

**ENSURING
SUSTAINABILITY
OF HIV AND
TUBERCULOSIS
SERVICES IN BULGARIA
THROUGH THE
EXPERIENCE OF
CIVIL SOCIETY**

ASSESSMENT REPORT

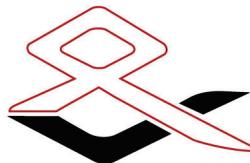
Здраве без граници
СДРУЖЕНИЕ



Health Without Borders
ASSOCIATION



Фондация
„ИНИЦИАТИВА ЗА ЗДРАВЕ“
www.initiativeforhealth.org



ФОНДАЦИЯ И

Модел за общностна стабилност

МОСТ

— April 2020 —

1. INTRODUCTION _____	4
2. SURVEY OBJECTIVES AND METHODOLOGY _____	7
3. PROFILE OF RESPONDENT ORGANISATIONS _____	10
4. EVOLUTION OF THE ACTIVITIES SUPPORTED BY THE GLOBAL FUND AFTER THE WITHDRAWAL OF ITS FINANCING _____	14
5. ORGANISATIONS' EXPERIENCE WITH THE PUBLIC PROCUREMENTS OF THE BULGARIAN MINISTRY OF HEALTH _____	17
6. ORGANISATIONS' EXPERIENCE WITH THE SOCIAL ACTIVITIES ASSIGNED UNDER THE PROVISIONS OF THE BULGARIAN SOCIAL ASSISTANCE ACT _____	25
7. ORGANISATIONS' OPINIONS AND PROPOSALS REGARDING THE MOST APPROPRIATE FUNDING MECHANISMS _____	28
8. CONCLUSIONS _____	31
9. CLOSING THOUGHTS _____	34

1

INTRODUCTION

Throughout the 2004-2019 period, Bulgaria was a recipient of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), which was allocated to sustain the country's nation-wide programmes for HIV and tuberculosis control and prevention. The grants received amounted to a total of 49,490,868 USD for HIV¹, and 30,364,236 USD for tuberculosis². A considerable part of this funding was invested in the prevention of both diseases and in care for people affected by them. Large-scale programmes for work within the communities were implemented throughout Bulgaria, which helped maintain a low level of HIV prevalence and reduced significantly the incidence of new tuberculosis cases² in the country. For 15 years the Global Fund grants were being invested in the training of teams, the building up of material capacity, the drafting of a work methodology to reach out to key populations, and the development of services for prevention and care close to the community. The key partner in the implementation of the work with the communities were the non-governmental organisations (NGOs), which received substantial support through the international funding and acted as primary sub-recipients under the Programmes financed by the Global Fund.

After the Global Fund withdrew its financial support from Bulgaria, which happened in 2017 for the HIV Programme, and in 2019 for the Tuberculosis Programme, a period of transition began, whose objective was to preserve the existing capacity and services by means of national funding.

However, during that period, the sustenance of the services on prevention and care underwent some serious difficulties. Firstly, the amount of funding allocated by the Bulgarian state was much less than the Global Fund grants. Secondly, the way funds were distributed turned out to be another obstacle. Due to the lack of a clearly defined mechanism for assigning the provision of such services that would comply with their specific nature and the needs of the communities for which they

¹ Review of sustainability of the Global Fund's HIV grants in Bulgaria, February 2019, KPMG Bulgaria

² Focused country evaluations, Bulgaria Tuberculosis evaluation, field-based evaluation, May 2019, APMG Health

were meant, the Bulgarian Ministry of Health has been following the only option for public resources expenditure: the Bulgarian Public Procurement Act, under whose provisions four successive calls for providers of prevention and care services were announced during the 2017-2019 period. Few NGOs applied, and even fewer reached the stage of signing contracts for carrying out actual activities. Thus, even the somewhat meagre budget allotted by the Bulgarian state remained unabsorbed for two years. As a result of these difficulties, in two years alone, the activities on HIV and tuberculosis prevention and care disappeared from the map of a great many regions in Bulgaria. Toward the end of 2019, state-funded services for HIV still existed only in four major cities: Sofia, Plovdiv, Varna, and Burgas, and for tuberculosis – in two regions alone (Gabrovo and Pernik regions).

The transition period posed serious challenges to the capacity of NGOs engaged until then in the national response to HIV and tuberculosis. Having suddenly lost their primary funding for HIV and tuberculosis, many of them ceased their activities, or were forced to cancel the provision of that type of services. Gradually, Bulgaria began to lose the capacity built over many years comprising trained human resources, operating low-threshold centres and mobile units, and active functional links to health care facilities and networks of services. The NGOs' efforts to advocate for a sustainable state policy in the field of HIV and tuberculosis, which knew their active period in 2014-2015, have been gradually dying down.

This state of affairs poses serious questions related to the future of the national response to HIV and tuberculosis and the civil society's role in it. This survey was imposed by the need of a clearer picture of the transition period and its impact on one of the key partners, i.e. NGOs. It would help undertake actions to improve the options for a sustainable investment in HIV and tuberculosis prevention and care on the part of the Bulgarian state and for sustenance of the good results achieved with the help of the international financing.

» The survey was carried out within the framework of the **Sustainability Bridge Funding Pilot project**³ funded by **International Civil Society Support**.

» The project has been implemented by **Health without Borders Association**⁴ in partnership with **Initiative for Health Foundation**⁵ and **I Foundation**⁶.

³The Bulgarian name of the project is MOST ('bridge'), which is an acronym for 'Model for Community Sustainability'.

