



REACHING INADEQUATELY SERVED POPULATIONS 2015



**ROBERT
CARR
FUND**

for civil society
networks

ACKNOWLEDGEMENTS

Sincere thanks are given to all RCNF grantee networks for sharing their results and answering to additional questions from the staff of Aids Fonds, enabling Aids Fonds to proudly present the results, experiences and lessons learned in the third year of RCNF funding.

This report is in memory of the remarkable life and work of Robert Carr.

FOREWORD

Dear reader,

The Robert Carr civil society Networks Fund (RCNF) is a unique partnership between civil society and donors with a focus on international civil society networks in the HIV response. This partnership is embodied in its governance structure with an International Steering Committee (ISC) consisting of both civil society representatives and donors and the Program Advisory Panel (PAP) with experts from civil society.

The processes of the High Level Meeting on Aids in June 2016 and the UNGASS on Drugs in April 2016 show the importance of international civil society networks that share information, advocate at the international level and give support to national civil society organizations. Country- and local-level community-based activities are often dependent on the ability of global and regional networks and organizations to build capacity, identify and share best practices, form effective coalitions for advocacy, and to share information. The current discussions on transition in Middle Income Countries, the recognition of the rights of Key Populations and the narrowing space left for civil society organizations in many parts of the world make that there is an important role to play for international networks in the coming years.

In line with efforts to professionalize the fund, the ISC appointed Sergey Votyagov as the new Fund Director as of August 2016. Sergey comes to us with vast experience from the Eurasian Harm Reduction Network with an impressive track record of developing and leading public health advocacy strategies and partnership building in politically challenging environments.

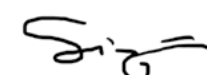
2015 was the third year of the Robert Carr civil society Networks Fund. To date the fund launched three open calls. An additional closed call invited grantees to participate in the RCNF partnership with the Global Fund to fight Aids, TB and Malaria. In the first three years, the ISC – in consultation with the Program Advisory Panel (PAP) – formulated key priorities, developed innovative new models such as the consortia model, and developed policies designed to professionalize the fund. A successful replenishment round in 2015 resulted in donors recommitting funding for the period 2016-2018.

Through consultations with our stakeholders and partners, the ISC identified the Fund's strategic priorities for 2016 and beyond. Our foremost priority is to keep investing in and strengthening the involvement of civil society in the RCNF. Alongside this critical work, it is of the utmost importance that the Fund continues to improve the evidence base of its added value in countries and at the international level. To live up to that ambition, the Fund is in the process of redesigning its monitoring and evaluation frameworks and is working hard on improving the visibility and brand of the Fund.

We approach our new funding round with huge amounts of energy, enthusiasm, ambition and a renewed vigour based on our plans and priorities for the near future. In 2016, we celebrate three successful years, and move forward confidently based on the lessons we have learned. For this, we owe a debt of gratitude to all the people who work so hard to help us realize Robert Carr's vision and contribute to the Fund's success.



Michel Kazatchkine
Chair of the International
Steering Committee



Sigrun Møgedal
Vice-Chair of the International
Steering Committee

ACRONYMS

ABDGN	African Black Diaspora Global Network	CSWC	Caribbean Sex Worker Coalition	ISC	International Steering Committee	PCB	Program Coordinating Board
ACA	Africa Capacity Alliance	CTO	Community Treatment Observatories	ISPs	Inadequately Served Populations	PEPFAR	US President's Emergency Plan for AIDS Relief
ACHIEVE	Action for Health Initiatives	CVC	Caribbean Vulnerable Communities Coalition	ITPC	International Treatment Preparedness Coalition	PLHIV	People Living with HIV/AIDS
AGM	Annual General Meeting	DFID	UK government's Department for International Development	ITPC-EA	International Treatment Preparedness Coalition East Africa	PMU	Project Management Unit
ALFEA	Association For Licensed Foreign Employment Agencies	ECOM	Eurasian Coalition of Male Health			PNC+	People Living With HIV Networks Consortium
AMAL	Human Development Network	ECUO	East Europe and Central Asia Union of PLWH	JUNIMA	Joint United Nations Initiative on Migration Health and HIV in Asia	PrEP	Pre-Exposure Prophylaxis
AMShER	African Men for Sexual Health & Rights	EECA	Eastern Europe and Central Asia	KASH	Keeping Alice Societies Hope	PRs	Principle Recipients
ANPUD	Asian Network of People who Use Drugs	EHRN	Eurasian Harm Reduction Network	KESWA	Key Affected Populations Health and Legal Rights	PUD	People who Use Drugs
APCOM	Asian Pacific Coalition on Male Sexual Health	EKHN	Eastern European Key Population Health Network	KPs	Key Populations	PWUD	People who use drugs
APCOM	Asia Pacific Coalition on Male Sexual Health	ENPUD	Eurasian Network of People Who Use Drugs	LAPS	Latin America Platform of Sex Workers	RCNF	Robert Carr civil society Networks Fund
APN+	Asia Pacific Network of People Living with HIV	EWNA	Eurasian Women's Network on AIDS	LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex	REDLACTRANS	Red Latinoamericana y del Caribe de personas trans
APNSW	Asia Pacific Network of Sex Workers	FIDA	Federation of Women Lawyers	LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex	RfP	Requests for Proposals
APTn	Asia Pacific Transgender Network	FMA	Fund Management Agent			RVLT	Routine Viral Load Testing
ARASA	Aids and Rights Alliance for Southern Africa	FPM	Fund Portfolio Managers	LWF	The Lutheran World Federation	SCN	Standing Committee on Nutrition
ART	Antiretroviral Therapy	GAMCA	Gulf Approved Medical Centres Association	MARPS	Most At Risk Populations	SRHR	Sexual and Reproductive Health and Rights Alliance
ASWA	African Sex Workers Alliance	GIN	Global Interfaith Network	MCA	Members of County Assembly	SWAN	Sex Workers' Rights Advocacy Network
ATTTA	Asociacion Travestis Transsexuales Transgeneros de Argentina	GNP+	Global Network of People living with HIV	MENA	Middle East North Africa	SWIT	Sex Workers Intervention Tool
				MIC	Middle-Income Countries	TALC	Treatment Advocacy and Literacy Campaign
CARAM	Coordination of Action Research on AIDS and Mobility	HRI	Harm Reduction International	MoU	Memorandum of Understanding	TBEC	Tuberculosis Europe Coalition
CBO	Community-based organization	HYLF	HIV Young Leaders Fund	MSM	Men who have Sex with Men	TG	Transgender
CCM	Country Coordinating Mechanism	IAM	Inclusive Affirmative Ministries	MSM&T	Men who have Sex with Men & Transgender	ToT	Training of Trainers
CCMs	Country Coordinating Mechanisms	IATT	Inter Agency Task Team	MSMGF	The Global Forum on MSM & HIV	UNDP	United Nations Development Programme
CCMs	Country Coordinating Mechanisms	ICAAP	Internal Capital Adequacy Assessment Process			UNGASS	UN General Assembly Special Sessions
CDS	Chief of the Defence Staff	ICW	International Community of Women living with HIV	MTR	Mid-Term Review	UNIBAM	United Belize Advocacy Movement
CEGAA	Centre for Economic Governance and AIDS in Africa	ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association	NFM	New Funding Model	UNYPA	Uganda Network of Young People Living with HIV&AIDS
CFM	Corruption, Fraud or Mismanagement	ILO	International Labour Organization	NGO	Non-Governmental Organization	WCC	World Council of Churches
CHESA	Community Health Education Services & Advocacy	INERELA+	International Network of Religious Leaders Living with or Affected by HIV and AIDS	NOPE	National Organization of Peer Educators	WHO	World Health Organisation
CRN+	Caribbean Network of People Living with HIV	INPUD	International Network of People who Use Drugs	NORAD	Norwegian Agency for Development Cooperation	WLHIV	Women Living with HIV
CSO	Civil Society Organization			NSWP	Networks of Sex Worker Projects	World YWCA	The World Young Women's Christian Association
CSO's	Civil Society Organizations	IRGT	International Reference Group on Transgender Women and HIV/AIDS	OAS	Organization of American States	YKAP	Young key affected population
CSS	Civil Society Strengthening			PANCAP	Pan Caribbean Partnership Against HIV and AIDS	YKP	Young Key Populations
				PAP	Program Advisory Panel		
				PATA	Pediatric AIDS Treatment in Africa		

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1. INTRODUCTION

WHERE COMMUNITIES LEAD, NO ONE IS LEFT BEHIND

We are pleased to report that in 2015 the Robert Carr civil society Networks Fund (RCNF) supported fourteen civil society networks and consortia to mobilize, organize, coordinate, collaborate and inform to help the Fund reach its goal of Getting to Zero. The 2015 Annual Report shows how the scope, scale and ambition of RCNF-funded initiatives have resulted in demonstrable and positive impact on the lives of those most affected by the HIV epidemic. The following chapters offer an overview of 2015 activities, expenditure and outcomes, as well as case studies that showcase network accomplishments around the world.

RCNF was launched in July 2012 as an urgent reaction to reductions in funding for HIV, persistent human rights abuses against Inadequately Served Populations (ISPs)¹ and a strong corresponding push for greater coordination amongst civil society stakeholders. The slow pace of change in political and funding environments meant that in many parts of the world, Inadequately Served Populations (ISPs) continued to be at a higher risk of HIV infection, illness and death but often faced daunting barriers to treatment, prevention and support services. In this context of rapidly dwindling resources, global and regional civil society networks acting as critical representatives, advocates and coordinators of such communities started ‘falling through the cracks’ of existing financing mechanisms, many suffering acute restrictions on their work, and even closure. There was clearly an urgent need to protect and support the most under-served, vulnerable and disenfranchised communities affected by HIV.

