

ROBERT CARR FUND
ANNUAL REPORT
2019

Funding

what's

possible

**ROBERT
CARR
FUND** For civil
society
networks

Robert Carr Fund Annual Report 2019

ABBREVIATIONS AND ACRONYMS	5
FOREWORD	6
EXECUTIVE SUMMARY	8
INTRODUCTION	20
The 2019–2021 funding cycle	21
A fully operationalized monitoring and evaluation for learning framework	22
– A strategic plan sets out Fund priorities	23
INADEQUATELY SERVED POPULATIONS AND BASELINE ENVIRONMENTAL CONTEXT	24
NETWORKS STRENGTH AND INFLUENCE	29
Environment	30
– Baseline	30
– 2019 changes	30
Outcome: Institutionally stronger ISP and civil society networks and consortia	31
– Baseline and targets	31
– 2019 results	34
Outcome: Improved and sustainable advocacy capacity for ISP and civil society networks and consortia	36
– Baseline and targets	36
– 2019 results	37
PROGRAMMATIC OUTCOMES	40
Human Rights	42
Environment	43
– Baseline	43
– 2019 changes	43
Outcome: More enabling and rights–affirming social, policy and legal environment for ISPs	45
– Baseline and targets	45
– 2019 results	46
Access to Services	53
Environment	54
– Baseline	54
– 2019	54
Outcome: More accessible, rights–based, quality HIV services and programs for ISPs	55
– Baseline and targets	55
– 2019 results	56

Financial Accountability	62
Environment	63
– Baseline	63
– 2019 changes	63
Outcome: Resources made available and spent properly to create better conditions for ISPs with regards to HIV and human rights	64
– Baseline and targets	64
– 2019 results	64
<hr/>	
DEMONSTRATION OF VALUE	68
Core funding analysis	68
<hr/>	
LEARNING POINTS	70
New approaches to data collection	70
New grantee portfolio	70
New opportunities moving into 2020	71
<hr/>	
ANNEX 1 – Robert Carr Fund Theory of Change	73
<hr/>	
ANNEX 2 – Robert Carr Fund MEL Framework	74
<hr/>	
ANNEX 3 – Bridge Funding Summary	79
<hr/>	
ANNEX 4 – Strategic Opportunity Funding	80
<hr/>	
ANNEX 5 – Financial Report 2019	82
<hr/>	
ANNEX 6 – Risk and Risk Mitigation	88

Acknowledgements

Author: Danielle Parsons. Graphic Design: Studio Odilo Girod.



APTN: Participants of the advocacy planning meeting conducted by APTN and My Girls Club in Samoa

Abbreviations and acronyms

AfricaNPUD	Africa Network of People who Use Drugs	ISPs	inadequately served populations
AGYW	adolescent girls and young women	ITPC	International Treatment Preparedness Coalition
AMShE	African Men for Sexual Health and Rights	KELP	Key–Pop Empowerment and Leadership Program
ANPUD	Asian Network of People who Use Drugs	KenPUD	Kenya Network for People who Use Drugs
APNSW	Asia–Pacific Network of Sex Workers	KPIF	Key Populations Investment Fund
APT	Asia Pacific Transgender Network Foundation	LAC	Latin America and the Caribbean
ARASA	AIDS and Rights Alliance for Southern Africa	LGBTQ+	lesbian, gay, bisexual, transgender, and queer
ARV	antiretroviral medications	MEL	Monitoring and Evaluation for Learning
ASWA	African Sex Workers Alliance	MENA	Middle East and North Africa
BMGF	Bill and Melinda Gates Foundation	MENAHRA	Middle East and North Africa Harm Reduction Association
CARAM Asia	Coordination of Action Research on AIDS and Mobility	MSM	men who have sex with men (referring to gay, bisexual and other MSM)
CCM	Country Coordinating Mechanism	Norad	Norwegian Agency for Development Cooperation
CEDAW	Convention to Eliminate All Forms of Discriminations Against Women	NSWP	Network of Sex Worker Advocacy Projects
CHALN	Canadian HIV/AIDS Legal Network,	OST	Opioid Substitution Therapy
CND	Commission on Narcotic Drugs	PAP	Program Advisory Panel
Coalition PLUS	Coalition Internationale Sida PLUS	PCB	UNAIDS Programme Coordinating Board
CSWC	Caribbean Sex Worker Coalition	PEPFAR	The United States President’s Emergency Plan for AIDS Relief
CTO	Community Treatment Observatories	PLAPERTS	La Plataforma de Personas que ejercen trabajo Sexual
CVC	Caribbean Vulnerable Communities Coalition	PLHIV	people living with HIV
DFID	United Kingdom Department for International Development	PrEP	pre–exposure prophylaxis
DNP+	Delhi Network of Positive People	PWN–USA	Positive Women’s Network – USA
DTG	dolutegravir	PWUD	people who use drugs
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity	RCF	Robert Carr Fund for Civil Society Networks
EECA	Eastern Europe and Central Asia	RedLacTrans	Red Latinoamericana y del Caribe de Personas Trans
EHRA	Eurasian Harm Reduction Association	RedTraSex	Red de Trabajadoras Sexuales de Latinoamérica y el Caribe
ENPUD	Eurasian Network of People who Use Drugs	SALC	Southern African Litigation Center
EPLN	European Prison Litigation Network	SANOP	Southern African Network of Prisons
EuroNPUD	European Network of People who Use Drugs	SANPUD	South African Network of People who Use Drugs
EWNA	Eurasian Women’s Network on AIDS	SDGs	Sustainable Development Goals
GCTA	Global Coalition of TB Activists	SRHR	sexual and reproductive health and rights
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria	STI	sexually transmitted infection
GNP+	Global Network of People Living with HIV	SWAN	Sex Worker Advocacy Network
HIV	human immunodeficiency virus	SWIT	sex worker implementation tool
HJN	HIV Justice Network	TB	tuberculosis
HLM	High–Level Meeting (of the United Nations)	UHC	universal health coverage
HRI	Harm Reduction International	UN	United Nations
IAM	Inclusive and Affirming Ministries	UNAIDS	Joint United Nations Programme on HIV/AIDS
ICW	International Community of Women Living with HIV	UNFPA	United Nations Population Fund
IDPC	International Drug Policy Coalition	UNODC	United Nations Office on Drugs and Crime
INERELA+	International Network of Religious Leaders Living with or Affected by HIV&AIDS	WHO	World Health Organization
INPUD	International Network of People who Use Drugs	WHRIN	Women and Harm Reduction International Network
ISC	International Steering Committee	Y+	Global Network of Young People Living with HIV

Foreword

In 2019 the Robert Carr Fund registered tremendous achievements and its governance, administration and monitoring, learning and evaluation processes continued to mature. We started a new, three-year round of funding on the heels of a successful recommitment from our donors, allowing the Fund to support a larger, more diverse grantee portfolio. We embarked on the journey of rigorous monitoring of grantee achievements using a refined, streamlined reporting process developed collaboratively with our grantees. We launched a stand-alone Strategic Opportunity round of funding to stimulate creative ideas for innovative programming among regional and global networks. We also developed and finalized the Fund's first strategic plan, to carry us from 2020 through to 2024.

These accomplishments were momentous and deserve to be celebrated by the full collective that makes up the Robert Carr Fund. Nevertheless, the onset of the COVID-19 pandemic in the first quarter of 2020 shifted our world in such a radical way that it is difficult to find the time or emotional space to reflect on the successes of 2019 without seeing them through the lens of the daily challenges the world is now facing.

In just a few short months, we watched as the work we have done to support the health, social inclusion and well-being of inadequately served populations was upended and challenged by a whole new set of threats. Foremost are the risk of transmission of SARS-CoV-2 and the illness and fatalities caused by COVID-19 itself, exacerbated by shortages of personal protective equipment. In addition, countries have restricted movement and reoriented health priorities to protect their citizens and other residents and lessen the impact of this previously unknown virus. The responses to COVID-19 could also jeopardize the safeguarding of human rights; restrict access to critical HIV prevention, treatment, care and support services; and undermine the already tenuous financial status of national HIV responses. Communities that were already inadequately served by health care systems have fallen further down the priority list.

However, through all of this — through these seemingly insurmountable challenges — the family of activists that makes up the Robert Carr Fund provided cause for hope. Where people faced

immediate risks to their survival, civil society networks rapidly reoriented their activities to listen to their constituents and to respond, in some cases temporarily shifting from complex policy advocacy to distribution of basic commodities and personal protective equipment, practically overnight. Others saw the fierce urgency of achieving of their advocacy goals and redoubled their efforts, moving mountains to secure the release of prisoners, negotiate take-home doses of opioid substitution therapy, and push for approval of six-monthly prescriptions of antiretroviral therapy. No matter the specifics of each case, one thing was clear: the regional and global networks that receive core support from the Robert Carr Fund were ready to work around the clock to support their members in a time of great need and uncertainty.

Recently, grantees gathered (virtually) with members of the International Steering Committee, the Program Advisory Panel and the Robert Carr Fund Secretariat to discuss the challenges and opportunities that have been presented by this unique moment in history. The discussions, which were frank and impassioned as always, highlighted the continued need for exactly the kind of assistance that the Robert Carr Fund provides: core support that acknowledges unreservedly the inherent value of networks working with and often led by inadequately served populations. Networks are both pivoting to support communities during the COVID-19 pandemic and keeping HIV and related health issues central to their work. I am proud that the Robert Carr Fund was able to respond rapidly through this period by increasing grant flexibility and allocating additional funding to support our core grantees. Undoubtedly, you will have difficulties reading this report without thinking of COVID-19. Nevertheless, I invite you to do so and to reflect on all that was accomplished in 2019 by the Robert Carr Fund as a whole and the grantees themselves. It is clear to me that the networks supported by the Robert Carr Fund are stronger and more resilient as a result of their work in 2019, and better able to face the additional challenges that have emerged in 2020.

Craig McClure

*Chair of the International Steering Committee
of the Robert Carr Fund for Civil Society Networks*

Executive Summary

The Robert Carr Fund, named in honor of the late scholar and activist Dr. Robert Carr, is the world's leading international fund focused on funding regional and global networks led by, involving and serving inadequately served populations (ISPs) These groups include people living with HIV, gay men and other men who have sex with men, people who use drugs, prisoners, sex workers and transgender people. In some places, ISPs also include women and girls, young people, migrants and people living in rural areas, depending on the dynamic of the HIV epidemic and the legal status of these populations.

The networks these groups form are vital to improve the health, social inclusion and well-being of ISPs. As a cooperative effort of donors and civil society, the Robert Carr Fund follows a theory of change to mobilize and deliver core and strategic funding for regional and global networks to achieve four outcomes:

- building capacity of civil society and community networks
- protecting and promoting human rights
- improving access to HIV services
- mobilizing and monitoring national and international funding for human rights and health

The grantee portfolio for this cycle is comprised of 24 grantees, including 13 single-network grantees and 11 consortia.

SINGLE NETWORK GRANTEES		CONSORTIA OF NETWORKS	
1.	African Men for Sexual Health and Rights (AMShE)	1.	Asia Pacific Transgender Network Foundation [APT, Pacific Sexual and Gender Diversity Network]
2.	AIDS and Rights Alliance for Southern Africa (ARASA)	2.	Consortium of Networks of People who Use Drugs [INPUD, ANPUD, ENPUD, AfricaNPUD, SANPUD]
3.	ATHENA Initiative (ATHENA)	3.	Eurasian Regional Consortium [EHRA, ECOM, EWNA]
4.	Caribbean Vulnerable Communities Coalition (CVC)	4.	HIV Justice Global Consortium [HJN, ARASA, Canadian HIV/AIDS Legal Network, GNP+, PWN-USA, Sero, SALC]
5.	Coalition Internationale Sida PLUS (Coalition PLUS)	5.	International Community of Women Living with HIV consortium [ICW Eastern Africa, ICW West Africa, ICW Central Africa, ICW Southern Africa, ICW North America]
6.	Coordination of Action Research on AIDS and Mobility (CARAM Asia)	6.	International Treatment Preparedness Coalition [ITPC Global, ITPC MENA, ITPC WA, ITPC LATCA, Global Coalition of TB activists (GCTA), ITPCru, ITPC South Asia, T1International, Mainline]
7.	Inclusive and Affirming Ministries (IAM)	7.	Prison Health and Rights Consortium [EPLN, ENPUD]
8.	International Network of Religious Leaders Living with or Affected by HIV&AIDS (INERELA+)	8.	Sex Worker Networks Consortium [NSWP, ASWA, APNSW, CSWC, SWAN, PLAPERTS]
9.	M-Coalition	9.	Sustainable Health Advocacy with Gay Men (SHAG) [MPact, ECOM, GayLatino, M-Coalition, AGCS]
10.	MENA Rosa	10.	The Harm Reduction Consortium [IDPC, HRI, Youth RISE, WHRIN, MENAHRA, EuroNPUD, EHRA]
11.	Southern African Network of Prisons (SANOP)	11.	Youth Consortium [Youth LEAD, Y+, Youth RISE, Y Peer]
12.	Red de Trabajadoras Sexuales de Latinoamérica y el Caribe (RedTraSex)		
13.	Red Latinoamericana y del Caribe de Personas Trans (RedLacTrans)		

Through these grantees, 68 individual networks were funded during the 2019–2021 funding period. This portfolio reflects an intentional diversification to include grantees from regions and ISPs that were underrepresented in previous rounds of funding, including expanded investment in francophone Africa, the Middle East and North Africa, and Latin America and the Caribbean, as well as inclusion of two grantees focusing on incarcerated people. While diversifying its portfolio in this way, the Fund continued to provide core funding for a range of previously funded networks¹ that covered other regions and ISPs.

¹ Twelve previously funded networks were not selected to receive funding during the 2019–2021 cycle. Each of these received Bridge Funding during 2019, as described in Annex 3.

This report, the first annual report in the 2019–2021 funding cycle, uses a newly strengthened monitoring and evaluation for learning (MEL) framework. The strengthening of the MEL for the new funding cycle has allowed the Robert Carr Fund to capture for the first time both a robust baseline and a set of programmatic engagement targets. This has enabled the Fund to see clearly whether grantee work has proceeded according to plan and what changes have occurred over the course of a year — and, eventually, across a full funding cycle.

What's In This Report

As the first of its series in the 2019–2021 funding cycle, this report houses a large amount of information: an overview of baseline and 2019 achievements. While this Executive Summary presents an extremely condensed version of grantee achievements, in each of the outcomes sections of the main report, the reader will find the following information presented:

ENVIRONMENT: this section provides information on the environment that impacts the achievement of the desired outcome, including enabling factors and barriers to achievement

Baseline: this sub-section provides information as reported by grantees at the start of the 2019–2021 cycle

2019 Changes: this sub-section provides information on any external changes that occurred throughout 2019, which may have impacted the work done by grantees during this year

OUTCOME: this section provides information on the activities that were undertaken by grantees to affect change in the specific outcome area

Baseline and Targets: this sub-section provides information about grantee's starting points (as applicable) at the start of the 2019–2021 cycle, as well as planned activities

2019 Results: this sub-section provides information about the results of grantees' work in 2019

Under each programmatic outcome area, there are four categories of progress reported:

- **Foundational steps:** generating evidence or identifying advocacy priorities
- **Early actions:** developing and launching advocacy campaigns or strategies
- **Advanced actions:** continuing advocacy campaigns or strategies, and engaging with decision-making bodies to exert influence
- **Advocacy results:** achieving the desired, quantifiable results from advocacy campaigns, including legal or policy change, documented changes in service access or quality, and changes in funding availability or use

Baseline environmental context for inadequately served populations

The Robert Carr Fund recognizes that the work done by regional and global community and civil society networks to improve the health, social inclusion and well-being of ISPs does not occur in a vacuum. Each ISP faces a complex set of challenges that prevents them from being adequately served, which vary by geography and intersect with other factors. This report contains detailed descriptions for each ISP, based on grantees' reported experiences, as a reference point for understanding their work during the 2019–2021 funding cycle. (For readers who are not familiar with the ISPs that the Robert Carr Fund serves, background information is provided on page 18).

Highlights of Robert Carr Fund grantees' 2019 achievements

- All HIV civil society networks strengthened their organizations, whether by hiring staff, improving financial management, or taking other steps, as a necessary foundation for effective advocacy.
- Over 85% of grantees increased their advocacy capacity and influence by initiating or engaging in joint advocacy campaigns or cross-sector partnerships, or by exploring other avenues to influence HIV or health policies.
- Over 60% of grantees implemented an evidence-informed human rights advocacy campaign, and 28% saw their advocacy efforts result in a human rights policy or legal change in the first year of the grant cycle.
- Three-quarters of networks (51) reported progress in advocacy to increase access to and quality of services for ISPs, and one-third of networks reported that programs had improved after their advocacy.
- Over 40% of networks undertook efforts to improve the funding environment for ISPs' access to HIV treatment and human rights. These efforts ranged from national budget monitoring to influencing donor allocation processes and supporting replenishment of The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Network Strength and Influence

As all grantees receive core funding, they all work on building network strength and influence, and are obliged to report on these areas. Of the US\$3.1 million expended in 2019, 75% went to these two outcome areas, highlighting their importance.

Outcome: Institutionally stronger ISP and civil society networks and consortia

The unique and inherent value of the Robert Carr Fund's core funding is that it allows networks to meet their specific institutional needs and build a stronger foundation for their advocacy efforts. All of grantees receive core support and use it to invest in their organizational health.

All grantees report progress in this outcome area, although results vary depending on networks' needs and priorities. By the end of 2019, more networks reported having a strategic or resource mobilization plan, having expanded their staff or volunteer base, and having improved financial management, for example through regular audits. This increased organizational capacity is ensuring a stronger foundation on which grantees can build programmatic activities and will ultimately improve outcomes for the networks and the communities they serve and represent.

Institutional strengthening is not a linear process, and some setbacks were reported. While 90% of networks had more than one funder, only 21% had funding secured to fully implement their strategic plan, down from 28% at baseline. Such fluctuations reflect the uncertain funding environment for HIV networks. For this reasons, continued investment in core needs and HIV networks' ability to improve their financial health remains paramount.

Outcome: Improved and sustainable advocacy capacity for ISP and civil society networks and consortia

The Robert Carr Fund helps civil society networks to increase their advocacy capacity and influence by building coalitions, mobilizing their communities, participating in coordinating councils and board delegations, and finding other ways to strengthen their role in steering HIV or health policy. All grantees pursue activities in this area, supported by core funding.

In 2019, 27 networks (40%) developed new joint advocacy campaigns, 16 networks (24%) formed new cross-sector partnerships, including with UN agencies (UNAIDS, UNFPA, UNODC and WHO) and with the Global Fund to Fight AIDS, Tuberculosis and Malaria. To advance their advocacy goals, 31 networks reported leading issue-based coalitions, including starting 11 new ones. Coalitions ranged from organizing harm reduction groups in the under-invested Balkans region (Harm Reduction Consortium) to establishing a region-wide transgender group in the Caribbean (CVC). Such coalition-building contributes to a more coherent and sustainable advocacy ecosystem for ISPs.

Programmatic outcomes

In addition to tracking network strength and influencing capacity, the Robert Carr Fund also assesses programmatic progress in the areas of human rights, access to services and financial accountability.

Just as robust, operationally sound, and democratically governed networks are not built overnight, so too the process of achieving programmatic results is often a long, multi-stage effort. Recognizing the limitations of a three-year funding cycle (with annual reporting periods) and the potential influence of external factors, the Fund's monitoring, evaluation and learning (MEL) framework is built to determine advocacy progress step by step.

While it is recognized that progress is not always linear, for the sake of consistent measurement the framework categorizes four general stages of advocacy:

- Foundational steps such as assessing situations, generating evidence and mapping strategies for engagement.
- Early actions such as developing and launching advocacy campaigns and/or strategies.
- Advanced actions such as continuing advocacy campaigns and/or strategies and engaging formally with influencing bodies or in decision-making processes.
- Advocacy results such as legal or policy change, documented changes in service access or quality, and changes in funding availability or use.

Details on achievements at each stage can be found in the full report. For the sake of brevity, this executive summary focuses on advocacy results.



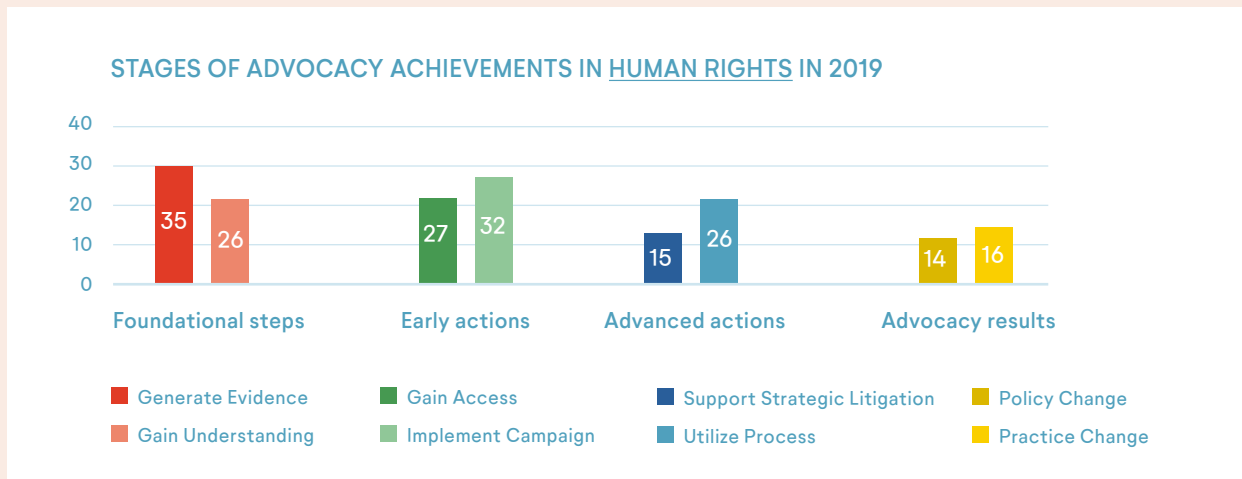
Coalition PLUS: Workshop on internal control and risk management

Human Rights

Outcome: More enabling and rights-affirming social, policy and legal environment for ISPs

Fifty of the 68 networks funded through Robert Carr Fund grantees (74%) reported on this indicator², across 6 single network grantees and 11 consortia. All 50 reported that they had made progress in this area.

The Fund measures progress on advocacy outcomes along a continuum: from foundational steps (e.g. collecting evidence) to taking early and advance actions (developing and implementing campaigns), to booking advocacy results (achieving change). The figure below summarizes how many networks achieved each stage of advocacy in 2019.



Over half of networks (55%) reported reaching a foundational milestone of generating credible evidence for advocacy, e.g. by documenting human rights violations against girls and young women in Africa (ATHENA) or conducting a multi-country survey of representation of people who use drugs in Global Fund Country Coordination Mechanisms (CCM) (INPUD/Networks of People Who Use Drugs Consortium). This evidence will be used in the next advocacy stages in the remaining years of the funding cycle.

Thirty-one networks (63%) advanced to the next milestone, using evidence to advocate for policy change, e.g. by using a UN or parliamentary processes or through strategic litigation. By the end of the first year of this funding cycle, 14 networks (28%) reported that their advocacy had already contributed to concrete policy or legal change related to human rights, e.g. repealing of HIV criminalization laws in Zimbabwe (ARASA/HIV Justice Global Consortium), or improving the sexual and reproductive health and rights of women living with HIV (EWNA/Eurasia Regional Consortium) and transgender people (CVC).

Better policies do not automatically translate into better practices, so it is significant that 16 networks (33%) reported improved enforcement of protective laws and improved practices, including fewer arrests and less harassment of people who use drugs and of MSM across Africa (INPUD and SHAG Consortium).

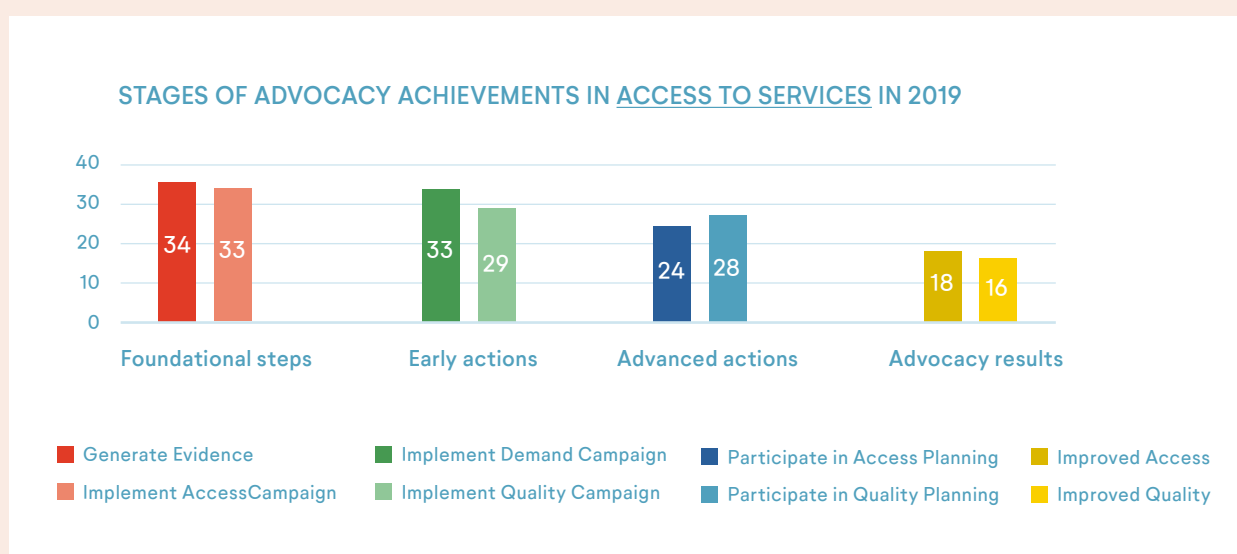
² Throughout this section, these fifty networks are used as the denominator for all percentages, unless otherwise noted.