⁴Health without Borders Association, <http://hwb-bg.info/>

⁵Initiative for Health Foundation, www.initiativeforhealth.org

⁶I Foundation, www.aidsbg.info

The objective of this initiative is to achieve consent between the civil society and the institutions regarding the way to obtain sustainability for the services on HIV and tuberculosis prevention and care. The project strives to mobilise public support for the continuation of the dialogue with the institutions in order to lead to clearly defined and shared responsibilities for the guaranteeing of an acceptable mechanism of social contracting as a prerequisite for sustainability.

2

SURVEY OBJECTIVES AND METHODOLOGY

THE CURRENT SURVEY HAS THE FOLLOWING OBJECTIVES:

- to assess the existing capacity of NGOs that are/were active in the field of HIV and tuberculosis;
- to gather information about the available services on HIV and tuberculosis prevention and care that are provided by NGOs after the withdrawal of the Global Fund financing;
- to examine the experience of NGOs in applying for and in carrying out public procurements on HIV and tuberculosis assigned by the Bulgarian Ministry of Health, as well as their experience with the implementation of social activities assigned under the Bulgarian Social Assistance Act;
- to study the attitudes of NGOs regarding the relevant state mechanisms for financing of the activities on HIV and tuberculosis prevention and care.

The survey was carried out from 1 December 2019 till 31 January 2020 and used a questionnaire specifically designed for the purpose comprising both open and multiple-choice questions. It was applied in three manners: as a face-to-face interview, as a telephone interview, and as an online questionnaire to be filled out by respondents on their own. A total of 27 organisations were interviewed, 16 of them face-to-face, 8 of them filled out the questionnaire online on their own, and 3 were interviewed over the phone.

The following 2 individual criteria were applied to the selection of organisations:

1

Organisations which have applied for public procurements assigned by the Bulgarian Ministry of Health throughout the 2017-2019 period. This criterion was chosen based on the supposition that organisations which apply for the implementation of services continue to maintain their interest and capacity in the field of HIV and tuberculosis even after the withdrawal of the Global Fund financing.

2

Organisations which have been active in the field of HIV and/or tuberculosis in activities such as advocacy, participation in national and local councils, participation in work meetings and network initiatives, etc. This criterion depended largely on the survey authors' information about the activities of the various organisations. Therefore, the survey does not claim to be exhaustive in terms of respondents' selection.

However, it is worth noting that the survey failed to encompass one particular group of organisations with a long history of providing services for HIV and tuberculosis, which probably would have had an opinion on the questions that were being posed, but their activities had been cancelled entirely after the withdrawal of financing by the Global Fund. These include organisations which had applied for a public procurement in 2017, but had ceased their activities at the time of the survey. Collecting their opinions was practically impossible.

Thus, a total of 28 organisations were invited to take part in the survey, and 27 of them responded. Here is the list:

ASSOCIATIONS:

Bulgarian Family Planning (BFPA) - Sofia

Dose of Love - Burgas

Thirst for Life - Sliven

Health without Borders - Sofia, Blagoevgrad

Largo - Kyustendil

National Patient's Organisation - Sofia

New Path - Hayredin

Samaritans - Stara Zagora

Free Youth Centre - Vidin

World without Borders - Stara Zagora

Social Dialogue 2001 - Gabrovo

Co-participation - Varna

FOUNDATIONS:

Asthma Patients - Yambol

Bulgarian Gender Research - Haskovo branch

GLAS - Sofia

Health and Social Development (HESED) - Sofia

Romany Health - Sliven

I Foundation - Sofia, Varna

Initiative for Health - Sofia

Regional Romany Union - Burgas

Panacea - Plovdiv

P.U.L.S. - Pernik

Single Step - Sofia

SOS Families at Risk - Varna

Crime Prevention Fund IGA - Pazardzhik

Roma Foundation for Regional Development - Plovdiv

Center for Humane Policy - Sofia

3

PROFILE OF RESPONDENT ORGANISATIONS

The NGOs that took part in the survey were founded in the 1992-2016 period. Half of them were established between 1992 and 1999, and the remaining half – between 2000 and 2016, respectively. All of them are non-profit legal entities, created for the purpose of public benefit, and the two legal forms of registration ('foundation' and 'association') are almost evenly distributed (15 foundations vs. 12 associations). It is interesting to point out that only three of the organisations are newly founded and have less than 5-year-long experience. The prevailing number of organisations has over 10-year-long experience.

In terms of their activities and the services they provide, the organisations display a variety of profiles. The uniting element, however, is their activity predominantly in the field of health and social care. Only five of the organisations have declared HIV to be a priority field with a narrow specialisation in activities on HIV prevention and support for people living with HIV. One organisation has pointed out a particular specialisation in working with people with pulmonary conditions. But the majority of organisations is not narrowly specialised in a particular field and offers services in various spheres. Survey participants have reported a wider scope of activities, such as work with children, young people and families at risk; women and children who are victims of domestic violence, sexual exploitation and human trafficking; disadvantaged groups; law offenders, etc., generally referred to as 'vulnerable population groups'. A high percentage of organisations have stated a focus of interest in school and extracurricular education. The fact that organisations whose activities are mostly based on protection and support for the LGBTI⁷ community (2) were established in the past five years, and as of today have been actively developing their capacity mostly in the field of advocacy, awareness, and rights protection is interesting enough in itself.

⁷ LGBTI – lesbian, gay, bisexual, transgender, and intersexual people.

The administrative capacity of the organisations included in this survey is extremely varied. It is influenced by a number of factors, such as the organisation size, scope of action, human resources engaged in the execution of activities, level of relations and trust established with the local authorities, volunteering, etc. It is worth mentioning that the organisations which carry out social services financed via the state and/or municipal budget (under the provisions of the Bulgarian Social Assistance Act) have a considerably greater capacity and sustainability compared to those who do not offer such services and have a narrow specialisation in the field of HIV and tuberculosis (TB).