RCNF is a custom-built solution to protect and support the most under-served, vulnerable and disenfranchised communities affected by HIV. Our mission is to enable global and regional civil society networks to scale-up access to prevention, treatment, care and support and to protect the rights of ISPs. Civil society networks play a crucial role in addressing barriers to universal access to HIV-services: they provide training and capacity

THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND (RCNF)

The Robert Carr civil society Networks Fund (RCNF) focuses on Inadequately Served Populations (ISP). ISP are key populations that face a higher HIV risk, mortality and/or morbidity and who at the same time have less access to information and services. Inadequately served populations are disproportionately affected by HIV, with a million new infections a year among men who have sex with men, people who use drugs, prisoners, sex workers and transgender people. - that is half the total worldwide

¹ ISPs are key populations that face a higher HIV risk, death and/or illness, yet have less access to information and services and include people living with HIV, gay men and other men who have sex with men, women and men who use drugs, prisoners, sex workers and transgender people. ISPs also include women and girls, youth, migrants and people living in rural areas.



building, support their members with locally relevant services, and can have a powerful influence on national resource conversations. Networks also play a strong role in advocacy by enabling leadership from communities and populations most affected by HIV and actively advocate for their human rights. When properly resourced and supported, networks are able to influence important policy developments at global, regional and national levels that often lead to more successful and efficient national and local programs – delivered by governments as well as civil society. Our work is still in its infancy and there is much more to be done to ensure that communities lead and no one is left behind.

1.1 CIVIL SOCIETY NETWORKS BEST CAPABLE OF REACHING THOSE MOST IN NEED

The RCNF is the first international fund that specifically aims to strengthen civil society networks across the world responding to HIV because they play a crucial role in addressing barriers to universal access to HIV-services. RCNF focuses on civil society networks because they are led by and represent the people most affected by the HIV epidemic and have the best reach into and impact at community level.

1.2 WIDE-RANGING SUPPORT IN THE MIDST OF GREAT UNMET DEMAND

The RCNF made great strides forward since our inception four years ago. Contributions from our donors have allowed us to invest approximately US\$18.3 million through 38 grants in the first two funding rounds (grant periods 2013, and 2014-15). For the current funding round (2016-2018) an additional US\$24.4 million has been allocated to 18 grantees. Under the partnership between RCNF and Global Fund, 8 grantees received additional funding (see chapter 2). The RCNF has expanded its grant portfolio to cover ever wider geographies and reached greater numbers of Inadequately Served Populations.

Interest and demand have exceeded expectations and available funds - a situation that indicates the level of unmet need in communities most affected by HIV. The RCNF was able to fund about 20% of all eligible grant applications and successful grantees received, on average, only 54% of requested funding due to resource limitations. Under the funding round for 2014-15, the total amount requested from applicants considered eligible for funding exceeded \$108 million, indicating a sizeable funding gap of around \$90 million.

Without sustained increases in funding, the RCNF will not be able to expand its roster of grantees or assist networks further than covering a proportion of core costs. Many of our grantee networks rely on a basic level of RCNF funding for core operations. With additional financial resources from the RCNF, they could have sustained capacity to scale up programs that are delivering positive change to communities, countries and regions (see Chapter 4).

In order to ensure renewed commitments from current donors and to encourage commitments from other potential donors, the RCNF undertook a replenishment process in 2015. As of 2016, the RCNF's donors and partners include the Norwegian Agency for Development Cooperation (NORAD), the UK government's Department for International Development (DFID); the US President's Emergency Plan for AIDS Relief (PEPFAR); the Bill & Melinda Gates Foundation, the Dutch Ministry of Foreign Affairs and the Global Fund to fight AIDS, Tuberculosis and Malaria.

1.3 ALIGNMENT AND COORDINATION

The RCNF aims to complement global efforts to meet key UNAIDS and Global Fund strategies. We remain committed to achieving balance between the Fund's four outcome areas by:

- Improving global and regional network capacity
- Enhancing HIV response implementation
- Supporting human rights advocacy
- Increasing resource accountability for the HIV response

Support for civil society networks represents the best and most effective means of delivering positive and long-lasting changes at a community level. Direct support to civil society in the HIV response has produced remarkable results since the beginning of the AIDS epidemic and ending the epidemic requires a significant increase in funding for advocacy, community mobilization and services for communities directly affected by AIDS. The added value of the RCNF is evidenced through the values and principles that underpin its work:

- Precedence: the RCNF is the first international fund that specifically aims to strengthen civil society networks across the world.

- Partnership: the RCNF actively collaborates with donors and civil society networks working to end HIV/AIDS
- Possibilities: the RCNF provides both programmatic and core funding to global and regional civil society networks.
- Priorities: the RCNF serves communities and populations most in need of effective HIV prevention, treatment, care and support.
- Predictability: the RCNF makes grants that allow networks and sub-grantees to be secure about their future, and plan accordingly.

“THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND ENSURES THAT THE VOICE OF THOSE WHO NEED SERVICES ARE HEARD THROUGH STRONG AND EFFECTIVE GLOBAL AND REGIONAL NETWORKS.”



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CHAPTER 2

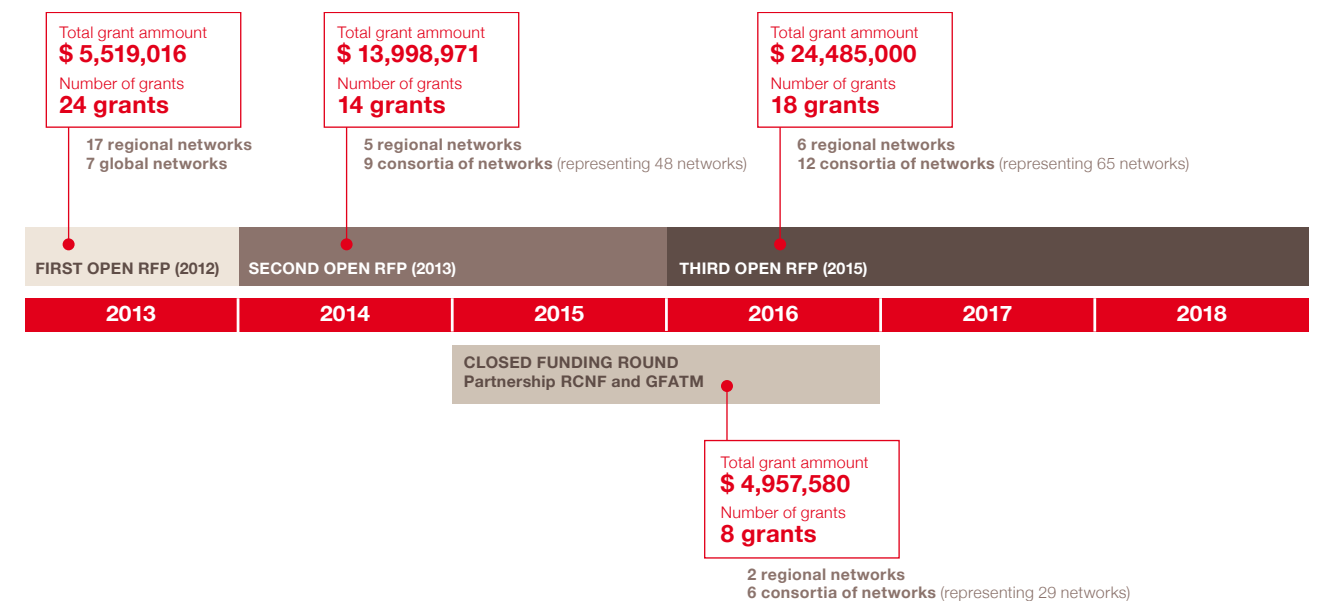
GRANT PORTFOLIO

The RNCF has issued 3 open and 1 closed Requests for Proposals (RfP) rounds and cumulatively allocated almost US\$49 million since its inception in 2012. In this report, we outline the grants resulting from the different open RfPs and also the closed 2014 RfP round within in the framework of the partnership between RNCF and the Global Fund which aimed to significantly improve initiatives for capacity development and community mobilization. Working closely with donors and partners, the RNCF is continuously improving and refining its processes to identify high quality proposals and has introduced new models to incentivize better coordination and encourage greater collaboration between networks.

2.1 KEY CHANGES IN RNCF FUNDING ROUNDS

Since 2012, RNCF's 3 open Requests for Proposals (RfP) and 1 closed have cumulatively allocated over US\$ 49 million to regional and global networks and consortia of regional and global networks. Development of the consortium model, extension of project periods and the introduction of a closed RfP, reflect both our agility and commitment to creating the appropriate funding environment for maximum impact.

In 2014, the RNCF partnered with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). 8 grantees of the 14 grantees already receiving RNCF support in 2014/15 were selected to expand and strengthen meaningful engagement of key populations (as defined in The Global Fund Key Populations Action Plan 2014-2017) across Global Fund related processes and platforms (see par 2.3).



RCNF was set up to fund the activities of global and regional networks that support ISPs. The 2013 RfP (grant period 2014-2015) introduced the consortium model to stimulate greater coordination and collaboration among global and regional networks working on similar activities with similar populations. The funds' goal was to strengthen and streamline the aggregated civil society response to HIV.

As a consequence, the total number of grants has decreased since 2012, but the total number of regional and global networks receiving grants through consortia has increased significantly as a result of the Fund incentivizing the development of consortia of networks. Prioritizing the consortium model for funding responded directly to a need for greater coordination amongst civil society stakeholders. Since the first open RfP, project periods have been increased from one year to three years, which provides a more predictable flow of funding to the grantees.

2.1.1 The Consortium Model

In the 2014 Mid-Term Review and the Grantee Meeting in May 2015, grantees provided the following feedback on the key opportunities and challenges of this funding model.

KEY CHALLENGES

Grantees reported that the consortium model involved complex application, planning, communication and coordination processes. A key challenge at country level was balancing broad, global advocacy campaigns with specific, local needs which required significant changes to the relationship between the lead organization (usually a global network) and the partners. At an operational level, lead organizations invested significant management and administrative time and resources for application, coordination, communication, coordination and reporting.

KEY OPPORTUNITIES

The Consortium of MSM Networks, produced an interesting 'Case Study on the added value of our work as a Consortium', which includes evidence on the added value of working together as a Consortium. It highlights multiple examples of how working in a Consortium has benefited member networks and MSM and transgender communities in general and multiple lessons learnt.

“THE CONSORTIUM PROVIDES A UNIQUE MECHANISM FOR SOLIDARITY – ENABLING NETWORKS TO COME TOGETHER AND SPEAK OPENLY, BUILDING UNITY AGAINST THE CHALLENGES FACING THEIR COMMUNITIES.”

