CSOs.

Currently, there are regulations and institutions at the federal level, as well as Ministries of Health in each state, that operate based on both federal and local regulations and standards.⁴

⁴ For example, in interviews with CSOs, it was mentioned that not all states have enacted similar laws based on the LFFAROSC, and, where there are existing laws, they do not all comply with the requirements of the LFFAROSC. This highlights the relative autonomy of the states.

3.2 LEGAL FRAMEWORKS FOR THE CREATION AND OPERATION OF CSOs

The Federal Civil Code establishes the following (Articles 2670 to 2686^{xiii}) as minimum requirements for establishing a CSO:

- Articles of incorporation that are properly notarized by a notary public, and detail statutes by which the organization will be governed;
- Request authorization for the use of a title or business name from the Federal Ministry of Economy (*Secretaría de Economía del Gobierno Federal*). Titles or business names are the words and characters that make up a society or association's name (the type of organization depends on its objectives), and which distinguishes it from others; and
- Be registered in the Federal Register for Civil Society Organizations (*Registro Federal de las Organizaciones de la Sociedad Civil*).

The Federal Law for the Development of Civil Society Organization Activities (*Ley Federal de Fomento a las Actividades Realizadas por Organizaciones de la Sociedad Civil – LFFAROSC*)^{xiv} is the federal framework that regulates and supports CSO activities. CSOs are defined as legally constituted Mexican groups or organizations that are not-for-profit and carry out any or some of the activities contained in Article 5 of the *LFFAROSC*.

LFFAROSC establishes, among other things:

- Rights of organizations (Article 6);
- Obligations of organizations (Article 7);
- Development activities that may be carried out by institutions within the Federal Public Administration (Article 5);
- Creation of organizations and instruments to promote CSO activities, such as the Commission

for the Development of Civil Society Organization Activities (*Comisión de Fomento de las Actividades de las Organizaciones de la Sociedad Civil*) (Article 10), the Federal Registry of Civil Society Organizations (*Registro Federal de las Organizaciones de la Sociedad Civil*) (Article 15), and the Technical Advisory Council (*Consejo Técnico Consultivo*) (Article 26); as well as

- Sanctions that CSOs may receive (Articles 30 to 32).

The public sector's relationship with civil society continues to transform and become more complex as society changes and diversifies.

3.3 LEGAL FRAMEWORKS TO REQUEST AND RECEIVE PUBLIC FUNDS

Legislation relevant to requesting and receiving public funds spans a broad spectrum of legal mechanisms, including the constitution, federal laws, general civil laws, and the internal procedures of civil institutions.

Public financing for CSOs is distributed via a public subsidy. According to the Federal Budget and Fiscal Responsibility Law^{xv}, the subsidy falls within the provisions of Article 77, which states that subsidies are subject to regulation, in order to ensure that public resources are used efficiently, effectively, frugally, honestly, and transparently. General criteria for regulating programs is included in the Expenditure Budget.

Each governmental agency, within its respective sector, is responsible for issuing operational regulations for programs before the beginning of each fiscal year, or proposing any modifications to existing regulations. These regulations are necessary in order to receive budget authorization from the Ministry, and are subject to revision by the Federal Commission for Regulatory

Improvement (*Comisión Federal de Mejora Regulatoria*).

Also relevant are articles 74 and 75 of the Federal Budget and Fiscal Responsibility Law (Box 2), wherein the federal government, through the Ministry of Treasury and Public Credit (*Secretaría de Hacienda y Crédito Público*), authorizes departmental budgets

to be used for subsidies and financial transfers, as approved in the National Expenditure Budget. According to the law, these resources must be distributed and used in accordance with applicable general guidelines, and are subject to the principles of objectivity, equity, transparency, full-disclosure, acumen and impermanence, as set forth in the Law.

Box 2. Authorization for the delivery of subsidies and transfers

Article 74.

The Federal Government, through the Ministry [of Public Administration], authorizes departmental budgets to be used for subsidies and financial transfers, as approved in the National Expenditure Budget. The Ministry may reduce, suspend or terminate the disbursement of subsidies or financial transfers when agencies do not comply with the provisions of the Law by giving notice to the Chamber of Deputies, and taking into account their opinion about the recipients of the funds. Those in charge of organizations and agencies that receive authorized subsidies and financial transfers are responsible, within their ability, for the proper use of funds according to general regulations. Governmental agencies may suspend disbursements of resources to decentralized administrative institutions or entities that are not in compliance with the applicable general regulations. The agencies suspending the disbursement of resources must inform the Ministry.

Article 75.

Subsidies are subject to the principles of objectivity, equity, transparency, full-disclosure, acumen and impermanence. Therefore agencies which grant subsidies must: I. Accurately identify the target population, including the specific group and their specific location (region, state and municipality); II. Where appropriate, specify maximum amounts allowed per beneficiary, and per percentage of the total cost of the program. For programs directly benefitting individuals or groups, the amounts and percentages are established based on criteria that ensure equal distribution of resources, privileging those of lower income, and seeking equity between regions and states, while not affecting the program's ability to achieve its objectives; III. Ensure that frameworks for distribution, operations and administration grant equitable access to all social groups and genders; IV. Ensure that resources are directed exclusively to the priority population, and that frameworks for distribution, operations and administration facilitate the collection of data and the ability to evaluate the economic and social impact, in addition to ensuring that resources are not spent on costly and excessive administrative activities; V. Incorporate regular monitoring, supervision and evaluation frameworks that facilitate making adjustments to operations, or canceling activities; VI. Where appropriate, seek alternative sources of income to achieve greater self-sufficiency, which leads to a reduction in financial support or no longer needing financial support; VII. Ensure coordination among agencies and entities in order to avoid duplication.

Given that public funding to CSOs is granted via a public subsidy, purchases made with these funds must be made in accordance with the project's approved schedule of activities, and funds should be administered efficiently, effectively, frugally, honestly, within the law, intelligently, transparently and accountably, as outlined in Articles 1^{xvi} and 75^{xvii} of the Federal Budget and Fiscal Responsibility Law. These funds are subject to federal auditing, and either on-site or remote supervision, control and monitoring, according to schedules and frameworks defined by *Censida*.

In addition to the aforementioned, when receiving public financing, CSOs assume a series of obligations stipulated in the *LFFAROSC*^{xviii} as summarized in Box 3.

5 Budgeting and Public Accounts Committee of the Chamber of Deputies (*Comisión de Presupuesto y Cuenta Pública de la Cámara de Diputados*).

Box 3. CSO obligations when receiving public financing

Article 7. In order to access resources and incentives granted by the Federal Public Administration, aimed at promoting the activities established by this law, civil society organizations have the following obligations, in addition to those set forth in other applicable legal regulations:

- I. Be enrolled in the Registry;
- II. Have legally defined management, governance and legal representation;
- III. Have an accounting system that is in accordance with generally accepted accounting regulations and practices;
- IV. Provide information required by the corresponding authority about objectives, statutes, programs, activities, beneficiaries, national or international financing sources (or both), assets, administrative and financial systems, and use of public support and incentives received;
- V. Report annually to the Committee about activities carried out, and their results; as well as a financial assessment which includes funds and assets, and that clearly presents the financial status of the organization – in particular, results derived from using public funds earmarked for the development of CSOs – in order to keep the Information System updated and thus guarantee transparency;
- VI. Inform the Registry of any amendments to articles of incorporation, as well as any changes in governance, management and legal representation, within no more than forty-five working days from the respective modification;
- VII. Include in the Registry the names of associations/networks to which the organization belongs, and inform the Registry if the organization has left an association/network;
- VIII. In the event of disbanding the organization, assets acquired with public funds and incentives must be transferred to another registered organization (or organizations), for the purpose of conducting outreach activities. The disbanding organization will have the power to choose the organization(s) to which these assets shall be transferred;
- IX. Perform the activities necessary to fulfill its civic objective;
- X. Promote the professionalization and training of members;
- XI. Do not engage in partisan or electoral campaigning;
- XII. Do not proselytize or advertise for religious purposes; and
- XIII. Act with impartiality and non-discriminative criteria when determining beneficiaries.

Additionally, the *LFFAROSC* defines conflicts of interest that prevent CSOs from accessing public financing, in compliance with legal premises (Box 4).

Box 4. Conflicts of interest to receiving public financing

Article 8. Civil society organizations may not receive public funds and stipends, as detailed in this law, if the following apply:

- I. If leadership of the organization is/are blood relatives or have family ties, up to the fourth degree, with the public servant(s) responsible for distributing or authorizing public support and incentives, or if they are spouses; and
- II. If persons to be contracted with public funds are blood relatives or have family ties, up to the fourth degree, with the leadership of the organization.

Also, the *LFFAROSC* requires that CSOs abide by applicable administrative regulations when receiving public financing (Box 5).

Box 5: General administrative regulation of CSOs

Article 9. Under this law, civil society organizations that receive public funds and incentives for development shall be subject to applicable legal and administrative regulations.

Organizations obtaining economic resources from third parties or from overseas must follow the corresponding procedures in compliance with existing national fiscal regulations, or based on international treaties and agreements to which the country is party, when appropriate.

In addition to the specific regulatory framework, the Federal Law on Transparency and Access to Public Information (*Ley Federal de Transparencia y Acceso a la Información Pública*)^{xix} and its Bylaws^{xx} also apply. The law and bylaws detail the principles of confidentiality, non-disclosure and protection of personal information generated, obtained or produced during the implementation of the funded project. It also outlines regulations to settle disputes that may arise with respect to implementation and compliance of Partnership Agreements, which becomes the responsibility of the federal courts in Mexico City, given that the funds come from federal resources.