The average number of staff under a permanent employment contract is four persons. However, two organisations stand out with their staff hired under an employment contract exceeding 45 persons. Both organisations provide social services under the provisions of the Bulgarian Social Assistance Act. Eight organisations have no staff under employment contracts. The average number of the staff working under permanent civil contracts is six persons. Four of the organisations have staff of over 20 people hired under civil contracts on a temporary basis. All organisations report good results of their work with volunteers. Half of the organisations engage more than 10 volunteers, their number reaching in some cases up to 60-80. Two of the organisations have reported working with 150-250 volunteers. In most cases, recruitment of human resources varies and is dependent directly on work on specific projects, as well as on the sustainability of the structure itself, with analysis clearly showing that the execution of social services under the provisions of the Bulgarian Social Assistance Act enables organisations to hire more people under a permanent employment contract.

More than half of the organisations use premises for which they pay rent to the property owner, 45% use premises that have been granted to them by the local municipality (either in exchange of a symbolic rent price, or free of charge), and nearly 20% have purchased the property and have acquired their own premises. Four organisations have reported a mixed model of rented premises, premises granted to them by the municipality either free of charge, or in exchange of a symbolical rent price, and premises that are their own property. The analysis has established a direct link between the execution of social services financed by the state and/or municipal budget (under the provisions of the Bulgarian Social Assistance Act) and the support provided by the municipality through municipality-owned premises. Thus, in Sofia, where the majority of the interviewed organisations has a narrow specialisation in the field of HIV, 75% carry out their activities on premises for which they pay rent, and only one such organisation that does not perform social services under the provisions of the Bulgarian Social Assistance Act has been granted municipality-owned premises in exchange of a symbolical rent price.

As regards the sources of financing of the activities, organisations fall into three groups. The first one comprises organisations which manage their activities mainly through project-based funding. This group accounts for 60% of respondents. It encompasses the majority of organisations closely specialised in providing services for HIV. The second group includes organisations whose major source of financing is via the execution of social activities contracted under the Bulgarian Social Assistance Act or via another type of state/municipal funding. This category accounts for nearly 40% of respondents. The third type consists of organisations (2 of the respondents) which finance their work mostly through private and corporate donations. Those are newly established legal entities that are still developing their capacity or working mainly in the field of advocacy and the protection of rights of individual key populations. Only one organisation has stated having a steady annual core funding by an international donor, but its amount is relatively small, and falls into the category of up to 20%. Logically, the organisations with a wider scope of activities and services have a greater variety of funding sources.

At the time of the survey, only eight of the organisations receive financing under the execution of public procurements for HIV and TB with the Bulgarian Ministry of Health, and three of them have been grouped together in a single structure (consortium). Only one organisation has reported that the financing under the public procurement is its main source of funding. For the rest it does not exceed 40% of the total funding, with some organisations explaining that they actually have to use additional funding to carry out the obligations under the public procurement.

Almost all of the respondents have extensive experience in the provision of services on HIV and TB prevention and care under the Programmes financed by the Global Fund. Only three of the organisations have never worked under those Programmes, and the reason for that is their more recent establishment (after 2014). Nearly 70% of respondents have carried out activities under the two Programmes. 30% have worked only under the Programme for HIV and only one organisation has worked under the Programme for TB alone.

The prevailing opinion among respondents is that to a certain degree the cancellation of the Programmes financed by the Global Fund has had a negative impact on them. Those narrowly specialised in the field of HIV and TB define the ending of the Programmes as having a 'dramatic' effect on their financial stability. These account for nearly 40% of respondents, with two-third of them pointing out that they have managed, to a certain point, to compensate for the financial deficits that had emerged, whereas others claim to have been 'completely financially destabilised'. The remaining 60% of respondents, for which the Programmes on HIV and TB had not been a priority and have accounted merely for a fraction of their activities, claim the withdrawal of the Global Fund financing has not affected the organisation in such a 'dramatic' or 'destabilising' way due to the existence

of 'other steady projects', and yet they do report some negative consequences in financial terms (related above all to the loss of funding for rent, utilities and other administrative costs). As has already been explained, the survey did not encompass one particular group of organisations with a long history of providing services for HIV and TB, whose activities had been completely cancelled after the withdrawal of the Global Fund financing.

4

EVOLUTION OF THE ACTIVITIES SUPPORTED BY THE GLOBAL FUND AFTER THE WITHDRAWAL OF ITS FINANCING

The majority of organisations (75%) reports that after the withdrawal of the financing from the Global Fund they have managed to preserve to a certain degree their services for HIV and TB ('partially' or 'in a modified way'). None of the organisations has stated preserving the full volume of its activities. One-quarter (25%) have completely ceased their activities related to HIV and TB.

Currently, the campaigning, sporadic nature of the work in the field of HIV and TB comes to the foreground, with developing activities mostly on awareness and counseling, at the expense of field work with key populations, testing and case management, which were at the core of the services financed by the Global Fund.