Consortium of MSM Networks

The overwhelming consensus was that the consortium model added value and provided significant opportunities for strengthening and streamlining the global civil society response to HIV. Grantees also reported that predictable and core funding supported the development and evolution of internal network infrastructure helping networks to grow in effectiveness and thrive. Individual networks were made less vulnerable to changing donor patterns. The consortia model offered networks opportunities to formalize and consolidate existing partnerships, as well as vital space for coordinating and collaborating across the globe. Global and regional networks working with the same ISPs were motivated to collaborate, reducing duplication and waste and leveraging complementary strengths. Networks were also able to share learning, skills and experience. The consortium model stimulated considerable alignment of advocacy agendas between national, regional and global networks increasing the scope and solidarity of movements.

With RfP 2015, RCNF took measures to address some of the challenges reported by consortia. Expectations of the lead organization of a consortium and what it entails have been clearly defined and consortia were required to sign a Memorandum of Understanding which described the standards and working processes for decision-making and internal accountability. Consortia were required to develop and implement policies and procedures on corruption, fraud and mismanagement and whistle-blowing. Applicants were permitted to include costs for consortia management in the budget.

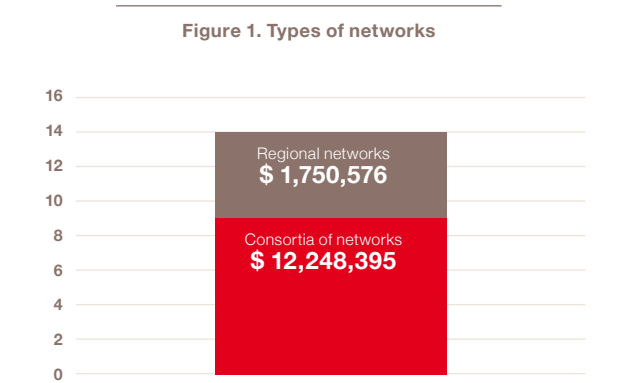
“THE CONSORTIUM MODEL HAS ALLOWED ALL PARTNERS TO WORK BETTER WITH KEY PARTNERS AND DELIVER JOINT PROJECTS AND ADVOCACY EFFORTS.”

The Harm Reduction Consortium

2.2 RFP 2013 – GRANT PERIOD 2014-2015

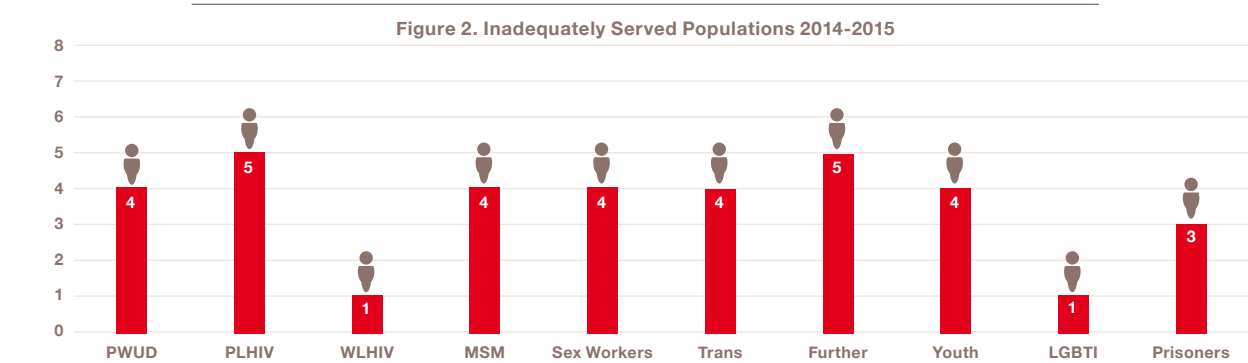
In 2014 and 2015, the RCNF supported 5 regional networks and 9 consortia of networks. These networks are key players within the global civil society movement for HIV, working in critical geographic regions to provide support for priority ISPs (see Annex 1, Annex 2 and chapter 3 In-Depth Results). The following sections provide an overview of the 14 grantees, their beneficiaries, geographical focus and expenditure.

For the 2013 funding round, a total grant of US\$ 12,248,395 went to nine consortia of networks and US\$1,750,576 went to five regional networks. Regional networks and network consortia grantees represent 53 regional and global networks. The nine consortia of networks alone represent 48 regional and global networks, demonstrating the incredible reach and capacity of our grantees.



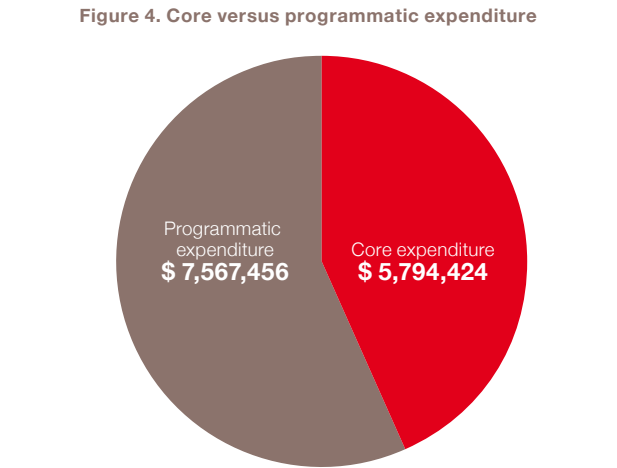
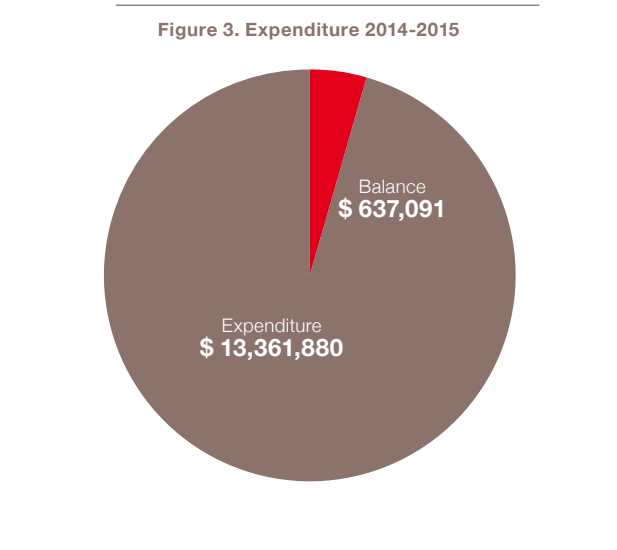
2.2.1 Inadequately Served Populations

The RCNF aims to address critical factors for scaling-up access to prevention, treatment, care and support and to protect the rights of Inadequately Served Populations. In 2014 /15, activities addressed People Who use Drugs, People Living with HIV, Women Living with HIV, Men having Sex with Men, sex Workers, Transgenders, Young People, LGBTI, prisoners and Further populations (including Migrants and Religious leaders).



2.2.2 Grantee expenditure

A positive indication of good financial management systems and capacity is that overall spending of RCNF grantees over 2014/15 has been 95% of the allocated grant amount. The total grant amount for 2014 and 2015 was US\$ 13,998,971 and the total expenditure US\$ 13,361,880. Forty-three percent of the expenditure was diverted to core support. The provision of core funding is central to the strategy of RCNF as it enables networks to run effective operations and evolve their organizational structures to support increasingly effective responses to HIV at global, regional and country level.



2.2.3 Regions

The RCNF aims to work at the global and regional level to create positive impacts at the national level. Since many of the grants are awarded to global consortia, most of the grants cover multiple regions and multiple ISPs. The work of the consortia also addresses ISPs in middle income countries (see Chapter 5) where the majority of people living with or at greatest risk for HIV are to be found.

2.3 2014 CLOSED RFP - PARTNERSHIP WITH GFATM

In 2014, The RCNF joined forces with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to ensure action on their shared commitment to expand and strengthen meaningful engagement of key populations across Global Fund related processes and platforms. This partnership is one of three special initiatives of the Global Fund. The RCNF issued a special (closed) request for proposals with an initial grant total of US\$2,478,790 to RCNF grant recipients from the 2013 RCNF funding round. Eight proposals were awarded (2 to regional networks and 6 to consortia of networks). In total, the grant covers 31 regional and global networks.

The partnership ensures that communities on the ground are adequately supported to mobilize effectively for a quality HIV response and successful roll out of the Global Fund New Funding Model (NFM)². The collaboration contributes, through focused and strategic investment, to progress in longer term capacity development and community mobilization. This program provided a point of convergence for the 8 RCNF grantees, some of which were already implementing activities related to the Global Fund with their constituencies.

The 8 grantees focused on increasing knowledge and understanding of Global Fund processes, procedures and opportunities for engagement in communities, as well as the skills of communities to meaningfully engage in those processes (see [progress report 2015](#)). In 2016, the Global Fund will continue the partnership with RCNF to further support the 8 grantees.

2 The Global Fund has changed its funding model in order to make a bigger impact on the three diseases. The new funding model was designed to have predictable funding, to reward ambitious vision, to work on more flexible timings and with a smoother, shorter process that ensures a higher success rate of applications.

SUCCESS STORY

The consortium of ARASA and ITPC, commissioned the Centre for Economic Governance and AIDS in Africa (CEGAA) to conduct research on the 2015 national budgets in Botswana, Malawi and Tanzania in order to support the development of key messages related to domestic health financing advocacy implemented by partners in the 3 countries. The three research reports were summarised in policy briefs, which were disseminated nationally along with a media statement on the National Day of Action on sustainable health financing, in each country (October/ December 2015). In Botswana a petition, based on the policy brief was submitted to the Parliamentary Sub Committee on Health (10 December, International Human Rights Day) and was attended by 10 media houses. A major outcome of this strategic engagement by the key populations groups, was the allocation of resources for interventions targeted at key populations in Botswana. Nana Gleeson from BONELA explained that: “Being able to feed into the development of the budget and performance framework, ensured that it stayed true to the proposed activities as described in the approved concept note during grant making, especially for the Key Population and Community Systems Strengthening modules. As a result now in Botswana, over 26% of the total Global Fund Grant allocation is for key population programming (Sex workers, MSM and transgender persons), interventions towards the creation of an enabling legal environment and community systems strengthening. Considering that there was before 0% allocation for key populations and only U\$200 000 in the HIV grant for creating an enabling legal environment, this is a significant improvement.”