3.4 LEGAL FRAMEWORKS GUIDING THE ACQUISITION AND DISTRIBUTION OF EQUIPMENT AND SUPPLIES

The Law of Acquisitions, Leases, and Services for the Public Sector (*Ley de Adquisiciones, Arrendamientos y Servicios del Sector Público*)^{xxi} aims to regulate purchases, rental of goods, and delivery of service, of any type, that are made/provided by state or municipal administrations.

This law does not explicitly apply to CSOs; however, since the law has jurisdiction over

institutions granting funds to CSOs, the regulations are applicable, by extension, to CSOs receiving public financing. While there is no specific law that explicitly describes purchasing processes for CSOs, the Law of Acquisitions, Leases, and Services for the Public Sector empowers *Censida* to define procurement procedures within the Call for Proposals.⁶ The absence of a specific regulatory framework allows purchasing guidelines to be modified each year, and to remain in the hands of the government in power, which complicates the Call for Proposals. Additionally, without a law that provides for more ample interpretation of allowable expenditures, and given that *Censida* excludes certain expenditures within the Call for Proposals, CSOs are not able to acquire elements that are fundamental to project implementation, such as banking fees or computer equipment.

Censida's Call for Proposals^{xxiii} outlines specific guidelines for purchases.

- ▶ For purchases over \$25,000 MXN (\$1,307 USD) at least three quotes are needed to guarantee the best market conditions with respect to price, quality, financing and expediency. This type of purchase must include a purchase order, a request or a contract.
- ▶ Receipts must be related to the project's activities and/or implementation, unless otherwise approved by *Censida*, and they will be accepted once supporting documents have been reviewed, and relationship to the project budget is validate.
- ▶ Organizations must save supporting documents for purchases and payments for a five-year period. During follow-up visits, *Censida* should be able to verify that organizations have implemented record keeping frameworks and controls that substantiate operations and activities, and prove how federal resources have been used.

⁶ More information about purchasing procedures can be found in Section 4.3 Eligible costs for public financing

4

STRUCTURE OF PUBLIC FINANCING OF CSOs

4.1 TYPES OF PUBLIC FINANCING FOR CSOs

Within the Mexican regulatory system, and within financing for CSO working in HIV/AIDS, there is no block grant, which is defined as a substantial financial subsidy to CSOs for use in a wide range of activities under general guidelines. Neither is there financing in the form of reimbursements, defined as payments to an organization to reimburse for expenditures substantiated by receipts.

The system of funding CSO projects is highly regulated. Funds for CSO projects are referred to as “public financing,” and are administered by *Censida* through the public Call for Proposals. *Censida* enters into partnership agreements with CSOs, and through these agreements coordinates the transfer of federal funds via “subsidies” so that the CSO may carry out project activities. Bank transfers are used to deliver funds to CSOs in the agreed-upon amounts.

4.2 SOURCES OF PUBLIC FINANCING

In Mexico, the main source of public financing for CSOs is the Federal Budget,^{xiii} which is the origin of the financial resources administered by *Censida*. *Censida* funds community intervention projects aligned with the categories outlined in the Call for Proposals. Only legally-constituted CSOs that comply with the requirements of the Calls for Proposals are eligible. When deciding which CSOs to finance, *Censida* takes into account the organizations' background, as well as

the relevance and possible social impact of the proposed project.

INDESOL also publishes a Call for Proposals for federal public funds, which encompasses three strategic areas: a) Strengthening Gender Equality and Equity, b) Social Inclusion, c) Institutional Strengthening of CSOs and other Society Actors.^{xxiv} Their subsidies are well below *Censida*'s. For example, *INDESOL* will finance an experienced CSO for a project of approximately \$200,000 MXN (\$10,062 USD), whereas *Censida*'s funding is between \$700,000 MXN (\$35,219 USD) and \$1,200,000 MXN (\$60,375 USD).⁷

Additionally, some CSOs obtain small amounts of public resources from the National Council of Science and Technology (*Consejo Nacional de Ciencia y Tecnología*)^{xxv}, the Ministry of Labor and Social Welfare (*Ministerio del Trabajo y Previsión Social*), and from municipal budgets, such as the Ministry of Health of Mexico City. In addition, public financing at local levels is available from the Congress (Chambers of Deputies and Senators) of each state, local Ministries of Health, State Ministries of Social Development (*Secretaría de Desarrollo Social*) and local social development institutes. With these funds, CSOs provide training, promote gender equity, provide services for personas with disabilities, promote community development, defend and promote human rights, and promote and contribute to services for health care and health issues.^{xxvi}

7 Due to the fact that the main public financing of CSOs comes from *Censida*, and not from *INDESOL*, this study does not go into detail on the specific processes for *INDESOL*'s Call for Proposals. However, detailed information about their contributions in the area of capacity development can be found in Section 6 of this report: “CSO and government capacity-building efforts to improve public financing.”

In the State of Nuevo León, where the state HIV program has its own Call for Proposals, eight to ten CSOs received \$100,000 MXN (\$4,820 USD) for the delivery of prevention supplies. The State of Jalisco held a similar Call for Proposals until a few years ago.

Elsewhere, resources are available from other state agencies, such as Institutes for Youth or Institutes for Women (names vary from state to state). There is no specific budget line for HIV activities, but they are included in broader funding categories. For example, CSOs may submit proposals to state agencies for projects that address gender equity or human and sexual rights for transgender women, and these projects may include promotion of timely HIV detection and the distribution of prevention supplies. Given that there are no specific categories for HIV, allocations vary year to year.

4.3 ELIGIBLE COSTS FOR PUBLIC FINANCING

Censida bases its list of eligible and non-eligible expenses on the legal regulations for what may be paid for with public funds. This list can change annually, given that there is no overarching law or federal regulation for eligible and non-eligible expenses.

Each year the Call for Proposals includes an annex to assist CSOs: “Guidance for civil society organizations on requesting federal resource, receiving funds, use of funds, verification of expenditures, and execution of prevention projects.”^{xxvii} This guide details eligible and non-eligible expenses and services (Table 5), and provides breakdowns for receiving transfers and organizing expenses.

Table 5: Eligible and non-eligible expenses (2018)

ELIGIBLE EXPENSES	
Supplies and materials	<p>a. <i>Prevention supplies such as:</i> male condoms, female condoms, water-based lubricant, syringes, needles, powdered milk, chlorine, latex gloves, oral barriers, dental dams, finger cots, anatomical models and other prevention supplies directly related to the intervention and the target population.</p> <p>b. <i>Detection supplies such as:</i> rapid tests for HIV and other STIs, laboratory services for other STIs, first aid supplies, face masks, latex gloves, biological waste collection services, biological waste receptacles, and other supplies and instruments related to the detection process.</p>
Human resources	<p>a. CSOs may not contract persons with public funds who are blood relatives or have family ties, up to the fourth degree, with the leadership of the organization, in accordance with Article 8, Section II, of the <i>LFFAROSC</i>.</p> <p>b. CSOs should hire staff and management to execute projects under contracts that provide either “wages” or “professional services,” whichever is most convenient.</p> <p>c. No person can be hired to occupy more than one position simultaneously within the same project of an organization. In the case of organizations financing two projects, the same person may be hired for finances and administration, provided that the CSO accepts that in one of the projects only 50% of the person’s salary will be received. <i>Censida</i> must be informed upon signature of the partnership agreement, in order to make corresponding adjustments.</p> <p>d. Under no circumstance may a person who is hired under the classification of “Human Resources” also be hired under the classification of “Professional Services” within the same organization’s project.</p> <p>e. Payments for those hired by CSOs to carry out the project must adhere to the enclosed fee breakdown.^{xxviii}</p> <p>f. CSOs will elaborate “contracting files” where it is certified via documentation that persons hired for the project have the required skills and experience.</p> <p>g. CSOs should develop and maintain contracts for all persons hired as “salaried” and/or “professional services.” Contracts should specify the activities to be carried out, and desired deliverables, according to the terms, conditions and services provided.</p> <p>h. When CSOs carry out a project in a city that is other than their tax base, they must exclusively hire personnel who reside in that city for project implementation. With prior notice, <i>Censida</i> may authorize the Project Coordinator or another team member to be a resident of a different city.</p>

Professional services

a. CSOs may not contract persons with public funds who are blood relatives or have family ties, up to the fourth degree, with the leadership of the organization, in accordance with Article 8, Section II, of the *LFFAROSC*.

b. A contract must be uploaded into the Prevention Activities Monitoring System (*SMAP*), under the section, “additional documents,” and this must be completed prior to the delivery of the service. The contract must specify, at least, the activities to be carried out (number of hours, number of workshops, objectives, etc.), the products to be delivered and the number of people who will benefit from these services.

c. Persons are not allowed to be “salaried” under this classification.

d. No person hired under this classification may receive per diem or travel costs to fulfill the contracted service.

Operating costs

a. Printed or promotional materials such as brochures, postcards, posters, signs, banners, t-shirts and other printed materials.

b. Production of audio and video materials with informational, educational or socially-oriented content.

c. Stationery items, such as: paper, forms, folders, notebooks, pens, pencils, flipcharts, markers and photocopies, among others.

d. Small supplies for storing data on optical and magnetic media (CD, USB, hard disk) or printing materials (toner cartridges, ink).

e. Expenses related to meetings, seminars, workshops, set-up of information or training modules, and any other similar forum. Additionally, similar activities that are in line with the guidelines of the project, rental of venue, furniture, equipment, tents, sound equipment, stands, chairs, tables, coffee service and catering.

Per diems and travel

These are funds allocated to cover expenses for food, lodging, domestic land and air travel, gasoline and tolls, and these expenses must be directly related to the project’s activities and objectives. Therefore, no payments shall be authorized when they do not align to city/region indicated for the scheduled activities.