When implementing the activities in the context of the new realities, some of the organisations rely entirely on the support of volunteers; others use the available resources on ongoing programmes and projects, and the most frequent answer they give is that the staff engaged on other projects perform volunteering work and combine the execution of activities for HIV and TB with the fulfillment of the organisation's other activities with the respective key populations. Thus, via volunteering work the majority of organisations tries to satisfy, as much as possible, the needs of their clients. The long years of experience with the Programmes financed by the Global Fund have rendered services on HIV and TB extremely 'recognisable' and 'popular', and clients continue actively to seek out support from those organisations. Respondents point as beneficial the fact that they still have supplies of certain materials they had received under those Programmes that allow them to sustain their activity, and that they continue distributing them among their clients, adding that they have no way to procure the said materials after their quantities have been fully exhausted. Some organisations report that right until March 2019 they had used their work under the Programme for TB to provide services for HIV, as well. Only few organisations have managed to find a way to mobilise resources (including through forming coalitions) to overcome the deficit in funds and human resources in the period following the discontinuation of the Programmes, and continue to maintain the fullest possible volume of services on prevention, testing and care for HIV, yet admitting that this is not a sustainable model and it could not be maintained in the long term. Organisations in three cities outside the capital Sofia report having an extremely good collaboration

with the Regional Health Inspectorates; others point out to good practices of targeted municipal support, including in the capital city, but this funding is allocated only for the implementation of one-off campaigns. The organisations that as of this day still carry out activities under public procurements with the Bulgarian Ministry of Health (8 in total) have voiced concerns that after the finalisation of the contracts' execution their activity in the field of HIV and TB will be curbed, unless they are awarded new public procurements to guarantee the immediate continuity of the effort.

The analysis of the organisations' existing capacity to provide services for HIV and TB after the withdrawal of the Global Fund reveals extremely alarming findings. The most gravely affected is the organisations' staff. One of the most striking results is their inability to keep the field workers, so-called 'experts by experience', who themselves are representatives of the key populations and a major tool in reaching out to them. On average, organisations have been forced to dismiss 5-6 field workers. This unfavourable fact has had a negative impact on field work which has been limited or, in some places, completely discontinued. Next comes the loss in medical staff (physicians and nurses). There are also reports of a loss in social workers, psychologists and lawyers, as well as management staff. 25% of respondents point out that after the discontinuation of the Programmes they did not have to lay off personnel, but their employees had continued working under other programmes and projects. There is a steadfast stand that following the withdrawal of the Global Fund, a serious loss in expert capacity had been incurred - experts who had been trained for many years in the provision of quality services for HIV and TB and in the management of various activities.

It is worth noting the desire and the motivation of all respondents (with the exception of one organisation) to continue providing services for HIV and TB, and to start doing so in the future, if they had not done so until now. Fifteen organisations have declared a will to work in the two fields (HIV and TB) simultaneously; 10 organisations have expressed a desire to work only in the sphere of HIV, and one organisation – in the field of TB alone. The prevailing opinion is that provided they were given the opportunity to perform such services, they would need to hire and train new staff, mostly in the field of HIV, since the Programme for HIV had been discontinued earlier, and the core of the staff has subsequently redirected itself toward other spheres of work: *'some of the staff members who had worked throughout the years would not come back, but the organisation could invest in new people'*. Despite that, however, some respondents have stated that although the staff who had been trained and had worked for many years had redirected their skills elsewhere, if granted the opportunity, some would be willing to return to that field of activity: *'over the years, serious links had been established with qualified and trained people, who would be ready to join our ranks again'*. Respondents are steadfast that once an appropriate mechanism of financing services for HIV and TB has been put in place, they would find a way to resume the activities, as the most important thing, they have stated, is the fact that they have the required expertise and, given the funding, they would do what is necessary to organise their work. But that would require also a comprehensive study among the key populations in order to follow-up and report new trends, changes and group dynamics.

5

ORGANISATIONS' EXPERIENCE WITH THE PUBLIC PROCUREMENTS OF THE BULGARIAN MINISTRY OF HEALTH

Throughout the 2017-2019 period, the Bulgarian Ministry of Health announced four successive calls for tenders for the selection of providers of services on HIV and TB prevention and care: two for HIV, and two for TB, respectively, in the following order and with the following duration of their implementation:

1. First public procurement for services for HIV – the call was announced on 14 November 2017, with implementation duration 4 months⁸.
2. Second public procurement for services for HIV – the call was announced on 19 November 2018, with implementation duration 12 months⁹.
3. First public procurement for services for TB – the call was announced on 28 February 2019, with implementation duration 6 months¹⁰.
4. Second public procurement for services for TB – the call was announced on 23 December 2019, with implementation duration 12 months¹¹.

This survey examines the organisations' experience with the first three public procurements on the list above, since the collecting of information through the questionnaire partially overlapped the period for the submission of proposals for participation in the second public procurement tender for TB. As of the time of the survey, some of the organisations were still considering applying for the procurement, others were in the process of preparing tender documentation, still others had already submitted their proposals, which finally led to that particular public procurement dropping from the analysis due to the inability to perform a recapitulation of the answers from the point of view of a single point of reference.

⁸ Selection of contractors of activities on HIV and STI prevention among risk groups regarding the implementation of the National Programme for HIV and STI Prevention and Control (2017-2020) along 13 specified positions, <http://www.mh.government.bg/bg/profil-na-kupuvacha/protseduri-po-zop/protseduri-po-reda-na-zop/izbor-na-izplniteli-na-dejnosti-po-preveniciya-na-h/>

⁹ Selection of contractors of activities on HIV and STI prevention among target groups regarding the implementation of the National Programme for Prevention and Control of HIV and Sexually Transmitted Infections in the Republic of Bulgaria (2017-2020), <http://www.mh.government.bg/bg/profil-na-kupuvacha/protseduri-po-zop/protseduri-po-reda-na-zop/izplniteli-na-dejnosti-po-preveniciya-na-hiv-spi/>

¹⁰ Selection of contractors of activities on prevention and control of tuberculosis among risk groups regarding the implementation of the National Programme for Tuberculosis Prevention and Control in the Republic of Bulgaria (2017-2020), <http://www.mh.government.bg/bg/profil-na-kupuvacha/protseduri-po-zop/protseduri-po-reda-na-zop/izbor-na-izplniteli-na-dejnosti-po-preveniciya-i-ko/>

¹¹ Selection of contractors of activities on prevention and control of tuberculosis among risk groups regarding the implementation of the National Programme for Tuberculosis Prevention and Control in the Republic of Bulgaria (2017-2020) along 23 specified positions, <http://www.mh.government.bg/bg/profil-na-kupuvacha/protseduri-po-zop/protseduri-po-reda-na-zop/izbor-na-izplniteli-na-dejnosti-po-preveniciya-i-ko/>

Fourteen out of a total of 27 organisations have applied for the first three public procurement tenders. All of them had previously been sub-recipients under the Programmes financed by the Global Fund in Bulgaria, with seven of them having also had experience in the execution of social services assigned under the provisions of the Bulgarian Social Assistance Act.