2.4 2015 RFP - GRANT PORTFOLIO 2016-2018

In 2015, the RCNF launched its third open Request for Proposals (RfP) for the 2016-2018 grant portfolio. The RCNF received 42 eligible applications for the 2015 RfP (compared to 58 eligible in 2013). The review process to identify high quality networks was peer-led. External reviews by nearly one hundred expert peers and a rebuttal opportunity by the applicants are part of the proposal evaluation process. The Program Advisory Panel (PAP), an independent advisory board charged with managing review of applications, uses external peer reviews to deliver sound and balanced recommendations to the International Steering Committee (ISC).

In defining a new portfolio for the RCNF, the PAP prioritised consortia and global networks over regional networks and existing grantee networks over new applicant networks. The PAP was also guided by the RCNF portfolio principle that funding should follow the epidemic, based on our ethos of not leaving people behind. RCNF’s new portfolio thus reflects the priority issues and regional focuses relevant to ISPs. The RCNF confidently expect that the portfolio will show a spread of expected results over its 4 outcome areas, described in the Introduction, that are universally defined as critical to a strengthened civil society response to the HIV epidemic.

The PAP recommended 18 proposals for funding to the ISC for three years (2016-2018) (see overview on next page and Annex 5). The ISC approved and ratified the recommendations of the PAP in December 2015. Part of the funding has been insecure for a while since Norad, one of RCNF’s donors, faced considerable funding cuts. In response, the last 6 months of third funding year were awarded conditionally. Fortunately, the total amount of funding from Norad was eventually reinstated.

The new grant portfolio supports a range of ISPs ensuring coverage and impact in all regions of the world (see geographic overview on next page). Thirteen of the fourteen grantees networks supported in 2014/15 will continue to receive support via one or more grants. Three of the first year grantees (RfP 2012) made it back into the list of selected grantees to build on the investments made. With the new grant portfolio the RCNF is investing in strengthening track record, impact on the ground and meaningful cooperation. Several networks applied in different organizational constellations, actively seeking out the best partners for maximum impact and spread of results. The funding decision rewards efforts towards complementarity and alignment.

With the support of the 18 selected networks, the RCNF will contribute to the following results:

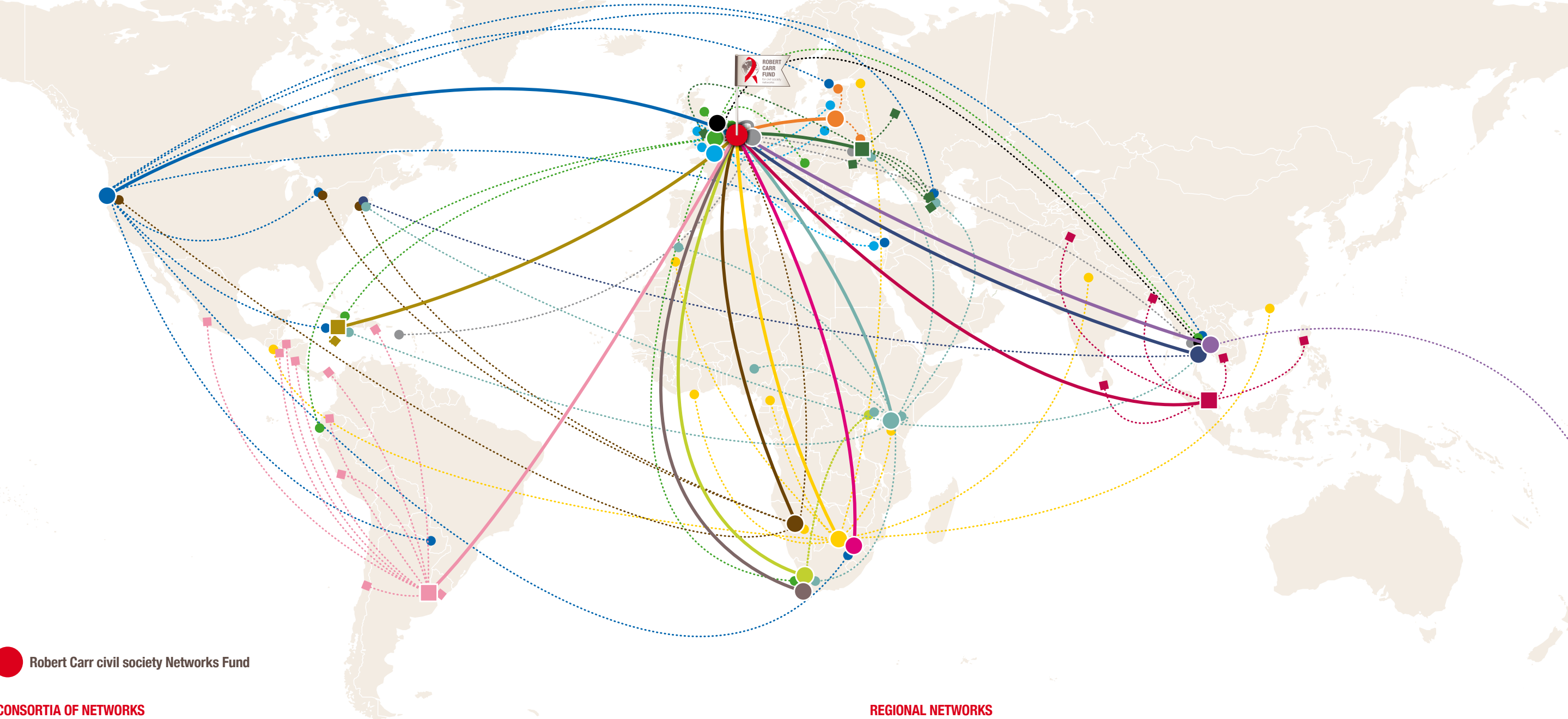
GLOBAL LEVEL

- Continued mobilization of MSM and transgender people to end the HIV epidemic
- Global mobilization and organization of women living with HIV
- Continued mobilization of sex workers against HIV
- Development of a new generation of HIV treatment activists
- PLWH monitoring HIV spending and holding their governments to account
- Positive policy changes related to drug use and harm reduction
- Continued involvement and representation of drug users in the HIV response
- Development of global consortia working to end HIV criminalization

REGIONAL LEVEL

- WLHIV engaged in policy change processes related to their needs and rights
- Continued mobilization of YKP against HIV
- Development of spaces created for dialogue with faith based leaders and community on stigma and discrimination towards LGBTQI
- Transgender people engaged in policy change processes related to their needs and rights
- A regional consortium of PLHIV, MSM and harm reduction networks monitoring HIV spending and holding their governments to account

GEOGRAPHIC OVERVIEW OF RCNF NETWORKS 2016-2018



Robert Carr civil society Networks Fund

CONSORTIA OF NETWORKS

- ITPC-ARASA Consortium (10 consortium partners, lead: ITPC Global)
- Consortium of MSM and Transgender Networks (10 consortium partners, lead: MSMGF)
- Sex Worker Networks Consortium (7 consortium partners, lead: NSWP)
- Eurasian Regional Consortium (3 consortium partners, lead: EHRN)
- The Harm Reduction Consortium (7 consortium partners, lead: IDPC)
- HIV Justice Global Consortium (6 consortium partners, lead: ARASA)
- Positive Network Consortium (4 consortium partners, lead: GNP+)
- Consortium of Networks Lead by Young People (2 consortium partners, lead: Youth LEAD)
- International Community of Women living with HIV (10 consortium partners, lead: ICW Global)
- Asia Pacific Transgender Network (2 consortium partners, lead: APTN)
- The Consortium of Networks of People who Use Drugs (2 consortium partners, lead: INPUD)
- Peers to Zero Coalition (2 consortium partners, lead: PATA)

REGIONAL NETWORKS

- Inclusive and Affirming Ministries (IAM)
- International Network of Religious Leaders Living with or Affected by HIV and AIDS (INERELA+)
- Eastern European Key Population Health Network (EKHN)
- Caribbean Vulnerable Communities Coalition (CVC)
- Latin American and Caribbean Network of Transgender People (REDLACTRANS)
- Coordination of Action Research on AIDS and Mobility (CARAM Asia)



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CHAPTER 3

IN-DEPTH RESULTS

In this chapter, key results across the 4 RCNF Outcome Areas are presented, highlighting trends in activities and outputs, and outlining challenges for the future. The outputs and activities of the regional and global networks and consortia represent a remarkable body of work in both range and depth. These results, gathered from the reports and publications of RCNF grantees, provide more evidence for the strategic importance of the Fund and the populations it aims to serve and support.

3.1 BACKGROUND

RCNF is in its fourth year of operation and is in a position to start reporting on the short and medium-term outcomes outlined in the RCNF Theory of Change (see Annex 4). It is important to note that RCNF grantees are at different stages of organizational maturity – some networks, which existed before RCNF was created, are able to account for results related to longer term outcomes, whereas other networks are beginning to develop the set of skills and capacities which underpin the delivery of successful results.

This chapter includes in-depth results across the 4 RCNF Outcome Areas, showcasing examples of projects and interventions from across the grant portfolio:

- O1: Global and Regional Network Capacity
- O2: Enhancing HIV Response Implementation
- O3: Human Rights Advocacy
- O4: Resource Investment and Accountability for Response

Outcome Area 1 is foundational to the other three outcomes. Building capacity in incipient networks is a critical start on the road to success. For more established and mature networks, building and strengthening capacity, developing robust governance and improving operational standards and procedures is the key to continuous improvement and organisational sustainability. Networks benefit from RCNF core funding to develop capacity but also learn from each other: the RCNF consortium model specifically promotes and facilitates collaboration and the provision of technical support from established networks to the weaker or more recently established networks. RCNF is especially pleased to report on examples of South to

South technical assistance and increased collaboration and coordination within consortia and networks as well as between them. The case studies consistently demonstrate the impact of improved network capacity on the 3 other outcome areas.

Outcome Area 2 focuses on enhancing HIV response implementation by improving alignments between government and civil society for improved service delivery to ISPs and by influencing policy through evidence and activism. The interventions highlighted demonstrate innovative examples of networks supporting the meaningful participation of ISPs to ensure that global, regional and national services and policies are improved and inclusive. Inclusivity is at the heart of **Outcome Area 3** which aims for the fulfillment of basic human rights for ISPs and addresses punitive legal frameworks. RCNF grantees have made extraordinary efforts in mobilizing legal support to address discrimination, sometimes facing very hostile policy and legal environments. They have improved awareness and influenced policies to protect the rights of ISPs and they forcefully campaigned against criminalization and repressive policies.