Community center expenses

Expenses related to refurbishing and adapting the physical space of the community screening center, as well as furniture and equipment essential for the provision of the services, such as desks, chairs, computers, printing and photocopy equipment.

Other project expenses

These expenses, which due to their nature are considered temporary rather than scheduled, are limited to a specific period of time, and are necessary for the implementation of specific activities incidental to the project. They may be funded with the same resources assigned to the project upon written request to *Censida*, who shall respond in writing to the CSO.

NON-ELIGIBLE EXPENSES

1. Purchase of any kind of books, magazines, newspapers, publications, gazettes, audiovisual material, cassettes, DVDs, blue ray discs, including subscriptions to specialized magazines and publications.
2. Purchase of licenses and patents, software included.
3. Purchase of any kind of “gadgets,” such as cell phones, tablets and computer accessories, among others.
4. Purchase, rental, service and maintenance of motor vehicles, including spare parts, lubricants and additives.
5. Purchase and repair of any type of computer, projector, audio and visual equipment.
6. Payments for communication services (telephone services, telephone cards, Internet, airtime).
7. Expenditures for cleaning materials.
8. Payments of fees to personnel who do not participate in the implementation of the project (secretarial support, management and accounting services) among others.
9. Expenses for the dissemination of results and proposals.
10. Expenses related to project evaluation.
11. Graphic design expenses.
12. Transportation, food and lodging expenses to participate in activities not related to the project implementation.
13. Transportation, food and lodging expenses for speakers, trainers, instructors and experts, among other professional service providers.
14. Payment of fees for the purchase of gasoline vouchers, expenses, electronic wallets, etc.
15. Payment of banking/financial commissions, interests or penalties.
16. Donations, incentives, and prizes.
17. Purchase of alcoholic beverages and tobacco products.
18. Purchase of personal items.
19. Hiring of musical entertainment.
20. Payment of utilities and fees (water, electricity, property taxes, land tenure).
21. Purchase, rental or refurbishing of assets and property.
22. CSO administrative expenses that do not pertain to the project.
23. Insurance (medical, life, funeral, etc.).
24. Payment of school fees and scholarships.
25. Dry cleaning and laundry expenses.
26. Payment of fines or infractions of any kind.
27. Payment of food in restaurants that are not located where the project is taking place, or that is for people not involved in the project.
28. Payment of expenses, goods and/or services not directly related to the project.
29. Payment of tips of any kind.

The exact amounts incurred by CSOs for administrative costs, supplies and services will vary each year due to factors such as supply and demand and inflation. For example, if a CSO needs to purchase a significant amount of male condoms, they may be able to get a better deal from suppliers or distributors if they buy in bulk at the beginning of a project.

However, if condoms are purchased according to a schedule, three or four times throughout the year, they will likely cost more, and it will be harder to make commitments with distributors because of the fluctuation in price each time purchased. Additionally, some products simply become more expensive as a result of supply and

demand. CSOs do not purchase products at government price, nor can they do so in a consolidated manner (for example, several CSOs partnering together to buy in bulk), which means that each CSO must negotiate to purchase goods at prices they can afford.

The costs of testing services is calculated by *Censida*, are based on real costs, and are also subject to annual variations. When making estimates for the price of supplies, estimates are used as reference. *Censida* conducts a market study of the necessary supplies for the projects to be developed. This study

includes a comparison between the market costs of the northern, central and southern regions of the country. After obtaining a national average of the regions, it determines estimates and budget limits.

4.4 BIDDING AND SELECTION PROCESS

The bidding process includes (a) *Censida's* annual public announcement or Call for Proposals, (b) submission of proposals or offers, and (c) selection of CSOs.^{xxix} The process involves nine steps (Chart 2).^{xxx}

Chart 2. Registration and selection process for *Censida's* Public Call for Proposals (2018)



The foundations for participation are contained in *Censida's* Call for Proposals (Box 6).

Box 6. Contents of *Censida's* Call for Proposals (2018)

1. Objectives of the Call
 - ▶ Guiding principles and strategies for combined prevention
2. Populations targeted by the projects
 - ▶ Key populations
 - ▶ Populations experiencing inequality
3. Scope of project implementation
4. Categories for activities
5. General requirements for participation
6. Participation restrictions
7. Exclusion criteria
8. Timeframe and technical structure of projects
9. Financing
10. Amounts by category
11. Projects by organization
 - ▶ Maximum number of projects to submit, according to the seniority of the CSO
12. Review, evaluation and selection
13. Formalization

In order to receive public financing, CSOs should first have complied with the legal requirements elucidated in Section 3.2 (Legal frameworks for the creation and operation of CSOs). Additionally, to participate in the Call for Proposals, CSOs must meet the following requirements (Table 6).

Table 6. Requirements to obtain public financing

CRITERIA: FOR ALL ORGANIZATIONS

1. Comply with the provisions set forth in Article 7 of the *LFFAROSC*.
2. Be without any impediment to receiving public support as a result of the conditions indicated in Article 8 of the *LFFAROSC*.
3. Not owe technical or financial documentation to *Censida*, or have financial debts, due to previous partnership agreements from former Call for Proposals.
4. Letter under oath⁸ addressed to the Head of *Censida* on the organization's letterhead, signed by the legal representative of the CSO, stating that:
 - a. It does not participate in the actions detailed in Article 8 of the *LFFAROSC*.
 - b. It does not receive resources from other federal programs for the financing of the same project, nor co-financing from other public or private institutions, excluding contributions from state programs or other governmental bodies in kind, such as prevention and detection supplies.
 - c. There is no conflict of interest that affects or could affect the selection process, implementation and monitoring of the projects funded by this Call for Proposals, and that it fulfills the requirements for experience and capacity needed to be able to complete the projects. In addition, acknowledge and accept each and every one of the clauses contained in this Call, and that agree to fully comply with the provisions therein.
 - d. While implementing the project, there will be no political campaigning for any party or national or religious institution.

⁸ A "Letter under oath" is a document where the organization states that the documents and information submitted are true and authentic.

CRITERIA: PROJECTS INTENDED TO WORK IN INSTITUTIONS WITH STAFF AND/OR CLIENTS, SOCIAL REHABILITATION CENTERS, EDUCATIONAL SERVICES, MIGRATION SERVICES, ETC.

Letter of consent from the corresponding authorities clearly expressing knowledge of the project, that they support its possible implementation, and that the interventions are in line with local priorities.

CRITERIA: PROJECTS FOR DETECTION OF HIV AND OTHER STIs (SYPHILIS)

Letter from the state health authority to ensure linkage of responsive cases to specialized health services..

CRITERIA: COMMUNITY DETECTION CENTER PROJECTS

Have the infrastructure necessary to establish a community center.

The Call for Proposals contains annexes on “General guidelines for the development of projects by category,”^{xxxix} which define the objectives of each category, key populations, priority interventions to be contracted, basic inputs to be considered in that category and the structure of the budget that the CSO

must submit. Each category has its own table of specific guidelines. An example is shown below in Box 7 for “Category 1. Community centers for the detection and prevention of HIV, syphilis and other STIs in targeted communities”^{xxxix}

Box 7: General guidelines for projects “Category 1: Community centers for the detection and prevention of HIV, syphilis and other STIs in targeted communities” (Censida’s 2018 Call for Proposals)

Objective

Enhance community spaces for key populations in which services for the prevention and detection of HIV, syphilis and other STIs are provided, as well as linkage with specialized health services.

Populations	Priority interventions *
<p>Preferably serve the following populations:</p> <ul style="list-style-type: none"> • MSM • Trans women • PWID • Sex workers <p>If proposing to work with a population experiencing inequality, OSC should justify the intervention by describing the epidemiological data related to the population, and the scope of coverage.</p>	<ul style="list-style-type: none"> • Community spaces where comprehensive detection services are offered. • Prevention and adherence services in hard-to-reach populations. • Rapid testing for HIV, syphilis and other STIs, accompanied by counseling. • Promotion of HIV, syphilis and other STI detection. • Procedures for confirmation of positive rapid tests cases, linkage and retention to health services, and coordination with authorities and data collection. • Sexual and reproductive education interventions and general health interventions. • Psychological and social services for clients, with emphasis on persons who test positive on rapid tests. • Promotion of access to treatment and support for adherence. • Linkage for people without social security.

Basic supplies	Budget structure *		
Rapid detection tests. Laboratory studies. Lancets. First aid materials. Materials and services for handling biohazardous and infectious waste. Personal protection material (Robes, latex gloves and face masks, among others). Condoms. Water-based lubricant. Tests, condoms and lubricant must be registered with the Ministry of Health. All supplies must be purchased through suppliers which are proven to be affordable, and have authorization for the sale of associated products.	Line item	Min	Max
	Intervention supplies and materials	40%	--
	Human resources	--	35%
	Professional services	--	5%
	Operating costs	--	25%
	Travel expenses	--	20%
	Community center installation expenses	--	5%
	Other project expenses	--	2%

* Percentages assigned to line items are to be used when requesting funds; however, actual budgets of projects chosen for funding will be subject to review and revision, which may result in redistribution or reductions. The authorized budget will not necessarily maintain the percentages detailed in the Budget Structure.