As regards the preparation of the tender documentation, half of the organisations have pointed out that they had managed to do so on their own, with two stating specifically that they had the required legal expertise on their teams. The remaining seven organisations had sought additional legal support either by hiring a paid legal consultant, by soliciting help from external experts on a volunteering basis, or by relying on the aid of counterpart organisations with experience in the process of applying for public procurements. It is worth noting that the majority of the organisations who had prepared the tender documentation on their own provided also social activities assigned under the Bulgarian Social Assistance Act, and in these organisations a possibility for maintaining a larger administrative capacity has been observed.

All the organisations which had used extra legal help had gone successfully through the tender procedure and had been successfully ranked. Out of the organisations who had prepared their tender documentation on their own, two had been disqualified on technical grounds, and the rest had been successfully ranked. Out of the latter, some went on to sign a contract for execution of services, others withdrew, and still others were not awarded contracts due to the presence of successfully ranked applicants who had given a lower cost proposal for the respective specified position.

Regardless of the fact whether they had prepared the tender documentation on their own or had used external legal expertise, the majority of the organisations (10 of them) has assessed the process of tender documentation preparation as a complex one with a great administrative and financial burden. The remaining four organisations have stated the exact opposite opinion, with two of them pointing out that applying for a public procurement of the Bulgarian Ministry of Health is like applying for any other project, one of them has expressed the opinion that the procedure is an easy one, and one has considered the procedure even easier than the applications for other projects.

Out of the successfully ranked organisations, a total of 10 went to the next step of actually signing a contract for provision of services under the three public procurements (8 organisations for the public procurements for HIV, 3 of them united in a consortium, and 2 under the public procurement for TB), and those have been asked to comment on the process of the contracts' execution and the difficulties it entailed.

The majority of organisations has conceded that the envisaged performance indicators are irrelevant, that they should be adapted to the actual needs of target groups, and that they are too quantitatively oriented without any opportunity to measure the quality and the application of flexibility; they have also pointed out as a challenge the very monitoring of the indicators' performance, as that requires tracking simultaneously the reach out to an exact number of individual clients and the frequency of contacts of the individual client.

HERE IS WHAT SOME OF THE RESPONDENTS HAVE SHARED:

“ _____

Indicators do not guarantee the provision of the service and access of the target group to it, because those can be obtained by all sorts of means that do not necessarily provide wider access to services.

_____”

“ _____

The greatest difficulty comes from the rigidity of the indicators and the factors that had not been taken into consideration: there is no way for us to guarantee that over the assigned time period we would be able to test the exact percentage of what has been set as a target, to say nothing of estimating in advance the number of people who would require accompanying and treatment. We work with human beings and it is not possible for things to be so administratively square. During the first quarter of the year, we overperformed the target indicators, and meanwhile we reached too quickly the indicators for the second quarter, which ties our hands when it comes to continuing our work.

_____”

Respondents also argue that the discontinuation of services in some places and the change in certain practices (mainly, the switch to synthetic drugs at the expense of injecting) have not been taken into consideration, and that a new assessment of the needs is called for. Thus, almost all respondents who have become contractors of

public procurements have commented on the inadequate estimates of the supplies for people who inject drugs (PWID), including their costing and their relative share of the total amount of the procurement's funding, and that the Bulgarian Ministry of Health has not considered the fact that NGOs are not able to purchase some of the medical supplies, as provided by the country's acting legislation.

“ _____

Indicators do not match the amount of the funding, since it is expected that we should spend a great deal of the public procurement money on providing the necessary supplies. Also, there are estimates for distribution of materials that exceed clients' [PWID] needs.

_____”

Although respondents have admitted that they are well familiar with the public procurements' report documentation due to their previous experience with the Programmes financed by the Global Fund, they have addressed the fact that unlike then, now there is no electronic database for HIV administered by the Bulgarian Ministry of Health. Also, organisations find it useless to submit paper copies of all primary reporting documentation, and claim that the report forms could be updated and made less complicated because, such as they are now, their filling out and processing 'takes up too much time' and requires 'a great deal of mathematical calculations and cross-checking'.

HERE IS HOW ONE OF THE RESPONDENTS HAS SUMMARISED IT ALL:

“ _____

Report documentation in itself contains elements that require the existence of an electronic database for the collecting and reporting of results. The huge volume of primary documents piled up in paper copies creates prerequisites for technical errors. The anonymity of HIV testing, for instance, has been breached by the requirement of a signature under the Informed Consent Form.

_____”

Organisations have expressed concerns regarding the technical aspect of the verification of the performed activities, in case performed and reported activities are not verified.

“

There have to be consultants (monitoring experts) who are familiar with the activity in question, because it may turn out that due to a technical error people may not receive their payment. This kind of work should be evaluated from an expert point of view, not a technical one. The human factor in these procurements is not a no-entity, and no one lays an emphasis on people as experts, but rather on numbers and technical indicators, which incurs risk for contractors.