Outcome Area 4 promotes activities that improve organizational capacity and skills to understand and participate in the structures and processes of key donor agencies. It also supports efforts to influence and monitor funding decisions and mechanisms to ensure appropriate allocation of resources.

Looking across the range of grantees' intervention, there are unmistakable trends that grantees are developing strategies and activities based on a clear understanding of gaps and needs. This chapter concludes by outlining the added value and impact of RCNF core funding as well as some key challenges for the future.

3.2 OUTCOME AREA 1: RESULTS IN GLOBAL AND REGIONAL NETWORK CAPACITY



Within this outcome area, RCNF funding seeks to improve the capacity of global and regional networks and their membership to enable well-equipped, representative and accountable civil society organisations to influence the delivery of effective responses to HIV. Secure long-term funding, coupled with financial support for organizational and technical capacity building, creates spaces for coordinated and collaborative work across the globe, reducing duplication and leveraging complementary strengths.

The case studies below show different ways of expanding and strengthening collaboration, sharing and learning to coordinate within the consortium or network and with other consortia and networks.

3.2.1 Organizational Development and South-to-South Technical Assistance

Grantee networks address growth and professionalization of their own and partner organizations. In addition, they recognize each other's strengths, specialist areas, opportunities to create added value and promote south-to-south technical assistance:

- CARAM Asia and member organizations have developed a transparent and accountable governance system. In Pakistan AMAL has established a Project Management Unit (PMU) with dedicated staff members for effective implementation. In order to maintain project and organizational accountability, CARAM and its members shared their assessments, planning and impact of projects with the beneficiary organizations on regular basis, creating effective improvement cycles based on experience, observation and feedback.
- The ARASA/ITPC consortium developed stronger internal communications through virtual and in-person meetings over the last two years, allowing for improved joint activity planning and coordination. Furthermore, mutual understanding regarding the consortium's governance and division of work have been established – which will carry into future work under RCNF, as the consortium moves into 2016. The consortium's internship exchange program, carried out in August 2015, developed capacity and partnerships between activists and community-

based organization within the African region. Three interns (from Botswana, Zambia and Kenya) each conducted a three-week long internship at a partner organization in another country within the region (South Africa and MENA).

- The Consortium of MSM networks formed the first ever regional network of MSM in the MENA region. M-Coalition serves as a model for mobilizing MSM and transgender people in regions where policy environments are particularly hostile.

Grantees reported an encouraging number of examples of South to South Technical Assistance:

- PNC+ identified areas where networks can collaborate and provide South-To-South technical assistance within the consortium structure. GNP+ facilitated and developed a program for APN+ to provide expertise on Hepatitis C issues and intellectual property providing much-needed technical assistance to ECUO for their RCNF II project.
- The regional network CVC provided technical assistance to the United Belize Advocacy Movement (UNIBAM), forging new relationships with other CSOs working with ISPs. As a result, CVC held a 2 day workshop in November 2015 which highlighted the similarities and difference of MSM and Transgender populations and the importance of finding opportunities for working together, such as advocacy campaigns with different strategies and messages. In addition, CVC supported the establishment of a steering committee of CSOs working with transgender persons, lesbian women, sex workers, youth and MSM. The goal of the steering committee is to have an empowered and politically and socially strong LGBTI community in Belize.
- For the Consortium of MSM networks, the central benefit of a Consortium is that it can house an easily accessible 'bank' of experiences, tools and information which facilitates mutual learning, with members rarely needing to 'start from scratch'. Members learn from each other's expertise e.g. ABDGN on migration; IRGT on transgender issues; APCOM in social media; or MSMGF in global advocacy. As the lead organization, MSMGF disseminates documents, blogs and webinars developed by Consortium members and external agencies and connects civil society representatives from the Consortium to other stakeholders.

“IT WAS USEFUL THAT MIDNIGHT [APCOM EXECUTIVE DIRECTOR] VISITED STAKEHOLDERS WITH US. IT WAS GREAT TO SEE HOW HE WORKS AND TO BE ABLE TO USE HIS APPROACH AS A MODEL. HE HELPED US TO MAKE CONNECTIONS AND TO NETWORK. IT GAVE US THE OPPORTUNITY TO SHARE OUR WORK. FOR EXAMPLE, WE HADN'T COLLABORATED WITH UNAIDS BEFORE AND ARE NOW STARTING TO.”

Representative of a national partner of APCOM (partner in Consortium of MSM Networks)

3.2.2 Increased Collaboration and Synergy

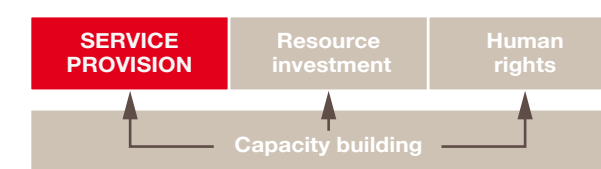
RCNF funds worked as a catalyst, enabling synergy in the field, improving effectiveness of networking, strategizing and working relationships within and between ISP networks. The case studies below highlight some examples of growing and improving synergy within consortia and networks:

- IAM formed a partnership with CSOs that specifically work with PLHIV in South-Africa, Zambia and Namibia based on transforming faith communities and empowering LGBTI and PLHIV. IAM were instrumental in establishing the Global Interfaith Network. IAM and GIN are planning to jointly organize a pre-faith conference at the 2016 World Aids Conference in Durban and the 50+ members aim to meet in a pre-conference to ILGA World Conference in November 2016.
- CFCGZero: WCC together with INERELA+, World YWCA, LBGTI individuals and young people organized public lectures given by religious leaders living with HIV in Kenya, Ghana and Nigeria. These lectures aimed to build the confidence and capacity of staff and members of International Reference Group to highlight, invest and include adolescents, young people and LGBTI transformative perspectives, their needs and challenges in the action plan (2015-2021). Over 500 adolescents, young people including LGBTI individuals some living with HIV were able to interact face to face with faith leaders living with HIV, theologians and health service providers.

Relationships between consortia and networks are also growing and improving:

- EECA region's first joint Memorandum of Understanding and Cooperation between 9 regional key populations networks stands as a great example of expanding relationships between other ISP Consortia and Networks. This is a partnership between the Consortium of MSM Networks in Eastern Europe and Central Asia (EECA), with the East Europe and Central Asian Union of PLWH (ECUO), Eurasian Harm Reduction Network (EHRN), Sex Workers' Rights Advocacy Network (SWAN), Eurasian Women's Network on AIDS (EWNA), Eurasian Network of People Who Use Drugs (ENPUD), International Treatment Preparedness Coalition of EECA (ITPCru), TB Europe Coalition (TBEC) and the EECA Regional HIV Legal Network. The purpose of the MoU is to facilitate changes in regional legal frameworks for the continuum of services including HIV prevention, testing and treatment, and HIV-related TB and Hepatitis C; to advocate for increases in state funding to support a sustainable continuum of HIV-related services; and to improve access to legal assistance in the region and improve rights observance of people affected by the HIV/AIDS epidemic.
- Redlactrans expanded and strengthened its collaboration with other ISP groups to align goals, strategies and activities for a strong voice to the general assembly meeting of the OAS.

3.3 OUTCOME AREA 2: ENHANCING HIV RESPONSE IMPLEMENTATION



An important outcome of the RCNF is that ISPs are able to influence HIV responses to improve access and quality of prevention, treatment, care and support services. Communities always have been at the forefront of HIV responses and have played a crucial role in delivering services in partnership with or complementing health and social state service providers. In low-income countries, it remains particularly important to ensure that ISPs are not left behind in the HIV response. Meaningful participation of ISPs at all levels can result in improved awareness and understanding among policy makers, donors and other key stakeholders of ISP service needs. Such awareness and understanding will allow regional and global networks to influence change to ensure global, regional and national health related policies are improved. This requires a complex web of activities

including gathering and sharing evidence, exploiting key opportunities for advocacy and policy work and investment in building relationships and skills with the relevant stakeholders.

Within this Outcome Area, networks and consortia are taking significant steps forward in successfully advocating for and delivering improvements in services for ISPs; as well as gathering and using evidence to inform policy and service development. The examples below highlight a strong preference towards partnership approaches working with other CSOs, networks, government, service providers and ISPs.

3.3.1 Improved Alignment between Government and Civil Society on Service Delivery for ISPs

RCNF grantees report that regional and global ISP representatives are well informed and positioned to articulate the service needs of ISPs and have been successful in demanding improved ISP services at national and local levels:

- CARAM Asia member AMAL in Pakistan collaborated with network groups and organizations, government level advocacy groups and individuals to bring change in service delivery for migrants as ISP and succeeded in reaching migrants with more comprehensive, migrant friendly HIV testing procedures, treatment and care. CARAM Asia member SDS in Sri Lanka successfully advocated for more ethical and migrant friendly testing practices by government clinics to uphold the rights of migrant workers.
- In 2015, the Consortium of MSM Networks met with local authorities in Paraguay (MSM facing social homophobia and stigma), to present the experiences and results achieved through the activities of the Men's Wellness Center "Kuimba'e", the first men's wellness centre in South America, providing free clinical care, testing, treatment and vaccines, with a special emphasis on services related to HIV and STI prevention. As a result, the consortium and the Central Department government of Paraguay agreed on jointly expanding these community-oriented services for gay men and other MSM.
- EHRN provided technical support to 14 PUD organizations and groups in their local advocacy activities for access to harm reduction services: the Kazakhstan Network of Women Living with HIV and Affected by HIV ensured local governmental funding for gender-sensitive services for women using drugs in Republic of Kazakhstan. Community leaders from Latvia, Lithuania, Armenia, Kyrgyzstan, Ukraine, Montenegro, Russia, Slovenia and Uzbekistan successfully advocated for the access to quality harm reduction services and access to opioid substitution treatment;

"A REALLY BIG VICTORY OF OUR COMMUNITY ADVOCACY WAS THE OPENING OF A SECOND OPIOID SUBSTITUTION THERAPY SITE IN RIGA, LATVIA. IT WAS SO UNEXPECTED FOR US."