Access to Services

Outcome: More accessible, rights-based, quality HIV services and programs for ISPs

Fifty-one of the 68 networks funded through Robert Carr Fund grantees (75%) reported in this optional outcome area³, across nine single networks and ten consortia. All 51 reported progress in this area.

The figure below summarizes how many networks achieved each stage of advocacy in 2019.



In the first year of the 2019–21 grant cycle, almost two-thirds of grantees were able to generate credible evidence and implement advocacy work to increase demand for, access to, and quality of HIV services for ISPs.

As a result of the advocacy they had undertaken, one-third of the networks reported changes in the access to (33%) or quality of (31%) services available to ISPs. Examples range from improvement in turnaround time for viral load test results in countries where Community Treatment Observatories are operational (ITPC West Africa/ITPC Consortium) to increased numbers of MSM living with HIV accessing antiretroviral therapy in Eastern Europe and Central Asia (ECOM).

³ Throughout this section, these 50 networks are used as the denominator for all percentages presented, unless otherwise noted.

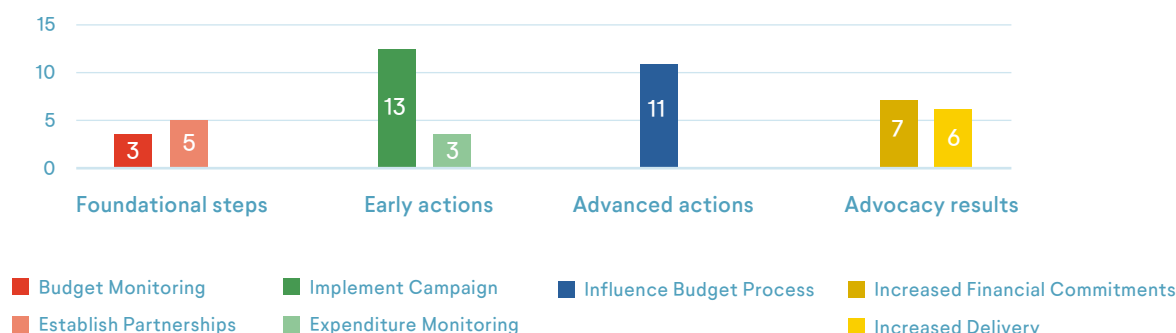
Financial Accountability

Outcome: Resources made available and spent properly to create better conditions for ISPs with regards to HIV and human rights

Twenty-nine of the 68 networks funded through Robert Carr Fund grantees (43%) reported in this optional outcome area⁴, across seven single networks and eight consortia. All 29 reported taking steps or making progress in this area.

The figure below summarizes how many networks achieved each stage of advocacy in 2019.

STAGES OF ADVOCACY ACHIEVEMENTS IN FINANCIAL ACCOUNTABILITY IN 2019



Despite limited engagement in this outcome area, early impacts noted in 2019 are promising – many building on foundational work by grantees in the 2016–2018 funding period.

At baseline, the majority of networks reported gaps in resource allocation for services, advocacy and other supportive programming. Just over 40% of networks monitored expenditure by national governments and/or international donors (alone or in partnerships with other networks or actors) and developed new advocacy strategies to push for increased sustainable resources.

Early impacts noted in 2019 are promising and include both commitments of international funders for certain ISPs (e.g. contributing to the Global Fund commitment to increase funding for adolescent girls and young women, including the re-launch of the HER Voice Fund, under the management of Y+ /Youth Consortium) and commitments by some countries (e.g. Bangladesh including migrants in some of the social safety net programs, Burundi allocating additional funds to scale up self-testing to reach gay men and other MSM). Advocacy by HRI (Harm Reduction Consortium) to the Global Fund fed into the qualitative adjustment process that increased funding for some countries with acute harm reduction needs. These results are part of the overall successful replenishment of the Global Fund in 2019, to which many grantees contributed advocacy efforts.

In Eastern Europe and Central Asia, advocacy by EHRA (Eurasian Regional Consortium) helped to shape the Elton John Foundation's new investment, known as Radian, in partnership with Gilead

⁴ Throughout this section, these twenty nine networks are used as the denominator for all percentages presented, unless otherwise noted.

Sciences. This funding stream, which will be active from 2020 to 2025, aims to “meaningfully address new HIV infections and deaths from AIDS-related illnesses” in the region, “through focused action, investment and resourcing to improve the quality of prevention and care for people at risk of or living with HIV.”

Demonstration of value: Core funding analysis

The Robert Carr Fund is unique in its focus on regional and global civil society and community networks that represent ISPs. Within that focus, a key defining feature of the Fund is its commitment to providing core funding, which allows networks to build their institutional capacity, as highlighted in the Network Strengthening portion of this report.

Core funding does not simply allow networks to exist. It supports them to undertake work for which grant opportunities may not yet exist and to add value to work that is funded through other sources (such as the Global Fund, bilateral agencies and UN partners). Core funding also enables them to invest sufficient resources in monitoring and learning from their work so they can continually improve their advocacy efforts.

Until recently, the Robert Carr Fund used anecdotal evidence to show that its core funding contributes to the programmatic outcomes of its grantees. Now that it has a fully operational MEL system, the Fund can now track the frequency at which core funding versus activity-specific funding is used to achieve milestones for each outcome area (see tables below).

FUNDING CONTRIBUTION TO ACHIEVEMENT OF HUMAN RIGHTS, ACCESS TO SERVICES AND FINANCIAL ACCOUNTABILITY MILESTONES

	HUMAN RIGHTS	ACCESS TO SERVICES	FINANCIAL ACCOUNTABILITY
FUNDING UTILIZATION	FREQUENCY	FREQUENCY	FREQUENCY
Basic operations of network	37%	43%	22%
Direct salary support of individual staff responsible for activity	37%	34%	19%
Directly supported aspects of this activity	20%	20%	8%
Part of small grants program	9%	8%	1%



SHAG Consortium: MPact and its supporters at Oakland pride 2019 – Oakland, USA

Across all three outcome areas, patterns emerge. The most frequent way in which funds supported outcomes was by supporting the basic operation of the network – ensuring that they had the human and other resources necessary to develop organizational and advocacy strategies, raise funds for grants, and invest in financial and other operational systems to manage funding. The next most frequent way in which funds were used was to directly fund the salary of a staff member who is implementing advocacy. In this way, advocacy officers, communications staff and others were able to be employed at the scale necessary to optimize the impact of advocacy campaigns (which may or may not be funded by sources outside of Fund grants).

Across the first two outcome areas, 20% of all milestones achieved used direct activity funding from within the network's Fund grant. The Fund was not necessarily the sole source of funding for activities, however, and many grantees reported receiving complementary funding from UN agencies, the Global Fund or bilateral donors.

In the Financial Accountability outcome area, direct activity funding played a less frequent role, accounting for only 10% of milestones achieved. Small grants programs, in which grantee networks further sub-granted to other organizations to undertake advocacy, accounted for the smallest number of all milestones achieved.

This distribution highlights the fact that even when activity funding is available, core funding remains a critical factor in successful implementation. Core funding is used to achieve outcomes more often than direct activity funding, highlighting the manner in which Robert Carr Fund grants are used to complement other funding sources, adding value to the investments of multilateral and bilateral donors.

Learning points

As the first year of the 2019–2021 funding cycle, 2019 provided the Robert Carr Fund with an opportunity for tremendous growth, learning and evolution. Some summary findings from this year carry the Fund forward into 2020 and beyond:

- **New approaches to data collection:** In this first year of collecting systematic data against a baseline, the Secretariat noted a continued need for clarification and capacity building to ensure that all networks report with consistent levels of detail and accuracy. This is particularly true for many of the networks working in consortia, highlighting an opportunity for the Secretariat to work with consortium leads to ensure that consortium members have adequate capacity to monitor and report on the work they implement throughout 2020. This effort will tie into the activation of a more robust “learning cycle” concept, whereby monitoring, reflecting, planning and implementing are part of an ongoing cycle guided by the MEL framework.
- **New grantee portfolio:** The carefully composed 2019–2021 grantee portfolio provides diversity of results in many areas. A greater range of milestones are reported from the Middle East and North Africa and from francophone Africa. Two grantees — a single network and a consortium — are dedicated specifically to prisoners. There is an increased focus on adolescent girls and young women, and a strong emphasis on access to services. Focus has also increased on financial accountability, though in a more limited way. The Fund has increased its attention to these areas to create a more balanced portfolio in direct response to the gaps noted in the 2016–2018 funding cycle.
- **New opportunities moving into 2020:** As well as funding a diversified portfolio of 24 grantees, representing 68 networks, the Robert Carr Fund has continued to evolve in its strategy and operations. In addition to a strategic plan developed with full participation of representatives from across the Collective, the Fund implemented a Bridge Funding stream to help previous grantees to gently phase out of funding. It also launched its first 18-month Strategic Opportunity Funding stream to allow for targeted investment in specific areas. These innovations, set to complement the three-year funding stream of the main portfolio, provided the Fund with a more flexible and dynamic space to ensure that it can continue to support regional and global networks across a full range of geographies and populations.

As the Robert Carr Fund moves into 2020, guided by its new strategic plan and the wealth of data provided by its grantees, it is poised to continue protecting and improving the health, well-being and social inclusion of ISPs by supporting regional and global civil society.

Introduction

The Robert Carr Fund is the world's leading international fund focused on funding regional and global networks led by and involving and serving inadequately served populations (ISPs) – people facing a higher HIV risk than the general population, as well as systematic human rights violations and barriers to information and services.⁵ The Fund functions as a pool-funding mechanism, leveraging the contributions of multiple funding partners⁶ for the common cause of improving the health, social inclusion and well-being of ISPs.

ISPs and the networks they form have direct experience of key health-related needs and barriers to health services. That makes them central to efforts to improve human rights environments, HIV service accessibility and the efficiency and effectiveness of national and international funding for health and human rights. As a cooperative effort of donors and civil society, the Robert Carr Fund is structured to maximize participation, empowerment, equity, transparency and accountability in fundraising and grant-making.

The Fund mobilizes and delivers core and strategic funding for regional and global networks to achieve four outcomes:

- building capacity of civil society and community networks
- protecting and promoting human rights
- improving access to HIV services
- mobilizing and monitoring national and international funding for human rights and health.

The Fund is governed by an International Steering Committee, which sets strategic direction for the Fund, makes decisions about funding priorities, decides on funding allocations, supports fundraising, and oversees implementation of Fund activities. The Fund is administered by the Robert Carr Fund Secretariat, with support from a fund management agent, Aidsfonds. The Steering Committee and Secretariat are supported by a Program Advisory Panel, which reviews grant proposals and makes recommendations for funding to the Steering Committee, and provides programmatic advice about opportunities for funding, grantee capacity building and technical support, and monitoring and evaluation. Together with the grantees funded by the Fund, these bodies form the Robert Carr Fund Collective.

⁵ The Fund defines the term "inadequately served populations" (ISP) as populations facing a high HIV risk, mortality and/or morbidity compared to the general population, and, at the same time, facing systematic human rights violations and barriers to information and services. ISPs include people living with HIV, gay men and other men who have sex with men, people who use drugs, prisoners, sex workers and transgender people. Depending on the dynamic of the HIV epidemic and the legal status of these populations, ISPs may also include women and girls, youth, migrants, and people living in rural areas.

⁶ Funding partners include the United States President's Emergency Fund for AIDS Relief (PEPFAR) in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Kingdom Department for International Development (DFID), the Norwegian Agency for Development Cooperation (Norad), the Bill and Melinda Gates Foundation (BMGF), and the Dutch Ministry of Foreign Affairs (MoFA).

ROBERT CARR

The Robert Carr Fund is named in honor of Dr. Robert Carr, a scholar and activist who worked tirelessly for human rights and an end to HIV in his native Caribbean region and globally. Dr. Carr was vocal, honest and unapologetic in naming injustices that contribute to poor health and prevent access to health services. He was a powerful organizer and advocate for the central role of civil society and communities in the HIV response.



Dr. Robert Carr.

The 2019–2021 funding cycle

The grantee portfolio for the 2019–2021 funding cycle is comprised of 24 grantees: 13 single-network grantees and 11 consortia.

SINGLE NETWORK GRANTEEES

1.	African Men for Sexual Health and Rights (AMSHer)
2.	AIDS and Rights Alliance for Southern Africa (ARASA)
3.	ATHENA Initiative (ATHENA)
4.	Caribbean Vulnerable Communities Coalition (CVC)
5.	Coalition Internationale Sida PLUS (Coalition PLUS)
6.	Coordination of Action Research on AIDS and Mobility (CARAM Asia)
7.	Inclusive and Affirming Ministries (IAM)
8.	International Network of Religious Leaders Living with or Affected by HIV&AIDS (INERELA+)
9.	M-Coalition
10.	MENA Rosa
11.	Southern African Network of Prisons (SANOP)
12.	Red de Trabajadoras Sexuales de Latinoamérica y el Caribe (RedTraSex)
13.	Red Latinoamericana y del Caribe de Personas Trans (RedLacTrans)

CONSORTIA OF NETWORKS

1.	Asia Pacific Transgender Network Foundation [APTn, Pacific Sexual and Gender Diversity Network]
2.	Consortium of Networks of People who Use Drugs [INPUD, ANPUD, ENPUD, AfricaNPUD, SANPUD]
3.	Eurasian Regional Consortium [EHRA, ECOM, EWNA]
4.	HIV Justice Global Consortium [HJN, ARASA, Canadian HIV/AIDS Legal Network, GNP+, PWN-USA, Sero, SALC]
5.	International Community of Women Living with HIV consortium [ICW Eastern Africa, ICW West Africa, ICW Central Africa, ICW Southern Africa, ICW North America]
6.	International Treatment Preparedness Coalition [ITPC Global, ITPC MENA, ITPC WA, ITPC LATCA, Global Coalition of TB activists (GCTA), ITPCru, ITPC South Asia, T1International, Mainline]
7.	Prison Health and Rights Consortium [EPLN, ENPUD]
8.	Sex Worker Networks Consortium [NSWP, ASWA, APNSW, CSWC, SWAN, PLAPERTS]
9.	Sustainable Health Advocacy with Gay Men (SHAG) [MPact, ECOM, GayLatino, M-Coalition, AGCS]
10.	The Harm Reduction Consortium [IDPC, HRI, Youth RISE, WHRIN, MENAHRA, EuroNPUD, EHRA]
11.	Youth Consortium [Youth LEAD, Y+, Youth RISE, Y Peer]

Through these grantees, 68 individual networks were funded during the 2019–2021 funding period. This portfolio reflects an intentional diversification to include grantees from regions and ISPs that were underrepresented in previous rounds of funding, including expanded investment in francophone Africa, the Middle East and North Africa, and Latin America and the Caribbean, as well as inclusion of two grantees focusing on incarcerated people. While diversifying its portfolio in this way, the Fund continued to provide core funding for a range of previously funded networks⁷ that covered other regions and ISPs.

For the first time, the Fund also released a special track of short-term funding through a Strategic Opportunity Call for Proposals. This funding track, which was open to previously and currently funded networks, released awards in 2020.⁸



HJGC: Michail Golichenko, Canadian HIV/AIDS Legal Network lawyer undertaking community legal literacy training

A fully operationalized monitoring and evaluation for learning framework

The development of a theory of change (see Annex 1) and a monitoring and evaluation for learning (MEL) framework were milestones in the 2016–2108 funding cycle. These frameworks, developed with the participation of the full Robert Carr Fund Collective, enable the Fund to measure the change that results from its investments. They track outcomes across four major results areas:

- network strength and influence
- human rights
- access to services
- resource accountability.

The MEL framework, with its associated indicators and metrics (see Annex 2), was piloted in 2017, midway through a funding cycle. During the framework's use in 2017–2018, the Fund listened to grantee experiences and concerns about the reporting format and structure. Additionally, funding partners made requests for more nuanced analysis of data. Many data were limited by the lack of a baseline for 2016–2018 and/or inconsistency in the level of detail captured by the reporting format.

What is a network

The RCF considers a network to be an open membership organization that engages its members in democratic governance and representation of their constituencies, observes accountability to the network membership, and facilitates regular collaboration and communication among members working towards common goals.

⁷ Twelve previously funded networks were not selected to receive funding during the 2019–2021 cycle. Each of these received Bridge Funding during 2019, as described in Annex 3.

⁸ More information on the application process and awards for this funding is available in Annex 4.

In response to this, the Secretariat significantly reorganized the reporting structure and format, with two primary aims:

- make the experience more user-friendly for grantees, introducing a survey format and removing the use of Microsoft Excel and Word for outcome reporting;
- standardize the type and level of detail of data being collected, both across grantees and across years, allowing tracking of progress from the baseline throughout the cycle.

These changes provide the 2019 report with an exciting opportunity to reflect greater insight into the experiences and achievements of the Fund's grantees.

The strengthening of the MEL in line with the new funding cycle has allowed the Robert Carr Fund to capture for the first time both a robust baseline and a set of programmatic engagement targets. As well as providing a starting point for the 2019–2021 portfolio of grantees, this allows the Fund to see clearly whether grantee work has proceeded according to plan and what changes have occurred over the course of a year — and, eventually, across a full funding cycle.

A strategic plan sets out Fund priorities

In 2019, the Robert Carr Fund developed a strategic plan to cover the period 2020–2024, bridging the current and next funding cycle.

The strategy, approved by the International Steering Committee in November 2019, outlines the direction the Fund needs to take to sustain and advance the role of civil society networks in supporting inadequately served populations in the HIV response by investing in:

1. movement leadership, to ensure a stronger, continuous community-led and rights-based response to HIV;
2. financial health and resilience of ISP programs, to ensure that ISPs are not overlooked or left behind in the funding landscape;
3. innovation, learning and partnerships, to ensure that the lessons networks learn can inform more effective approaches that are better adapted to the current environment.

The emerging strategic priorities align with the Fund's theory of change and results framework, and will require that the Fund use its influencing power effectively through:

- dialogue with funders and other international influencers to improve resource availability and accountability;
- investment of funds in civil society to achieve results for ISPs, through strengthening institutional and advocacy capacity and sustainability of regional and global networks.

The development of this plan and its communications and resource mobilization sub-strategies represents a significant milestone for the Fund.

Inadequately Served Populations and Baseline Environmental Context

The Robert Carr Fund recognizes that the work done by regional and global community and civil society networks to improve the health, social inclusion and well-being of ISPs does not occur in a vacuum. Each ISP faces their own complex set of challenges that prevents it from being adequately served, which vary by geography and intersect with other factors. Using grantees' own reported experiences, however, the Fund has compiled an overview of these challenges as a reference point for understanding the work that grantees will undertake in the 2019–2020 funding cycle.

GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (MSM)

Gay, bisexual and other MSM continue to face stigma and discrimination globally. While 52 United Nations member states offer broad (but explicit) legal protection against discrimination based on sexual orientation, only nine UN member states offer constitutional protection against discrimination based on sexual orientation. Sixty-nine UN member states criminalize consensual same-sex behavior between adults, and 31 UN member states have enacted laws and regulations to restrict the right to freedom of expression in relation to sexual orientation issues (sometimes referred to as “gay propaganda laws”). These restrictions of freedom of expression create significant barriers to

outreach and service provision for gay, bisexual and other MSM. Some gay, bisexual and other MSM opt not to seek services because of previous discrimination or fear of breaches of confidentiality. The availability of certain interventions, such as pre-exposure prophylaxis (PrEP), is still limited for same-sex couples.

MIGRANTS

Many migrants lack access to HIV and other health services in their receiving countries, where they are often ineligible for state-provided health services and encounter cultural and language barriers to receiving care. They are often subject to deportation upon receiving a positive HIV diagnosis. Undocumented migrants face particular challenges in accessing care, due to lack of time off from employment to seek

care, restrictions of movement by their employers, and fear of deportation if they seek care. Before they leave their home countries, migrants rarely have access to comprehensive education about preventing HIV and other health risks. Upon repatriation, they may also face discrimination from families and communities, and limited access to services that meet their migration-related health care needs.

PEOPLE LIVING WITH HIV

Many people living with HIV still face a variety of obstacles to enjoying a full range of human rights and accessing quality, rights-based care. Stigma, discrimination and criminalization of HIV transmission pose serious threats to social inclusion, well-being and — in some cases — physical safety. Access to newly developed medications and point-of-care diagnostics is limited in many settings, and there is a need to improve patient education and support for treatment adherence. Care for accompanying conditions in people living with HIV, including tuberculosis, viral hepatitis and diabetes, is still poorly integrated in many environments. Lack of attention to these and other, non-communicable conditions by international donors leaves people living with HIV without the comprehensive range of services they need. Stock outs of antiretroviral therapy and breakdown of diagnostic machines are still all too frequent. Confidentiality of services remains a major concern for people living with HIV, with non-consented disclosure to family members by healthcare providers still occurring in some settings.

PEOPLE WHO USE DRUGS

Global drug control treaties still mandate the criminalization of possession and use of drugs, fueling the growth in stigma and discrimination against people who use drugs, in healthcare settings and beyond. Structural barriers limit access to care in many health systems, including the need for identification documents, lack of work status, insecure housing status, and other factors. Core elements of harm reduction services, including needle and syringe programs and opioid substitution therapy, are often illegal or ill-defined as health services; there continues to be staunch political and cultural opposition to their adoption in many places. In countries that do

have harm reduction services, the physical location of services is also often a barrier for people who use drugs: services are located near law enforcement centers. Gender-sensitive harm reduction services are particularly rare. Women who use drugs not only face greater societal stigma but also continue to be underserved even more frequently and more severely than men.

PRISONERS

The rights of detainees are guaranteed by a dense set of international standards. In practice, however, these are often ignored and many prisoners have little recourse to access their basic rights, including health. Prison health systems are often poorly integrated with the broader health system, undermining quality of care, particularly in specialty areas such as HIV. The principle of equivalence of care inside and outside prison, promoted by the World Health Organization, is not respected. The lack of trained health personnel inside prisons and the inadequacy of equipment delays diagnosis. Harm reduction services are still not available in most prisons.

SEX WORKERS

In the vast majority of countries, sex work is criminalized, compromising the health and wellbeing of sex workers. Regardless of the aspect of sex work that is criminalized (sex workers, clients or third parties), there are dire consequences. Criminalization worsens the vulnerability of sex workers and prevents them from gaining access to health and justice. At the same time, sex workers face disproportionate levels of ill health and violence. Criminalization of sex work creates a climate of impunity for perpetrators of violence, which can include law enforcement personnel, clients and those posing as clients, health workers and other institutional personnel, intimate partners and peers. Stigma and discrimination can pose serious barriers to accessing health care. Some sex workers also face barriers within their working environment, if pimps limit their access to care or their working hours prevent them from using care services. In environments where law enforcement or socially driven raids are becoming increasingly violent, some sex workers are forced to migrate from their country of origin to seek a safer working environment; subsequently, they

experience the barriers faced by most migrants in accessing care. Legal barriers, including criminalization, as well as abolitionist attitudes towards sex work continue to restrict the availability of funding for care services for sex workers.

TRANSGENDER PEOPLE

The limited data available suggest that transgender people are at high risk of HIV. At the same time, transgender communities have low rates of access to general health services due to a multitude of rights violations. Trans people face violence from law enforcement and the broader community, often lack identification documents that match their gender identity, and encounter stigma and discrimination in health care facilities. For trans people who are also living with HIV, the situation is further compounded. While some donors, such as the Global Fund, have begun to devote resources to helping transgender women, funding for trans-competent health services in HIV programming continues to be limited, with many countries still considering transgender people to be a subset of gay, bisexual and other MSM.

WOMEN AND GIRLS

Women across all of these ISP groups, as well as women in the general population in certain settings, continue to experience persistent and pervasive gender inequality, inequity and gender-based violence that increases their rate of HIV acquisition and exacerbates the impact of HIV. Even though there is a disproportionate burden of HIV among adolescent girls and young women in sub-Saharan Africa, they are not centered and HIV prevention tools remain inaccessible to them. Despite the clear need for women-controlled HIV prevention methods, around the world the HIV response has relied disproportionately on male condoms and voluntary medical male circumcision and HIV testing. None of these strategies are controlled by women, with young women experiencing even less agency. Women living with HIV who are of childbearing age regularly face restrictions on the types of antiretroviral drugs available to them, and young women regularly report experiencing violence, harassment and bullying when they seek care.

YOUNG PEOPLE

Young people often need parental consent to access medical services, including contraception, HIV testing and screening for sexually transmitted infections, creating significant barriers to services. Key groups of young people face multiple systematic discrimination like many other ISPs, with their vulnerability magnified by a lack of life skills and/or a lack of power to negotiate safety and access to services. Services tailored for the needs of young people, providing the necessary confidentiality and anonymity, are insufficient in number. A lack of comprehensive sexuality education also prevents young people from seeking services. Young people who use drugs or sell sex often find it difficult to access harm reduction services because outreach services limit their distribution of commodities to individuals over the age of consent.