”

However, according to respondents, the cardinal problem with the execution of public procurements is the provision of financial resources in advance until the first installment from the Health Ministry is received (and that means providing advance funding for 4 months, since reporting is on a 3-month basis and the first installment is actually received 4 months after the initiation of the procurement’s execution), as well as the presentation of a warranty for the execution of the procurement (to the amount of 3% of the contract’s value, without VAT), which should be submitted/valid for the entire duration of the implementation.

HERE IS WHAT SOME OF THE RESPONDENTS HAVE SHARED:

“

This is a real obstacle to organisations incapable of providing such resources.

”

“

The major difficulties are related to the advance financing for a period of 4 months. This forces contractors to relocate funding from other projects, to seek out loans or other means

to cope with the issue. The burden of this mechanism affects directly the sustainability of the contracted organisations, and the maintenance of their staff.

Our organisation had at its disposal supplies of certain materials from previous programmes, which allowed us to carry out the work during the first months of the procurement on a volunteering basis.

Providing a bank guarantee or insurance in the event of a scheme for advance payment on the part of the Bulgarian Ministry of Health is not a viable option, either, as was the case with the first public procurement for HIV. Two of the successfully selected applicants for contractors under that public procurement did not sign contracts with the Bulgarian Ministry of Health due to inability to provide a bank guarantee to the full amount of the advance payment.

As regards the advantages and disadvantages of public procurement as a tool for state funding for activities on HIV and TB prevention and care, organisations have united around the opinion that this is not a relevant mechanism for the following key reasons:

The only advantage is the freedom to plan expenditures, but it is negligible compared to the disadvantages, such as commercial orientation of the activities, compulsory registration under VAT for the organisations in the bigger cities, need of advance financing, implementation warranty, quantitatively-oriented indicators, irregularity of procurements leading to hiatuses in the provision of services, lack of sustainability and continuity because of the frequent changing of providers, short duration of the contracts' terms, long duration of the period from the application to the approval, etc.

The majority of respondents has paid particular attention to the fact that public procurements are meant for commercial companies, which are profit-oriented and have the necessary resources to that end. In its essence, this mechanism contradicts the very logic of the civil society, and the criterion on which the selection of contractors is based, i.e. 'lowest cost', compromises the quality of the rendered services, which has not been taken into consideration:

“ _____

The 'lowest cost' criterion creates an unhealthy principle of competition among NGOs based on the lowest price, instead of on the quality of the services they offer and their level of expertise.

_____”

“ _____

The social focus has been shifted; merchants look for profit, if we're doing the same, we should not be applying for the public procurements in the first place under these conditions.

_____”

Organisations also point out that the financial resources allotted by the Bulgarian Ministry of Health to the public procurements is not adequate, all the more so in the context of the fact that the supplies from previous Programmes financed by the Global Fund which have not yet expired and which could have been used until the moment of the procurements' implementation, are running short, and contractors are bound to purchase 100% of the supplies of certain materials they will need, which will exhaust a considerable part of the resources on the procurement, unless the type and quantities of the targeted supplies of materials are updated.

Nevertheless, despite the prevailing of the stated disadvantages of public procurements as a tool for state funding for the activities on HIV and TB prevention and care, respondents claim two major advantages of this mechanism, namely, the competition principle and the transparency in the evaluation of proposals.

The organisations have also pointed out specific recommendations for improvement of the design of the current procurements with the aim to make them as relevant as possible, as long as their execution is necessary as a mechanism of funding, and these include:

‘

actual evaluation of the volume of work (including supplies of materials), and allocation of a relevant amount of funding; development of a model that will escape the ‘lowest cost’ criterion applied to the proposals’ evaluation; matching the target indicators (including supplies of materials) in accordance with the actual situation in the specific town or city (epidemiology, key characteristics of the target groups at local level, their needs), as well as the introduction of more flexible indicator benchmarks; finding of tools to cancel implementation warranty and the advance funding on the part of the contractor (switching to monthly payments); facilitating report documentation; extension of contracts’ term (at least on a two-year basis), etc.

’

Respondents have also added that after the withdrawal of the Global Fund from Bulgaria they do not feel that *‘the state has demonstrated a lasting commitment’* by means of its public procurements.

6

ORGANISATIONS' EXPERIENCE WITH THE SOCIAL ACTIVITIES ASSIGNED UNDER THE PROVISIONS OF THE BULGARIAN SOCIAL ASSISTANCE ACT

Ten organisations out of a total of 27 respondents have had experience with the implementation of social services assigned under the provisions of the Bulgarian Social Assistance Act, including with state and municipal funding. All of these 10 organisations have been sub-recipients under the Programmes financed by the Global Fund in Bulgaria, with seven of them having also had experience with applying for and implementing public procurements for activities on HIV and TB assigned by the Bulgarian Ministry of Health.

THE ORGANISATIONS HAVE EXTENSIVE EXPERIENCE AND THEY HAVE BEEN MANAGING THE FOLLOWING SERVICES:

- Crisis unit for women and children, victims of violence
- Crisis unit for persons and children, victims of violence
- Crisis unit for victims of violence and human trafficking
- Crisis unit for children
- Monitored home
- Community support centre
- Centre for work with street children
- Social rehabilitation and integration centre for law offenders
- Social rehabilitation and integration centre for victims of violence and human trafficking.
- Social rehabilitation and integration centre
- Family-type placement centre
- Foster care centre
- Centre for psychological and social awareness, counseling and training of elderly and people with disabilities

Respondents were asked to name the advantages and disadvantages of the mechanism of assigning state-delegated activities via the municipalities (under the provisions of the Bulgarian Social Assistance Act) as a financing tool. One of the advantages they have stated is the creation of conditions for sustainability due to the fact that the duration of the contracts for execution of social services varies between three and five years, the payments in the course of implementation are on a monthly basis, and advance funding is granted to launch the activity. However, even with this mechanism in place, organisations have reported insufficient funding and the need of seeking additional financial resources: *'It is a prerequisite for the sustainability of the services, but there has been considerable delay in the updating of the delegated budget.'*