Yuris Ekstains, leader of 'Doors', people using drugs initiative group (Harm Reduction Consortium)

- Argentinean Redlaetrans member ATTTA provides drop-in centres for transgender-specific HIV testing and free treatment. It is a model for all member countries. The secretariat supports other network members to establish these services in their regions/countries. The model has been successfully used in 4 countries.
- The PNC+ member APN+ strengthened the capacity of national PLHIV networks to advocate on issues around HIV/Hepatitis C co-infections and SRHR. One of the results was the fast-tracked registration of Sofosbuvir in Indonesia, Nepal and Pakistan;
- In Zambia, as a direct result of the ARASA/ITPC consortium 'Be Healthy – Know your viral load campaign' launch held in the capital city of Lusaka and subsequent meetings with the Treatment Advocacy and Literacy Campaign (TALC), the Zambian Ministry of Health issued a directive to all ART facilities instructing the immediate uptake of viral load testing. In support of the anticipated increase in viral load testing, the Ministry has committed to procuring viral load testing machines for all provinces. As of March 2016, several clinics have already reported the scale up of routine viral load testing.

"WE DID NOT KNOW HOW SUCCESSFUL THIS WOULD BE. I AM HAPPY TO SAY WE HAVE ACHIEVED A LOT; FROM SEVEN VIRAL LOAD MACHINES TO 37 AND FROM SEVEN REFERRAL LABS TO EIGHT. THE GOVERNMENT HAS NOW GIVEN EACH COUNTY A TARGET FOR VIRAL LOAD TESTS, WHICH SHOWS THEY HAVE ALSO TAKEN THE ISSUE UP."

Patricia Asero Ochieng, DACASA, Kenya (ITPC-ARASA)

3.3.2 Influencing policy with use of evidence

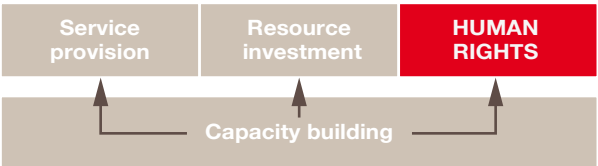
- Using information from regional community consultations, ITPC/ARASA implemented a campaign to scale up the roll out and use of Routine Viral Load Testing (RVLT). The campaign started with a background survey on access to viral load testing carried out by community research teams in 12 countries. Data on the current use of routine viral load testing and implementation barriers was gathered from policy makers, service providers, recipients of treatment and care and representatives of NGOs. The findings of this survey were published in an issue brief titled "Routine For You, But Not for Me" that was presented at the IAS 2015 in Vancouver. Informed by the outcomes of the national surveys, country teams developed national advocacy plans to promote increased access to RVLT and/or to address IP barriers to promote increased availability of second and third line ARVs. In order to support and amplify national level advocacy, ITPC and ARASA launched a regional campaign called 'Be Healthy – Know Your Viral Load' with a march in October 2015 in Lusaka, Zambia led by TALC, a local partner. The campaign received regional and global visibility through presentations and events at ICASA 2015 in Zimbabwe.
- ITPC has established treatment observatories in several regions to systematically collect and analyze qualitative and quantitative data to be used for targeted advocacy on access to treatment. ITPC West Africa's community treatment observatories (CTO) collected data on state of treatment, with emphasis on stock outs in Côte d'Ivoire, The Gambia, and Sierra Leone. Findings were used for regional, national and local advocacy. As a result, 150 community treatment advocates were trained to understand ARV management issues and strengthen their capacity to successfully operationalize and CTO; operational CTOs now alert critical ARV stock levels and management (mismanagement) issues in each of the three countries.
- ICW contributed to the consultation and dialogue that led to the World Health Organisation (WHO) to release guidelines on when to start ART and PrEP. The guidelines reflect an understanding of the practical needs of people living with HIV as well as key and vulnerable populations including younger women and adolescent girls at high risk of HIV acquisition. Further, the recommendations are based on strong evidence from clinical trials indicating that with early treatment, HIV transmission risk is lowered and the initiation of PrEP is effective in preventing HIV acquisition.
- NSWP launched The Smart Sex Worker's Guide to SWIT (Sex Workers Intervention Tool) in all NSWP languages in August 2015. In December

2015, a SWIT Case Study was published in English reflecting the development and impact of SWIT. The SWIT provides guidance to national policy makers and programme managers in implementing evidence and rights-based programmes with and for sex workers.

"THE SWIT IS MY BIBLE, IT VALIDATES EVERYTHING WE ARE DOING, AND HELPS FINE-TUNE WHERE WE ARE LACKING."

Gavin Jacobs, Sisonke, NSWP Member.

3.4 OUTCOME AREA 3: HUMAN RIGHTS ADVOCACY



Criminalization and other legal oppression of ISPs including violence, human rights abuses, which contribute to stigma and discrimination against ISPs, their families and partners act as formidable barriers for universal access. Criminalisation is particularly pertinent for drug using, sex worker, MSM and transgender ISP groups which are often targeted with discriminatory laws and policies. The combination of strong local networks and meaningful representation of ISPs within regional and global networks is essential to ensure that human rights violations and punitive laws and policies are addressed at the national level. Increased collaboration between national, regional and global networks makes it possible that examples of human rights violations feed upwards, downwards and across networks as evidence for policy and advocacy work on human rights protection and equal access to quality services. Activities of the RCNF grantees that have contributed to this outcome include stakeholder dialogues and workshops hosted on human rights, lobbying and advocacy to parliamentarians and policy-makers on discriminatory bills and laws and legal support for ISPs affected by rights violations. Under this outcome area, we highlight case studies which evidence interventions for data gathering and legal support; improved awareness and influencing policy designed to protect the rights of ISPs; and activities designed to address repressive laws and policies.



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“MY COUNTRY, INDONESIA, IS KNOWN FOR KILLING PEOPLE WHO USE DRUGS IN COLD BLOOD. THIS APPROACH HAS CREATED FEAR FOR PEOPLE WHO USE DRUGS AND PUSHES THEM AWAY FROM HEALTHCARE, INCLUDING HIV AND HARM REDUCTION SERVICES. THE IMPLEMENTATION OF THE COUNTRY’S POLICY IS WORSE THAN THE DRUGS ITSELF.”

Edo Augustian PKNi Indonesia (INPUD-ANPUD Consortium)

3.4.1 Fulfillment of basic human rights

- The Caribbean is one of the regions with the worst laws, policies and regulations for Inadequately Served Populations. Eleven Caribbean countries criminalize consensual sex between adults of the same sex. All countries in the English-speaking Caribbean criminalize sex work. ISP concerns in the Caribbean are often ignored or disregarded by National and Regional HIV/AIDS programs. The consortium of MSM networks, in collaboration with other Caribbean based partners, advocates for removing the legal barriers to be able to advocate effectively and improve access to health and justice for ISPs. Training events, attended by representatives of 30 organizations with a total attendance of 68 participants, have led to regional partner organizations increasingly becoming human rights advocates and representing their network and/or country at regional and international high level meetings. A number of Country Coordinating Mechanisms (CCMs), including those in Jamaica, Guyana, Belize, as well as the PANCAP Regional Coordinating Committee, have increased the representation of MSM, transgenders and other ISP on their committees.
- The sex worker networks consortium member SWAN undertook a mapping of social and legal services and trained sex workers to document human rights abuses in Tajikistan and Kazakhstan. National reports formed the basis for advocacy on decriminalisation of sex work and prosecution of perpetrators of violence. The perceived risk to partner Apeiron (Tajikistan) being closed resulted in limited public events and advocacy.

- With RCNF funding, Redlactrans has been able to increase its visibility and gain a stronger position in the region. Representatives of all network members were able to attend the assembly of the OAS (Organization of American States) in Washington to interact with national politicians on the issues of gender identity law. The network claimed a minor but significant victory by getting the OAS secretariat to put gender identity names on conference badges.

3.4.2 Data Gathering, Litigation and Legal Support

- The INPUD/ANPUD Consortium undertook four regional consultations with representatives of 24 drug user organisations from 28 countries. These consultations allowed for a documentation of violations of human rights of people who use drugs globally;
- APTN released a report on the health and human rights of transgender people in the Asia-Pacific region. The “Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific” points to the significant barriers trans people face, highlights important progress in some countries, and calls for sustained efforts to improve the legal and social status of trans people across the region. The report provides information about the current health and human rights situation for trans people in Asia and the Pacific, including clinical advice for meeting the health needs of trans people. The Blueprint was developed as a partnership between APTN, UNDP, and the USAID- and PEPFAR-funded Health Policy Project. The Pacific Sexual Diversity Network was involved in the process to ensure that the voices and experiences of Pacific trans people are visible, alongside those of trans women, trans men and third gender people from all parts of Asia. The Blueprint builds the case for changing laws, policies, and practices so that trans people are able to participate fully in every country and community across the region. APTN will document how people use the Blueprint and any progress achieved on the policy considerations listed in the report.
- CARAM Asia member ACHIEVE in the Philippines provides legal redress in relation to HIV-related discrimination which has been lacking in the national HIV and AIDS response. ACHIEVE mobilized and capacitated lawyers and legal service providers in academic and alternative legal organizations. Those who attended these capacity building programs became part of a network of HIV-related legal redress providers called Aid4AIDS. ACHIEVE’s work was used as the reference for UNAIDS contracting a lawyer to

look into the development of a redress mechanism for HIV-related stigma and discrimination with migrant workers.

- ACA/FIDA/NOPE Consortium contributed to legal representation for ISPs was enhanced with the identification/ mapping and training of pro-bono lawyers in Kenya (8), Uganda (4) and Tanzania (7) who are willing and able to represent ISP cases. The lawyers will be taking up cases affecting ISPs as they arise.
- The ACA/FIDA/NOPE Consortium through FIDA Kenya is currently assisting KESWA, regarding a ban on sex work by the Nairobi Members of County Assembly (MCA). FIDA Kenya identified this as a public interest litigation case that will support ISPs in Kenya, particularly sex workers (which is still ongoing).