ISSUES OF TRANSITION IN FUNDING LANDSCAPES

Services for all ISPs are particularly vulnerable to shifts in the funding landscape, including changing eligibility for Global Fund grants. This is especially true in transitioning countries, where governments are reluctant to provide funding for criminalized populations. Underlying factors further challenge the prospects of sustainable domestic funding for ISP services, such as inadequate population size estimates and lack of robust evidence on the public health impact of quality, rights-based services for ISPs.

While advocacy undertaken by grantee networks does aims to make the environment in which ISPs live safer, some trends in political, social, economic and other factors are bigger and broader than the reach of grantees' advocacy abilities. These external factors, and their changes year by year, are captured below in the Environment section of each outcome area.

How to read this report

As the first of its series in the 2019–2021 funding cycle, this report presents both an overview of the baseline – where grantees started from – and grantees’ 2019 achievements. Each outcomes section below presents the following information:

ENVIRONMENT:

Elements that affect the achievement of the desired outcome, including enabling factors and barriers to achievement.

Baseline: This sub-section provides information as reported by grantees at the start of the 2019–2021 cycle.

2019 Changes: This sub-section provides information on any external changes in 2019 that may have affected the work done by grantees during the year.

OUTCOME:

Activities undertaken by grantees to effect change in the specific outcome area.

Baseline and Targets: This sub-section provides information about grantee’s starting points (as applicable) at the start of the 2019–2021 cycle, as well as planned activities.

2019 Results: This sub-section provides information about the results of grantees’ work in 2019.

Outcomes are divided into two types: those describing changes in network strength and influence, and those describing programmatic results.

Measuring network strength and influence is straightforward. Measuring programmatic results involves a nuanced, step-by-step recording of progress, as well as reporting on the ultimate, desired changes. Therefore, under each programmatic outcome area (human rights, access to services, and financial accountability), four categories of progress are reported:

- **Foundational steps:** Generating evidence or identifying advocacy priorities.
- **Early actions:** Developing and launching advocacy campaigns or strategies.
- **Advanced actions:** Continuing advocacy campaigns or strategies, and engaging with decision-making bodies to exert influence.
- **Advocacy results:** Achieving the desired, quantifiable results from advocacy campaigns, including legal or policy change, documented changes in service access or quality, and changes in funding availability or use.

More information on these categories of results is available under Programmatic Outcomes, on p40.



RedLacTrans: Regional event of closing and evaluation of the project 'Trans women without borders against transphobia and HIV/AIDS' – Panama

Networks strength and influence

This results area centers on two outcomes:

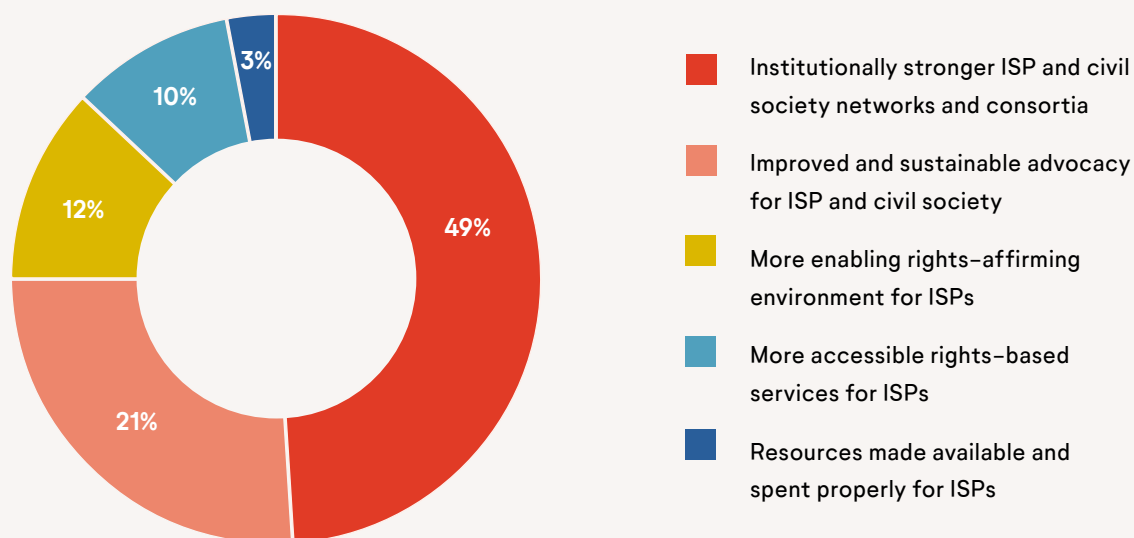
- institutionally strong ISP and civil society networks and consortia
- improved and sustainable advocacy capacity for ISP and civil society networks and consortia.

Each outcome is measured by a series of indicators (see Annex 2). The following section presents the baseline findings for these outcome areas, reflecting the status quo of operating environment and network strength and influence among grantees at the start of the 2019–2021 funding period. This is followed by a presentation of the 2019 results – that is, how the operating environment changed, and how networks reported their strength and influence to have evolved by the end of 2019.

As all grantees receive core funding, all grantees implement activities in the area of network strength and influence and are obliged to report on these outcomes. Of the US\$3.1 million expended in 2019, 75% went to these two outcome areas, highlighting their importance.

Figure 1

Grantee activity expenditure by outcome area, 2019 (total US\$3.1 million)



Environment

BASELINE

Grantees operate their networks in challenging environments across the globe, navigating and responding to environments of stigma, discrimination and violence against the ISPs they serve, as well as environments that are hostile to civil society at large. At the baseline, 76% of networks reported that they had had difficulty registering in the past. Difficulties included criminalization of populations (stemming from the criminalization of drug use, sex work and homosexuality), strong social stigmas towards gender identity and sexual orientation, and lack of resources to meet the thresholds required for registration, particularly for networks of young people. Almost all networks (95%) reported that the ISPs they serve face challenges in organizing, including intimidation and harassment (83%).

2019 CHANGES

In 2019, 12 networks (18%) reported that the registration environment had become more difficult, citing increased procedural burden and registration fees (Zimbabwe), as well as discrimination against LGBTQ+ communities in the Democratic Republic of Congo, Eswatini, Madagascar, Malawi, Tanzania, Zambia and Zimbabwe. Fifty networks (74%) reported that their communities or constituents had been harassed or intimidated in 2019, and 66% reported social and political crackdowns that worsened the overall operating environment.



ATHENA: Breakfast dialogue with UNAIDS Executive Director, Ms. Winnie Byanyima and AGYW leaders from across Eastern and Southern Africa on the margins of the Nairobi summit

Outcome: Institutionally stronger ISP and civil society networks and consortia

BASELINE AND TARGETS

At baseline, 50 networks (74%) reported being legally registered, with a remaining 15 (22%) in the process of registering and working under a fiscal agent; only 3 networks (4%) planned to stay unregistered, working under a fiscal agent indefinitely.

The vast majority of networks (74%) employed more than two paid staff members. Seven networks (10%) employed two staff members, ten networks (15%) employed just one, and one network operated without a paid staff member.

About three-quarters of all networks (73%) planned to expand their staff roster during the 2019–2021 period, though only 37 networks (56%) had secured funding to maintain their current staffing levels for two years.

Just over two-thirds (68%) of networks were using volunteer labor. The types of volunteers varied significantly, from community activists helping to implement campaigns and events, to interns and short-term expert researchers working on specific tasks, to governance bodies (including boards, steering and advisory committees).

Forty-eight networks (73%) were maintaining their own accounting systems, with most (57%) dedicating at least one full-time staff member to finance. Among networks with no staff members dedicated to finance (see Figure 3), most reported sharing finance duties among programmatic or administrative staff members, or relying on fiscal agents. Forty-five networks (68%) had a board treasurer in place, though only 53% reported that their treasurer reviews the network's financial reports at least quarterly, highlighting an opportunity for strengthening financial oversight within governance mechanisms.

Figure 2
Number of paid staff at baseline

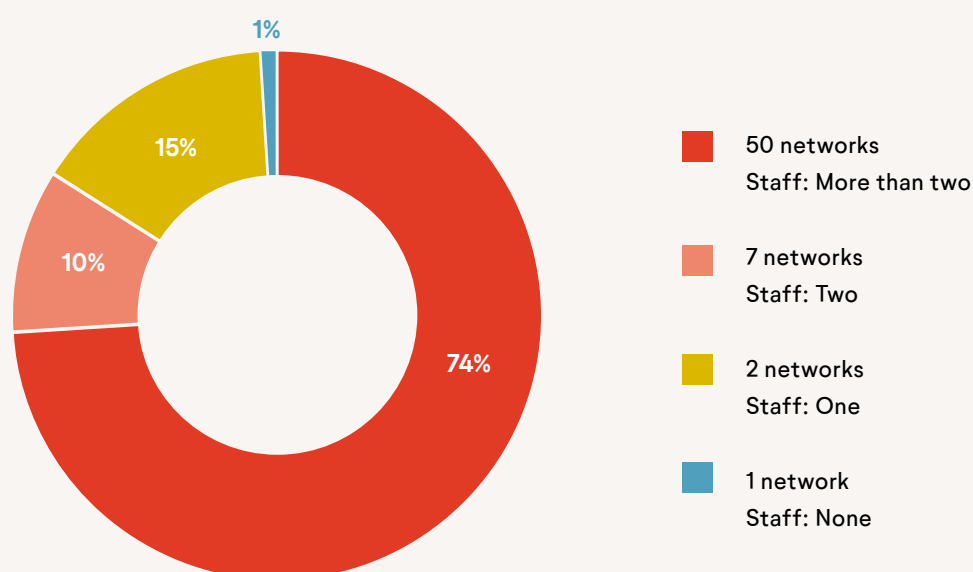
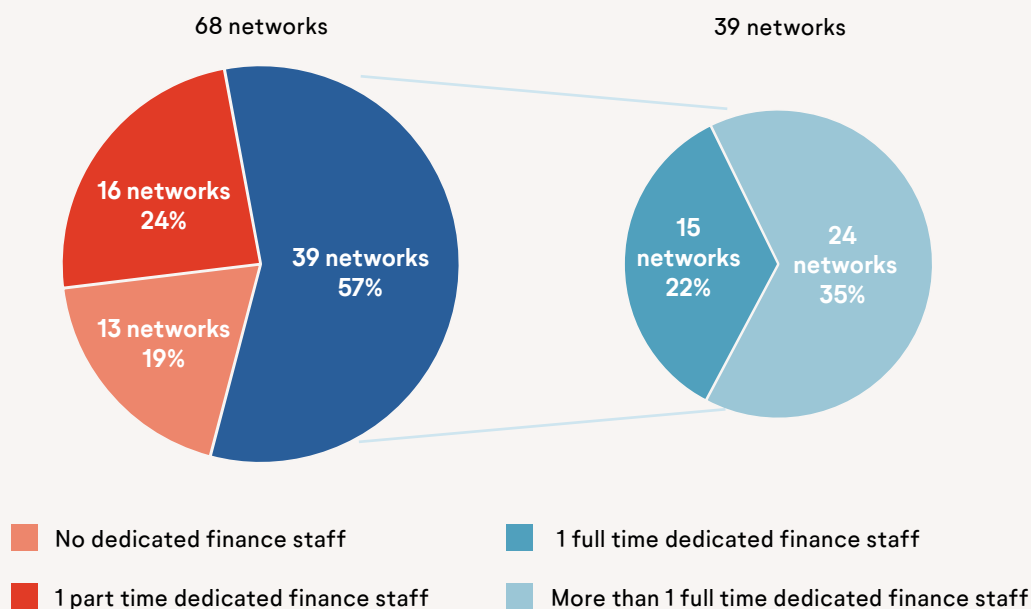


Figure 3

Networks' levels of dedicated finance staffing at baseline



About two-thirds of networks were regularly conducting organizational audits (67%) and project audits (64%), though most of the remaining networks had plans to introduce organizational (23%) and/or project (30%) audits as a standard practice during the 2019–2021 funding period. Of those already conducting audits at baseline, all were conducting them annually, with the exception of a single network conducting them once in every three years (organizational) and

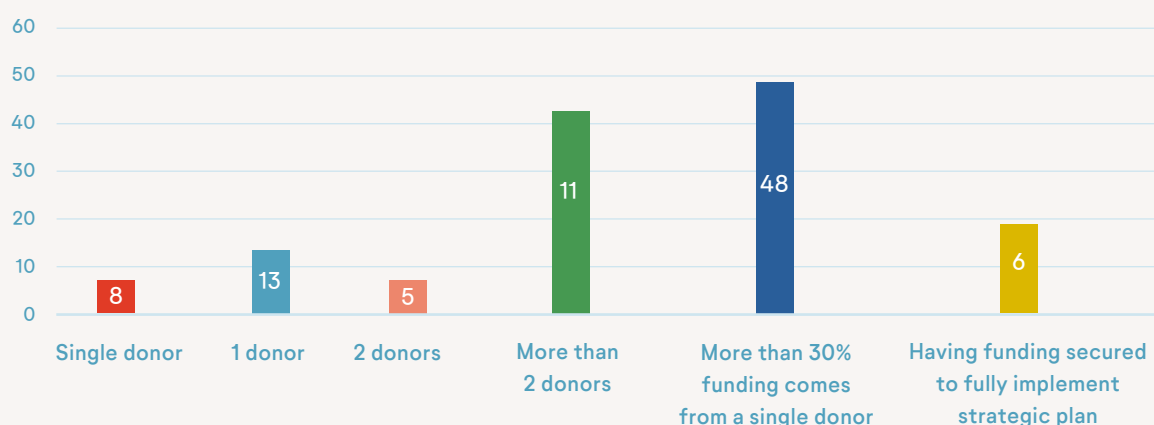
once in every two years (project).

Most networks (62%) had more than three funding sources. Nevertheless, almost three-quarters (71%) of all networks reported that a single donor made up over 30% of their funding.

Less than half of all networks (43%) had a costed strategic plan in place, though 37% had plans to develop one during the 2019–2021 funding period.

Figure 4

Overview of network financial health



A smaller share (29%) had a resource mobilization strategy in place, and the majority of networks (62%) had plans to develop one in the 2019–2021 period. Less than a third (28%) had enough funding secured to fully implement their strategic plans.

Table 1 shows how network grantees expected at the start of baseline to grow and change during the 2019–2021 funding cycle.

Table 1

Key network targets for strengthening during the 2019–2021 funding cycle

Targeted action	Number of networks	Percentage of portfolio
Register	13	19%
Expand staff	48	71%
Introduce organizational audits	15	22%
Introduce project audits	20	29%
Develop a costed strategic plan	23	34%

Learning Point

A key lesson from initial deployment of the MEL, in 2017–2018, was that not all networks are aiming to achieve organizational growth in all areas at all times. In giving feedback on the previous reporting structure, several grantees expressed concern that there was an implied inherent value in perpetual progress — that maintaining a working system (including size of staff and membership) or continuing to engage in a targeted range of activities could be seen as failure to progress. They pointed out that some maintenance of stability was not stagnation, but rather strategy: limiting

growth could allow more sustainability in an uncertain future, for example, or consolidating foundations in one area could be necessary before focusing on another. For this reason, the baseline reporting format specifically queried intent to engage in different areas (whether under network strengthening or the programmatic outcome areas that follow). The collection of these data allows the Secretariat staff to track grantee progress against intent, as well as to consider, in aggregate, whether the portfolio is making the progress that it set out to make.

2019 RESULTS

Grantees showed notable progress in strengthening their institutions in 2019. More networks reported having a strategic plan (+1) or resource mobilization plan (+5) in place, in comparison with the baseline. Twenty-three networks reported expanding their staff, while one-third reported expanding their strategic use of volunteer labor to help their network achieve its mission. More networks reported conducting organizational (+1) and project (+9) audits; of those that added project audits, 3 introduced an annual process, while 6 conducted one-time audits. Fifteen networks reported that they had significantly strengthened their democratic governance mechanisms. Some established a democratic board for the first time; others revised board membership structures to increase geographic representation and strengthen inclusion of ISPs.

In some areas, the number of networks reporting an achievement or desirable status is less at the end of 2019 than it was at baseline. This includes the number of networks:

- with secured funding to maintain staffing levels for at least two years;
- with funding to fully implement their strategic plan; and
- reporting more than one source of funding.

All of these changes reflect the nature of funding cycles and the reality of a dynamic funding environment. Likewise, a small reduction in the number of networks with board treasurers may reflect natural turnover in governance structures. These dynamics highlight the importance of dependable core funding, which allows networks to continue their operations through natural ebbs and flows of small project funding from year to year, and to invest in institutional strengthening, which may take more than a single year to achieve.

An overview of key indicators, comparing the baseline with the 2019 end-of-year status, is provided in Table 3.

Table 2
Progress on targeted actions

Intended Action	Targeted action for funding cycle	PROGRESS		
		2019	2020	2021
Obtain registration for the first time	13	1		
Begin or continue the process of registration	*	11		
Expand staff	48	23		
Introduce organizational audits	15	1		
Introduce project audits	20	9		
Develop a costed strategic plan	23	2		

* No baseline is recorded for the number of networks that intend to begin or continue the process of registration, as these are captured under the number of networks who intend to obtain registration for the first time.

Table 3

Progress on key network strengthening milestones — baseline vs. 2019

Measure	Baseline		2019	
	Number	%	Number	%
OI 1a: Number of networks with strengthened organizational status				
legally registered	52	77%	50	74%
OI 1b: Number of networks with strengthened core staff structure				
funding levels to maintain staff for 2 years	37	54%	36	53%
OI 2a: Number of networks showing strengthened fiscal capacity and accountability				
using own accounting system	49	72%	47 ⁹	69%
conducting regular organizational audits	45	66%	47	69%
conducting regular project audits	43	63%	50	74%
board treasurer in place	46	68%	45	66%
OI 2b: Number of networks showing strengthened financial sustainability				
more than one source of funding	60	88%	61	90%
costed strategic plan	29	43%	31	46%
resource mobilizations strategy	20	29%	26	38%
funding to fully implement strategic plan	19	28%	14	21%
OI 3: Number of networks more representative of their constituencies and more democratically governed¹⁰				
democratically elected governance body	61	98%	62	100%
board meeting at least quarterly	43	69%	43	69%
representation of geographic and population diversity	42	68%	47	76%
composed of at least 50% ISPs	55	89%	57	92%

⁹ Two networks stopped using their own accounting system at the request of the Fund, switching instead to the accounting systems of a fiscal host for the time being.

¹⁰ Due to incomplete data collection for some grantees, the denominator for this indicator is 62 instead of 68.

Outcome: Improved and sustainable advocacy capacity for ISP and civil society networks and consortia

BASELINE AND TARGETS

At baseline, 94% of networks reported both playing a role in a joint advocacy campaign and engaging in cross sector partnership, while all networks reported an intent to work in this area over the 2019–2021 period. Between two-thirds and three-quarters of networks reported already being engaged in issue-based coalitions, holding formal memberships in coordination councils or board delegations, and playing a role in steering HIV or health policy. Many more networks indicated this as an area they hope to grow into during this funding cycle.

Fewer networks reported that they were leading an issue-based coalition (43%) or playing a leadership role in a coordination council or board delegation (30%), though again a significant number indicated their intent to rise to this level during the 2019–2021 period. For more detail, see Table 4.

Table 4

Baseline and intended advocacy roles and actions for 2019–2021 period

Intended Action	Baseline engagement		Targeted action (networks)	Total projected (engagement + target)	
	Networks	%		Networks	%
Play a role in a joint advocacy campaign	62	94%	6	66	100%
Engage in cross-sector partnership or working relationships with government agencies, UN agencies, bilateral or multilateral donors	62	94%	6	66	100%
Be active in an issue-based coalition beyond its target ISP or beyond HIV-related issue	48	73%	7	55	83%
Hold formal membership in a coordination council or board delegation on a key topic for its constituent ISP(s)	42	64%	18	60	91%
Play a formal and regular representative role in steering HIV and/or health policy for target ISP at national/regional or global levels	49	74%	13	62	94%
Initiate and lead an issue-based coalition(s)	28	42%	15	43	65%
Play a leadership role in a coordination council or board delegation on a key topic for its constituent ISP(s)	20	30%	24	44	67%

2019 RESULTS

In 2019, grantees continued to report strong engagement in joint advocacy campaigns and cross-sector partnerships, with over 85% of networks reporting each. Notably, 27 networks (40%) reported engaging in new joint advocacy campaigns, which were not reported at baseline, including advocacy for people who use drugs at the Commission on Narcotic Drugs (Consortium of Networks of People Who Use Drugs, IDPC/Harm Reduction Consortium, and YouthRISE/Youth Consortium), campaigning for women's rights (ICW-WA/ICW Consortium, EHRA/Eurasian Regional Consortium, INPUD/Consortium of Networks of People who Use Drugs) and digital advocacy for the inclusion of young people living with HIV in plans for Universal Health Coverage (Y+/Youth Consortium).

Sixteen networks (24%) reported forming new cross-sector partnerships. Partnerships with UN agencies accounted for a great deal of this, including most frequently with UNAIDS, UNFPA, UNODC and WHO, but also extending to other multilateral organizations including the Global Fund, the International Labour Organization and the Global Challenges Fund.

Just under two-thirds of networks held formal memberships in coordination councils or a board delegation, with 12 such roles being new in 2019. In these situations, 20 grantees play a leadership role. Two new leadership positions were reported this year: in the UN regional consultative group in charge of monitoring and initiatives for an adequate legal and social environment



EHRA: Crowd photo showing EHRA and ENPUD colleagues in the audience at Harm Reduction International 2019

and the protection of identity groups that are victims of persecution (AGCS Plus/SHAG Consortium); and in the Organisation of Eastern Caribbean States Regional Coordinating Mechanism (CVC).

Forty-nine networks also played formal or regular roles in steering HIV or health policy for ISPs at the national, regional or global level, including:

- working towards the elimination of all HIV-related stigma,
- representing civil society organizations in presenting structural barriers to HIV services for ISPs in Southern Africa (ARASA), and
- leading regional meetings in Africa, Europe and Latin America to review implementation of the Beijing Platform for Action (Sex Worker Networks Consortium).

Thirty-one networks reported leading issue-based coalitions, with 11 new coalitions reported in 2019 alone, including organizing harm reduction groups in the under-invested Balkans region (EHRA/Harm Reduction Consortium), forming an alliance of key population groups across Latin America and the Caribbean (PLAPERTS/Sex Workers Consortium), and establishing a region-wide transgender group (CVC).

Table 5

Overview of key achievements in strengthening influencing capacity

Intended Action	Total engagement		New engagement	
	Networks	%	Networks	%
Playing a role in a joint advocacy campaign	58	85%	27	40%
Engaging in cross-sector partnership or working relationships with government agencies, UN agencies, bilateral or multilateral donors	55	81%	16	24%
Active in an issue-based coalition beyond target ISP or beyond HIV-related issue	46	68%	15	22%
Holding formal membership in a coordination council or board delegation on a key topic for constituent ISP(s)	44	65%	12	18%
Playing a leadership role in a coordination council or board delegation on a key topic for constituent ISP(s)	20	29%	2	3%
Playing formal and regular representative role in steering HIV and/or health policy for target ISP at national/regional or global levels	49	72%	14	21%
Initiating and leading issue-based coalition(s)	31	46%	11	16%

Core funding to strengthen basic network operations

Southern Africa Network of Prisons (SANOP)

In 2019, its first year of funding, SANOP took tremendous strides in strengthening its operations as a network, including basic finance and administrative functions that will allow it to achieve greater impact for its constituents.

This progress began with staff growth, recruiting a finance and administrative assistant to give the network a second employee, so that its manager could focus more on programmatic growth. The new staff member is responsible not only for day-to-day finance tasks, but also for developing a procedural manual for the network. With this human resource investment, the network was also able to introduce annual organizational and project audits. This position was instrumental to the network undertaking its new registration: registered in Lesotho in 2013, SANOP is seeking registration in Zimbabwe, where its secretariat is based.

In addition, three expert volunteers were recruited from Voluntary Service Overseas (which serves as a fiscal host for SANOP) to coordinate national chapter activities in eSwatini, Malawi and Zambia. These volunteers focused on resource mobilization, monitoring and evaluation, and organizational development. Their support was instrumental in SANOP developing a three-year costed strategic plan in 2019, accompanied by a three-year resource mobilization strategy. The huge leaps taken by this network in a single year exemplify what is possible when consistent core funding enables a network to focus on developing its capacity.

ICW North America

After a significant disruption in its operation, the International Community of Women Living with HIV — North America used Fund support to rebuild the foundations of its network, reconstituting a functioning board, establishing a membership database and welcoming new members. ICW — North America took this opportunity to develop its own mission and vision distinct from (but complementary to) the global International Community of Women Living with HIV, and to launch its own website. At the end of 2019, the network was developing a strategic plan that would further guide communications and resource mobilization. Throughout this transition, support from the Fund has been critical to reinvigorating a network that may have otherwise dissolved — highlighting the importance of the Fund's dedication to networks even as they face and overcome significant existential challenges.



Programmatic Outcomes

In addition to tracking network strength and influencing capacity, as described in the previous section, the Robert Carr Fund also tracks programmatic progress in the areas of human rights, access to services, and financial accountability.