The organisations have argued that the state-delegated activities have been relevant from the point of view of existing methodology (*'a wonderful mechanism'*), the certain freedom of each provider to make their own individual programme, as well as the security of the employees' remuneration, but the main problem, according to them, is the risk of compromising the procedure at local level (*'making it political and shifting its focus'*), because of the strong dependency on the *'will'* of the municipal administration: *'the municipality has to have an interest in announcing a call for proposals'; 'the municipality may decide to manage these services on its own' and 'that services may not reach the people'; 'there are risks of not choosing the most appropriate providers and of institutionalising the services'; 'such a direct dependence creates prerequisites for corruption practices'.*

The organisations who have had both experience with state-delegated activities under the Bulgarian Social Assistance Act and with public procurements for HIV and TB with the Bulgarian Ministry of Health have argued that in ideal circumstances, if only the financing mechanism was being evaluated, the delegated activities would be a more relevant form than the public procurements for state funding of the activities on HIV and TB prevention and care, both in terms of *'contracting with the service providers'*, and the *'development and improvement of the quality of the provided services'*. However, because of all the *'stumbling blocks'* that may be encountered at a local municipal level, some respondents have pointed out that none of the two mechanisms in their present state would be appropriate for state funding of the activities for HIV and TB, and there is an opinion of developing a new hybrid model of centralised delegated state activity with the Bulgarian Ministry of Health:

‘ _____

Going through the municipality should be avoided and everything should be directly linked with the Health Ministry. The Ministry ought to create a separate Department to that end. Municipal employees have no expertise in this field and so they would not know how to monitor and report it. That should be the prerogative of the Health Ministry. The Ministry of Labour and Social Policy does not run delegated activities that are managed by the Ministry itself and that do not have to go through the municipalities, but it is better to do it that way, as far as the Ministry of Health is concerned.

_____’

7

ORGANISATIONS' OPINIONS AND PROPOSALS REGARDING THE MOST APPROPRIATE FUNDING MECHANISMS

We asked the organisations about their opinion on what kind of mechanism the Bulgarian state should use to finance activities on HIV and TB prevention and care. The answers we received largely resemble one another, and the following preferred means of funding have stood out:

- **State-delegated activity (of a new type)** – This option has been given as the most appropriate by 13 of the respondents, with 10 of them detailing that they mean centralised financing with the Bulgarian Ministry of Health and not through the municipalities. Some organisations have given as an example the system of contracting that existed during the presence of the Global Fund in Bulgaria, which they consider convenient and suitable, and they argue that it should be reintroduced anew. As a variety of that type of financing, two of the organisations have suggested that the Bulgarian Ministry of Health administer the funding through second-level spending units, such as the Regional Health Inspectorates or the National Center of Public Health and Analyses. Several organisations explain that the contract's duration should be no less than 3 years, or even 5 years.
- **Project-based financing** – This option has also been given as a preferred one (9 respondents). And here recommendations have been added: that the model be centralised on a national level (the Bulgarian Ministry of Health) and that the contract's duration be no less than 3 years.
- **State-delegated activity through the municipalities** – This option has been met with reluctance rather than with support. Only two of the respondents have deemed it appropriate, justifying their preference with advantages, such as long-term duration, sustainability, and convenience as a means of funding. Four of the organisations have explicitly stated that this is not a suitable way of financing because of the interference on the part of local authorities, and the possibility of municipal lobbying in the selection of contractors or of political attacks against the key populations involved with HIV and TB programmes.
- **Public procurement** – Only two of the organisations have stated that it could also be an option, but both respondents have added conditions to that: compliance

with the needs of clients and the NGO sector, and contracting on a 3-year basis. Two organisations have pointed out the role of municipalities in the funding of activities on HIV and TB, highlighting its importance for the provision of extra financing to the principal resource from the national budget.

It is worth noting that as regards the appropriate means of funding, almost none of the organisations is hesitant or uncertain about which option is viable. On the contrary, opinions are steadfast and some of them are rather specific and insightful in their recommendations. Here are a few examples:

“

We are adamant that the service should not be a social one, but should belong to the health care sector, instead. There is no way you could take a blood sample within the context of a social service. The methodology of social services is very different and does not match our groups. It should be a health care-related service, directly bound to the Ministry of Health, with a clearly defined methodology, as is the case with social services. When each city applies, there ought to be specific targets and priorities for the city itself, with a different budget, and based on the principle of competition. There should be advance payments and funding ought to be on a monthly basis. Simple report forms should be submitted every month for the delegated activities: you report until the tenth of the current month, and by the end of the following month you receive the funding. The database should be reinstated. Contracts should be signed for at least a 3-year term, and control should be carried out over possible breaches, and even sanctions could be imposed or contracts terminated, if need be.

”

“ _____

If designed well to include also a stationary service and field work, and if supported by the necessary technical means, such as a mobile unit, for instance, state-delegated activities could be applied to HIV and TB, as well, and could provide comprehensive support to risk groups. Naturally, they should be bound to realistic indicators, and should be termed for at least 3 years, or 5 years at best.

_____”

“ _____

The previous form of sub-recipients under 3-year contracts was the best one. And we would recommend that the assignment remain the same, and even for a longer period, of 5 years under a contract, and that each year only an annex be signed. If the administrative burden is lowered and the term is made at least 3 years, the public procurement form of funding may remain, provided we are guaranteed some sort of financial security.