3.4.3 Creating an enabling environment to protect the health and human rights of ISPs

- CARAM member ACHIEVE (Philippines) was able to bring together a network of service providers collaborating to provide legal support for people living with HIV who experienced discrimination due to their HIV status. This network includes lawyers, PLHIV community leaders and advocates, PLHIV-support CSOs, local-government-run HIV/STI clinics and HIV treatment hospitals. CDS (Sri Lanka) developed a partnership with the Association For Licensed Foreign Employment Agencies (ALFEA) to advocate for more migrant friendly testing practices by GAMCA clinics.
- ACA/FIDA/NOPE Consortium building ISP organisational capacity contributed to CHESA successfully advocating for the inclusion of MSM issues in the National Strategic plan, despite the high level of homophobia in Tanzania. In addition, KASH was successful in establishing strong partnerships with the police service and health practitioners to promote sex worker’s health and human rights;
- The Harm Reduction Consortium report (2015): “Law Enforcement and Women Who Use Drugs: improving police relations and cooperation for better public health, community safety and human rights protection” explains key issues faced by women who use drugs in their interactions with law enforcement authorities in Eastern Europe and Central Asia (EECA).

“MY ENVIRONMENT IS NOT A SAFE SPACE FOR ME. IN THE MINDSET OF THE SOCIETY OF MY COUNTRY, BEING HOMOSEXUAL IS A WESTERN THING, SO THE COMMUNITY USES NEGATIVE FORCE, SUCH AS INSULTING COMMENTS. EVEN IN THE HEALTH SECTOR, THERE IS A LOT OF IGNORANCE ABOUT LGBTI. COMBINED WITH THE STIGMA SURROUNDING HIV AND AIDS AMONG HEALTH CARE PROVIDERS, IT IS DIFFICULT FOR LGBTI CITIZENS TO APPROACH HEALTH SERVICES ABOUT SEXUALLY RELATED PROBLEMS, EITHER PSYCHOLOGICAL OR PHYSICAL.”

Lady Tabengwa from Botswana.

3.5 OUTCOME AREA 4: RESOURCE INVESTMENT AND ACCOUNTABILITY FOR RESPONSE



With this outcome, RCNF aims at strategically targeted and sufficient investments being available to deliver results for ISP. Direct support to civil society in the HIV response has produced remarkable results since the beginning of the AIDS epidemic and ending the epidemic requires a significant increase in funding for advocacy, community mobilization and services for communities directly affected by AIDS. To achieve this, regional and global networks of ISP groups require sustainable support to ensure active, informed and consistent participation (and support national ISP stakeholders to engage) with governments and donors in country, regional and global levels to influence funding strategies. Activities which have contributed to this result include training of ISP organizations in the structures and processes of key donor agencies, in particular the Global Fund, and joint efforts to influence and monitor funding decisions and mechanisms to ensure appropriate allocation to addressing the

challenges and needs of ISP to access services. The improved capacity and alignment of advocacy agendas between national, regional and global networks will lead to CSO and stakeholders monitoring, analyzing and influencing investments.

3.5.1 Influencing HIV Response Financing

- The MSM Networks Consortium’s members have promoted the involvement of MSM and transgender communities in decision-making bodies for the Global Fund. MSM representation on the Country Coordinating Mechanisms (CCMs) in Georgia and Azerbaijan for the first time. Similarly, the Consortium has supported the CCM in Paraguay to become more accountable; the development of the Jamaica Civil Society Forum helped reform the CCM, including securing a civil society Chair. Meanwhile, many members have supported MSM and transgender communities in Country Dialogue and Concept Note processes. Due to close and active involvement of the MSM Networks Consortium in the Russian Country Coordinating Mechanism, 19% of the Global Fund grant has been earmarked to MSM-related services and advocacy.
- EHRN, as part of regional campaign “Harm Reduction Works: Fund It!” organized a regional advocacy and partnership engagement event which brought hundreds of regional and national new partners both from governmental agencies as well as from civil society, research and academy sector together for joint action to ensure sustainability of the HIV response financing.
- The Consortium of YKP Networks: Youth LEAD, through PACT, led the Resource Group to influence funding of the Global Fund for young people, the campaign called “Making the Money Work for Young People in the HIV response”. The group with support from UNAIDS HQ and the GF developed the Global Fund Youth Guide, to enhance the understanding on the GF for young people. Youth LEAD developed the facilitator toolkit to implement the youth guide which was successfully piloted in Honduras, Nepal and Zimbabwe.
- Lobbying by the INPUD (Consortium with ANPUD) led the Global Fund secretariat to create a Harm Reduction Working Group reporting to the HIV Disease Committee. The group, co-chaired by INPUD and UNAIDS, provides the GF Secretariat with overarching strategic suggestions and technical advice on individual grants that contain a harm reduction component.

3.5.2 Budget Analysis and Tracking for influencing Policy

RCNF grantees recognize that for successful advocacy for sufficient and targeted investments, data and building the capacity of communities to provide evidence on the gaps and needs are essential.

- At the Melbourne AIDS Conference APCOM launched a discussion brief on ‘The state of investment in HIV prevention for MSM in Asia and the Pacific’. This brief includes a selection of data and graphics that speak volumes about the urgent need to invest in targeted HIV programmes for MSM, and showed that the road to equitable and evidence-based investment may be longer for some countries than for others. Working with UNAIDS, APCOM will develop a ‘Regional Investment Case’ for MSM to be launched in 2017.
- The consortium of MSM networks finished and published an extensive report on the involvement of MSM and Transgender people in the EECA region, which shows that MSM and trans people were, in most cases, unable to contribute their expertise and share their experiences within the context of the Global Fund country dialogue and other national HIV/AIDS planning processes in EECA countries. Likewise in Latin America, the Consortium found that there are few cases of success, in particular, regarding community leaders involved in decision-making for budget allocations.
- The Harm Reduction Consortium trained PUD leaders in community-led budget advocacy. The objectives of the training include building of understanding community’s role in advocacy processes, specifics of the budget advocacy in the region, the main stages of the budget process and opportunities for engagement at the national and municipal levels. Besides a training module they used a series of video-advocacy by experts.
- The ARASA/ITPC Consortium examined the 2015 national budgets in Malawi, Botswana and Tanzania by analyzing the government allocations to health as well as the HIV/AIDS and TB budgets and programs, with the hope of finding and scrutinizing resources allocated for HIV/AIDS interventions for ISP. The analysis showed that data are lacking on population size estimations for ISP and on resources and interventions addressing ISP specific needs. The analysis showed that all governments were heavily or fully dependent on donors for funding. At country level, the analysis resulted in a media briefing, a Policy Brief and now forms the basis for advocacy messages and recommendations to the government, for improving prioritization and resource allocation for ISP in the fight against HIV/AIDS and TB.

3.5.3 Transitioning

A key challenge for sustainable strategic HIV funding is the withdrawal of donor and government HIV funding from middle-income countries (MIC). To overcome the challenges in transitioning of the services from international to domestic:

- ITPC–EA met with the World Bank in Nairobi to urge them to reverse their decision to classify Kenya as a Lower Middle Income Country, as new status means reduced donor support and high prices for life-saving drugs.
- EHRN in 2015 held a regional consultation on sustainability and transitioning together with the Global Fund. As a result of an analysis and joint discussion by all key regional community networks and partners the sustainability and transitioning framework was developed.
- The consortium of MSM networks collaborated in relevant regions – such as Asia and the Pacific, Latin America and the Caribbean, Eastern Europe and Central Asia and the Middle East and North Africa – to pool experiences of the impact of Global Fund and PEPFAR withdrawing from lower-middle and middle-income countries and author policy position briefs. A specific example relates to the Global Fund's release of their Strategic Plan 2017-2022 late in 2015. The Consortium polled their constituencies across all regions and collaborated together on recommendations to submit to the Global Fund's Board of Directors meeting in response, critiquing lack of ambition and specificity for ISPs.

3.6 ADDED VALUE OF RCNF FUNDING

3.6.1 RCNF Program funding

Reporting by the grantees shows that RCNF program funding is supporting networks and consortia to implement activities that contribute to achieving the 4 outcomes in a balanced way. The in-depth results achieved by grantees are compelling examples that funding to strengthening networks results in significant improvements in the lives of ISPs living with and at risk for HIV.

A significant number of interventions highlighted above are aimed at addressing the ISP communities' lack of enlightenment on their rights and opportunities to engage in consultations for policy development. Interventions also address the capacity and skills of ISPs to advocate for their specific agenda and monitor commitments made on health financing and programs.

In this project period, output of tools, manuals and technical guides has been prolific. These have been developed for training, raising awareness and under-

standing of processes, and influencing policy and are being actively shared within and beyond the networks and consortia. Increasingly, within the consortium and network structures, grantees use social media, e-list serve, e-learning, online communication and sharing platforms to provide information, announcements on relevant policy decisions made, alerts for action, guidance for advocacy and technical updates.

The consortium structures provide the opportunity to align advocacy agendas and amplify the voice of ISP communities. Grantees are becoming more skilled at using information on the gaps and needs from the community on the ground to create powerful and meaningful messages. We observe grantees documenting lessons learnt and best practices, conducting country analysis and research to enable ISP communities to advocate for their specific agenda. The results show us that RCNF outcomes are mutually reinforcing, and that grantees are collectively on track to achieving the short-term and long-term outcomes.

“CORE FUNDING PERMITS SUSTAINABILITY OF OUR EFFORTS. AS IT BECOMES INCREASINGLY DIFFICULT TO SUPPORT CORE COSTS THROUGH PROJECT GRANTS WHICH ALLOW SMALLER OVERHEAD PERCENTAGES, AND LESS FUNDING AVAILABLE IN GENERAL, THE RCNF CORE FUNDING GRANT CAN BE UNDERSTOOD AS SUPPORTING FUNDAMENTAL ASPECTS OF THE CONSORTIUM.”

Consortium of MSM networks

3.6.2 RCNF Core Funding

Provision of core funding from the RCNF is seen as a key advantage of the Fund. Grantees mention the importance of longer-term core funding to give networks and consortia value time and opportunity to build governance structures ; organisational capacity in terms of resourcing, systems, operational processes, and key relationships. We highlight the numerous ways in which networks and consortia have used core funding to build more resilient organisations and to achieve alignment of shared goals and coordination of interventions to reduce duplication and improve efficiencies and sustainability.