Just as robust, operationally sound and democratically governed networks are not built overnight, so too the process of achieving programmatic results is often a long, multi-stage effort. The Fund also recognizes that environmental factors are sometimes as influential as the tireless efforts of grantees: a multi-year advocacy campaign can take a giant leap forward or be irreparably crushed because of external factors beyond grantee control. For these reasons, recognizing the limitations of a three-year funding cycle (with annual reporting periods) and the potential influence of external factors, the Fund's MEL framework is built to track progress step by step along the advocacy path.

While the Fund recognizes that progress is not always linear, for the sake of consistent measurement the framework categorizes four general stages of advocacy. For each category below, the level of evidence that the Fund requires from grantees — and reports on, where applicable — is described to help the reader understand what to expect from the following sections.

- Foundational steps such as assessing situations, generating evidence and mapping strategies for engagement.
 - ▶ *Evidence from this stage is sometimes available as published reports or briefs but is often used internally and not accessible for public consumption, so citations are provided in this report only when available.*
- Early actions such as developing and launching advocacy campaigns and/or strategies.

- ▶ *Evidence from this stage is often a matter of programmatic record; for campaigns where a public website or other materials are available, they are provided as examples in this report.*
- Advanced actions such as continuing advocacy campaigns and/or strategies and engaging formally with influencing bodies or in decision-making processes.
 - ▶ *Evidence of these actions is sometimes available as formal communications, meeting reports or media coverage, but sometimes only in programmatic records. Where the former are available, a reference is provided in this report.*
- Advocacy results such as legal or policy change, documented changes in service access or quality, and changes in funding availability or use.
 - ▶ *Evidence of advocacy results is available in the public domain more often than for other stages. Where publicly available evidence is not accessible (for example, because of language or lack of web presence) alternative citations are provided wherever possible.*

Progress for each stage is quantified by a series of indicator metrics, which are described in greater detail in the full MEL framework.

Though advocacy results are the desired outcome of all advocacy work, tracking progress step by step towards that final goal allows the MEL framework to capture incremental progress while awaiting final results, as well as to piece together a results chain across time.



Photo by Joseph Wood

Harm Reduction Consortium: Communications workshop – November 2019

This means that when advocacy results become available, the long-term involvement and contribution of the Fund's grantees are clear.

Reminder: While all grantees are obliged to report on network strengthening outcomes, the programmatic outcomes in human rights, access to services and financial accountability are optional. Therefore, each section below begins by declaring how many grantees (and as a function thereof, individual networks) opted to report on each set of indicators, and frames any achievement of progress in terms of those who declared that intent.

Human Rights

Fifty of the 68 networks (74%) reported on this indicator,¹¹ which were funded through 6 single network grantees and 11 consortia.

Table 6

Grantees reporting on the optional human rights outcome area

SINGLE NETWORKS	CONSORTIA
AIDS and Rights Alliance for Southern Africa (ARASA)	Asia Pacific Transgender Network Foundation
ATHENA	Consortium of Networks of People who Use Drugs
Caribbean Vulnerable Communities Coalition (CVC)	Eurasian Regional Consortium
Inclusive and Affirming Ministries (IAM)	Harm Reduction Consortium
MENA Rosa	HIV Justice Global Consortium
RedLacTrans	International Community of WLHIV Consortium
RedTraSex	International Treatment Preparedness Coalition
	Prison Health & Rights Consortium
	Sex Worker Networks Consortium
	Sustainable Health Advocacy with Gay Men (SHAG)
	Youth Consortium

This outcome area comprises a more enabling and rights-affirming social, policy and legal environment for ISPs. Progress is captured by one indicator measured in several stages (see Annex 2). The following section presents the baseline findings for this outcome area, reflecting the operating environment and grantees' plans to engage in each outcome area at the start of the 2019–2021 funding period. It then presents the 2019 results, including how the operating environment changed, and how networks worked through different stages of advocacy to achieve results.

¹¹ Throughout this section, these fifty networks are used as the denominator for all percentages, unless otherwise noted.

Environment

Environmental Indicator 3: ISP rights are protected by policy and/or legislation, which is enforced and allows for effective redress of violations.

BASELINE

At baseline, 23 networks (46%) reported that there were some policies in place to protect human rights of the ISP they represent, though only 6% reported that these policies were adequately enforced, and only 36% reported that redress mechanisms were in place to protect these rights. By contrast, 74% of networks reported that harmful policies were in place that fueled stigma, discrimination, criminalization and/or violence against the ISPs they represent.

2019 CHANGES

In 2019, ten networks (20%) reported worsening environments for access to care. Gay, bisexual and other MSM experienced crackdowns in Cuba and in one Ukrainian city because of LGBTQ+ marches. Uganda renewed its efforts to impose the death penalty for same sex behaviors and/or identity. Elsewhere in Africa, the situation also worsened. Nigeria tried 47 men under its anti-gay laws and Zambia attempted to expel the US ambassador after he defended a gay couple.

In the United States, amendments by the Department of Health and Human Services to the provisions for Title X funds have made the delivery of comprehensive sexual and reproductive health services more difficult, including for immigrants accessing health care and other essential services. In Eastern Europe and Central Asia an expansion of foreign agent regulations to cover individuals have been reported by civil society as an area of concern as they may curb the rights of some ISPs.

Across Asia and Latin America, there were reports of increased use of compulsory drug treatment; an ongoing increase in the number of people incarcerated for drug offenses; and a global increase in executions for drug offenses. In Bangladesh, hangings were

A new way to suppress drug policy advocacy in Eastern Europe and Central Asia

A number of countries in the region are considering legislative initiatives to establish or tighten regulations banning drug-related advocacy (so-called “drug propaganda”), particularly on the Internet, and toughen the liability for such advocacy. The term “propaganda” is often unclear and interpreted rather vaguely within the framework of these legislative initiatives.

Such initiatives increase the risks for people who use drugs, community-led organizations, NGOs implementing harm reduction, human rights protection and drug policy reform programs. A policy analytical brief prepared by the Eurasian Harm Reduction Association describes this trend in greater depth: <https://harmreductioneurasia.org/a-review-of-propaganda/>

introduced for non-violent drug offenses. In Ukraine’s occupied territory, an HIV-positive woman receiving opioid substitution therapy was sentenced to 11 years imprisonment for possessing buprenorphine, legally prescribed by a doctor outside the occupied territory. Situations became more dire for the rights of prisoners in Eastern Europe. Laws on public monitoring of detention centers were purged and NGOs that have monitored neglect and torture were barred from further monitoring. A landmark ruling by the European Court of Human Rights in the case *Abdyusheva and Others v. Russia* (application no. 58502/11), concluded that Russia did not breach the European Convention on Human Rights by refusing requests of drug users for methadone substitution therapy. This ruling severely threatens any further efforts to get opioid substitution therapy recognized as a health right for people who use drugs, inside and outside prison.

The Global Mapping of Sex Work Laws by the Network of Sex Worker Advocacy Projects identified that 71 out of 219 countries and dependencies criminalize clients of sex workers. Countries such as France and

Sweden are spending significant resources internationally promoting efforts to end demand for sex work. Fruits of these efforts can be seen in Cyprus, Israel, Lithuania and Spain, all of which using criminalization to try to regulate demand.

HIV criminalization also followed worrying trends in some places. In Tajikistan, the police have started to use criminal code article 125 more frequently. In Africa, progress in Botswana was offset by setbacks for LGBTQ+ rights in Gabon and Kenya, where laws criminalizing same-sex behavior were introduced or upheld in 2019. In the United States, religious freedom laws reduced protections for LGBTQ+ communities in health care, employment and education.

Outside the changes directly advocated by Fund grantees, progress was made in some care environments. A Nigerian High Court judgment determined that the police may not arrest and harass sex workers. In Malawi, violence towards sex workers decreased. In North Macedonia, sexual orientation and gender identity were added to the list of protected classes under the national anti-discrimination law, and the Criminal Code was amended to include homophobic and transphobic crimes. In Botswana, a High Court judgment decriminalized same-sex sexual acts. Canada opened its first prison-based overdose site. Ireland made progress towards opening medically supervised injection facilities. Nigeria introduced needle and syringe programming.



NSWP: Graphic recording of the global convening organized together with International Women's Rights Action Watch-Asia Pacific

Outcome: More enabling and rights-affirming social, policy and legal environment for ISPs

Outcome Indicator 5: Number of networks contributing to an improved human rights environment for at least one ISP

BASELINE AND TARGETS

At baseline, networks reported near universal intentions to engage in three of the foundational actions along the outcome chain during the 2019–2021 period: generating credible evidence to inform advocacy (98%), developing an advocacy strategy or campaign (100%), and implementing advocacy campaigns (100%). A smaller number of networks planned engagement with UN or state bodies and engagement and strategic litigation.

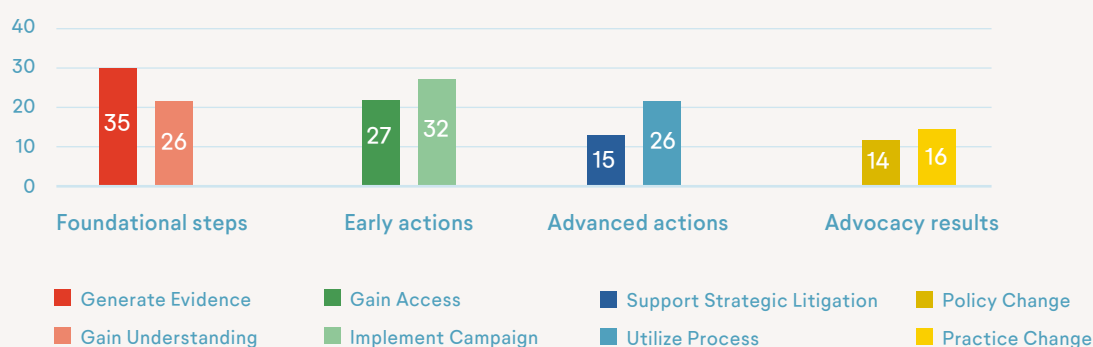
Table 7

Key network targets for human rights during the 2019–2021 funding cycle

Targeted action	Number of networks	As a percentage of those reporting on human rights outcomes	As a percentage of full grantee portfolio
Generate credible evidence	49	98%	72%
Gain increased understanding of mechanisms to be targeted for advocacy	47	94%	69%
Develop an advocacy strategy or campaign to advocate for improvements in the rights of ISPs	50	100%	73%
Gain access to or representation in a UN or state body to apply influence	42	84%	62%
Implement a campaign to promote human rights	50	100%	74%
Support strategic litigation	29	58%	43%
Utilize a UN or parliamentary hearing process to apply influence	45	90%	66%

Figure 5

Stages of advocacy achievements in human rights in 2019



2019 RESULTS

Figure 5 summarizes how many networks achieved each stage of advocacy in 2019. Details of each stage are described below.

Foundational steps

Seventy percent of reporting networks (35 networks) reached a foundational milestone of generating credible evidence and just over half (52%) gained an increased understanding of government, UN or funding agency mechanisms to be targeted for advocacy. Evidence included wide-ranging documentation of human rights violations against:

- adolescent girls and young women in Africa (ATHENA);
- female, transgender and male sex workers in Haiti and the Dominican Republic (CVC);
- sex workers in Latin America (PLAPERTS/Sex Worker Consortium);

Generating evidence also involved surveying ISPs and their roles in the HIV response, including:

- the Gay Men's Health and Rights survey, which collected over 6,000 responses worldwide¹² (MPact/SHAG Consortium);
- a multi-country survey of how people who use drugs are represented in Global Fund Country Coordination Mechanisms (CCM) (INPUD/Networks of People Who Use Drugs Consortium);

- documentation of the impacts of changes in funding landscapes, such as a review of the impact of the Global Fund withdrawing in Eastern Europe and Central Asia, using Kyrgyzstan as a national case study example, by INPUD (Consortium of People who Use Drugs);
- reviews of policy landscapes, including the status of HIV criminalization in Mexico (SERO/HIV Justice Global Consortium), Zimbabwe and Angola (SALC/HIV Justice Global Consortium);
- women-specific research including women-led community-based research Moldova, Russia, Tajikistan and Uzbekistan that documented the experiences of sexual and reproductive health and rights of women living with HIV (EWNA/Eurasian Regional Consortium); and research in South Africa and Spain on the rights of women who use drugs, which contributed to the development of advocacy materials by HRI and SANPUD (Harm Reduction Consortium).

This year also marked the publication of major evidence bases developed by two grantees under previous funding rounds. In May 2019, the HIV Justice Network (HIV Justice Global Consortium) published the latest *Advancing HIV Justice Report*¹³, documenting achievements and challenges in global advocacy against HIV criminalization from 2015 to 2018. The International Drug Policy Coalition released *Taking stock: A decade of drug policy – A civil*

¹² <https://mpactglobal.org/tag/gmhr-survey/>

¹³ <https://www.hivjustice.net/wp-content/uploads/2019/05/AHJ3-Full-Report-English.pdf>

Gaining understanding of the problem: Trauma and policing of youth who use drugs in Ireland

Gaining understanding of the problem: Trauma and policing of youth who use drugs in Ireland Youth RISE (Harm Reduction Consortium) co-funded a project with senior Irish police exploring the concept of trauma-informed policing as it relates to under 18-year-olds in contact with the Irish police's diversion program.

Upon completion of the study, the Robert Carr Fund supported its presentation at the Law Enforcement and Public Health 2019 Conference in Edinburgh. The project findings will be released in 2020, and publication in a law enforcement and public health academic journal is being explored. Ultimately, this study will lead to pilots of trauma-informed policing with this age group, which will serve the health and wellbeing of youth in Ireland and could provide a model for other countries.

society shadow report¹⁴ as well a global map¹⁵ of decriminalization models and approaches for people who use drugs, the first global collection of data on this vital policy response.

Early actions

Thirty-two networks (64%) advanced to the next milestone, using evidence to implement an advocacy strategy or campaign, including:

- Ensuring access to services for people living with HIV: Improving access to dolutegravir for women and girls of childbearing potential and access for

women to controlled HIV prevention tools (ICW East Africa); remedying shortages of antiretroviral medications in Nicaragua (SOMOSGAY); and conducting a campaign across the Caribbean to improve accessibility and quality of HIV services (CVC).

- Upholding the rights of sex workers: Marking the International Day to End Violence Against Sex Workers to increase visibility and fight against stigma (CSWC/Sex Worker Networks Consortium); creating Sex Worker Pride, a fourth international sex workers' rights day, to celebrate sex workers' self-determination and show the achievements of sex worker-led organizations (NSWP/ Sex Worker Networks Consortium); and advocating to local government councils and public ombudsmen to eradicate violence against sex workers and hate crimes against transgender sex workers in Latin American countries including Brazil, Colombia, Ecuador, El Salvador, Mexico, Panama and Peru (PLAPERTS).
- Increasing trans visibility and awareness: Organizing Trans Advocacy Week at the United Nations (Asia Pacific Transgender Network Foundation).¹⁶
- Defending the rights of PWUD: Implementing the Chase the Virus, Not People campaign (Eurasia Regional Consortium); the Support Don't Punish global campaign¹⁷ to raise awareness about the harm caused by drug criminalization (IDPC/Harm Reduction Consortium); and the Narcofeminism campaign focusing on women who use drugs (EHRA/Harm Reduction Consortium, ENPUD/Consortium of Networks of People who Use Drugs).
- Protecting the rights of prisoners: Campaigning for procedural rights for detainees based on findings from nine countries in Europe (EPLN/Prison Health and Rights Consortium); and advocating for the health and other rights of current or former prisoners who use drugs (ENPUD/Prison Health and Rights Consortium).
- Ensuring inclusion of ISPs in universal health coverage: Creating a call to action to UN member states to include ISPs in their oral remarks at the High-Level Meeting on Universal Health Coverage in September 2019 (MPact and other SHAG

¹⁴ <https://idpc.net/publications/2018/10/taking-stock-a-decade-of-drug-policy-a-civil-society-shadow-report>

¹⁵ <https://www.talkingdrugs.org/drug-decriminalisation>

¹⁶ <https://tgeu.org/trans-advocacy-week-2019/>

¹⁷ https://supportdontpunish.org/about/past-events/?event_city=All&event_year=2019

Consortium partners); publishing a technical brief on universal health coverage for people who use drugs (INPUD/Consortium of Networks of People who Use Drugs);¹⁸ and implementing the READY4UHC campaign to prepare young people to engage in universal health coverage planning and implementation (Y+/Youth Consortium).

In addition, 27 networks (54%) gained access to a UN or government body to apply influence. This included significant engagement of multiple grantees on the

Convention to Eliminate All Forms of Discrimination Against Women (CEDAW) and the Commission on Narcotic Drugs (see boxes). Y+ (Youth Consortium) prepared for engagement with universal health coverage by preparing the READY4UHC Campaign. The Positive Women's Network (HIV Justice Global Consortium) developed a rapid response strategy that supported participation in state legislative sessions in the United States.

Sex Worker Networks Consortium influences CEDAW

Working across multiple networks to influence the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), the Sex Worker Networks Consortium provided a powerful example of the value of collaborative work.

At the global level, the Network of Sex Worker Advocacy Projects (NSWP) mobilized UN agencies and member states to urge CEDAW not to conflate sex work and trafficking, and to maintain the focus on trafficking in women and girls in the context of global migration. This global advocacy concerned the development of a General Recommendation that would provide guidelines on how state parties to the convention should enforce Article 6, which states that “States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women”. With the final clause of the article being used by some states to implement laws that criminalize sex work, the shift of guidance to focus on migration-related trafficking is an achieve-

ment that helps sex workers to continue to use opportunities to ensure sex work is not conflated with trafficking.

In addition to this global advocacy, at the regional level networks supported CEDAW country sessions, in Kazakhstan and Serbia (SWAN) and Kenya, Seychelles and Zimbabwe (ASWA). For these sessions, networks supported the production of shadow reports highlighting the unique gender-based violations faced by sex workers — experiences that are routinely omitted from official CEDAW reporting. This country-level engagement was made possible not only by the regional network support, but also by global support from NSWP's policy officer.

¹⁸ <https://www.inpud.net/sites/default/files/Universal%20Health%20Coverage.pdf>

Advanced actions

Twenty-six networks (52) utilized a UN or parliamentary process to apply influence on human rights matters. At the global level, such involvement included:

- ATHENA's interventions with the UNAIDS Programme Coordinating Board to promote the rights of adolescent girls and young women in their diversity to access new HIV prevention technologies, contraceptive commodities and full-spectrum sexual and reproductive health and rights services integrated with HIV services;
- HRI (Harm Reduction Consortium) and INPUD (Consortium of Networks of People who Use Drugs) promoting the rights of people who use drugs at the PCB, and advocating for increased funding and political support for harm reduction across UN agencies and other and international fora¹⁹;
- advocacy intervention at the Commission on Narcotic Drugs by the Consortium of Networks of People who Use Drugs and the Harm Reduction consortium (see box);

- NSWP (Sex Worker Networks Consortium) leveraging an international platform by facilitating the attendance of a delegation of eight sex workers at the 63rd session of the Commission on the Status of Women to participate in UN agency meetings and official side events;
- The Canadian HIV/AIDS Legal Network (HIV Justice Global Consortium) continued to serve as the Secretariat for the UNAIDS Reference Group on HIV and Human Rights.

At the regional or national level, such involvement also included:

- The Caribbean Sex Workers Coalition (CSWC/ Sex Worker Networks Consortium) participating in a forum for Caribbean judges to help them understand laws and discrimination's impact on sex workers;
- RedTraSex's training of 201 law enforcement officers in the Dominican Republic, Honduras, Panama, Paraguay and Peru to sensitize them to sex workers' rights;

Grantees provide a deep field for advocacy at the Commission on Narcotic Drugs

The 62nd UN Commission on Narcotic Drugs, held in conjunction with the UN High-Level Meeting on Drugs, served as an advocacy stage for both the Consortium of Networks of People Who Use Drugs and the Harm Reduction Consortium. Grantees participated in side events and high-level panels, and implemented advocacy actions, such as the launch at the High-Level Meeting by INPUD (Consortium of Networks of People Who Use Drugs) of its campaign Taking Stock of the World Drug Policy Problem. The campaign included broadcasting videos on UN premises documenting the impacts of policies on the lives of people who use drugs. It complemented the International Drug Policy Coalition's report *Taking stock: A decade of drug policy – A civil society shadow report*.

"In 2019, we further expanded our network's engagement with, and understanding of, the UN Commission on Narcotic Drugs (CND). We supported numerous civil society partners to attend, provided a coordination meeting the day before, and supported partners to gain passes to access the building – resulting in the largest ever civil society participation and presence at this meeting in Vienna." —IDPC

Youth RISE, IDPC, INPUD, Harm Reduction International and GNP+ all submitted written statements to the commission as NGO delegations, lobbying for resolutions on rights-based drug policy, including abolition of the death penalty for drug offenses, access to opioid substitution therapy as an essential controlled medicine, and access to pre-exposure prophylaxis and hepatitis care.

¹⁹ <https://www.hri.global/contents/1967>

- MPact supporting key population coalitions to develop shadow reports to the Voluntary Review of Sustainable Development Goals in Indonesia and Tanzania; and
- RedLacTrans advocating to UN agencies in Latin America and the Caribbean to ensure inclusion of trans women in campaigns or events that seek to improve the human rights of women, girls and adolescents.

Fifteen reporting networks (30%) supported strategic litigation to effect policy change, including:

- defending women's rights against criminalization in Tajikistan (EWNA/Eurasia Consortium); to adopt children regardless of HIV status in Tunisia (MENA Rosa) and Ukraine (EWNA/Eurasia Consortium); and to seek redress for forced sterilization in Uganda (ICW East Africa/ICW Consortium);
- fighting back against HIV criminalization by challenging the constitutionality of Kenyan HIV criminalization law (HIV Justice Global Consortium); and challenging a death penalty verdict in Lesotho (HIV Justice Global Consortium);
- protecting the rights of the LGBTQ+ community by

supporting the litigation initiated by trans leaders in Paraguay on access to gender identity in civil registries (RedLacTrans); and supporting the case of a gay, gender non-conforming orphan who was subjected to conversion therapy by the Pentecostal Church in the Dominican Republic (CVC);

- advancing the right of prisoners to access to care in Eastern Europe (EPLN and ENPUD /Prison Health and Rights Consortium).

Advocacy results

In this first year of the funding cycle, 14 networks (28%) reported that their advocacy had contributed to a successful policy or legal change related to human rights. This included wins for the LGBTQ+ community, such as an update to the Dutch Reformed Church policy on discrimination against the LGBTQ+ community²⁰ (IAM), and the inclusion of an LGBTQ+ representative on a municipal council board in the Dominican Republic (CVC).

HIV decriminalization advanced in several countries:

- in Zimbabwe, parliamentarians began moving to repeal criminalization laws (ARASA/HIV Justice Global Consortium);



Youth LEAD and Y Peer: Youth LEAD and Y Peer Partnership Meeting

²⁰ <https://constitutionallyspeaking.co.za/why-court-ruled-against-dutch-reformed-church-in-same-sex-marriage-case-and-what-it-may-mean-for-other-churches-who-discriminate-against-gays-and-lesbians/>

- in the US state of Virginia, as well as several Mexican states (SERO, PWN/ HIV Justice Global Consortium) the introduction of HIV criminalization statutes was blocked;
- in Canada, advocacy efforts resulted in the Canadian House of Commons Justice Committee recommending that HIV criminalization end in Canada.

Sex workers benefited from progress in Mexico City, where advocacy led to changes in municipal laws that punish loitering, and in Ecuador, where a similar loitering law was defeated before it could be passed (PLAPERTS/Sex Worker Networks Consortium).

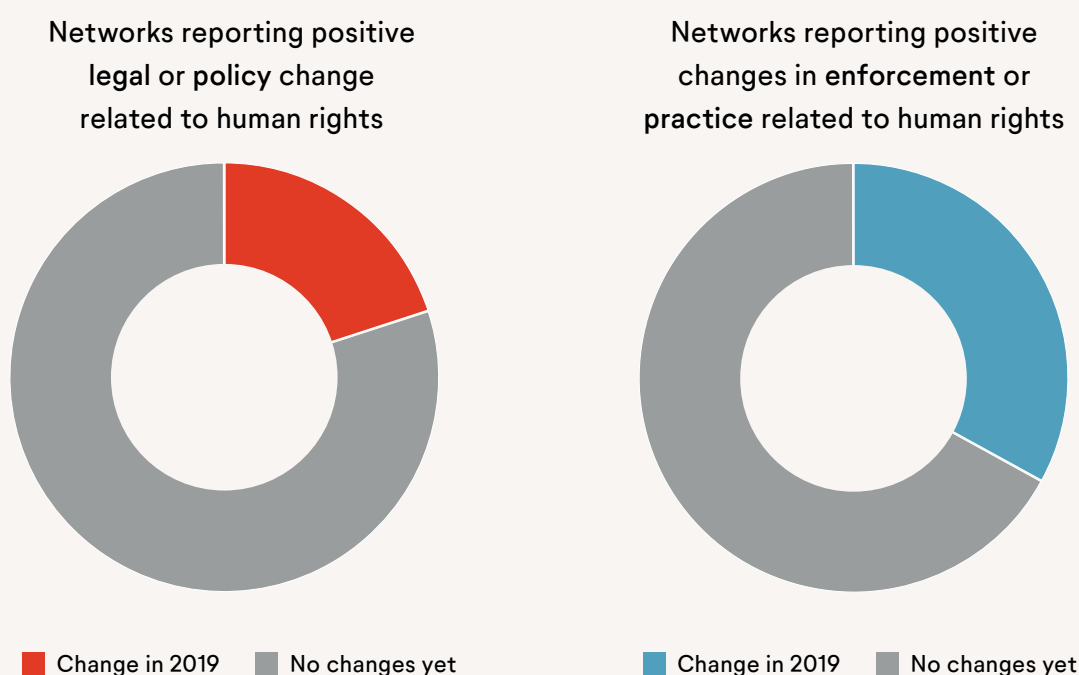
Gains for women came in the form of enhanced reproductive freedom, including women living with HIV being permitted to access assisted reproductive technologies such as in vitro fertilization (EWNA/ Eurasia Regional Consortium) and women of child-

bearing age gaining access to dolutegravir in Uganda (ICW East Africa/ICW Consortium). In the Caribbean nation of St. Kitts and Nevis, a High Court ruling legalized cannabis for personal use, resulting a reduction of prosecutions for people who use drugs (CVC). There was good news for the trans population in Latin America and the Caribbean as Chile's Gender Identity Law²¹ went into effect and Uruguay's Integral Trans Law remained in place despite threats of repeal based on religious fundamentalism (RedLacTrans).