_____”

8

CONCLUSIONS

1. The period of transition to national funding has had a serious negative impact on the capacity of NGOs involved with the Bulgarian national response to HIV and tuberculosis.

These consequences are clearly discernible in organisations narrowly specialised in HIV and tuberculosis prevention and care, which are the primary focus of their activities: these respondents define the withdrawal of the Global Fund financing from the country as ‘dramatic’ to their stability. It has to be taken into consideration that the survey encompasses only organisations still existing after the said withdrawal of funding, but the number of organisations which had ceased their activities and existence altogether since 2017 to date is not to be underestimated. The only organisations on which the end to international financing has not had a destabilising effect are the ones that did not have programmes on HIV and tuberculosis as priorities in their work, or they accounted only for part of their activities, and yet, even those have reported negative consequences in terms of their financing.

2. The main problem related to the loss of capacity is the loss of trained staff.

The fact that only 25% of respondents have kept the staff who were engaged under the Global Fund Programmes means that there has been a significant outflow of qualified human resources, and especially field workers and medical personnel, who are the driving force of the specialised interventions on prevention and care among key populations. It is also worth noting that the staff members that have been kept have been redirected to other programmes and projects carried out by the respective organisations, and in many instances they have nothing to do with activities on HIV and tuberculosis.

3. The financing allotted by the Global Fund for provision of services to the key populations has been left with no alternative to date.

The survey shows that various sources of funding work well for the majority of the respondents, but these sources do not cover the direct services on HIV and tuberculosis delivered previously to key populations with the help of the Global Fund grants. For example, state-delegated activities support traditionally social services for other target groups and programmes, donorship and donor project funding are key to the implementation of advocacy and campaigns, but none of these types of financing has become a sustainable source of maintaining services on HIV and tuberculosis.

4. All the organisations which had previously worked on the Global Fund Programmes have preserved their preparedness and high level of motivation to continue implementing again programmes on HIV and tuberculosis prevention and care, at least for the time being.

Obviously, the long years of work supported by the Global Fund have left a lasting impression on the organisations' profile and their readiness to remain a useful partner in the national policy on HIV and tuberculosis. Despite the difficulties with the access to funds, NGOs have proven their preparedness to work for the sake of their mission and to remain connected with the needs of their respective communities.

5. A considerable part of the organisations has found means of keeping the services for HIV and tuberculosis partially or in a modified way. However, activities related to awareness and campaigns take prevalence at the expense of targeted activities with proven efficacy, such as field work, testing, and case management.

The essential part of the services on prevention and care has been threatened as very few organisations have managed to find other means of financing to continue their work. The principal source of funding for these activities, i.e. the public procurements with the Bulgarian Ministry of Health, has allowed covering only a small part of the country's territory with periods of discontinuation of the said services. In fact, to this date no sustainability of the services has been achieved.

6. Public procurements have been considered an irrelevant mechanism of financing related to a number of difficulties.

The major disadvantages that have been stated have to do with the administrative and financial burden of the application process, the rigidity and irrelevancy of the target quantitative indicators, the incongruence between the financial resources and the indicators and the supplies of materials, the commercial nature of the contracting of activities, the 'lowest cost' criterion, the need of providing advance funding at the organisations' expense, the provision of implementation warranty, the short term of the contracts, the discontinuation of the services during the periods in-between public procurements or during the long awaiting of approval, and the loss of emphasis on the quality of the services. These factors ought to be taken into consideration because it is likely that they lead to an outflow of applicants for public procurements, which could threaten the already insufficient coverage of the country with services.

7. The mechanism of assignment of state-delegated activities under the provisions of the Bulgarian Social Assistance Act has not been perceived unequivocally by the organisations as an appropriate means of funding.

The organisations with experience in this type of assigning of services have pointed out a number of advantages, such as sustainability, long term of the contracts, regular payments and an emphasis on quality. However, shortcomings related to policies on a local level that may have a negative impact on the assignment of services on HIV and tuberculosis have also been mentioned. Despite this model being evaluated as more relevant compared to the public procurement, it has not been endorsed widely and unequivocally by the organisations.

8. There has been a wide support for a new model of financing representing state-delegated activities with centralised assigning by the Bulgarian Ministry of Health.

Organisations perceive this model as an opportunity for sustainability, guaranteed implementation of the national policy without obstacles on a municipal level, for qualified management and monitoring, and for inheritance of already established practices from the work of the Global Fund.

9. Project-based funding has also been widely endorsed by NGOs.

This model should also be centralised on a national level (the Bulgarian Ministry of Health) and should guarantee transparency. However, if it is developed at all, it should guarantee continuity in the calls for procedures, so as not to allow for a discontinuation of the services.

10. Sustainability requires a contracting period of no less than 3 years.

Regardless of the model of financing they have supported, organisations have mentioned multiple times the significance of extending the contracting period to at least 3 years as an important condition to the sustainability.

9

CLOSING THOUGHTS

Based on the survey's conclusions, it can be inferred that the transition period from international to national financing of the services for HIV and tuberculosis prevention and care in Bulgaria has not yet led to finding the correct formula for achieving sustainability. It is paramount that the current situation be reviewed and that a new dialogue be held regarding the relevant mechanism of state funding that would allow preserving the already built and still available capacity.

NGOs have no alternative as providers of services to the key populations both in Bulgaria, and in the world. They are a principal carrier of knowledge and a key partner in working with the community, therefore investing in their sustainability and development is important. In this vein of thought, the current model of financing of the services – by means of proposals within the framework of public procurements based on the 'lowest cost' criterion or 'the most economically advantageous proposal' criterion – does not meet the needs. The development of a new model of centralised state funding that will guarantee quality, development and continuity of the services is called for. It is important to guarantee the full participation of the civil society organisations in this process.