Specific Requirements Category 1

Requirement	Requested document and/or action
<ol style="list-style-type: none"> Have physical space where the key population is concentrated, in which to operate the community detection center. The space must have areas equipped to maintain privacy during testing Ensure linkage of those who test positive in rapid tests to health services. Register in the information systems required by <i>Censida</i>, using the organization's unique identification number. Apply the proper methods for handling biohazardous and infectious waste. 	<ol style="list-style-type: none"> Property title, deed, lease agreement or other legally-binding document (license or contract) proving he the right to use the property, with a minimum validity until December 2018. <ol style="list-style-type: none"> Summary of the physical space containing the following: <ol style="list-style-type: none"> Total usable square meters. Number of enclosed areas for testing. Number of bathrooms available Photographs of the facilities that clearly demonstrate the front of the building, and individualized private areas that guarantee privacy and safeguard the confidentiality of people being tested. Planned remodeling projects, if applicable. Letter from the corresponding health authority. <i>Censida</i> will verify that the organization's certificate number is used during project activities. <i>Censida</i> will verify that the correct handling of biohazardous and infectious waste is include in the project's components, and, if applicable, that it is considered in the budget. <p>* Budget templates are available in the SMAP</p>

Projects that do not clearly define the structure of the organization, or that do not meet the requirements listed in the Call for Proposals, shall be excluded from the evaluation process.

Projects will be evaluated through the online “Prevention Activities Monitoring System” (*Sistema de monitoreo de acciones en prevención – SMAP*). *Censida* will form a team of evaluators, made up of federal and state health personnel, federal officials, academics, members of international cooperation agencies

and independent consultants, among others, who all have experience in programs for HIV/Sida. Team members participate on a voluntary basis. Three different people will review each project confidentially and anonymously, and the project’s final score will be the average of the three scores. If an evaluator identifies a possible conflict of interest, they may exempt themselves from reviewing the assigned project.

Box 8: Online “Prevention Activities Monitoring System” (SMAP)

SMAP is a user-friendly online platform that gathers data from CSOs, such as reference documents, proposals, any communication, etc. It is used by CSOs to submit their proposals, to evaluate proposals, and to review documents that verify that the organization fulfills the requirements for participation. CSOs that are selected report progress of project goals through the *SMAP*, by submitting progress reports, project reports, supporting documents, and receipts. The system automatically checks if receipts are valid and monitors and supervises project compliance. It is a unique, highly-capable tool that stores all information about the CSO and its project, and allows for easy monitoring of required deliverables. The platform also facilitates remote monitoring and communication between *Censida* and CSOs.

Evaluators receive information to analyze the proposals objectively. Table 7 shows the components for the evaluation of proposals.

Table 7. Components for the evaluation of proposals

COMPONENT	WHAT IS EVALUATED?	WEIGHTING
Relevance and social impact	Strength of rationale for the problem addressed, population to be served, implementation framework, and location of the project. Results that could possibly be attained via coordinated efforts.	Up to 30 points
Clarity and quality of methodology	Correct application of prevention principles and strategies, in addition to congruence between the problem addressed and the project objectives. ⁹	Up to 70 points

⁹ Local consultants report that *Censida* bases prevention principles and strategies on international standards.

Censida is responsible for:

- Verifying that requested funds are consistent with the project's objectives, activities and goals, which includes the proportion of funds requested compared to the number of beneficiaries to be reached, which must have a logical and clearly-defined correlation;
- Verifying that participating CSOs comply with selection process;
- Ensuring that the evaluation is conducted impartially, in a blind format for evaluators, in order to avoid partiality;
- Ensuring the selection process is completed within a defined timetable, and offering formal agreements to be signed by selected CSOs; and
- Transferring funds to CSOs within defined schedules, supervising and monitoring the implementation process and providing oversight of proper use of the financial resources, according to the regulatory framework.

All participating organizations will receive the results of the revision process, evaluation results, and comments made by the evaluators through the *SMAP* platform. During the review, *Censida* may make budgetary adjustments (redistributions or reductions), while maintaining the general structure of the budget. Notifications of any adjustments will be made online through the *SMAP*. Likewise, *Censida* will publish online the list of evaluators and the guidelines to evaluate projects, via the "Report on the publication, registration, evaluation, scoring and results process" ("*Informe del proceso de publicación, registro, evaluación, dictaminación y resultados*").^{xxxiii} The report includes all projects that applied for public financing, projects considered eligible, and projects that were selected.

Prior to signing partnership agreements with CSOs, *Censida* verifies whether the financial resources as outlined in project budgets

are available in the corresponding national budget, in compliance with the Law of Expenditures (*Ley de Egresos*).

4.5 REPORTING, ACCOUNTING, MONITORING AND EVALUATION PROCESSES

Frameworks for verification, supervision and auditing of projects, based on existing legal frameworks and the responsibilities of *Censida*, may be found within the Call for Proposals (in particular the annexed "Guidance for civil society organizations on requesting federal resource, receiving funds, use of funds, verification of expenditures, and execution of prevention projects guide"). These frameworks include measures for during the project, and when the project is completed. They are also included within the partnership agreements. The *SMAP* platform facilitates these processes, and allows supervisors and other parties to audit federally-funded projects, and to identify areas that require further analysis or close supervision.

Audits to verify compliance with CSO agreements are conducted by the Internal Control Agency of the Ministry of Health (*Órgano Interno de Control de la Secretaría de Salud*), as well as the Office of the National Comptroller (*Auditoría Superior de la Federación*), which is dependent on Congress, and *Censida* itself. Audits are called for either by *Censida*, or upon request of state or federal authorities. Usually, the Internal Control Agency conducts an annual audit, whereas the Office of the National Comptroller usually conducts an audit every two years. Audits are conducted in order to analyze available resources, due to complaints about an organization, or at random.

Monitoring CSOs consists mostly in reviewing budgets and finances. *Censida* is responsible for ensuring the proper use of allocated public funds, and therefore it carefully reviews the use of resources, based on the regulations outlined in the Call for Proposals, and current governmental regulations. Project reviews also include whether the project is achieving its quantitative goals (number of beneficiaries reached, number of tests performed, etc.). The burden of complying with regulations falls on the CSO, given that through the partnership agreements they are “contracted” to implement projects independently, within the guidelines of the Call for Proposals, and follow procedures for providing

documentation the correct use of funds. Partnership agreements contain terms to define compliance with public financing regulations, and establish the responsibilities of the contracted CSOs (Box 9).^{xxxiv}

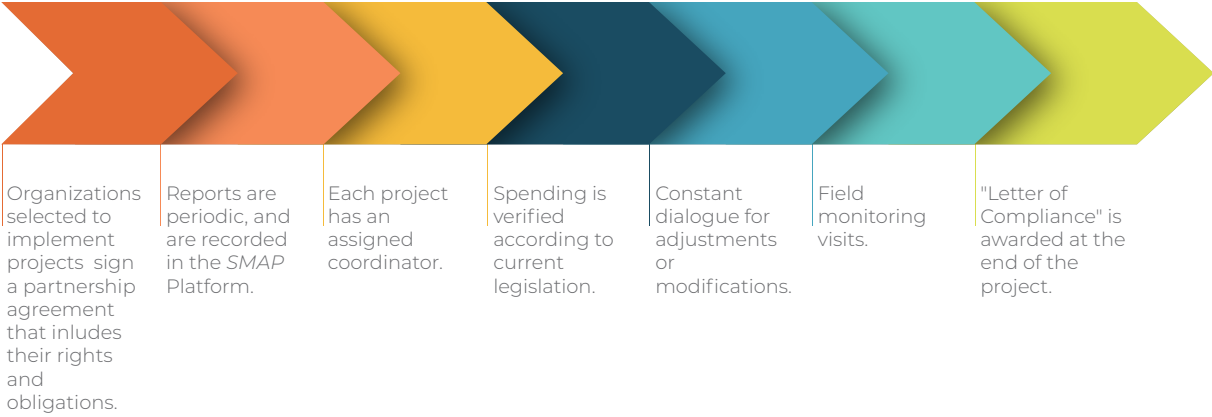
Box 9. Verification of compliance with public financing contracts

- ▶ Project evaluation: The purpose of the evaluation is established, and CSOs receive guidance on how reports and supporting documents will be evaluated.¹⁰
- ▶ Monitoring and follow-up visits: *Censida* appoints a coordinator for each project to act as liaison, and verify, supervise, monitor and evaluate the project, both during the implementation phase, and when the project is complete. Coordinators inform CSOs of upcoming visits, and follow-up in person with at least 20% of all projects. The goal of these visits is to identify opportunities, provide support, and verify compliance with compliance with the terms of the partnership agreement.
- ▶ Suspension and restitution of funds: There are certain cases where *Censida* may suspend the transfer of funds, request the refund of any amount, or a full reimbursement of the total financing, without the need for a court ruling, as stated in the partnership agreement.
- ▶ Transparency and accountability: The legal responsibility of CSOs and their project coordinators, with regards to the use of public funds, obliges them to be accountable for 100% of the resources transferred through *SMAP*, and CSOs are warned about the legal and administrative liabilities as a result of non-compliance. CSOs must keep all supporting documents, technical reports and receipts related to projects for 5 years, and specify who has the authority to audit and review these materials.

¹⁰ All projects are evaluated remotely through the *SMAP* platform, through financial reports, progress reports and final reports. Depending on *Censida*'s availability, up to 30% of the CSOs who receive public funds will be evaluated in-person.

Censida has a well-defined process for assessing, supervising and auditing CSOs who receive public financing (Chart 3).^{xxxv}

Chart 3. Assessment, supervision and auditing of projects



5.1 PARTICIPATION OF CSOs

When it comes to the national HIV response, CSOs participate in decision-making mainly through their involvement in the National Council for the Prevention and Control of AIDS (*Consejo Nacional para la Prevención y el Control del Sida – CONASIDA*). *CONASIDA* analyzes and defines general strategic components of the public financing process, but it does not define details for the process of contracting CSOs with public financing. Civil society is consulted every six years for the elaboration of the Specific Action Plan – Response to HIV, AIDS and STIs, ^{xxxvi} during which they can influence strategic action points.