In Paraguay, after two years of support from RedLacTrans, strategic litigation succeeded in enabling trans people to change the name on their Paraguayan identity card. This achievement highlighted the importance of the regional network's approach to helping national trans organizations to begin to advocate for adoption of gender identity laws as widely as possible in the region.

Figure 6

Percentage of networks reporting positive changes in laws and policy, and in enforcement



²¹ <https://www.hrc.org/blog/gender-identity-law-takes-effect-in-chile>

Better policies do not automatically translate into better practices, so it is significant that 16 networks (32%) reported improved enforcement of protective laws and improved practices, especially related to law enforcement personnel. From Africa to South Asia, grantees report improved partnerships with police and security authorities to raise their awareness about human rights. AGCS Plus (SHAG Consortium) noted improvements for gay, bisexual and other MSM across Africa, while KenPUD (INPUD/Consortium of Networks of People Who Use Drugs) reported that their work had helped reduce arrests and harassment in Kenya.

In Ireland, Youth RISE (Youth Consortium) reported progress in their work sensitizing law enforcement about young people who use drugs. In eSwatini, advocacy for a more progressive interpretation of the Sexual Offences and Domestic Violence Act of 2018 strengthened protections against marital rape and against harm towards sex workers (SALC/HIV Justice Global Consortium). Sex workers also reported a reduction in human rights violations in Bangladesh, Indonesia, Myanmar and Nepal, where APNSW (Sex Worker Networks Consortium) has implemented the Safety First project.²²

Outcomes across funding cycles: Engaging people who use drugs in Estonian policy making

In 2018, under the previous round of funding, the Eurasian Harm Reduction Association (EHRA) submitted a shadow report to the UN Committee on Economic, Social and Cultural Rights on the situation regarding social rights of women who use drugs and/or live with HIV in Estonia. Subsequently, the committee issued recommendations that Estonia, as a UN member state “Combat the social stigma against drug users and guarantee the confidentiality of service users by training the police, social workers, child protection officers and medical professionals and sensitizing the public, especially about their right to health.” Estonian authorities took the committee conclusions seriously, and during 2019, people who use drugs in Estonia informed EHRA that they now feel welcome and able to be more engaged in discussions about policy on national level and in service provision locally.

Table 8

Progress against targeted actions on human rights, 2019

Stage of advocacy	Targeted action	Baseline target for funding cycle (nr. of networks) ²³	Progress		
			2019	2020	2021
Foundational steps	Generate credible evidence	49	35		
	Gain increased understanding of mechanisms to be targeted for advocacy	47	26		
Early action	Gain access to or representation in a UN or state body to apply influence	42	27		
	Implement a campaign to promote human rights	50	32		
Advanced action	Support strategic litigation	29	15		
	Utilize a UN or parliamentary hearing process to apply influence	45	26		
Advocacy results	Nr. of networks reporting policy or legal change related to human rights		14		
	Number of networks reporting positive changes in enforcement of protective laws and improvement of practices		16		

²² <https://constitutionallyspeaking.co.za/why-court-ruled-against-dutch-reformed-church-in-same-sex-marriage-case-and-what-it-may-mean-for-other-churches-who-discriminate-against-gays-and-lesbians/>

²³ The figures listed here indicate a grantee's intent to achieve these milestones at some point throughout the 2019–2021 funding cycle. Therefore, it is not expected that all intended achievements would be realized in 2019 alone. Results will be cumulative across the three years.

Access to Services

Fifty-one of the total 68 networks (75%) reported in this optional outcome area,²⁴ across nine single networks and ten consortia.

SINGLE NETWORKS	CONSORTIA
ATHENA	Asia Pacific Transgender Network Foundation
CARAM Asia	Consortium of Networks of People who Use Drugs
Coalition PLUS	Eurasian Regional Consortium
Caribbean Vulnerable Communities Coalition	Harm Reduction Consortium
INERELA+	International Community of WLHIV Consortium
M-Coalition	International Treatment Preparedness Coalition
MENA Rosa	Prison Health & Rights Consortium
RedLacTrans	Sex Worker Networks Consortium
RedTraSex	Sustainable Health Advocacy with Gay Men (SHAG)
	Youth Consortium

This outcome area comprises more accessible, rights-based, quality HIV services and programs for ISPs. Progress is captured by two indicators measured in several stages (see Annex 2). The following section presents the baseline findings for this outcome areas, reflecting the operating environment at the start of the 2019–2021 funding period and grantees’ plans to engage in this outcome area. This is followed by a presentation of the 2019 results, including how the operating environment changed, and how networks undertook work across different stages of advocacy to achieve results.

²⁴ Throughout this section, these fifty-one networks are used as the denominator for all percentages presented, unless otherwise noted.

Environment

EI 4: ISPs experience full access to rights-based, quality HIV services.

BASELINE

The vast majority of reporting networks (92%) cited significant barriers for ISPs in accessing services and 86% reported shortcomings in the quality of care available. Barriers and shortcomings common across multiple groups included lack of training on health care issues specific to ISPs; breaches of confidentiality and stigmatizing and discriminatory behavior by clinic staff and gatekeepers; and criminalization of same-sex behaviors, expressions of gender-nonconformity, use of drugs, and sex work. Language barriers were also commonly noted.

2019

In 2019, 54% of networks reported changes in the barriers to accessing care, and 34% reported changes to the quality of care accessible to the ISPs they represent. In both cases, the majority of the reported changes were related to improvements to the care environment.

Twenty-three reporting networks (45%) reported a reduction in barriers to accessing care, while 39% reported improvements in the quality of care available.

Isolated improvements included increased access to services through the National Health System for sex workers in the Dominican Republic; expansion of transgender-led drop-in centers in Sri Lanka; and expansion of mobile clinics to ensure linkage to care for ISPs in Burkina Faso and Mali. Wider positive trends included gains for people who use drugs in Africa: Cameroon and Nigeria introduced harm reduction services, Sierra Leone included needle and syringe programs, and Uganda opened its first opioid substitution therapy clinic. Bulgaria re-introduced needle and syringe programs after having closed them due to lack of resources. Portugal and Ukraine introduced safe drug consumption spaces, Ukraine at a single site, in the city of Sumy.

While only four networks (8%) reported setbacks in accessing care, and only two (4%) noted deterioration in quality of care, the regressions noted were significant. These included the threat of closure of harm reduction services in Albania, Bosnia and Herzegovina, and Kazakhstan due to lack of local political will; medication stockouts in Algeria and Tunisia; and reduced access to services in Latin America, including commodities shortages. Trans populations in Latin America reported facing particular hardship when donor transition reduced funding, as trans-specific health services had been highly dependent on outside donors. These setbacks add to the significant barriers to care reported by 92% of networks at baseline, highlighting the dire circumstances that continue to persist for ISPs.



INERELA +: Trained Religious Leaders on SASA Faith in Malawi

Outcome: More accessible, rights-based, quality HIV services and programs for ISPs

OI 6: Number of networks contributing to increased access to HIV services and programs.

OI 7: Number of networks contributing to increased quality of HIV programs and services.

BASELINE AND TARGETS

At baseline, over 90% of reporting networks had plans to generate credible evidence about access to or quality of care (90%), and to implement an advocacy strategy or campaign to improve either access to (92%) or quality of services (94%). A slightly lower proportion of networks planned to work on increasing ISP demand for services or on utilizing a UN or country planning process to influence change, though all key metrics were planned to be achieved by over three-quarters of reporting networks.

Table 9

Key network targets for access to services during the 2019–2021 funding cycle

Targeted action	Number of networks	As a percentage of those reporting on Access to Services outcomes	As a percentage of full grantee portfolio
Generate credible evidence	47	92%	69%
Implement an advocacy strategy for improving access to services	48	94%	71%
Implement an advocacy strategy for increasing demand for services	43	84%	63%
Implement an advocacy strategy for improving quality of services	49	96%	72%
Participate in a multilateral donor's or state's program planning or review process	43	84%	63%
Utilize a UN process or participate in a national program planning, review or development process to affect changes on quality of services	46	90%	68%

2019 RESULTS

Figure 7 summarizes how many networks achieved each stage of advocacy in 2019. Details of each stage are described below.

Foundational steps

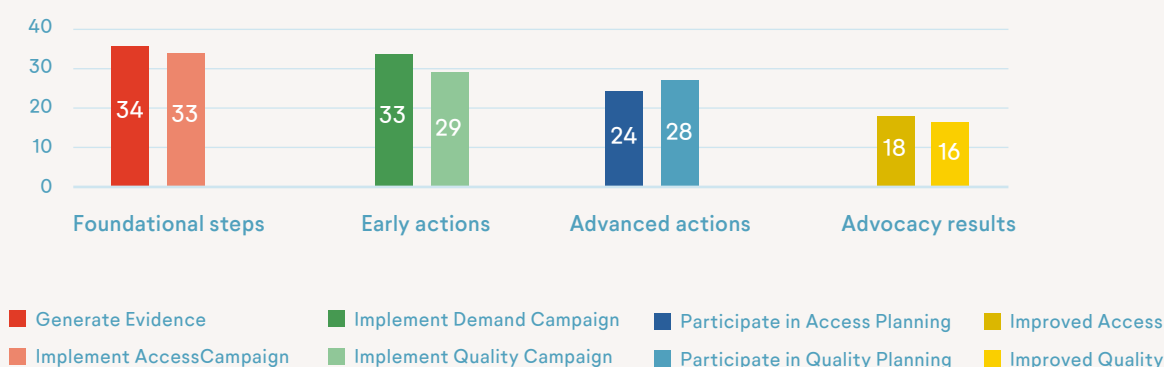
Thirty-four networks (67%) generated credible evidence in 2019. Highlights of these included:

- Needs and/or situational assessments for ISPs in specific geographic locations, including sex workers in three Middle East and North African countries (M-Coalition); gay, bisexual and other MSM, and transgender people in Kyrgyzstan and Ukraine (ECOM/Eurasian Regional Consortium); trans/gender diverse people in their experiences of stigma and discrimination in Fiji, Papua New Guinea and Samoa (APTN); and young people in Indonesia and Papua New Guinea, using the UPROOT Scorecard to assess progress by countries on issues that affect young people (Youth LEAD/Youth Consortium).
- Research on antiretroviral therapy access, including a review of procurement of antiretroviral therapy in Latin America and the Caribbean in 2018 (ITPC LATCA/ITPC Consortium).
- Awareness-raising about co-infections and comorbidities for people living with HIV, such as

the publication of a report²⁵ on lack of access to health care for hepatitis-affected people (Coalition PLUS) and an out-of-pocket cost survey report that helped show the high costs and levels of rationing among people with diabetes around the world (T1 International/ITPC Consortium).

- Community-led monitoring and assessment of services, including collecting data on barriers to HIV treatment access in 11 West African countries (ITPC West Africa/ITPC Consortium); in Eastern European and Central Asia (ITPCru/ITPC Consortium); for sex workers in Kyrgyzstan (SWAN/Sex Worker Networks Consortium); and for women living with HIV in Uganda (ICW East Africa/ICW Consortium).
- Global-level publication of evidence for advocacy, including NSWP's Briefing Note outlining universal health care and the challenges it presents for sex workers and other criminalized populations²⁶ (Sex Worker Networks Consortium); HRI's 2019 update of global data on harm reduction interventions,²⁷ INPUD's response to the Zero Draft of the UHC Political declaration,²⁸ and EuroNPUD's technical briefing on peer-to-peer naloxone and an audit tool for assessing take home naloxone.²⁹ These efforts were complemented by involvement from INPUD, MPact, NSWP and GNP+ to promote the Put the Last Mile First campaign.³⁰

Figure 7
Stages of advocacy achievements in access to services in 2019



²⁵ <https://www.coalitionplus.org/mind-the-gap-hcv-policies-versus-community-experiences/>

²⁶ <https://www.nswp.org/resource/nswp-briefing-notes/universal-health-coverage>

²⁷ <https://www.hri.global/global-state-of-harm-reduction-2019>

²⁸ <https://www.inpud.net/en/response-zero-draft-uhc-political-declaration>

²⁹ https://static1.squarespace.com/static/58321efcd1758e26bb49208d/t/5bd2da74eef1a18beda00a07/1540545605854/EuroNPUD+P2P+Naloxone_slides_final1.pdf

³⁰ <https://www.gnpplus.net/universal-health-coverage-putting-the-last-mile-first/>

Early actions

Throughout 2019, 33 networks (65%) developed a strategy or campaign to advocate for improving access to care, while 28 (55%) developed a strategy or campaign on improving quality of services. Thirty-three networks (65%) went on to implement a campaign or advocacy action centered on access to services, including advocating for:

- protecting continuity of services for ISPs, particularly in countries in transition from external donor support, including Mali (Coalition Plus) and Albania, Bosnia and Herzegovina, Bulgaria and Romania³¹ (EHRA/Harm Reduction Consortium);
- ensuring access to medication, including availability of dolutegravir as a first-line treatment (ITP-Cru/ITPC Consortium), reduction of antiretroviral therapy stockouts in Bahrain (MENA Rosa), access to oral medications for drug resistant TB (GCTA/ITPC Consortium), and assurance that safe opioid agonist options are available for treating opioid dependency in people who use drugs (INPUD/Consortium of Networks of People who Use Drugs);
- creating youth-oriented services, including community-led development of strategies for young key populations in Papua New Guinea and Timor Leste (Youth LEAD/Youth Consortium); connection and activation of advocates in Botswana, Kenya, Lesotho, Malawi, Namibia, Uganda, Zambia and Zimbabwe, to expand access to and investment in HIV prevention, contraceptives and integrated sexual and reproductive health and rights for adolescent girls and young women from ISPs (ATHENA); and advocacy for better access to youth-oriented harm reduction services, including fentanyl test strips, in South Africa as part of the Support. Don't Punish. campaign (Youth RISE/Harm Reduction Consortium).

In addition to advocating for access to services, grantees conducted advocacy actions to mobilize ISP communities to increase demand for services. Thirty-three networks (65%) undertook such work, including:

- empowering young people to seek HIV testing and sexual and reproductive health and rights services,

Documenting barriers to care and support for women living with HIV in Eastern Europe and Central Asia

In 2019, EWNA (Eurasia Regional Consortium) conducted regional research on the key socio-cultural and legal barriers that prevent women living with HIV from accessing support in cases of violence.

The study included 464 women living with HIV who had experienced violence and 120 women specialists from 12 countries in Eastern Europe and Central Asia. The results and main findings of the research were presented and discussed at two sub-regional consultations with different stakeholders, where EWNA received feedback on how the results might be interpreted and implemented at the country level.

This research was co-funded by UNDP and UNFPA and made possible by the core funding from the Robert Carr Fund that supports EWNA's operations. It has added important information to the evidence base used to develop and improve services for women living with HIV in Eastern Europe and Central Asia, while providing national women's networks with an opportunity to explore strategies for ending violence against women in their countries.

including ICW West Africa's leveraging of funding from AmplifyChange and the Commonwealth Foundation to support 3,207 adolescent girls and women living with HIV in understanding their rights and the service packages offered by different healthcare facilities, and implementation in Indonesia of the "IM BUDDIES" project to increase the number of HIV tests in adolescent key populations (Youth LEAD/Youth Consortium);

³¹ <https://harmreductioneurasia.org/letter-of-support-for-south-east-europe>

- increasing gay, bisexual and other MSM community awareness of pre-exposure prophylaxis and U=U (undetectable=untransmittable), by training over 50 activists from Africa, Asia and the Pacific, and the Caribbean, followed by mini sub-grants for demand generation activities (MPact/SHAG Consortium, with contributions and collaboration from ECOM/SHAG Consortium³² and ITPC Global/ITPC Consortium), and U=U campaigns throughout Latin America and the Caribbean³³ (SOMOSGAY/SHAG Consortium);
- driving demand for TB preventive therapy for people living with HIV in South East Asia, and helping communities understand latent TB infection in collaboration with the World Health Organization (GCTA/ITPC Consortium);
- creating safe spaces within faith communities for people living with HIV in Zimbabwe, where faith leaders are trained to counsel parishioners who are seeking a place of confidence to disclose their HIV status, helping to link them to prompt antiretroviral therapy and other care services (INERELA+).

Campaigns for increased access and demand for services were complemented by grantee advocacy for improved quality of services, as implemented by 29 networks (57%), including:

- improving health care worker capacity to care for migrants via sensitization of hospital staff to reduce stigma and discrimination against migrants living with HIV (CARAM Asia);
- expanding sex worker-centered care, as defined by sex workers themselves, via the activation of advocates trained with the sex worker implementation tool (SWIT) in Barbados, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago (CSWC/Sex Worker Networks Consortium) and throughout Africa with notable engagement in Guinea and Uganda (ASWA/Sex Worker Networks Consortium);
- ensuring rights-based care for women living with HIV, through awareness-raising on lack of access to contraceptive commodities and the harms of stigma and discrimination against women and adolescent girls living with HIV while accessing sexual and reproductive health and rights services (ICW West Africa/ICW Consortium).

Advanced actions

Twenty-four networks (47%) took their actions into a state or multilateral donor's program planning or review process to influence access to services, while 28 networks (55%) used a UN or national program planning process to influence quality of services. These actions included:

- watch-dogging to ensure that guidelines respect ISP rights, including PEPFAR guidance on index testing for key populations (see box);
- using data from the Regional Community Treatment Observatory project to influence HIV service

Driving safety and respect for rights in PEPFAR guidance

Each year, MPact gathers data on the U.S. PEPFAR Country Operating Plan Guidance and produces comments and recommendations. Although the Guidance now includes more comprehensive sections on human rights and key populations than in past years, there remain large gaps regarding ethical use of index testing among key populations and strategies for addressing structural barriers faced by key populations.

MPact's advocacy with PEPFAR Watch partners – a coalition of US-based organizations – resulted in the halting of index testing in PEPFAR countries until a proper certification system is in place to ensure no harm is done to key populations. PEPFAR has now committed to developing guidance on the minimum standards and processes to ensure that a facility is capable of implementing confidential, voluntary and consent-informed index testing services in collaboration with civil society organizations, women living with HIV and representatives of key populations (<https://www.state.gov/wp-content/uploads/2020/01/COP20-Guidance.pdf> – p2).

³² <https://getprep.social/indexen.php>

³³ <https://www.redgaylatino.org/gaylatino-presenta-campaña-“sueña-ama-vive-indetectable”/>

definitions, such as the development of normative guidance and definitions for UNAIDS and for WHO decision-making on point-of-care diagnostics; and to influence the conceptualization of HIV services at the UN High-Level Meeting on Universal Health Coverage. (ITPC Global/ITPC Consortium);

- engaging with the UN Office on Drugs and Crime Civil Society Group on Drug Use and HIV to influence UN guidance to countries on HIV service provision for people who use drugs (EuroNPUD/Consortium of Networks of People Who Use Drugs).

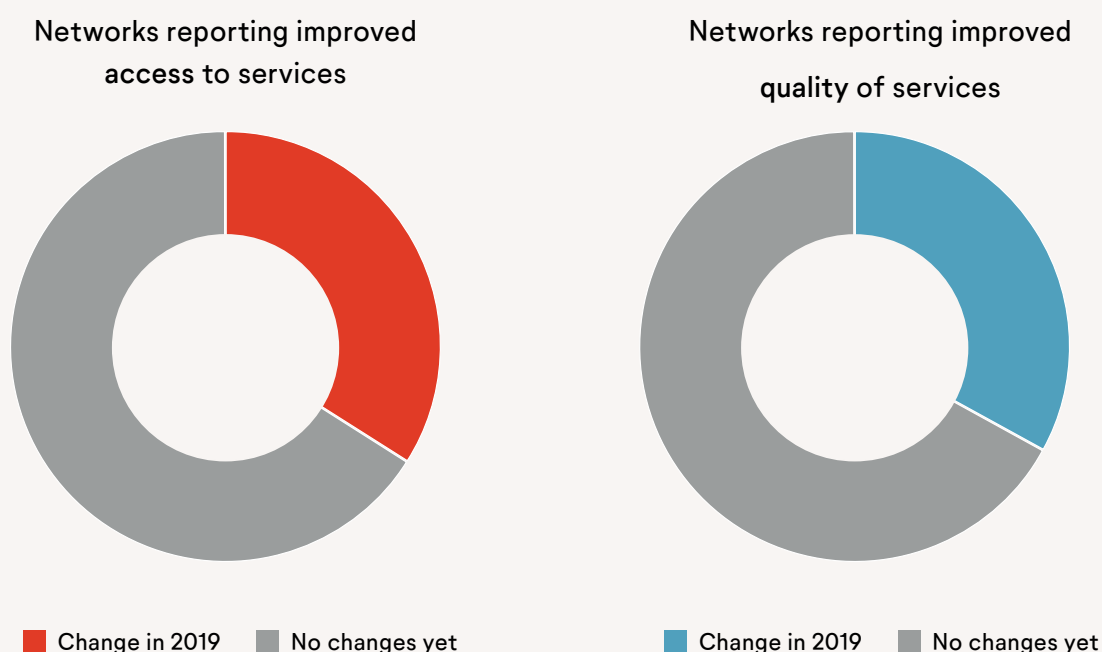
Advocacy results

In this first year of the funding cycle, about one-third of networks reported that their advocacy had led to changes in ISPs' access to services (35.3%; 18 networks) or in quality of services (31.4%; 16 networks). These changes included a shorter turnaround

time for viral load test results as well as site-level changes at health facilities in countries where Community Treatment Observatories are operational³⁴ (ITPC West Africa/ITPC Consortium). In Eastern Europe and Central Asia, ECOM documented increases in the number of gay, bisexual and other MSM living with HIV who had access to antiretroviral therapy: from 75% to 83% in Georgia, 56% to 59% in Kyrgyzstan, and 28% to 81% in North Macedonia³⁵. In Guyana, access to testing for sex workers increased significantly with the first social contracting award ever made to a sex worker organization, resulting in 1,045 sex workers tested through community-based, peer-led testing from August to December 2019 (CSWC/Sex Worker Networks Consortium).

Figure 8

Networks reporting improved access to or quality



³⁴ Data for a Difference: Key Findings, Analysis and Advocacy Opportunities from the Regional Community Treatment Observatory in West Africa." <https://itpcglobal.org/resource/data-for-a-difference>

³⁵ <https://ecom.ngo/en/library/cascade19/>

Community-generated evidence driving change in West Africa

Community Treatment Observatories (CTOs) offer a platform for successful advocacy campaigns that address specific problems because they are informed by data collected at health facilities. Ultimately, this leads to changes throughout facilities and health systems. In Benin, for example, the CTO confronted the National AIDS Control Program with data on a 10-month long stockout of lab reagents at the central Bethesda Hospital, which was restricting availability of viral load testing. The hospital was swiftly restocked and no stockouts have been reported since.

Similarly, the president of the Ivorian CTO (which is housed by the Ivorian Network of People Living with HIV) showed evidence during the PEPFAR COP19 conference in Johannesburg that people living with HIV in Cote d'Ivoire were sometimes still requested to pay user fees, creating a barrier particularly for young and pregnant women. The Ivorian minister of health, who was present at the meeting, issued a circular note suppressing user fees.

These results highlight the value of CTOs in systematically documenting barriers to service and quality issues, providing evidence that can be used to develop actionable asks to decision-makers. Core funding to ITPC West Africa has made implementation and scale-up of the CTOs possible during the previous and current funding cycle.

In Cote d'Ivoire, Eritrea, Ethiopia, Guinea, Malawi, Senegal and Uganda, sex workers noted improved quality of services after they undertook advocacy campaigns (ASWA/Sex Worker Networks Consortium). Grantees' support of sub-grantees led to a movement to scale-up self-testing for gay, bisexual and other MSM in Burundi, and the introduction of community-dispensed antiretrovirals, multi-month prescribing, and pre-exposure prophylaxis scale-up in Tanzania (MPact/SHAG Consortium)³⁶. In the Middle East and North Africa, while progress was more limited, some improvements to service quality were noted, with staff trained as service delivery focal points having improved their sensitivity to LGBTQ+ populations (M-Coalition).