CSOs do not directly participate in the design, execution and evaluation of the bidding processes, or Call for Proposals, as that is considered the role of *Censida's*. Additionally, it is seen as a conflict of interest for organizations to influence these procedures, and there are no defined mechanisms for CSOs to participate in defining the Call for Proposals that avoid potential conflicts of interest.

However, occasionally *Censida* has held ad hoc meetings with CSOs to identify opportunities for improving the Call for Proposals, and CSOs are at liberty to be in contact with the office of the Director General of *Censida*, and advocate for their needs. In general, CSOs have been able to find resolution for disputes via dialogue; however, there are still some difficulties. CSOs have identified operational policies enforced by *Censida* that they believe need to be modified. For example, for distribution of prevention supplies at hotspots, each beneficiary must provide information and sign their name on a list in order to receive the supplies. Despite objections, *Censida* has not offered alternative ways to verify beneficiaries reach (other than personal

information and signature).

Censida organizes meetings, fora and events with CSOs as part of a development strategy to meet the needs of early detection, and support organizations with specific capabilities and experiences. In 2017, it held meetings with the Mexican Network for Harm Reduction (*La Red Mexicana de Reducción de Daños – Redumex*), as well as with PLWHA. In 2018, *Censida* is planning a forum for organizations working with trans persons, and another forum with *Redumex*.

Censida meets with PLWHA, community centers or networks of PLWHA are in order to exchange experiences and to identify the needs of community centers, which may be included in upcoming Calls for Proposals. Participants analyze lessons learned, issues and obstacles, as well as human rights issues that have been encountered.

5.2 PARTICIPATION OF BENEFICIARIES

There is no official policy that governs beneficiary participation in the evaluation and design of proposals, except when beneficiaries belong to an organization or are activists. According to interviews with members of civil society, strategies are developed without the input of private citizens, which can result in programs that do not address the context and reality that both OSCs and beneficiaries face in everyday life. In previous years, community diagnoses were allowed, as well as identifying specific beneficiary needs using different diagnostic methods, in order to adapt strategies. However, *Censida* considers these assessments unnecessary, given that CSOs should know the needs of the populations they serve. Ultimately it is *Censida* who defines policies for stakeholder engagement, in their role as leaders of the HIV/AIDS response.

CSO AND GOVERNMENT CAPACITY-BUILDING EFFORTS TO IMPROVE PUBLIC FINANCING

In Mexico, CSOs have made significant progress in capacity development related to accessing public financing, and organizational strengthening in order to carry out projects and provide services to key populations.

Censida provides virtual training through the SMAP platform by sharing literature and PowerPoint presentations. Additionally, *Censida* is beginning to provide direct training in resource management, purchasing, and other administrative components. For example, between January and March 2018, several institutions came together to host a series of seminars: “Public Programs for the Implementation of Social Projects” (“*Programas públicos para la implementación de proyectos sociales*”). Its purpose was to inform members of the various federal entities in attendance of the programs housed within the Federal Public Administration, regulated by the Operational Regulations (*Reglas de Operación*), and which support CSO activities, along with other civil society entities. These seminars trained more than 1,600 people, and during the seminars, *Censida* presented its Call for Proposals.

INDESOL offers training on implementing civil society projects, aimed at reaching both civil servants and those working in CSOs, including those working in HIV/AIDS. They offer an online Integral Training System (*Sistema Integral de Capacitación*)^{xxxvii}, which includes a reference library, distance learning, modules on-demand, and a Call for Proposals for professionalization. The platform is very useful for CSOs, and aims to provide training in project management, which strengthens their abilities to participate in *Censida*’s Call for Proposals, and therefore their access to access public financing. A relevant example of distance learning provided by *INDESOL* is

“Course No. 4: Fundraising. Alternatives to private domestic funding and funding from foreign governments” (*Ciclo No. 4: Obtención de fondos. Alternativas de financiamiento privadas nacionales y de gobiernos extranjeros*).^{xxxviii}

In addition, *INDESOL* offers a Certificate in Management Models for Civil Society Projects (*Diplomado Modelo de Gestión de Proyectos Sociales*), which is free for anyone interested, including those in CSOs and public servants. The certificate is reviewed and certified by the Center for Continuing Education of the National School of Social Work, Autonomous University of Mexico (“*Centro de Educación Continua de la Escuela Nacional de Trabajo Social de la Universidad Autónoma de México*”), and is not in its second year. The Diploma includes a module on “Creation and Registration of a Civil Society Organization.”^{xxxix}

The public service law requires that public servants complete a certain number of hours of continuing education; the specific requirement depends on one’s level in the government. Some institutions offer online trainings related to HIV (i.e., discrimination prevention); however, there are few opportunities directly related to public financing, with the exception of the *INDESOL* trainings.

Despite advances in capacity development for CSOs, there is still a need to innovate and broaden opportunities. The services that CSOs may provide with public resources vary over time, according to shifting definitions of HIV program priorities and policies. For example, there is a growing need for training in service provision, and in working with expanded key populations.^{xl}

7.1 IMPACT ON THE EPIDEMIC

Quantitative Results

The estimated number of new HIV infections prevented is the result of public policies for initiating early treatment, access to treatment, and early detection strategies carried out by health and social security services, and by CSOs. Therefore, identifying the level or degree to which the work of CSOs has contributed to meeting national goals is complicated.

Censida does not conduct quantitative evaluations of the impact (reduction of new HIV cases) of the prevention programs they fund, due to the high cost of such evaluations, and the difficulties in differentiating the specific results that may be attributed to *Censida*, and those that are due to the work of other governmental agencies (such as those preventing pregnancy), or private citizens. However, the national quantitative results demonstrate a reduction in new cases of HIV, as a result of the collective effort of all parties involved. From 2004 to 2017, 50,000 new infections were prevented, and an estimated 65,000 deaths and 2,000 vertical transmissions.^{xii}

Qualitative Results

To evaluate CSOs' contribution to the response, progress and final reports are taken into account, as is data extracted from different sources. This data is used as a proxy to draw conclusions about achieved results:

1. CSOs offering testing in community centers that have strategies for linkages to health services submit progress reports

that include information about people reached. Education in centers operated by CSOs, and other dissemination strategies, facilitate the achievement of early diagnosis goals for HIV and other STIs. Similarly, strategies for linking clients who test positive in rapid tests to health services, and retaining them in those services, promote early initiation of treatment, adherence to treatments and improve the scale of viral suppression. Both people living with HIV and the community at large benefit by avoiding HIV transmission.

2. Indirect data is analyzed, such as information obtained through national surveys of the use of condoms among young people. Prevention strategies implemented by CSO have led to an increase in condom use among disadvantaged populations at greater risk of infection.
3. Through studies and projections carried out by *Censida*, it is possible to estimate the level of HIV infection amongst PWID in border regions. *Censida* also has data available regarding new people integrated into health services who have undetectable viral loads. CSO strategies in harm and risk reduction allow the epidemic to be kept under control among specific populations
4. Regarding raising awareness among public servants, some CSOs have procedures for measuring knowledge before and after the trainings they conduct. Because of successful projects, CSOs have made headway in raising awareness among public servants, which is essential to reduce barriers to serving key populations due to discrimination.

5. CSOs have held conferences for beneficiaries using funds from public financing, during which it is possible to observe behavioral changes in hard-to-reach populations, such as PWID. CSOs have managed to influence behavior changes in key populations, and replicate their work through peer-to-peer organizations and other opportunities to share experiences.

7.2 CAPABILITY AND DISPOSITION OF CSOs TO CONTINUE ADVOCACY WORK

In interviews with several CSOs, they stated that it is necessary for them to proceed strategically and with caution in order to maintain their relationship with government entities, ensure continuity of financing and, at the same time, express their concerns and promote agendas that expand and deepen programming. Accordingly, CSOs prefer to share issues for which they would like to advocate during CSO networking meetings in which government officials participate, and avoid sharing open, public opinions about matter. This strategy allows CSOs to maintain access to financing, express concerns and worries, and avoid openly critiquing the government.

The following success factors and challenges are an assessment of the main components of public financing to CSOs for service delivery.

8.1 SUCCESS FACTORS

Legal frameworks

- There are legal frameworks for the formation of CSOs, and for state activities related to health and HIV.
- There are systems to request and receive public funds, and acquisition and distribution of equipment and supplies.

Role of CSOs in the subject

- The government and society in general recognize the positive role that CSOs play in the response against HIV / AIDS.
- CSOs have a comparative advantage due to their visibility and credibility among affected and key populations, which enables them to deliver services to hard-to-reach populations. These are some of their essential characteristics:
 - ▶ Knowledge of the dynamics, habits and terminology of communities,
 - ▶ Credibility and trust from the communities,
 - ▶ Skills and capabilities to identify community problems,
 - ▶ Developed skills and knowledge of project design, implementation, monitoring and evaluation, and of services delivered by the community sector,
 - ▶ Administrative skills for resource management, and

- ▶ Ease of mobilization and participation in different locations at odd hours, among others.

Sources of financing

- There has been significant momentum in increasing funding for projects aimed at strengthening the national response to HIV/AIDS through civil society, which is evident by the increases in *Censida's* budget. This illustrates the government's efforts to increase resources for public financing of CSOs, especially in the 2018 budget.
- Providing services such as workshops and trainings to public institutions (at the federal, state and municipal level), and private entities, generates income necessary for the continued existence of many CSOs.
- Some CSOs have developed the ability to diversify their income, which enables them to act in accordance with their mission and vision, and obtain resources that respond to the needs of their target populations.
- Partnerships with regional and international networks have granted CSOs access to technical resources and skilled individuals, which facilitate options for their target populations, and the generate resources for project development.

Participation of CSOs in public financing processes

- Collaboration between government and civil society has allowed for strengthened community participation in the design, implementation, monitoring and

evaluation of projects, as well as in management of projects.

- When conferences and fora are organized, CSOs can actively participate in order to contribute to and improve processes. Such gatherings allow for the mobilization of social leaders in thematic break-out sessions, where results, accomplishments, obstacles and lessons learned are shared annually. These meetings also clarify aspects of reporting procedures, which has led to improvements in the Call for Proposals, monitoring, supervision and evaluation ¹¹

8.2 CHALLENGES

Legal frameworks

- ▶ There is no law describing explicitly what may or may not be purchased with public funds, and thus *Censida* is allowed to use their discretion to define procurement rules. As a result, the Call for Proposals does not account for necessary costs for implementing projects, such as funds for banking expenses or computer equipment, among others, since *Censida's* own regulations exclude these purchases.

Role of CSOs in the field

- ▶ CSOs are not effectively incorporated as part of health systems, and therefore they are not considered in the provision of health services planning.

Sources of financing

- ▶ Public financing, while especially important for the development of projects, campaigns, workshops and other activities, is not enough.
- ▶ There is no culture of private, corporate, or personal donations that could

supplement what COSs receive through public financing, and sustain the work of CSOs.

- ▶ There are no international resources available, except on the northern border with the United States, from American universities and organizations. Some international agencies include Mexico in their Call for Proposals, usually for human rights issues of key populations and in complex situations (violence against trans people, migrants, etc.). However, these recourse are very limited.
- ▶ As international financing changes, so do the requirements and what is financed. If CSOs want to access these funds they must adapt, which forces them to broaden their scope of work.

Public financing processes and regulations

- ▶ CSOs are prohibited from purchasing the most economical supplies, given that they are not able to purchase supplies at wholesale, they do not receive government prices for goods, nor are they allowed to make group purchases, in conjunction with other CSOs.

Access to public financing (to the Call for Proposals)

- ▶ The requirements to register a CSO as “tax-exempt” (which allows the CSO to receive tax-deductible donations, like a foundation) are complex and expensive. However, “tax-exempt status is necessary in order to participate in the Call for Proposals.
- ▶ Financial institutions do not have a specific classification for CSOs, and therefore for financial reasons they are considered “Small and Medium Business.” This implies business tax obligations for organizations that are actually not-for-profit, such as taxes on

¹¹ *Censida* promotes such exchanges. In 2016 and 2017 meetings were held with Community Centers to respond to the needs of timely detection, which facilitated the growth and development of these centers. In 2017, a meeting was held

with the network of organizations working on risk reduction with drug users (*Redumex*), as well as meetings of networks of people with HIV. The organization of a forum of Trans organizations and another one of *Redumex* is planned for 2018.

what is seen as “income,” and exclusion from fiscal incentives. Failure to comply with fiscal/banking obligations may cause CSOs to lose their registration as a Civil Society Organization (the Unique Registration Code, *Clave Única de Inscripción*), and therefore not be able to participate in federal Calls for Proposals.

- ▶ In some cases, CSOs feel discriminated against by public servants from other government institutions (outside of *Censida*), or by public servants at the local level. Distinctions are made between organizations, and some CSOs benefit more than others. For example, in Mexico City, in order to apply for projects financed by *Censida*, CSOs need a letter signed by each the director of the HIV/AIDS program in every governmental institution, which grants permission to implement the project. Some program directors do not approve projects, possibly because of personal opinions about the CSO. This is considered discriminatory by those within the CSOs. Additionally there are public servants who are unaware of issues related to HIV/AIDS, or who do not want to work with organizations made up of key populations, such as PWLHA or people with alternative sexual orientations. Some public officials need more training and information about the role of CSOs, in order to work together with equality, respect, and without discrimination.
- ▶ The frameworks, budgets, line items, definitions and percentages outlined in the Call for Proposals seem more complex than necessary.
- ▶ Many CSOs face challenges in using the SMAP platform: (1) because the platform has its own system errors, (2) because some CSOs do not have the appropriate technology to be able to use the system,

and (3) because some CSOs lack the skills and technical capacity to navigate the platform.

- ▶ Many times CSOs are not recognized for their institutional experience, but for the expertise of their members, or of those hired to implement projects, which compromises their participation in the Call for Proposals.

Financing limitations

- ▶ The discrepancies found between the daily reality faced by CSOs, and regulations and frameworks in the Call for Proposals, complicated the work of CSOs, especially due to:
 - ▶ Low cost estimates for goods impede the purchase of higher quality supplies and brands which might be preferred by clients, which can compromise the success of the project.
 - ▶ Limits to what may be spent on human resources make it difficult to hire people with more experience and/or skills.
 - ▶ Limited per diem costs prohibit conducting workshops.
- ▶ CSOs need certain things that are not eligible within the list of Eligible Expenditures in order to be able to participate in the Call for Proposals and implement their programs. At times this can prohibit CSOs’ participation in the Call for Proposals and the best program implementation. The following are identified as necessary:
 - ▶ Purchase of licenses and patents, software included.
 - ▶ Purchase of any kind of “gadgets,” such as cell phones, tablets and computer accessories, among others.
 - ▶ Purchase and repair of any type of

12 While recognizing the need for discretion when discussing issues of discrimination, this issue was mentioned by several CSOs. Specific names were not shared, and those interviewed reserve the right of confidentiality.

computer, projector, audio and visual equipment.

- ▶ Payments for communication services (telephone services, telephone cards, Internet, airtime).
 - ▶ Payment of utilities and fees (water, electricity, property taxes, land tenure).
 - ▶ Purchase, rental or refurbishing of assets and property.
 - ▶ CSO administrative expenses that do not pertain to the project.
 - ▶ Payment of commissions, interest or penalties of a banking or financial nature (which includes banking fees for account management, Internet banking, which is how most transfers are made, or issuance of checks).
 - ▶ Payment of banking/financial commissions, interests or penalties, which includes account fees, purchase of checks, and internet banking, which is how most transfers are made.
- ▶ Project proposed by CSOs must fall within the list of Categories of Activities that is detailed in the Call for Proposals, which can inhibit innovative proposals outside these categories. The policy is prescriptive, and does not encourage CSOs to use innovative strategies for behavioral change or new approaches to trainings.
- ▶ The number of projects that CSO may present is restricted. The most senior organizations (according to when they registered to participate in federal Calls for Proposals) may present only two projects, and recently created CSOs (2016 onwards) may only present one.
- ▶ There are limits to scaling up or replicating projects. In previous years, it was possible to use public financing

to replicate successful projects or scale them up in order to reach a larger audience, however currently there is no such line item within *Censida's* Call for Proposals.

Service delivery

- ▶ There are barriers to contracting and providing services, such as requiring that only laboratory technicians perform rapid HIV tests.
- ▶ Services that CSOs are allowed to provide with public resources vary over time, according to changing priorities and policies of HIV programs, changing needs, and broader definitions of key populations (adolescents, people deprived of their freedom). As a result, service delivery changes over time, and CSOs must adapt. This may require more funding or human resources, which CSOs do not always have available.
- ▶ Because of the requirement to comply with the pay scales prescribed in the Call for Proposals it is difficult to hire personnel with the best skills and experience, as they charge more. For example, a Project Coordinator may only earn up to a certain amount, making it not possible to hire someone with the best experience, or specialized medical personnel.

Participation of CSOs in public financing processes

- ▶ Those interviewed from CSOs consider it imperative that they participate in the development of the national strategic plan. CSOs provide cursory input into the strategic planning process every six years. If they form part of CONASIDA, they are given decision-making power with regards to discuss strategies, general public policies, issues that require

attention, and revision of human rights violations. However, they are not involved in direct discussion of how to improve their participation in health service delivery.

- ▶ CSOs and beneficiaries do not participate in the design of *Censida's* Call for Proposals, which includes strategies, scope and limitations to projects, and acceptable amounts in budgets.
- ▶ There are no formal networks or community systems in which to share knowledge and experiences, and enable the development of more robust project proposals, based on greater technical knowledge and capacity.
- ▶ There is no specific entity that facilitates CSOs in advocacy. Government agencies with public resources for social partnerships do not currently include activities in political advocacy, even though advocacy is a structural strategy which is key to combined prevention.
- ▶ There is competition among CSOs for funds and projects targeting the same populations, which hinders the development of networks and information sharing, and leads to more-structured CSOs have comparative advantages.
- ▶ Since there is no federal law or policy regulating the procurement process, CSOs consider that it is not possible to adapt these processes to the practical reality of their needs, which ultimately hinders the efficiency and effectiveness of projects.
- ▶ There is no specific regulatory process for CSOs to participate in policy making with respect to public financing.

Training CSOs and stakeholders

- ▶ There is not a set continuing education program for CSO to progressively build

their skills.

- ▶ CSO need training in:
 - ▶ Proposal development, in order to be able to respond to the Calls for Proposals,
 - ▶ Financial and administrative management,
 - ▶ Social network management,
 - ▶ Information and communication techniques,
 - ▶ Use of the SMAP platform, and
 - ▶ Strengthening community systems.
- ▶ Many CSOs do not know how to best present their proposals, often due to the educational barriers faced by their members. This, in turn, leads to more professionalized organizations having an advantage, regardless of the quality of the propose interventions.
- ▶ There are no official initiatives to train public servants and other actors on the role of CSOs and the services they provide.