For people who use drugs, there were notable gains in service access in some countries. Buprenorphine was introduced in Kyrgyzstan's Global Fund grant programming, subsequent to advocacy by drug user advocates trained by INPUD in 2018 (Consortium of People Who Use Drugs). In Bulgaria, the number of people accessing opioid substitution therapy rose after EHRA's advocacy on harm reduction budgeting (Harm Reduction Consortium; Eurasian Regional Consortium). In India, more homeless people who use drugs began accessing hepatitis C treatment as a result of DNP+'s advocacy (ITPC South Asia/ITPC Consortium). In the United Kingdom, access to naloxone has improved substantially after EuroNPUD's technical briefing on peer-to-peer naloxone distribution began to be used by government decision makers to effect policy (Harm Reduction Consortium). And in Kenya, more women who use drugs have begun accessing harm reduction services as a result of newly developed gender-specific approaches, which were developed jointly by Mainline and the Ministry of Health (ITPC Consortium).

Anecdotal evidence also suggests higher demand for services from adolescent girls and young women may be leading to better access to care in sub-Saharan Africa. At an ATHENA town hall meeting in Kenya, adolescent girls and young women reported that their ongoing collaboration with and mentorship by ATHENA has made them feel more confident about knowing, demanding and accessing sexual and

³⁶ https://www.state.gov/wp-content/uploads/2019/09/Burundi_COP19-Strategic-Directional-Summary_public.pdf
https://www.state.gov/wp-content/uploads/2019/09/Tanzania_COP19-Strategic-directional-Summary_public.pdf

reproductive health and rights services and HIV services. They also said they are better equipped to exchange with providers; have more understanding of patients' rights; are better informed on HIV prevention and contraceptive tools; and have a clearer understanding of how to ask questions during medical appointments.³⁷

Table 10
Grantee progress against key milestones in 2019

Stage of advocacy	Targeted action	Baseline target for funding cycle ³⁸	Progress		
			2019	2020	2021
Foundational steps	Generate credible evidence	46	34		
Early action	Implement an advocacy strategy for improving access to services	47	33		
	Implement an advocacy strategy for increasing demand for services	42	33		
	Implement an advocacy strategy for improving quality of services	48	29		
Advanced action	Participate in a multilateral donor's or state's program planning or review process	42	24		
	Utilize a UN process or participate in a national program planning, review or development process to affect changes on quality of services	45	28		
Advocacy results	Number of networks reporting improved access to services as a result of advocacy		18		
	Number of networks reporting improved quality of services as a result of advocacy		16		

³⁷ Young Women's Roundtable, ATHENA, Nairobi, Kenya, 4 October 2019

³⁸ The figures listed here indicate a grantee's intent to achieve these milestones at some point throughout the 2019–2021 funding cycle. Therefore, it is not expected that all intended achievements would be realized in 2019 alone. Results will be cumulative across the three years.

Financial Accountability

Twenty-nine of the total 68 networks (43%) reported in this optional outcome area,³⁹ across seven single networks and eight consortia.

Table 11

Grantees reporting on the optional financial accountability outcome area

SINGLE NETWORKS	CONSORTIA
AIDS and Rights Alliance for Southern Africa (ARASA)	Eurasian Regional Consortium
ATHENA	Harm Reduction Consortium
CARAM Asia	International Community of WLHIV Consortium
Coalition PLUS	International Treatment Preparedness Coalition
Caribbean Vulnerable Communities Coalition (CVC)	Sex Worker Networks Consortium
Inclusive and Affirming Ministries	Sustainable Health Advocacy with Gay Men (SHAG)
RedTraSex	Consortium of Networks of People who Use Drugs
	Youth Consortium

This outcome envisages that resources are made available and spent properly to create better conditions for ISPs with regards to HIV and human rights. Progress is captured by two indicators measured in several stages (see Annex 2). The following section presents the baseline findings for this outcome area, reflecting the operating environment at the start of the 2019–2021 funding period and grantees' plans to engage in this outcome area. The section then presents the 2019 results, including how the operating environment changed, and how networks undertook work across different stages of advocacy to achieve results.

³⁹ Throughout this section, these twenty nine networks are used as the denominator for all percentages presented, unless otherwise noted.

Environment

EI 5: The funding environment allows for sufficient allocation of resources for HIV prevention, testing, care and treatment.

EI 6: The funding environment allows for sufficient allocation of resources for advocacy and other supportive enabling environment programming for ISPs.

BASELINE

At baseline, 93% of networks reported gaps in resource allocation for services, with 86% reporting gaps in allocations for advocacy and other supportive programming. These gaps were noted to be related to general stigma and discrimination against ISPs, making it difficult to raise the political will needed to secure domestic funding for dedicated services. In cases of criminalization, most notably for sex workers and people who use drugs, funding is difficult not only for social reasons but also because of legal barriers. Donor policies continue to create additional barriers to financing of services for sex workers and women at large. Middle-income countries faced particular challenges due lack of eligibility for Global Fund funds and transitions from other donors — either pending or already under way.

2019 CHANGES

In 2019, five networks (7%) reported worsening conditions around allocation of resources for services, including continued reduction in external donor funds in Latin America and the Caribbean, and Asia and the Pacific. Sex workers faced particular difficulties accessing funds as HIV programs became more reliant on domestic funding. On the bright side, three networks reported improvements in funding for services, including the inclusion of transgender people as a separate population in national strategic plans (with accompanying designated budget lines) in Eastern Europe and Central Asia, and an increase in domestic financing for civil society services in Kyrgyzstan and Ukraine. These were complemented by five networks reporting improvement in the funding landscape for advocacy and supportive programming, including the activation of new donors such as the Elton John Foundation in Eastern Europe and Central Asia, a renewed global focus on gender equity that raises hopes for more funding for women and girls, and the activation of a new US\$13 million multi-country grant in Eastern Europe and Central Asia to focus on sustainability.



MENA Rosa: Capacity Building Workshop for Women in their Diversity (WiTD) in Morocco

Outcome: Resources made available and spent properly to create better conditions for ISPs with regards to HIV and human rights

OI 8: Number of networks contributing to increased and sustainable financing of HIV response including ISP programs.

OI 9: Number of networks contributing to improved HIV-related fiscal accountability.

BASELINE AND TARGETS

At baseline, 90% of reporting networks had plans to implement an advocacy strategy or campaign for increased sustainable funding, with approximately three-quarters of networks also planning to undertake budget monitoring and/or analysis, and engage with donor or state agencies to influence spending (Table 12).

2019 RESULTS

Figure 9 summarizes how many networks achieved each stage of advocacy in 2019. Details of each stage are described below.

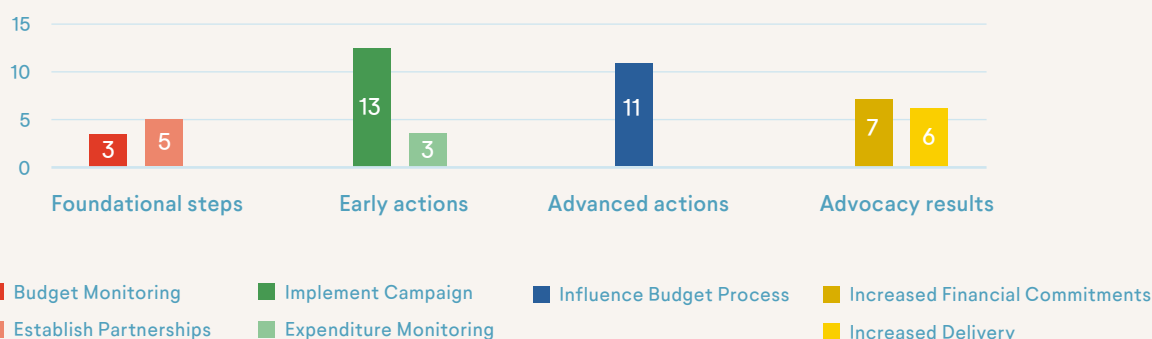
Table 12

Key network targets for financial accountability during the 2019–2021 funding cycle

Stage of advocacy	Targeted action	Number of networks	As a percentage of those reporting on financial accountability outcomes	As a percentage of full grantee portfolio
Foundational steps	Undertake a budgeting monitoring and/or analysis	21	72%	31%
	Establish a working partnership with budget monitoring group(s) or coalition(s)	18	62%	27%
Early action	Implement an advocacy strategy or campaign for increased sustainable financing	26	90%	38%
	Conduct monitoring and analysis of donor or state expenditure against commitments	12	41%	18%
Advanced action	Engage with donor or state budget process to influence spending	23	79%	34%

Figure 9

Stages of advocacy achievements in financial accountability in 2019



Foundational steps

The foundational steps of ensuring that resources are made available and spent properly involve gaining an understanding of the factors influencing resource availability and use, and developing strategies to influence those factors. In 2019, three networks (10%) undertook budget monitoring or assessments of funding gaps:

- in Sri Lanka and Bangladesh, training for network members on monitoring government budget allocations for the well-being of migrant workers led to activation of communities in this area⁴⁰ (CARAM Asia);
- in Bosnia and Herzegovina, Montenegro and Serbia, implementation of the Sustainability Bridge Fund was documented as a means of mitigating the negative impacts of donor transition⁴¹ (EHRA/Eurasian Regional Consortium);
- in Georgia, Indonesia and Thailand, budget monitoring tools were rolled out with local partners (HRI/Harm Reduction Consortium).

Five networks (24%) formed budget monitoring partnerships, either through formal alliances like PEPFAR Watch (MPact/SHAG Consortium) or through association with specialty organizations like the Budget Advocacy School⁴² and Association for Emancipation, Solidarity and Equality of Women

(EHRA/Eurasian Regional Consortium). ECOM (Eurasian Regional Consortium) developed a social accountability budgeting tool⁴³ and worked to increase the capacity of its members to build broad coalitions for budget advocacy — an effort that will be followed a small grants program in 2020 to help members implement what they have learned.

Early actions

Once networks understand the resource landscape and have formed any necessary partnerships, they can develop advocacy strategies to address gaps. In 2019, 12 networks (57%) created advocacy strategies or campaigns to push for increased sustainable resources. Actions following the launch of campaigns and strategies included:

- advocating for more sex worker-specific funding, by appealing to UN partners and other funding sources for increased funding of sex worker-led organizations, in El Salvador, Panama and Peru (PLAPERTS/Sex Worker Networks Consortium); and globally by engaging with members from the Sex Work Donor Collaborative to push for more funding and advocacy for sex worker-led organizations and responses (NSWP/Sex Worker Networks Consortium);
- exploring alternative financing mechanisms, including self-financing sources in Mauritius and

⁴⁰ <http://okup.org.bd/opinions/recommendations-for-covering-the-returned-migrant-workers-in-the-social-protection-and-safety-net-programmes/>

⁴¹ <https://harmreductioneurasia.org/sustainability-bridge-funding-case-study-from-bosnia-and-herzegovina-montenegro-and-serbia/>

⁴² <http://budgetadvocacy.ua/en/>

⁴³ <https://ecom.ngo/library/social-accountability/>

Morocco (street-marketing campaigns) (Coalition PLUS), and via a Social Enterprise Incubator initiative in the Caribbean (CVC);

- campaigning for increased domestic financing in South East Europe⁴⁴ and throughout Eastern Europe and Central Asia (ECOM and EHRA/Eurasian Regional Consortium, and INPUD/Consortium of Networks of People Who Use Drugs) and Latin America and the Caribbean (CSWC/Sex Worker Networks Consortium);
- raising alarms about insufficiently planned transitions in Eastern Europe and Central Asia, where INPUD (Consortium of Networks of People Who Use Drugs) documented sudden shifts in grant funding away from community-based organizations in response to changes in Global Fund allocations, and EHRA (Harm Reduction Consortium) raised concerns about the sustainability of harm reduction in Albania, Bosnia and Herzegovina, Bulgaria and Romania, in a letter to the Global Fund Board signed by 42 civil society organizations and community-based organizations.

Just three networks (14%) undertook monitoring of state budget expenditures: throughout Latin America and the Caribbean (PLAPERTS/Sex Worker Networks Consortium), Eastern Europe and Central Asia (ECOM/Eurasia Regional Consortium) and Global Fund and PEPFAR expenditure globally (MPact/SHAG Consortium).

Advanced actions

To influence donor and state allocation processes, 11 networks (52%) engaged in a wide range of approaches. These included:

- supporting the Global Fund replenishment, by participating in the replenishment conference and advocating that the United States and Canada deliver strong contributions (ICW-North America/ICW Consortium), as well as by joining a mass call to action on harm reduction⁴⁵ supported by over 150 organizations and parliamentarians around the world, and the first harm reduction side event at the replenishment conference;

- influencing Global Fund spending at the country level, by producing advocacy support materials for national advocates (MPact/SHAG Consortium), as well as providing technical support to national partners during grant-making processes in Burundi, Cameroon and South Africa (INPUD/Consortium of Networks of People Who Use Drugs), and in Ecuador and Peru (PLAPERTS/Sex Worker Networks Consortium);
- influencing PEPFAR grant allocations, in Burundi and Mali (Coalition PLUS), and globally by disseminating community alerts to activists and attending the three-week Country Operational Plan meeting in Johannesburg (MPact/SHAG Consortium).

Advocacy results

Despite limited engagement in this outcome area, early impacts noted in 2019 are promising. Major international donors increased commitments for certain ISPs, including Global Fund commitments to increased funding for adolescent girls and young women⁴⁶, such as the re-launch of the HER Voice Fund under the management of Y+ (Youth Consortium). Commentary from PEPFAR indicates that it may consider a similar move — results that align with ATHENA's ongoing efforts to bring attention to underinvestment in this population. Additionally, post replenishment, advocacy to the Global Fund by the HRI (Harm Reduction Consortium) fed into the qualitative adjustment process that increased funding envelopes for some countries with acute harm reduction needs. These results lie within the overall successful replenishment of the Global Fund in 2019, a feat to which many grantees contributed advocacy efforts.

MPact (SHAG Consortium) also saw the results of long-time advocacy efforts as funds set aside for the PEPFAR Key Populations Investment Fund (KPIF) were finally released in 2019. KPIF is supporting MPact to run a technical assistance program directed at KPIF country-level recipients, the Key-Pop Empowerment and Leadership Program (KELP).

⁴⁴ <https://harmreductioneurasia.org/letter-of-support-for-south-east-europe/>

⁴⁵ <https://www.hri.global/hr19-call-to-action-harm-reduction-funding>

⁴⁶ https://www.theglobalfund.org/media/9050/bm42_05-executivedirector_report_en.pdf?u=637244521210000000 (p13)

In Eastern Europe and Central Asia, advocacy from EHRA (Eurasian Regional Consortium) helped to shape the Elton John Foundation's new investment, known as Radian, in partnership with Gilead Sciences. This funding stream, which will be active from 2020 to 2025, aims to "meaningfully address new HIV infections and deaths from AIDS-related illnesses" in Eastern Europe and Central Asia "through focused action, investment and resourcing to improve the quality of prevention and care for people at risk of or living with HIV in the region".⁴⁷

Results were also noted at the country level. After advocacy by CARAM in Bangladesh, the government announced a 2% incentive on remittances to increase the national budget allocation for migrant services, allowing returning migrants to be covered under the Social Safety Net Program.⁴⁸ In Jamaica,

the government committed an additional J\$20 million (US\$133,000) to support the start-up of social contracting activities (CVC). In Burundi, additional funds were allocated to scale up self-testing to reach gay, bisexual and other MSM; fund a Stigma Index survey; and maintain funding levels for gay men's programming.

Table 13
Grantee progress against key milestones in 2019

Stage of advocacy	Targeted action	Baseline target for funding cycle ⁴⁹	Progress		
			2019	2020	2021
Foundational steps	Undertake a budgeting monitoring and/or analysis	21	3		
	Establish a working partnership with budget monitoring group(s) or coalition(s)	18	5		
Early action	Implement an advocacy strategy or campaign for increased sustainable financing	26	13		
	Conduct monitoring and analysis of donor or state expenditure against commitments	12	3		
Advanced action	Engage with donor or state budget process to influence spending	23	11		
Advocacy results	Number of networks reporting an increase in financial commitments made		7		
	Number of networks reporting an increase in financial commitments delivered		6		

⁴⁷ <https://ejaf.org/what-we-do/what-we-fund/radian/>

⁴⁸ <http://okup.org.bd/opinions/recommendations-for-covering-the-returned-migrant-workers-in-the-social-protection-and-safety-net-programmes/>

⁴⁹ The figures listed here indicate a grantee's intent to achieve these milestones at some point throughout the 2019–2021 funding cycle.

Therefore, it is not expected that all intended achievements would be realized in 2019 alone. Results will be cumulative across the three years.

Demonstration of Value

Core funding analysis

The Robert Carr Fund is unique in its focus on regional and global civil society and community networks that represent ISPs. Within that focus, a key defining feature of the Fund is its commitment to providing core funding, which allows networks to build their institutional capacity, as highlighted in the Network Strengthening portion of this report.

Core funding does not simply allow networks to exist. It supports them to undertake work for which grant opportunities may not yet exist and to add value to work that is funded through other sources (such as the Global Fund, bilateral agencies and UN partners).

Core funding also enables them to invest sufficient resources in monitoring and learning from their work so they can continually improve their advocacy efforts.

Until recently, the Robert Carr Fund used anecdotal evidence to show that its core funding contributes to the programmatic outcomes of its grantees. Now that it has a fully operational MEL system, the Fund can now track the frequency at which core funding versus activity-specific funding is used to achieve milestones for each outcome area (see table below).

Table 14

Funding contribution to achievement of human rights, access to services and financial accountability milestones

FUNDING UTILIZATION	HUMAN RIGHTS	ACCESS TO SERVICES	FINANCIAL ACCOUNTABILITY
	Frequency	Frequency	Frequency
Basic operations of network	37%	43%	22%
Direct salary support of individual staff responsible for activity	37%	34%	19%
Directly supported aspects of this activity	20%	20%	8%
Part of small grants program	9%	8%	1%

Across all three outcome areas, patterns emerge. The most frequent way in which funds supported outcomes was by supporting the basic operation of the network — ensuring that they had the human and other resources necessary to develop organizational and advocacy strategies, raise funds for grants, and invest in financial and other operational systems to manage funding. The next most frequent way in which funds were used was to directly fund the salary of a staff member who is implementing advocacy. In this way, advocacy officers, communications staff and others were able to be employed at the scale necessary to optimize the impact of advocacy campaigns (which may or may not be funded by sources outside of Fund grants).

Across the first two outcome areas, 20% of all milestones achieved used direct activity funding from within the network's Fund grant. The Fund was not necessarily the sole source of funding for activities, however, and many grantees reported receiving complementary funding from UN agencies, the Global Fund or bilateral donors.

In the Financial Accountability outcome area, direct activity funding played a less frequent role, accounting for only 10% of milestones achieved. Small grants programs, in which grantee networks further sub-granted to other organizations to undertake advocacy, accounted for the smallest number of all milestones achieved.

This distribution highlights the fact that even when activity funding is available, core funding remains a critical factor in successful implementation. Core funding is used to achieve outcomes more often than direct activity funding, highlighting the manner in which Robert Carr Fund grants are used to complement other funding sources, adding value to the investments of multilateral and bilateral donors.

Using core funding to support meaningful participation in Global Fund grants

The Asia Pacific Network of Sex Workers (APNSW) is a member of the Sex Worker Networks Consortium, supported by the Fund. The network is also a sub-recipient of a regional Global Fund grant, Key Population Research and Advocacy (KPRA), which is implemented and managed by Save the Children as principal recipient. Under the project, APNSW is helping sex worker-led organizations in five countries (Bangladesh, Cambodia, Indonesia, Myanmar and Vietnam) to conduct community assessment of the quality of service delivery of HIV Testing and sexual and reproductive health services.

The project aims to generate evidence for advocacy and strengthen community capacity by identifying the key gaps and challenges for sex workers in accessing quality care and services.

By the end of November 2019, APNSW and other key populations-led networks, along with Global Fund Country Coordinating Mechanism members and the principal recipient, planned advocacy strategies based on the project's key findings. The core funding support that APNSW receives as a consortium member of the Sex Worker Networks Consortium helps to ensure that the network is operating at the capacity necessary to contribute to this important initiative.

Learning Points

As the first year of the 2019–2021 funding cycle, 2019 provided the Robert Carr Fund with an opportunity for tremendous growth, learning and evolution. Some summary findings from this year carry the Fund forward into 2020 and beyond:

New approaches to data collection

The importance to the Fund of fully operationalizing the MEL framework and new reporting system, including a robust baseline, cannot be overstated. For the first time, the Fund has a full picture of its portfolio of grantees and their plans and progress within the current funding cycle, thanks to the data collected — a fraction of which can be presented in this report. The data will allow the Fund to track the organizational health of grantees — both as individuals and as a group. It will also enable the Secretariat and potentially even the funding mechanism itself to support the needs of regional and global networks more responsively. Using the framework, the Fund can track progress step by step, from generation of evidence through implementation of campaigns, to the measurement of changes in legal and policy environments, in access to and quality of services, and in resource availability and accountability. More nuanced anticipation and measurement of outcomes will allow the Fund and its partners to understand where efforts are being targeted, and where any gaps remain.

In this first year of collecting systematic data against a baseline, the Secretariat noted a continued need for clarification and capacity building to ensure that all networks report with consistent levels of detail and accuracy. This is particularly true for many of the networks working in consortia, highlighting an

opportunity for the Secretariat to work with consortium leads to ensure that consortium members have adequate capacity to monitor and report on the work they implement throughout 2020. This effort will tie into the activation of a more robust “learning cycle” concept, whereby monitoring, reflecting, planning and implementing are part of an ongoing cycle guided by the MEL framework.

New grantee portfolio

- The carefully composed 2019–2021 grantee portfolio provides diversity of results in many areas. A greater range of milestones are reported from the Middle East and North Africa and from francophone Africa. Two grantees — a single network and a consortium — are dedicated specifically to prisoners. There is an increased focus on adolescent girls and young women, and a strong emphasis on access to services. Focus has also increased on financial accountability, though in a more limited way. Milestone achievement in financial accountability in 2019 was limited, perhaps because this is a new area of work for many grantees. Twenty-nine networks (42.6% of the portfolio) have signaled their intention to work in this area, however, indicating that greater results can be anticipated in the coming years. The Fund has increased its attention to these areas to create a more balanced portfolio in direct response to the gaps noted in the 2016–2018 funding cycle.



SANOP: Resource mobilization volunteer (Angel Mutale) meeting ex-inmates

New opportunities moving into 2020

As well as funding a diversified portfolio of 24 grantees, representing 68 networks, the Robert Carr Fund has continued to evolve in its strategy and operations. In addition to a strategic plan developed with full participation of representatives from across the Collective, the Fund also:

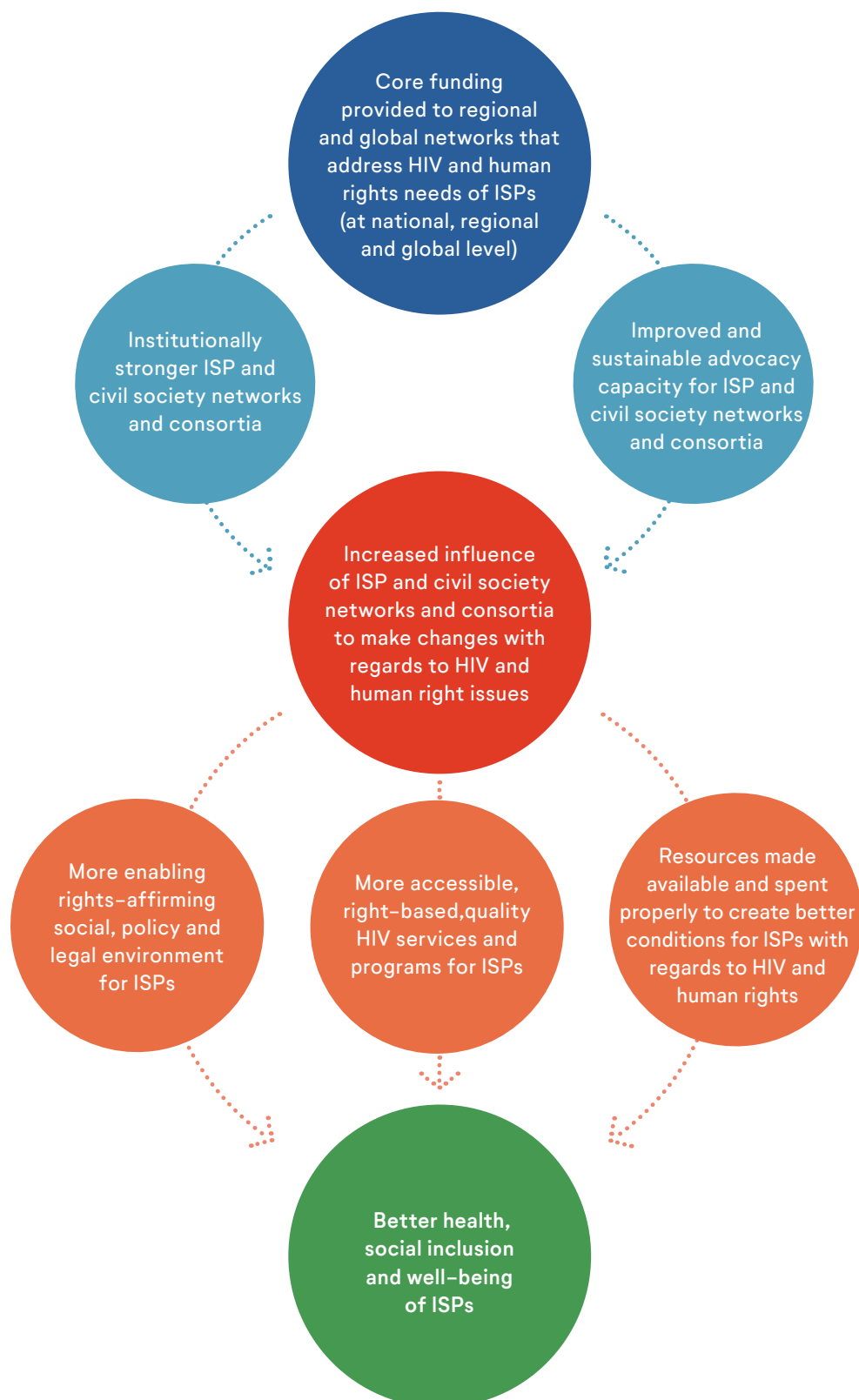
- implemented a Bridge Funding stream (Annex 3) to help previous grantees to gently phase out of funding, and
- launched its first 18-month Strategic Opportunity Funding stream to allow for targeted investment in specific areas.

These innovations, set to complement the three-year funding stream of the main portfolio, provided the Fund with a more flexible and dynamic space to ensure that it can continue to support regional and global networks across a full range of geographies and populations. Drawing on these elements and building upon a more robust learning cycle, the Fund will provide more opportunities for learning in key thematic areas to increase collaboration and synergy across the grantee portfolio. The development of the Fund's communications and resource mobilization sub-strategies will provide opportunities to further showcase these efforts and results.

Thus, as the Robert Carr Fund moves into 2020, guided by its new strategic plan and the wealth of data provided by its grantees, it is poised to continue protecting and improving the health, well-being and social inclusion of ISPs by supporting regional and global civil society.

Annexes

ANNEX 1: Robert Carr Fund's Theory of Change



ANNEX 2: Robert Carr Fund MEL Framework

OUTCOMES		ENVIRONMENTAL INDICATORS	OUTCOME INDICATORS			
Networks strength and influence	<ul style="list-style-type: none"> Institutionally stronger ISP and civil society networks and consortia 	EI 1: The legal and policy framework allows for freedom of association for ISP/ civil society networks, including their right to establish/register and operate as non-profit/ non-governmental entities without discrimination.	OI 1a: Number of networks with strengthened organizational status.			
			Category 1	Category 2	Category 3	Category 4
			Network has a newly acquired fiscal agent (<2 years)	Network has a stable relationship (>2 years) and long-term agreement with a fiscal agent	Network is in the process of registering	Network is registered
			OI 1b: Number of networks with strengthened core staff structure.			
			Category 1	Category 2	Category 3	Category 4
			Network has volunteers to carry out a defined scope of work and has no paid staff members	Network has one paid staff member and volunteers to carry out a defined scope of work	Network has more than one paid staff member and may have volunteers to carry out a defined scope of work	Network has had a core team of full-time paid staff to carry out scope of work for at least 2 years
			OI 2a: Number of networks showing strengthened fiscal capacity and accountability.			
			Category 1	Category 2	Category 3	Category 4
			Network has a fiscal agent which manages its accounting	Network has its own accounting system and at least a part-time staff member devoted to finance	Network has at least one paid dedicated finance staff member to manage accounting AND Network Board of Directors has financial oversight	Network conducts its own regular organizational and project audits
			OI 2b: Number of networks showing strengthened financial sustainability.			
			Category 1	Category 2	Category 3	Category 4
			Network has at least one source of funding	Network has more than one source of funding	No single donor accounts for more than 30% of network's funding AND Network has a costed strategic plan or a resource mobilization strategy in place	Network has secured funding to implement its strategic plan for at least two more years

OUTCOMES		ENVIRONMENTAL INDICATORS	OUTCOME INDICATORS			
Networks strength and influence	• Institutionally stronger ISP and civil society networks and consortia	EI 1: The legal and policy framework allows for freedom of association for ISP/civil society networks, including their right to establish/register and operate as non-profit/non-governmental entities without discrimination.	OI 3: Number of networks more representative of their constituencies and more democratically governed			
			Category 1	Category 2	Category 3	Category 4
			Network has a process in place to democratically elect a governance body (e.g. Board of Directors) from among the network members OR The network has open membership, whose members participate in governance elections in line with its membership statute.	Board leadership regularly rotates and adheres to principles of diversity in selecting new leadership OR Network members actively participate in the governance elections of the network (at least 30% of members vote in elections)	Board of Directors actively engages in governance of the network and is accountable to its constituents from among the members of the network	At least 50% of Board is comprised of ISPs OR Board is representative of all geographic and population diversity of its constituents OR Network members actively participate in the governance elections of the network (at least 45% of members vote in elections)

OUTCOMES		ENVIRONMENTAL INDICATORS	OUTCOME INDICATORS			
Networks strength and influence	• Institutionally stronger ISP and civil society networks and consortia	EI 2: ISP/civil society networks experience freedom of expression without harassment by government and other influential entities.	OI 4: Number of networks showing strengthened influence and capacity to unite and mobilize movements			
			Category 1	Category 2	Category 3	Category 4
			Network has developed a formal or informal advocacy strategy in consultation with its membership (of network or consortium) OR Network has established relations with new allies and partners	Network has played a significant role in at least one joint advocacy campaign with other partners OR Network engages in cross-sector partnership or working relationships with government agencies, UN agencies, bi-lateral or multi-lateral donors OR Network has expanded its active membership base by at least 20%	Network is active in an issue-based coalition beyond its target ISP or beyond HIV-related issue OR Network holds formal membership in a coordination council or board delegation on a key topic for its constituent ISP(s)	Network plays a formal and regular representative role in steering HIV and/or health policy for target ISP at national/regional or global levels OR Network has initiated and leads issue-based coalition(s) OR Network has demonstrated ability to collaborate with other advocates to bring issues to a global agenda and affect change OR Network plays a leadership role in a coordination council or board delegation on a key topic for its constituent ISP(s)

ANNEX 2: Robert Carr Fund MEL Framework.

OUTCOMES		ENVIRONMENTAL INDICATORS	OUTCOME INDICATORS			
Networks' influence on access of inadequately served populations to justice, health and resources	• More enabling and rights-affirming social, policy and legal environment for ISPs	EI 3: ISP rights are protected by policy and/or legislation, which is enforced and allows for effective redress of violations.	OI 5: Number of networks contributing to an improved human rights environment for at least one ISP			
			Category 1	Category 2	Category 3	Category 4
			<p>Network has generated credible evidence on which an advocacy strategy/campaign can be based</p> <p>OR</p> <p>Network has gained increased understanding of government or UN or funding agency mechanisms to be targeted for advocacy</p>	<p>Network has developed an advocacy strategy or campaign to advocate for improvements in the rights of ISPs</p> <p>OR</p> <p>Network has gained access to or representation in a UN or state body to apply influence</p>	<p>Network has implemented campaign to promote human rights</p> <p>OR</p> <p>Network has supported strategic litigation</p> <p>OR</p> <p>Network has utilized a UN or parliamentary hearing process to apply influence</p>	<p>Campaign or strategic litigation results in legal or policy change</p> <p>OR</p> <p>Campaign or litigation results in improved practice under existing law or policy</p>

OUTCOMES		ENVIRONMENTAL INDICATORS	OUTCOME INDICATORS			
Networks' influence on access of inadequately served populations to justice, health and resources	• More accessible, rights-based, quality HIV services and programs for ISPs	EI 4: ISP experience full access to rights-based, quality HIV services.	OI 6: Number of networks contributing to increased <u>access</u> to HIV services and programs.			
			Category 1	Category 2	Category 3	Category 4
			Network has generated credible evidence on which an advocacy campaign or educational activities can be based	Network has developed an advocacy strategy or campaign to advocate for improvements in the health outcomes of ISPs OR Network has gained access to or representation in a multi-lateral donor's or state's program	Network has implemented campaign or other educational activities to influence accessibility of services OR Network has implemented campaign or other educational activities to increase ISP awareness of and demand for services OR Network has utilized a UN process or participated in a national program planning or review or development process to affect changes on access to services	ISP services report increase in new clients OR ISP services report increased retention of clients/reduced loss-to-follow-up
			OI 7: Number of networks contributing to increased <u>quality</u> of HIV programs and services.			
			Category 1	Category 2	Category 3	Category 4
			Network has generated credible evidence on which an advocacy campaign or educational activities can be based	Campaign or other educational activities implemented to improve quality of services for ISPs OR Network has gained access to or representation in a multi-lateral donor's or state's program planning or review process	Desired changes made in structure, function or delivery of services for ISPs OR Network has utilized a UN process or participated in a national program planning, review or development process to affect changes on quality of services	Better quality of programs and services reported by ISPs

ANNEX 2: Robert Carr Fund MEL Framework.

OUTCOMES		ENVIRONMENTAL INDICATORS	OUTCOME INDICATORS			
Networks’ influence on access of inadequately served populations to justice, health and resources	• Resources made available and spent properly to create better conditions for ISPs with regards to HIV and human rights	EI 5: The funding environment allows for sufficient allocation of resources for HIV prevention, testing, care, and treatment.	OI 8: Number of networks contributing to increased and sustainable financing of HIV response including ISP programs.			
			Category 1	Category 2	Category 3	Category 4
		Network has undertaken budget monitoring and analysis to develop advocacy plans OR Network has developed advocacy plans to push for increased financing, based on international or regional commitments, or existing budget analyses	Network has implemented a campaign or other advocacy activities to push for increased sustainable financing OR Network has gained access to or representation in a multi-lateral donor’s or state’s budgeting process	Campaign or other advocacy activities contributed to an increase in financial commitments made (e.g. budget allocations) to HIV response and ISP programming OR Network has taken part in a donor or national budget review or development process	Increased financial commitments delivered to HIV response, particularly funding of ISP-related programs	
		EI 6: The funding environment allows for sufficient allocation of resources for advocacy and other supportive enabling environment programming for ISPs.	OI 9: Number of networks contributing to improved HIV-related fiscal accountability.			
	Category 1		Category 2	Category 3	Category 4	
			Network has staff trained on budget and expenditure monitoring and accountability OR Network has established a working partnership with budget monitoring groups or coalitions	Network conducts monitoring and analysis of donors or states expenditure against their commitments	Network develops asks and conducts advocacy as a result of budget or expenditure monitoring and accountability OR Network engages with the budget processes of donors or states to influence spending	A change in budgeting or expenditure is made as a result of advocacy
Impact:		• Better health, inclusion and social wellbeing of the ISPs				

ANNEX 3: Bridge Funding Summary

N.	NAME	TOTAL AMOUNT AWARDED	ACCOUNTED EXPENDITURES
1	ABDGN	\$ 31,000	\$ 31,000
2	APCOM	\$ 39,000	\$ 39,000
3	IRGT	\$ 10,000	\$ 9,000
4	ICWAP	\$ 30,500	\$ 30,500
5	GNP+	\$ 73,500	\$ 73,500
6	ECUO	\$ 53,500	\$ 53,149
7	CRN+	\$ 17,000	\$ 16,700
8	APN+	\$ 83,500	\$ 83,500
9	EKHN	\$ 56,500	\$ 56,493
10	PATA	\$ 65,000	\$ 65,000
11	AY+	\$ 40,495	\$ 40,241
12	SCN	\$ 21,500	\$ 21,495
TOTALS		\$ 521,495	\$ 519,578

ANNEX 4: Strategic Opportunity Fund Projection/Overview

In 2019 the Robert Carr Fund issued a request for proposals offering Strategic Opportunity Funding (SOF) of up to seven grants to previous or current RCF grantees to be implemented from 1 July 2020 till 31 December 2021 (18 months).

The 2019 Strategic Opportunity Funding RfP aimed to provide networks and consortia with an opportunity to:

- Try new approaches that could maximize their work to improve the health, wellbeing and social inclusion of inadequately served populations;
- Exercise creativity and novel thinking to overcome strategic challenges arising from the increasingly difficult environments for civil society, ISPs and the HIV response.

Applications were invited with a focus on creative and cutting-edge approaches to:

- **Movement leadership**, to ensure a stronger, continuous community-led and rights-based response to HIV;
- **Financial health and resilience of ISP programs**, to ensure that ISPs are not overlooked or left behind in the funding landscape;
- **Innovation, learning and partnerships**, to ensure that the lessons networks learn can inform more effective approaches that are better adapted to the current environment.

Applicants were encouraged to devote careful consideration to building partnerships to drive new and more powerful results from this investment.

Eligible proposals went through the RCF's rigorous review process led by the RCF Program Advisory Panel (PAP), that advises the ISC on funding. The PAP took into account each proposal's creativity and novel thinking in one or more priority areas, the potential for achieving results and influencing change in line with the intention of the RCF's Strategic Opportunity Funding, and the centrality of the prioritized communities.

Based on the Funding Advice developed by the PAP to the ISC, the ISC announced on 31 March the allocation of USD 2.5 million to five proposals of USD 500,000 each.

Results from the Strategic Opportunity Funding will be available in 2022 after the implementation period has ended.

Strategic Opportunity Fund Projection/Overview

LEAD ORGANIZATION	TYPE	PARTNERS	APPLICATION TITLE	FUNDING PRIORITY FOCUS	ISP FOCUS
Caribbean Vulnerable Communities Coalition (CVC)	Single network	–	<i>Building Capacity for Sustainability through Innovative Resourcing Strategies among ISP Service Organizations in the Caribbean</i>	<ul style="list-style-type: none"> Financial health and resilience of ISP programs Innovation, learning and partnerships 	<ul style="list-style-type: none"> People living with HIV Sex Workers People who use drugs Gay men and other men who sex with men (MSM) Transgender and Intersex People Youth who are ISP
Global Network of People living with HIV (GNP+)	Consortium of networks	Network of African People living with HIV West Africa (NAP+WA) All-Ukrainian Network of People living with HIV Jaringan Indonesia Positif (JIP)	<i>Last Mile First: PLHIV-led advocacy for Universal Health Coverage</i>	<ul style="list-style-type: none"> Financial health and resilience of ISP programs Innovation, learning and partnerships 	<ul style="list-style-type: none"> People living with HIV
Inclusive and Affirming Ministries (IAM)	Single network	–	<i>Regional School Project</i>	<ul style="list-style-type: none"> Innovation, learning and partnerships 	<ul style="list-style-type: none"> Transgender and Intersex people Women & girls who are ISP Youth who are ISP
International Drug Policy Consortium (IDPC)	Consortium of networks	Harm Reduction International (HRI); Youth RISE; Women and Harm Reduction International Network (WHRIN); Middle East and North Africa Harm Reduction Association (MENAHRRA); European Network of People who use Drugs (EuroNPUD); The Global Drug Policy Observatory as Swansea University (GDPO); Eurasian Network of People who use Drugs (ENPUD); West Africa Drug Policy Network (WADPN)	<i>The Global Drug Policy Index: A bold new approach to improve policies, harm reduction funding and the lives of People who use drugs</i>	<ul style="list-style-type: none"> Financial health and resilience of ISP programs Innovation, learning and partnerships 	<ul style="list-style-type: none"> People who use drugs Women & girls who are ISP Youth who are ISP
Southern Africa Network of Prisons (SANOP)	Single network	–	<i>Promoting Human Rights, Quality Health and Well-Being for Youth Prison Populations in Southern Africa</i>	<ul style="list-style-type: none"> Movement leadership 	<ul style="list-style-type: none"> People living with HIV Prisoners Women & girls who are ISP Youth who are ISP Migrants who are ISP

ANNEX 5: Financial overview

Financial Report 2019

(all \$ are USD)

Figure A:
Funders' Contributions to the RCF Pool – 2019–2021 (\$39 Million)

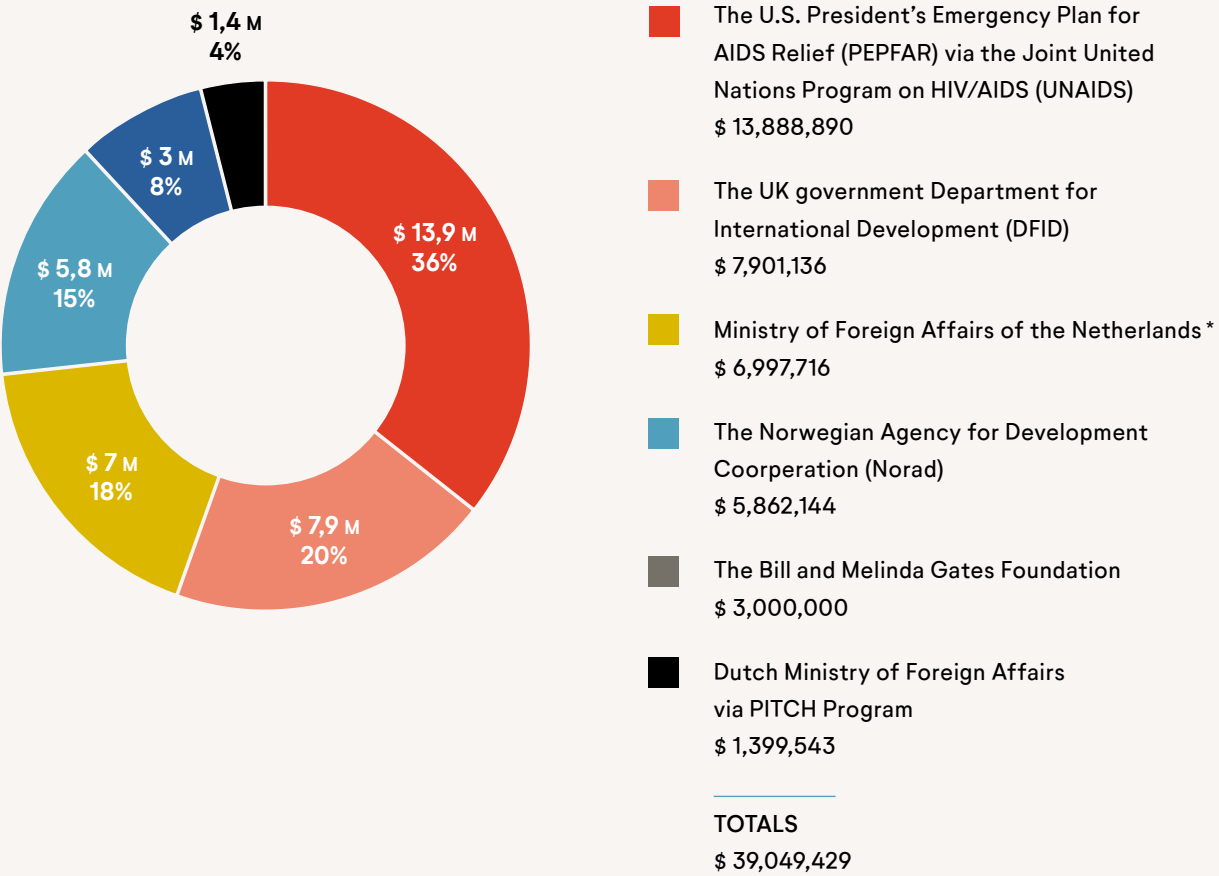


Figure B:
Total RCF Expenditure 2019 (\$11.6 Million)

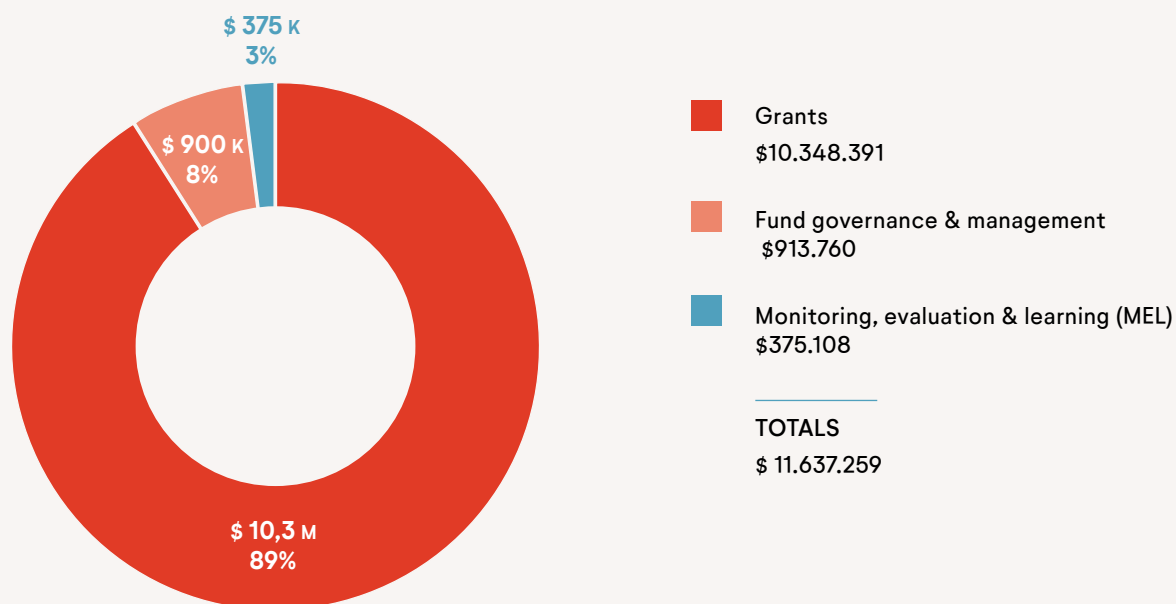


Figure C:
Total RCF Grantee Expenditure 2019 (\$10.3 million)

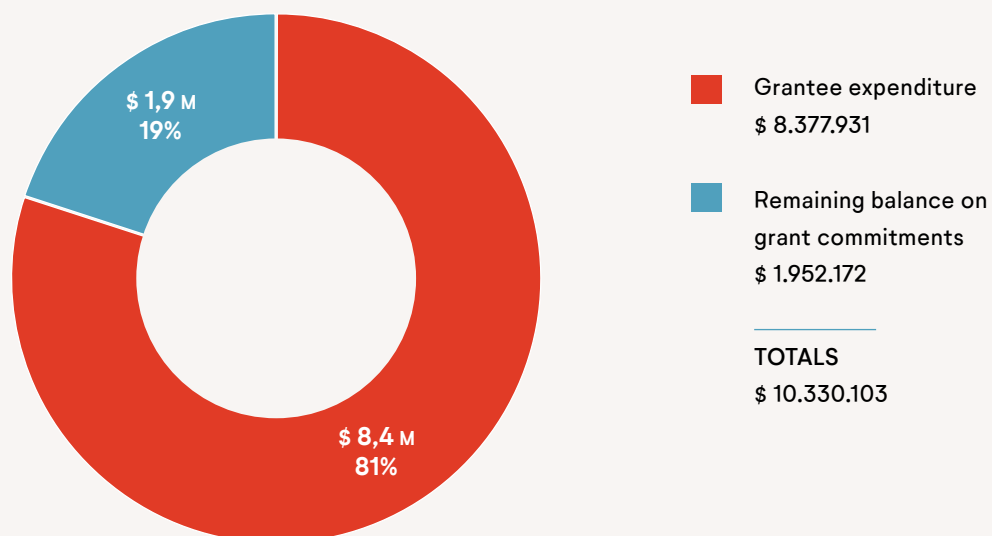


Figure D:

RCF Grants 2019 – Core vs. Activity Expenditures (\$8.3 million)

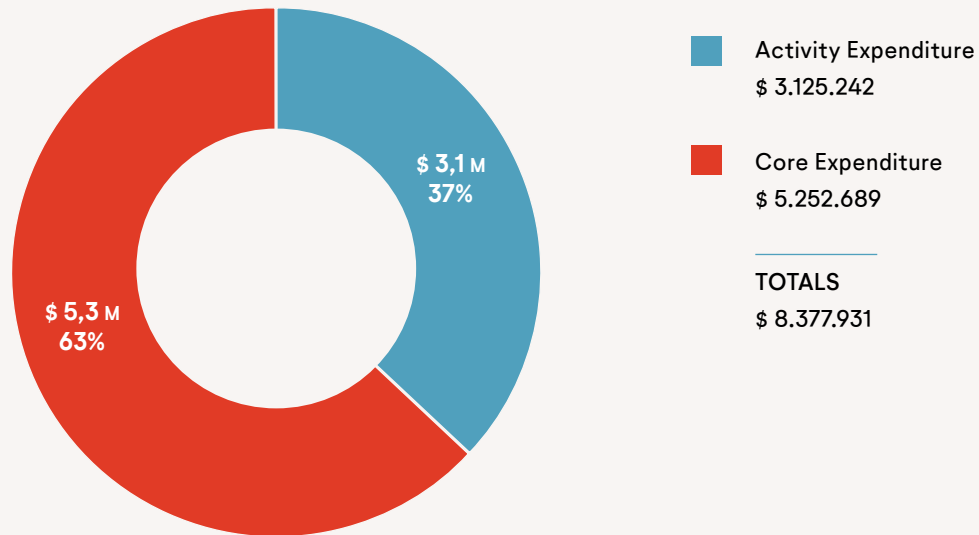


Figure E:

RCF Grants Core Expenditures 2019 (\$5.2 Million)