CONCLUSIONS AND RECOMMENDATIONS

9.1 LEGAL AND POLICY FRAMEWORKS

- The creation of an agency that is decentralized from the Ministry of Health, such as *Censida*, can offer a transparent and competitive public financing mechanism. Mexico has this unique institution, and other countries may consider a similarly efficient governing and financing structure.
- The Mexican government and society in general recognize the importance of public financing CSOs to implement prevention projects and health services. CSOs in Mexico play a fundamental role in providing health services, counseling, advocacy and research. Without them, it would not be possible to address key and vulnerable populations, and provide access to treatment and follow-up. Collaboration between CSOs and government facilitates a broader reach of programs, better identification of needs, more-aligned strategies for at-risk populations, and meaningful participation of affected persons.
- Legal and policy frameworks are considered adequate according to stakeholders, but interpretation and implementation of the frameworks can make processes cumbersome and costly for CSOs. It is imperative to create mechanisms to better clarify and disseminate the information provided in the frameworks. Examples of possible mechanisms include:
 - ▶ *Censida* could contract a company or organization to provide CSOs training in legal and administrative issues, which would remove obstacles to participation, and help prevent bureaucracies and other processes that are complex and costly for organizations; or
 - ▶ Disseminate regulations related to project management.
- The regulatory framework derived from the *LFFAROSC* has transformed over the years, thus becoming more complex. Legislation is needed to update the law and synchronize the regulatory frameworks. This could lead to expanded possibilities for CSOs to improve and grow.
- In order to have a broader impact, CSOs in Mexico should be incorporated effectively as part of integrated community health systems. This would improve their sustainability and strengthen strategies and synergies, thus better serving key and vulnerable populations. The General Health Law (*Ley General de Salud*) in Mexico provides that health systems include civil society and its organizations, however, the integration of CSOs working on the issue of HIV could still be strengthened. In the case of other diseases, such as cancer, organizations are integrated into hospital, providing support to relatives of those who are hospitalized and receiving treatment in the city, but are from other areas of the country. They also assist patients acquire medications, in the event that insurance does not cover them, and support medical staff with training. In the case of HIV/AIDS, CSOs are only able to collaborate in programming,

such as in Mexico City where CSOs support retention in health services.

9.2 STRUCTURE OF PUBLIC FINANCING

- Public financing mechanisms in Mexico should be reviewed regularly with the participation of CSOs, in order to respond more efficiently and effectively to the needs of key and vulnerable populations, organizations and institutions.
- In order to sustain the current work of CSOs and promote growth, government and CSOs should explore additional sources of income. Examples include income from casinos and lotteries, income from public sales, and taxes on alcohol, tobacco, etc.
- CSOs recognize the need to work more closely with each other on pressing issues in the field, and to incorporate activities such as outreach, testing, access to services and follow-up in their proposals for public funding.
- For public financing in Mexico, it is important to recognize both the capabilities and limitations of CSOs to conduct prevention projects and provide health services, and to respect their level of knowledge.

9.3 PARTICIPATION IN PUBLIC FINANCING

- CSOs must be strengthened and expanded in order to respond more effectively to key and vulnerable populations, and to become sustainable as organizations. This includes building capacity in management of public funds.
- CSOs need to participate in all stages of public financing in Mexico, from preparation of the Call for Proposals to evaluation of program results. In order to achieve a more comprehensive national

health budget, members of civil society should have input in designing strategies, including defining budget lines, limitations and amounts to be awarded.

- Beneficiaries should be included in the evaluation of projects receiving public financing in Mexico, through focus groups or other methodologies. They should analyze lessons learned, identify gaps in services and obstacles, and ensure that CSO proposals respond to these needs.
- CSOs and government need a space to discuss barriers to accessing public financing. There need to be publicly funded forums, or other kinds of gatherings, that meet on a regular basis, and could facilitate the mobilization of leaders in HIV-themes, and establish synergies that could be the basis of government-financed projects.

ANNEX A:**Case study KARUNA A.C.****ANNEX B:****Case study INSPIRA A.C.**

BASIC INFORMATION	
CSO Name	
<i>Karuna, Salud y Desarrollo, A.C.</i>	<i>INSPIRA Cambio A.C.</i>
Location	
Mexico City, Mexico	Mexico City, Mexico
Mission/Vision	
<p>Mission: To promote Comprehensive Sexual Education, with an emphasis on Sexual and Reproductive Health in a rights-based framework.</p> <p>Vision: To be a reference for comprehensive sexual education for the general population and to those in situations of greater social vulnerability.</p>	<p>Mission: Contribute to strengthening the public sector, private initiatives and civil society actions in order to promote equity in health access and social resources that improve living conditions of vulnerable populations.</p> <p>Vision: Leading a nationally-recognized organization in the social services and health field, strategically associated with various sectors, and with a solid foundation in sustainability. The population reached by our services and actions will have information and increased self-confidence, and as a result will become organized and prove themselves as actors with proposals and active social participation.</p>
Year started in HIV work	
November 1999	2008
Date founded as a CSO	
February 11, 2011	2013
Number of staff	
<p>Full time: 2 people</p> <p>Part time: 2 people with responsibilities limited to specific project funding</p>	<p>Employees 2018:</p> <p>10 men</p> <p>13 women</p> <p>Total: 23</p>
Number of volunteers	
40 part-time volunteers in various activities	<p>Volunteers:</p> <p>12 men</p> <p>3 women</p> <p>Total: 15</p>

Background

Before forming the organization, its members had extensive experience in issues related to HIV/AIDS, sexual diversity, stigma and discrimination, sexual and reproductive rights, and comprehensive sexual education. The professional experience of Karuna's President (*Francisco López*) was fundamental in responding to public Calls for Proposals. The organization where the president previously worked, the Center for Humanistic Training and Sexual Support A.C. (*Centro de Capacitación y Apoyo Sexológico Humanista A.C.*), was maintained through fee-for-service, such as workshops, psychosocial consultations, etc. Since 2002, they submitted proposals via public calls. This experience led to a professionalization in relation to consultancies on HIV issues, as well as project development and fieldwork. Thanks to these activities, training processes were developed for public officials in Mexico City in relation to lesbian, gay, bisexual, transgender, transsexual, transvestite, intersexual, queer, pansexual, demisexual, asexual, antrosexual and cisgender populations (LGBTTTI+).

As a result of these training projects for public officials, *KARUNA* established collaborative agreements with international cooperation organizations, specifically with the U.S. Agency for International Development (USAID), which collaborated in training public officials on issues of sexual diversity, stigma and discrimination and HIV/AIDS, sexuality, gender and sexual health. This made it possible to provide public officials with transversal training services, supporting the creation of parallel working group, such as the Inter-institutional Network for Attention to Sexual Diversity in Mexico City. In 2011 *Karuna* was legally constituted.

INSPIRA has its origins in the work of PSI (Population Services International) in Mexico. PSI is a non-profit organization based in the United States, working on HIV response. In Mexico, it received resources from the U.S. Agency for International Development (USAID), participating as part of the national response, and receiving training for its members. The organization was selected as the sub-recipient of a grant from the GF (Round 9). This grant allowed them to implement IEC processes (Information, Education and Communication), as well detection and treatment promotion, with prevention focused on MSM and people who inject drugs. When USAID support ended in 2012, PSI Mexico closed, however it remained willing to continue operations, and still had equipment and infrastructure available. This is when *INSPIRA* was created as an independent civil society organization. PSI granted *INSPIRA* a seed fund.

Projects/Programs

Karuna develops projects related to issues of sexual diversity, stigma and discrimination, HIV/AIDS, sexuality, gender and sexual health. Their projects focus on training personnel working in public institutions, specifically in community care centers of the Comprehensive System for Family Development (*Sistema para el Desarrollo Integral de la Familia*). Its funding base is via public Calls for Proposal from the Government of Mexico City and *Censida*. In the case of *Censida* financing, projects are focused on prevention among MSM, with a project line item aimed at public officials.

INSPIRA works on strengthening and increasing initiatives with key populations such as MSM, trans women and PWID. Specifically, they are dedicated to implementing prevention strategies with key populations and harm reduction. They are promoters in shaping *Redumex*. Currently, they implement activities with resources from different sectors of government. They participate in public financing projects through Calls for proposals from the agency in charge of the national response, *Censida*, although they have diversified to receive resources from other areas of government (*INDESOL*, the National Youth Institute, and the College of the Border).

Important results

Karuna established, institutionalized and formalized the Inter-institutional Network of Attention to Sexual Diversity (*Red Interinstitucional de Atención a la Diversidad Sexual*) in Mexico City. It has formed part of the Support Council for the network from 2008 to date. Likewise, from 2017 to 2019 it forms part of the Sexual Diversity Council of one of the delegations of Mexico City, Iztapalapa; from 2018 to 2020 it is a member of the Advisory Council of the Comprehensive Protection System for Children and Adolescents of Mexico City (*Sistema de Protección Integral de Niñas, Niños y Adolescentes de la Ciudad de México*).

Important achievements in its 5 years:

- Participation in federal and local decision-making spaces such as the *COANSIDA*.
- Positioning and recognition in the areas of Lesbian, Gay, Transsexual and Bisexual and Sexual and Reproductive Health, as well as in Networks with civil society organizations and Citizen Councils.
- Programs in three states of the Republic.
- Innovation in the implementation of PrEP, self-testing, diagnosis and care of other Sexually Transmitted Infections, method placement and contraceptives, among others.
- Work with a monitoring strategy and partnership with research institutions to generate scientific evidence and measure impact
- High collaboration with local and federal institutions.
- Outreach with people who inject drugs and MSM populations, lesbians and young women.
- Tax-exemption that implies fulfilling fiscal responsibilities and transparency with donors.
- Ability to provide technical assistance to Mexican and international NGOs.
- Staff with high technical level in health issues.