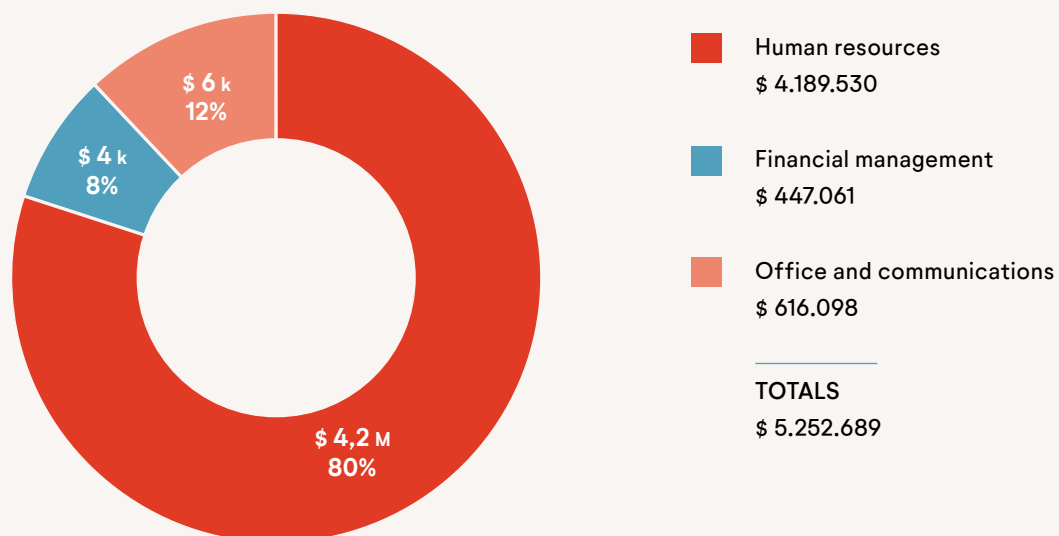


Figure F:
2019 Grantee Activity Expenditure per ISP (\$3.1 Million)

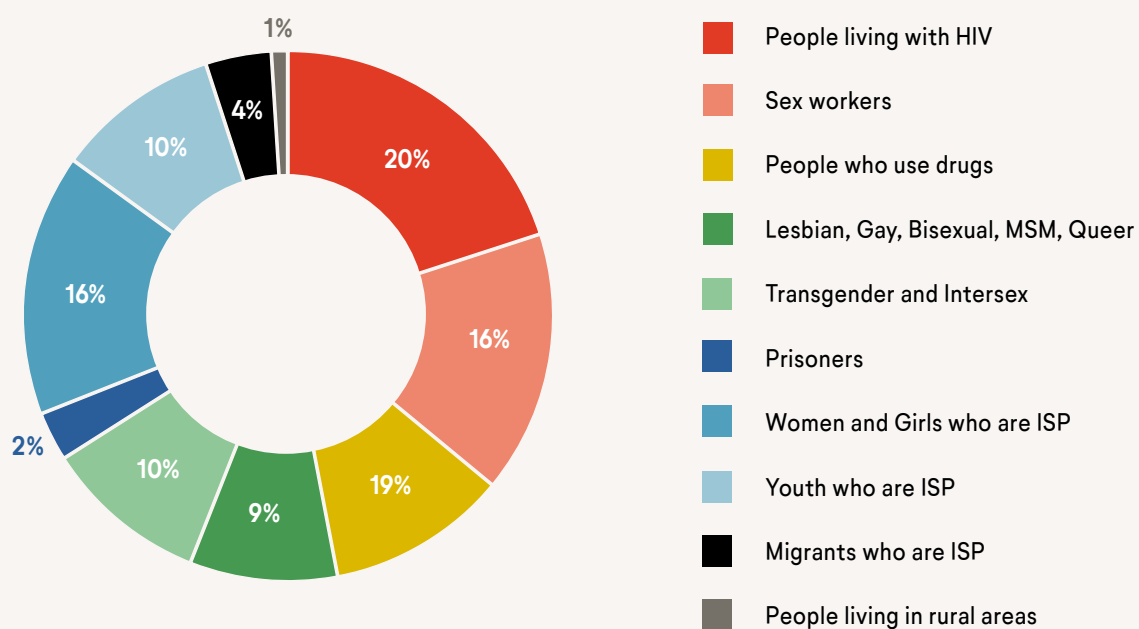


Figure G:
2019 Grantee Activity Expenditure per Region (\$ 3.1 Million)

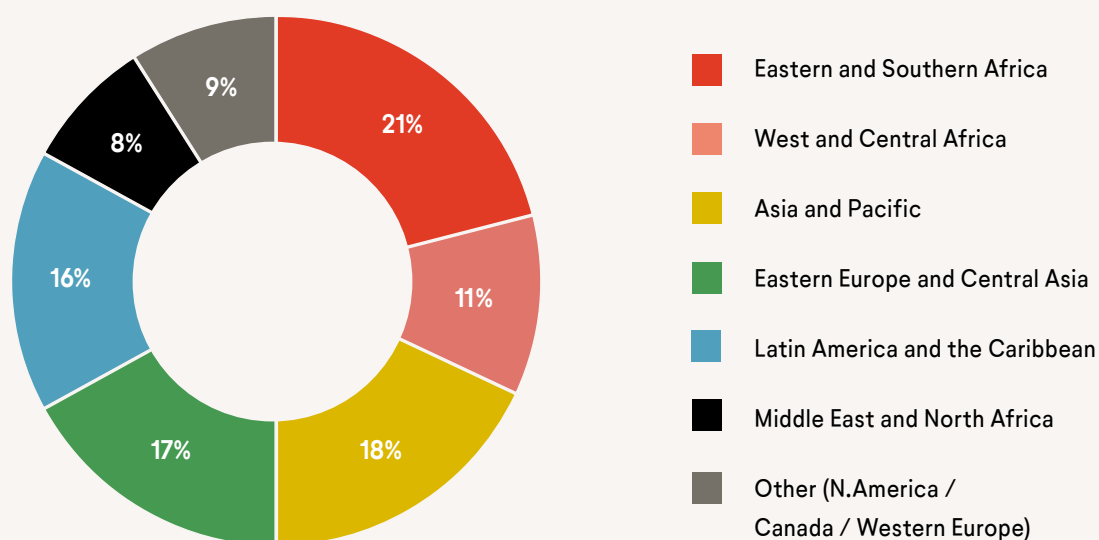


Figure H:

2019 Grantee Activity Expenditure per Outcome Areas (\$ 3.1 Million)

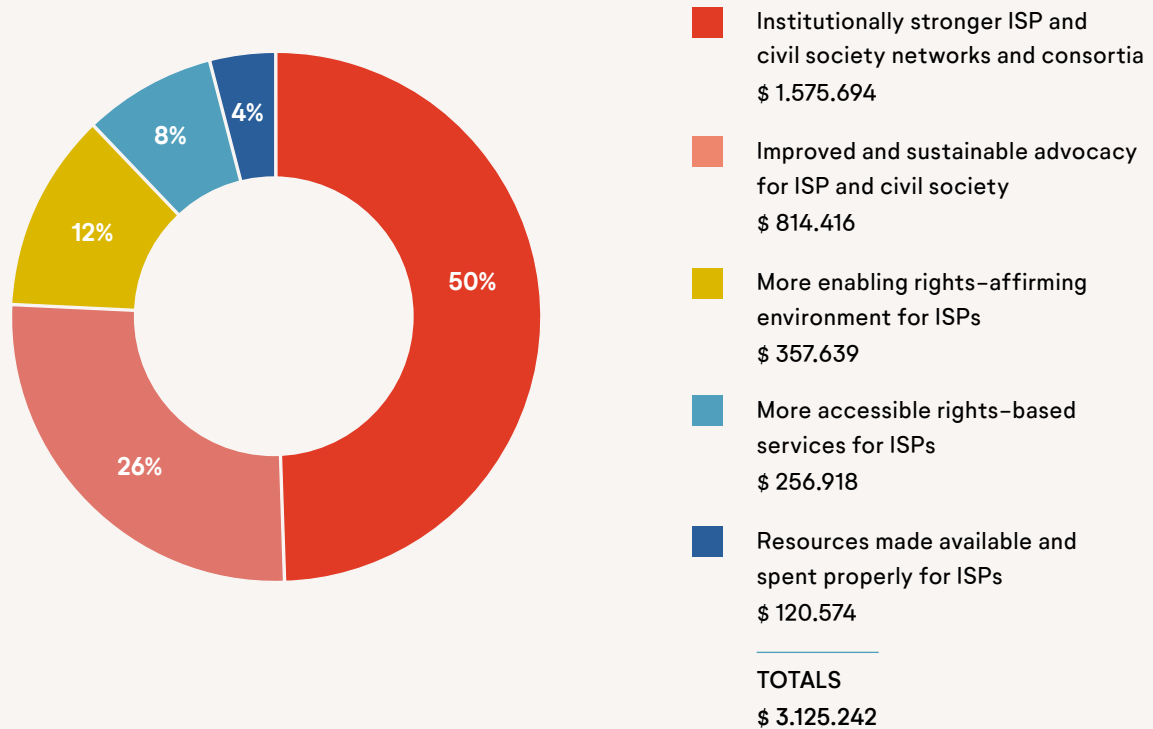


Figure i:

2019 Grantee Activity Expenditure per Results Areas (\$ 3.1 Million)

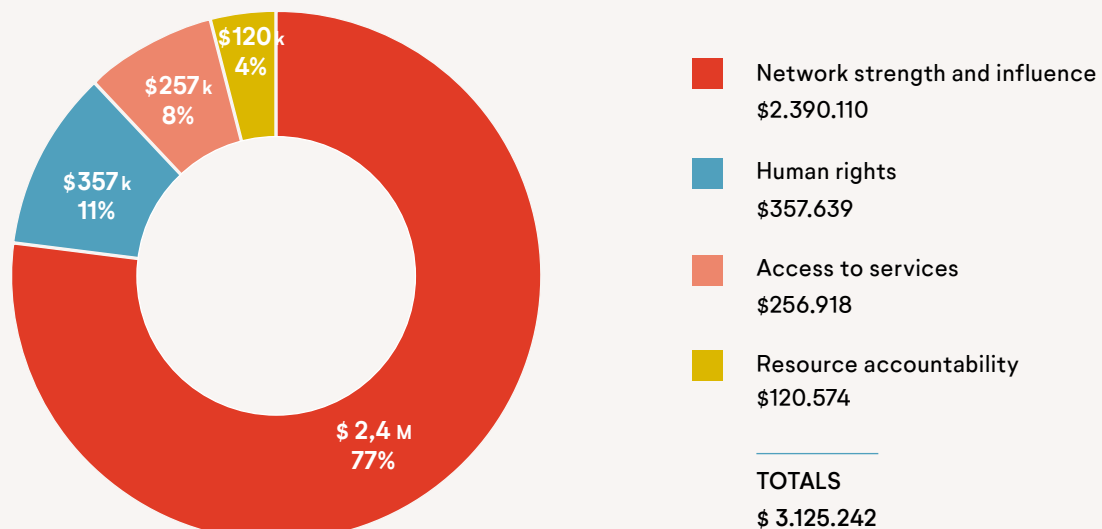
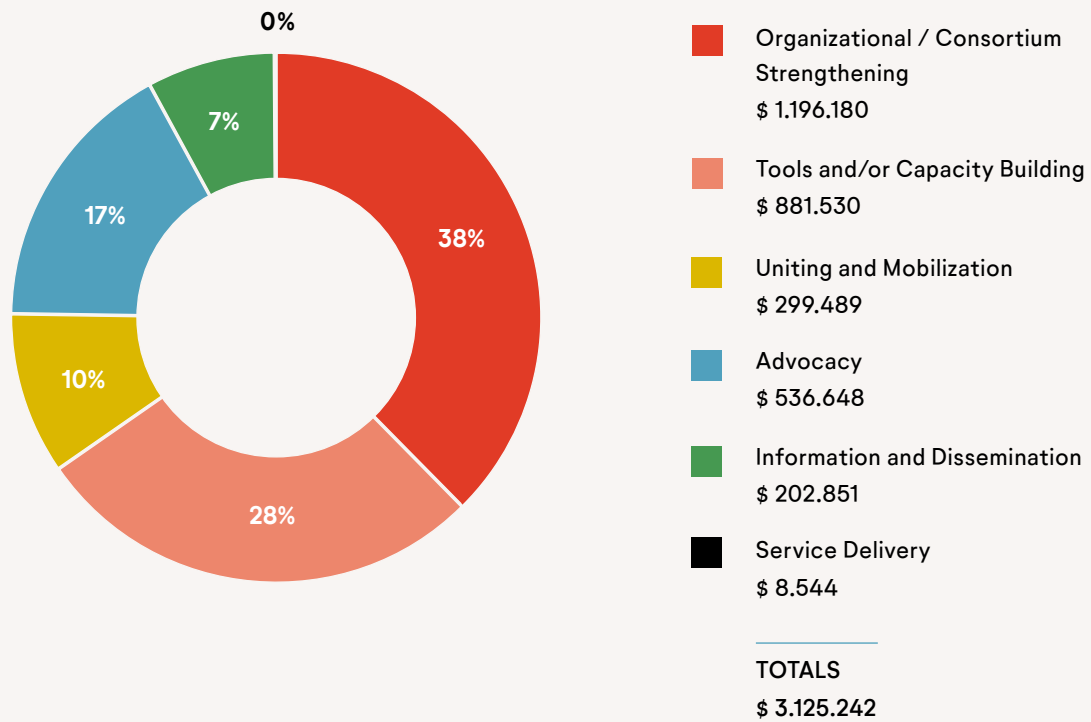


Figure J:

2019 Grantee Activity Expenditure per Category of Activity (\$ 3.1 Million)



Risks and risk mitigation

The risks faced by the Fund and the grantees continue to mostly fall under the categories of financial and/or organizational risks. Such risks could include corruption fraud and mismanagement and wider integrity breaches taking place at the grantee level or internal organizational challenges such as high staff turnover, burnout, poor governance or uncertain financial sustainability. Furthermore, some grantees may operate in challenging political environments or in situations of civil unrest which could negatively influence project activities and the safety of the people undertaking such work and negatively impact upon organizational stability as well as the ability to demonstrate attainment of outcomes.

Strong risk and mitigation strategies are key to preventing and managing such risks as well as capturing environmental changes which may impact grantees. While this annual report refers to 2019 it is important to add that the impact of the COVID 19 pandemic has placed additional challenges upon the Fund as a whole as well as grantees. Such challenges include the need to rapidly adapt to virtual/remote working, operating in restricted lockdown environments and shifting programmatic priorities at pace. The fund has sought to support grantees through this period by holding a consultation to better understand the impact of COVID 19 on organizations and communities and offered increasing flexibilities for reprogramming and re-budgeting as well as releasing additional funding to grantees.

Integrity breaches: Corruption including sexual harassment, Fraud and Mismanagement (CFM)

As in previous years the Robert Carr Fund, with support from Aidsfonds Project Control, continues to prioritize the areas of CFM prevention and management. At ISC level the RCF continued regular meetings with the Accountability Committee, comprised of three ISC members, RCF Secretariat and FMA representation, tasked with overseeing the work in regard to suspicions of integrity breaches and misuse of funds. The Accountability Committee is kept informed of all open CFM investigations and provides advice and guidance on the application of the CFM policies and procedures to CFM cases.

This can also include situations deemed high risk for which the RCF Secretariat is monitoring. The Accountability Committee also has a report back function to the broader ISC on outcomes/progress in addressing CFM cases. The full ISC is responsible for ensuring all policies related to CFM are appropriately implemented. Preventing and tracking CFM is a priority, to ensure all funds committed are available to support grantees' work in scaling-up services and protecting the rights of the ISP community.

The Fund in collaboration with Aidsfonds, as the Fund Management Agent, have continued to further improve due diligence processes and CFM policy operationalization, including through the hiring of qualified project controllers as additions during high-workload periods. During the 2018 Request for Proposals, in cases where due diligence identified risks, additional conditions were placed upon some grantees for the 2019–2021 grant implementation period requiring them to invest sufficiently in financial management and/or governance strengthen to reduce risk and create stronger, more resilient, organizations. These conditions are monitored and updated where appropriate during the implementation of the grant.

The Policy on Integrity Breaches (2019v3.1), and supportive Integrity Breach Protocol (2018v3.0), was reviewed in 2018 to include wider definitions such as sexual harassment and bullying. When given cause, the FMA convenes an inter-departmental standing working group to include representatives from the RCF Secretariat, International Department, Project Control and Finance, that mobilizes a rapid and efficient response to any suspicions of integrity breach and in line with the mandatory Integrity Breach Protocol. This body then takes the decision based on the severity of the warning signals of suspicions of integrity breach to place any disbursements with immediate effect to the grantee on hold and internally red flag the organization in question until investigations have been concluded and the breach deemed remedied. Bilateral conversations may also be undertaken where necessary to alert donors of suspicions of integrity breach taking in to consideration sensitivity of information and without jeopardizing any investigation that may be conducted. In 2019 the Policy on Integrity Breaches stipulates that if analysis of available information confirms that accountability is unsound, appropriate measures will be taken. This can include

but is not limited to an external forensic audit being requested and, if appropriate, legal action taken and any RCF funds identified as unaccounted or misused reclaimed.

As in previous years, the 2019 Request for Proposals Strategic Opportunity Funding included stringent requirements for applicants in relation to risk management and on preventing and handling integrity breaches. The Project Agreement and Terms and Conditions issued to grantees includes clauses referencing the Policy on Integrity Breaches, with applicants who are consortia being contractually obliged to have a bilateral agreements between the lead and partner/member organizations as sub-recipients, and the inclusion of an integrity clause in the consortia MoU and a commitment to developing and operationalizing integrity policies in line with the over-arching Aidsfonds/RCF Policy on Integrity Breaches. This ensures that networks consider the implications of CFM thoroughly before submitting a proposal and know their obligations and duties from the start. Furthermore, the Fund has made important progress in the past year, including the successful contracting of new grantees under the 2019–2021 grant cycle, encompassing an assessment of grantee financial and governance capacities and development of action plans for those funded under conditions to address strengthening of the network.

The RCF Secretariat will strive to make to make regular monitoring site visits and ensure all grantees have whistle blowing procedures in place. Any suspected or alleged misuse of funds is reported immediately to the accountability committee and RCF donors and thoroughly investigated by the RCF staff with Aidsfonds support and/or an independent forensic audit team. In 2019 RCF hosted a kick off meeting for all new grantees and including a capacity building workshop on financial management, fraud prevention and developing integrity policies. The workshop ensured grantees are fully aware of RCF financial and audit requirements and built capacity in these key areas.

Financial sustainability

For some grantees, long term financial sustainability is uncertain. RCF continues to encourage grantees to prioritize activities to ensure sustainability for individual organizations as well as the sector as a whole.

Moreover, the MEL framework captures both environmental and outcome level data regarding both grantee level financial health and sector wide financial sustainability which allows the fund to closely monitor trends in this area.

Climate and Environment

RCF endeavors to minimize the impact of building, transport and organization processes on the environment and chooses partners and suppliers who treat human beings and the environment in a responsible way. RCF attempts to limit flight travel, using teleconferences and bolt-on visits to grantees with other meetings as well as using Zoom/Skype interviews with grantees in place of site visits where appropriate. RCF uses recycled paper, but printing is minimized. Paper and plastic waste is recycled. Secretariat staff have a pass to access public transport within the Netherlands for journeys to/from the office and for meetings with external partners. Further, Aidsfonds also has a bike scheme in place where an employee can purchase a bicycle and have the tax reimbursed through their salary. Both of these schemes encourage the use of environmental sound transportation reducing the reliance of car use for work purposes.

Donor income

An on-going risk to the overall Fund is receiving less income than expected, or receiving it later than planned. Exchange rate currency fluctuations have negatively impacted the actual income received by RCF in 2019. These developments are closely monitored, and RCF works to minimize these risks by transferring funding to grantees only after it has been received from the funding partners. In order to further manage risks related to exchange rate fluctuations an Exchange Change Rate Policy was developed in 2017 to better manage income expectations and to mitigate exchange rate losses as much as possible. The ISC budget committee is regularly updated on any losses or gains related to currency fluctuations and provide a feedback function to the wider ISC on implications and proposed budget adjustments. In the case of currency fluctuations experienced on the part of the grantees, it is contractually stipulated that it is the responsibility of grantees to manage such fluctuations. Gains and losses should be reported in the audited statement of income and expenditure as well as any deviations greater than 10%.

Resource mobilization and sustainability

After the successful recommitment process of 2017 leading to a new RFP and grant round in 2018 the ISC agreed to create a standing fundraising working group. The working group is tasked with overseeing a rolling fundraising cycle the priorities of which will be set by the 2019 strategic planning process. Further, in 2019 a Resource Mobilization Strategy development in line with the 2020–2024 Strategic Plan of the Fund was initiated with the support of a consultant.

Human Rights and Gender Equality

There is a need for increased support for advocacy and service delivery that sustains and protects human rights. Human rights violations disproportionately affect ISPs and their ability to access HIV and other health care services. Human rights advocacy is also an area that is significantly underfunded in the HIV response. Therefore, the RCF continues to prioritize and fund human rights protections as a high priority. The challenging political and social conditions in the targeted countries increase the vulnerability of the ISP and grantees. The majority of partners have good mitigation strategies in place and have the expertise defending the rights of ISPs. All grantees advocate for equal rights and examples of outcomes related to gender equality can be seen above.

The RCF focuses on gender issues and the most marginalized; girls and women are consistently prioritized as an inadequately served population and the Fund actively promotes the rights of women, including transgender and gay women. All grantees strive for diversity and representation of ISPs in their governing bodies.

Lastly, the governing bodies of the RCF consist of representatives of civil society and Inadequately Served Populations and reflect a gender and geographical balance. The RCF and Aidsfonds aim at a diverse workforce with a balanced representation of men and women, ages, sexual orientation and ethnic background. When recruiting new staff, the Fund particularly encourages applications from candidates who are living with HIV and/or from key affected communities.

Challenges related to tracking and measuring results

The RCF utilized its newly developed, streamlined and co-created MEL tools in Q1 2018 to gather uniformed data across the grant portfolio. The MEL has proved to be an effective tool in capturing the added-value of the networks, for the generation of the 2019 report the Fund was unable to host its annual impact reflections workshop due to the COVID 19 pandemic. The Fund will host a virtual workshop in Q4 2020 which will focus on applying the learning for the year in 2021 work plans and budgets. RCF will continue to review the MEL tools with grantees to ensure they are fit for purpose.

IATI

RCF supports groups that are vulnerable and sometimes at-risk. This includes groups which are criminalized or face risks related to stigma and discrimination. Therefore, RCF is committed to protecting the identity of our target groups and partners. At the same time, transparency is essential. RCF strives to find an appropriate balance. In 2019 RCF published the results of the entire 2016–2018 portfolio as well as 2019–2021 grantees in IATI. To protect vulnerable people, we follow guidelines that state when information should and should not be published. Grantees are contractually obliged to comply with IATI reporting standards.

Procurement

Procurement of items or services is utilized following our internal procedure in line with international best practice and applicable regulations. RCF have also ensured that grantee contracts from 2019 include clauses which require grantees to meet the procurement standards required by donors to the fund.

OECD/DAC list of recipients

Approximately 90% of RCF funding goes to ODA (Official Development Assistance) recipient countries. 66% of the lead organizations are based in ODA-recipient countries. As in line with contract stipulations funding from DFID and Norad funding is spent only on countries on the ODA list of recipient countries.

Value for Money

The key cost drivers for RCF is onward granting, via the RCF Secretariat and Aidsfonds (the Fund Management Agent), and overheads (indirect costs) namely, FMA management and administration costs: office and equipment, supplies, HHRR Services, Financial Management Service, IT services, software licensing etc.). For the funding cycle 2019–2022 the percentage of overheads (indirect costs) is around 1.3% of the total expenditures of the fund. Contracting a competitively tendered FMA and Secretariat to manage a pooled donor fund for global and regional HIV civil society networks to improve the HIV response for inadequately served populations was designed to increase efficiency by developing collaboration and coordination among networks, as well as aiding transparency through joint oversight and governance structures for the Fund. Furthermore, the consortia model, introduced in 2013 for round 2 of grant making, has worked to ensure collaboration between networks and to encourage synergy. The RCF is fulfilling important aspects of its intended added value, such as being a 'bridge from donors to ISPs' and a 'unique inventory of the demand from civil society' while keeping management costs low. Results are now better articulated through the new MEL system. Additional results are achieved through leveraging other donor funding, evidenced through the pledges made by a range of donors at the International AIDS Conference in July 2018, and supporting a more diverse range of networks through the consortia model than currently funded through individual donors alone. The RCF has been particularly effective in supporting a wide range of networks, and their end beneficiaries. In Round 1, 7 grants were awarded to global networks and 17 to regional networks. In Round 2, 8 grants were awarded to global/ regional consortia, 1 grant to a global network and 5 to regional networks covering the full range of Inadequately Served Populations. In Round 3, 12 grants were awarded to global/regional consortia, 1 to a global network and 5 to regional networks. In the 2019 – 2021 portfolio 24 grants have been awarded to 8 global consortia, 3 regional consortia, 2 global networks and 11 regional networks. By incentivizing the development of consortia of networks, the total number of grants has not increased since 2012, but the total number of regional and global networks receiving grants through consortia has increased significantly.

Funding what's possible

**ROBERT
CARR
FUND** For civil
society
networks

Aidsfonds, Fund Management
Agent of the Robert Carr Fund

Condensatorweg 54
1014 AX Amsterdam
The Netherlands
T +31 (0) 20 626 2669

www.robertcarrfund.org
secretariat@robertcarrfund.org

We thankfully receive support from:



The Norwegian Agency
for Development
Cooperation (Norad)

BILL & MELINDA
GATES foundation

The Bill & Melinda Gates
Foundation



The U.S. President's
Emergency Plan for
AIDS Relief (PEPFAR)



UK AID



Ministry of Foreign Affairs

Ministry of Foreign
Affairs of the
Netherlands