FINANCIAL INFORMATION

Historical budget for the last 5 years

The budget for the period 2014-2018 is distributed as follows:

- 2014: \$1,300,000 MXN (\$79,657 USD)
- 2015: \$1,700,000 MXN (\$104,167 USD)
- 2016: \$1,500,000 MXN (\$91,912 USD)
- 2017: \$1,300,000 MXN (\$79,657 USD)
- 2018: \$1,300,000 MXN (\$79,657 USD)

The budget for the period 2014-2018 is distributed as follows:

- 2014: \$2,681,289 MXN (\$164,294.67 USD)
- 2015: \$2,348,053 MXN (\$143,857.79 USD)
- 2016: \$3,823,086 MXN (\$234,257.74 USD)
- 2017: \$2,798,459 MXN (\$171,474.17 USD)

% of budget that is public financing, by year

Of the amounts mentioned above, the percentage of financing supported by public resources is broken down as follows:

- 2014: 100% of the budget.
- 2015: 100% of the budget.
- 2016: 100% of the budget.
- 2017: 100% of the budget.
- 2018: 100% of the budget.

Of the amounts mentioned above, the percentage of financing supported by public resources is broken down as follows:

- 2014: 68%
- 2015: 99%
- 2016: 94%
- 2017: 83%

Other income sources and % of budget

None.

The organization has complemented resources with national and international donations, and fee-for-service to other CSOs.

- 2014: 23%
- 2015: 1%
- 2016: 6%
- 2017: 17%

PUBLIC FINANCING

Use of public financing in the past 5 years

Public financing supports the following items:

- Prevention supplies and communication materials: 80%
- Human resources: 12%
- Workshops: 6%
- Local transportation: 2%

Public financing finances certain aspects of projects that are carried out by the organization. For example, in 2015, the resources were used to finance a peer education project, specifically to pay for educators' transportation. Similarly, public financing pays 10% of the salary of the general director every year, as well as 60% of operating expenses and 50% of staff's fees for the entire organization.

Affects of changes in the Call for Proposals in the last 5 years

It has changed in ways that have improved the process for projects.

- CSOs can now only submit two projects to the Call for proposal (down from three previously), which limits the capacity of the organization to act.
- Previously the Call for Proposals allowed for design expenses to go towards organizational campaigns. Now only institutional resources can be used.
- Monitoring expenses used to be covered; now they're not.
- Within the Call for Proposals, budget allocation percentages have been modified. These modifications require organizations to allocate more than 50% of their resources to the purchase of commodities. This forces the purchase of large quantities of commodities, such as condoms and lubricants, even when the focus of the project is on detection and linkage to care.
- There have been changes in the way supplies are purchased. Supplies such as promotional condoms cannot exceed the cost established in the Call for Proposals. This excludes the possibility of using special supplies (such as flavored condoms) when the needs of the population and the focus of the project demand it.
- Only people with a salary can participate in projects, excluding the possibility of using volunteers or support staff.

Limitations to accessing Public Financing

None.

- The length of time that an organization has been registered in the national census of CSOs limits its operational capacity, since the longer it is registered, the more administrative responsibilities - such as the preparation of annual reports, and compliance with tax payments – so as not to be penalized with sanctions for improper use of Public Financing.
- Obtaining a unique identification number has been a barrier. This number is issued by the Ministry of Social Development, and is mandatory to participate in any public financing process. Obtaining this number makes it easier to obtain funding and projects within *Censida*, which represents a barrier for young organizations or those that are not registered.
- *INSPIRA* faces many restrictions from the tax administration body, which monitors issues related to money laundering. There is a strict surveillance of these organizations, and tax responsibilities equal to those of small and medium-sized companies, making it difficult for the organization to sustain itself.

Other challenges

•The lack of a different fiscal structure for CSOs and companies makes sustainability difficult for organizations, since they are both classified as Small and Medium Enterprises, which means that they face commissions and contracts that do not fit with the nature of civil society.

•Financial and bureaucratic barriers to be able to constitute organizations as tax-exempt and make deductions, limits access to other resources to improve income and professionalization.

- *Censida* places restrictions on the percentage of administrative expenses (overhead), which limits operational and administration of projects. Likewise, it imposes strict percentages for the payment to professionals, which makes it difficult for the organization to hire personnel with adequate capacity and experience for the execution of projects.
- Resources are divided into different terms and amounts, which limits the ability to effectively execute processes. This forces the organization to make intermittent purchases, impacting the cost of the supplies they buy.

References

- ⁱ www.onu.org.mx/agenda-2030/objetivos-del-desarrollo-sostenible
- ⁱⁱ Table elaborated with information from Censida portal: www.gob.mx/Censida
- ⁱⁱⁱ Report on the publishing, registration, evaluation, opinion and results process. Public call for the implementation of targeted prevention strategies for HIV and other STIs, Ministry of Health and Censida (*Secretaría de Salud y Censida*), Mexico City, May 2018: www.gob.mx/cms/uploads/attachment/file/331945/INFORME_CONVOCATORIA_2018.pdf
- ^{iv} Public call 2018 www.gob.mx/censida/articulos/censida?idiom=es
- ^v Ibid.
- ^{vi} www.gob.mx/cms/uploads/attachment/file/331742/ANEXO_7.pdf
- ^{vii} www.gob.mx/cms/uploads/attachment/file/304208/Convocatoria_prevenci_n_2018_final.pdf
- ^{viii} www.gob.mx/cms/uploads/attachment/file/304207/Convocatoria_prevenci_n_2018_Anexo_1.pdf
- ^{ix} UNAIDS. (2015). Reference document: UNAIDS Terminology Guidelines.
- ^x www.diputados.gob.mx/LeyesBiblio/ref/loapf.htm
- ^{xi} www.salud.gob.mx/unidades/cdi/legis/lgs/LEY_GENERAL_DE_SALUD.pdf
- ^{xii} www.salud.gob.mx/unidades/cdi/nom/compi/ri190104.html
- ^{xiii} www.diputados.gob.mx/LeyesBiblio/pdf/2_090318.pdf
- ^{xiv} www.profeco.gob.mx/juridico/pdf/l_f_actividades.pdf
- ^{xv} www.diputados.gob.mx/LeyesBiblio/pdf/LFPRH_301215.pdf
- ^{xvi} Ibid.
- ^{xvii} Ibid.
- ^{xviii} Federal Law for the Promotion of the Activities Conducted by Civil Society Organizations (*Ley federal de fomento de las actividades realizadas por las OSC*), published in the Official Journal of the Federation (Diario Oficial de la Federación, DOF) on February 9, 2004; Last amendment DOF April 25, 2012: www.profeco.gob.mx/juridico/pdf/l_f_actividades.pdf
- ^{xix} www.diputados.gob.mx/LeyesBiblio/pdf/LFTAIP_270117.pdf
- ^{xx} www.diputados.gob.mx/LeyesBiblio/regley/Reg_LFTAIPG.pdf
- ^{xxi} www.diputados.gob.mx/LeyesBiblio/pdf/14_101114.pdf
- ^{xxii} www.gob.mx/cms/uploads/attachment/file/304208/Convocatoria_prevenci_n_2018_final.pdf
- ^{xxiii} Censida, Public Financing to Organizations of the Civil Society with Work in HIV (*Censida, Financiamiento Público a las Organizaciones de la Sociedad Civil con Trabajo en VIH*), June 2018.
- ^{xxiv} www.gob.mx/indesol/documentos/convocatorias-pcs-2018
- ^{xxv} www.conacyt.gob.mx/index.php/el-conacyt/desarrollo-cientifico/apoyo-para-actividades-de-cti
- ^{xxvi} Federal Law for the Promotion of the Activities Conducted by Civil Society Organizations, Chapter two, Article 5.
- ^{xxvii} www.gob.mx/cms/uploads/attachment/file/304209/Convocatoria_prevenci_n_2018_Anexo_2.pdf
- ^{xxviii} More detail on the breakdown of fees can be found in the original document: www.gob.mx/cms/uploads/attachment/file/304209/Convocatoria_prevenci_n_2018_Anexo_2.pdf
- ^{xxix} Presentation of Censida Presentation of Censida: Censida, Public Financing to Organizations of the Civil Society with Work in HIV: Experience of Mexico, June 2018
- ^{xxx} Ibid.
- ^{xxxi} https://www.gob.mx/cms/uploads/attachment/file/304207/Convocatoria_prevenci_n_2018_Anexo_1.pdf
- ^{xxxii} Ibid.
- ^{xxxiii} www.gob.mx/cms/uploads/attachment/file/331945/INFORME_CONVOCATORIA_2018.pdf
- ^{xxxiv} Guide for the application, transfer, exercise and verification of federal resources and the implementation of prevention projects for CSOs (*Guía para la solicitud, transferencia, ejercicio y comprobación de los recursos federales y la ejecución de proyectos de prevención de las OSC*): www.gob.mx/cms/uploads/attachment/file/323495/Gu_a_de_Apoyo_en_la_Ejecuci_n_de_Proyectos_PCS_2018.pdf
- ^{xxxv} Presentation of CENSIDA: Public Financing to Organizations of the Civil Society with Work in HIV: Experience of Mexico, June 2018
- ^{xxxvi} <https://www.gob.mx/salud/documentos/programa-de-accion-especifico-respuesta-al-vih-sida-e-its-2013-2018-10974>
- ^{xxxvii} <https://www.gob.mx/indesol/acciones-y-programas/capacitacion-a-distancia-42502>
- ^{xxxviii} www.gob.mx/indesol/acciones-y-programas/capacitacion-a-distancia-42502
- ^{xxxix} cursos.indesol.gob.mx/course/index.php?categoryid=3
- ^{xl} Through interviews with CSOs
- ^{xli} SS / Censida Integral Care Management, Own estimates based on the National Registry of HIV and AIDS Cases (SS/Censida Dirección de Atención de Integral, Estimaciones propias con base en el Registro Nacional de Casos de VIH y SIDA). Data as of December 31, 2017 (preliminary).