Several networks and consortia used core funding to undertake strategic reviews and planning:

- Core funding allowed NSWP to hire an Independent Consultant who undertook a wide ranging consultation to inform the NSWP Strategic Review 2010-2015, the NSWP Strategic Plan 2016-2020 and the NSWP Monitoring and Evaluation Framework.
- REDLACTRANS used core funding for expanding and improving its organisational structure, financial management system, formulated a new strategic plan and expanded the network to 16 countries. A capacity analysis of national networks identified areas for strengthening and provided support to develop sub-regional strategic plans.

Core funding has allowed networks and consortia to significantly tighten up governance structures and processes to strengthen financial management and accountability:

- ACA: trained four ISP Networks, (MNS (Uganda), UNYPA(Uganda), CHESA (Tanzania) and KASH (Kenya), in governance and leadership and development of governance plans to improve organizational processes by applying sound accountability, reporting and compliance systems. The Boards were trained in governance, leadership, decision making, and risk management skills.
- RCNF core funding enabled INERELA+ secretariat, which is based in Johannesburg, and WCC based in Geneva, to coordinate program implementation and support young women living with HIV as champions, advocates and decision makers internally within the organization. In addition, core funding assisted the establishment of three regional HIV and AIDS networks among LWF member churches in Africa, Asia and Latin America and the Caribbean.
- Core funding made it possible for APTN, a regional network to strengthen the governance mechanisms of the regional network secretariat, improve organization and financial management structures, provide support to national networks, enhancing the capacity of transgender. By conducting consultations with APTN members on key issues, network members built up cohesive relationships sharing the same goals. APTN was able to successfully register as a legal entity and establish a Board.

Core funding has also been used to expand networks and allowed some networks to register as legal entities. Network and consortia sub-grantees and members are being supported to adopt robust systems and processes that underpin accountability and transparency.

“RCNF IS ONE OF THE FEW DONORS WHO ACTUALLY CONTRIBUTES TO CORE FUNDING. THIS ASSISTED US TREMENDOUSLY IN EXECUTING ALL OUR WORK CONCERNING PLANNING, FACILITATION, TRAINING CONCEPTIONS AND MONITORING AND EVALUATION.”

Inclusive and affirming ministries

- INPUD was enabled to hold its AGM, at which the decision was made to move from an individual membership model to a regionally representative structure, thus becoming a network of networks of people who use drugs. INPUD’s new Board consists of elected representatives of each global region, as well as INPUD’s women’s network, was able to meet and have been trained on UK governance.
- Core funding made it possible for Consortium of Youth Networks to build organization structures, register as a legal entity. The governance handbook of Youth LEAD was revised to strengthen the roles of board, governance mechanism and communication with the countries. Operational guidelines were also developed. Similarly, the network members Fokus Muda (Indonesia), YKAP Nepal, Vectoring China developed their own governance mechanism (structures and policy) and established themselves as the national networks of YKP in their respective countries.
- ITPC/ARASA: RCNF core funding facilitated the strategic development of the consortium’s activity framework and directly supported the activities (and resulting outcomes). They have assisted the consortium to leverage new funding opportunities and forged new and strategic partnerships. It strengthened the relationship between ITPC and ARASA, developing work plans together, jointly representing issues in national, regional and global fora and in all, now consider each other as core strategic partners;
- Through RCNF Core Funding grant, the Consortium of MSM networks observed expected positive evolutions in governance, risk management, and internal accountability. Several regional and global partners, including AMSHeR, ECOM, IRGT, M-Coalition and SCN have newly revised and more responsive governance structures. To better manage risk, the Consortium has expanded the financial assessment analyses for working with

Consortium member networks as sub-contractors. The process has led to commitments of Consortium member networks to strengthen the organizational capacity of the members who were not quite meeting the required criteria. Consequently, the Consortium will work with these networks to expand their policies around fraud, and to submit monthly desk audits of financial activity and monthly status reporting and/or verification of technical progress to MSMGF for review.

3.7 ENGAGEMENT ISP COMMUNITY AND CIVIL SOCIETY ORGANIZATIONS

An important role for the ISP networks and consortia is to mobilize and build the capacity for engagement with policy making and monitoring processes, so that ISP groups are effectively engaged in policy making processes at all levels. RCNF funding enabled some grantees to be recognized as serious partners in the field, enabling more visibility of the ISP they represent and their rights:

- NSWP: co-chaired the UNAIDS Steering Committee on HIV and Sex Work with UNFPA and UNDP, developing an action plan for the roll out and scaling up of the Sex Worker Implementation Tool (SWIT). ASWA is part of Global Fund Southern Africa regional consortium to build the capacity of key populations’ networks. ASWA sits on UNDP’s Key Population Regional Expert Group
- The Harm Reduction Consortium highlights two key global achievement in the area of the liberalization of the drug policy and protection of human rights of People who Use Drugs: Firstly, Harm Reduction International assisted the UN Special Rapporteur on Right to Health, to draft interventions to UNGASS on drugs and UN High Commissioner for Human Rights report to the UNGASS. Secondly, first ever Human Rights Council session on drugs where HRI and other Consortium members spoke
- CARAM Asia and the ILO are presently acting as rotating co-chairs of JUNIMA’s Steering Committee. The Joint United Nations Initiative on Migration Health and HIV in Asia (JUNIMA) promotes universal access to HIV prevention, treatment, care and support for mobile and migrant populations in South and South East Asia and Southern China. In addition, awareness and advocacy activities on migrant worker’s HIV related issues have become an integral part of ICAAP

- ICW has reclaimed key global spaces including at UNAIDS, Global Coalition on Woman and AIDS, UN Post 2015 processes, IATT and Global Fund
- GFCGZero: The World YWCA was strongly advocating for issues related to young women, HIV and SRHR to be included in the SDGs adopted by the United Nations in 2015. This was a major achievement and attributable to many partners and stakeholders. The specific contribution of the consortium partners related to bringing the progressive discourse of faith and rights into the policy negotiating space.
- ACA/FIDA/NOPE Consortium built the capacity of The Most At Risk Populations (MARPS) Network in Uganda (MNS); represented the civil society in the sectoral committee to develop the National HIV AIDs Strategic Plan (2015-2019); spearheaded the development of National MARPs Priority Action Plan (2015-2018) by mobilizing, leading in consultations and production of document that informs policy at Uganda AIDs commission; current member of MOH MARPs Taskforce where they provide guidance on Key Populations contribution; chairs, coordinates Uganda’s Global Fund Country Coordinating Mechanism (CCM) for KPs activities
- INPUD/ANPUD Consortiums sustained engagement with UNAIDS and the UNAIDS PCB throughout the process of developing the thematic segment at the December 2014 UNAIDS PCB on ‘halving HIV transmission amongst people who inject drugs by 2014’ ensured that both INPUD and ANPUD had considerable input into the background paper and provided all of the speakers from the drug using community during the thematic segment. INPUD’s ED gave the closing address at the session
- From the Consortium of YKP Networks, Youth LEAD once again became the co-chair of the regional Inter Agency Task Team (IATT) on YKP, which includes almost all the technical partners, UN bodies and regional networks working on HIV. Youth LEAD drives one of the thematic areas on Advocacy with the Global Fund within PACT (the global alliances of young people working on HIV and SRHR) where HYLf Board member is co-chair. HYLf partnered with the WHO, UNICEF, UNAIDS and several NGOs and CBOs to develop the Young Key Populations (YKP) briefs. WHO for the first time produced technical briefs on YKP to inform targeted intervention packages on preventions, treatment and enabling environment
- Consortium of MSM networks’ members are represented on several key groups: CVC is a member of the Pan Caribbean Partnership against HIV/AIDS, as well as the HIV and Human Rights Reference Group of UNAIDS; SOMOSGAY is a member of the NGO Delegation to the

Programme Coordinating Board of UNAIDS and has been invited to be part of the Latin America official delegation of the Global Fund Board; and MSMGF is a member of the Community, Rights and Gender (CRG) Advisory Group of the Global Fund and is convening in 2016 an Advocacy Platform to advise the Executive Director of UNAIDS on issues relating to MSM and gay men.

3.8 GRANTEE LESSONS AND CHALLENGES

Future successes and sustainability depends on proactive addressing of issues and risks, and learning from the pitfalls and breakdowns. Highlighted below, are key lessons learnt by grantees from implementation level and from consortia and networks.

IMPLEMENTATION LEVEL

- Some groups have to operate in very hostile environments, where their work can be risky and, sometimes, highly dangerous. Consortia can enable networks to come together and speak openly, building unity against the challenges facing their communities.
- Advocacy must be preceded with alliance building activities for the wider population to appreciate the plight of these groups because there are still deeply entrenched negative attitudes towards these groups even within the mainstream human rights movement.
- Advocacy for implementation of policy must to be coupled with calls for essential commodities and diagnostics and pressure on some governments to start considering using the TRIPS flexibilities as a tool to increase access to essential medicines. Civil society organizations in the global South have in the past been relatively weak and uncoordinated in advancing the Intellectual property agenda, although change is beginning to occur.
- Public policies and plans are still prescriptive with politically-driven agendas, with no analysis on evidence and without consulting affected communities due to absence or weakness of mechanisms to engage Community Service Organizations.
- The resistance among religious leaders to address issues related to sex and sexuality. This is because sex and sexuality are considered moral issues within the faith communities.
- The right to health of migrants has not been looked at holistically, including full autonomy of one’s own body and expression of sexual needs. In this context, human rights violations occur from state level (detention, deportation) and by employers against women.

- Bringing human rights violations to court means a risk of disclosure of the PLHIV’s status, being a DU, SW, MSM, etc. This discourages ISP from pursuing legal cases in court, even with free legal support.
- Stigma and discrimination continue being major root causes contributing to inaccessibility to services.

CONSORTIUM/NETWORK LEVEL

- Developing and embedding planning, monitoring and evaluation, and reporting processes within the networks and consortium structure is complex and time consuming. It is a challenge and needs the capacity of all members/partners to be able to document and report on successes they contributed to
- The role of the Lead organization represents a major commitment in terms of time, skills and resources. The lead organization faces the challenges to combine its role as an important advocate for ISP health and rights issues with the administrative role within the Consortium. Consortium partners also face extra administrative requirements while working in a consortium/network constellation
- Even within an established consortium there are challenges in coordinating the work across regions/countries. Plans can and should be made in advance of program work to help facilitate communication across partners and highlight opportunities for joint work
- Building capacity, from South-to-South and/or strong to weaker organizations poses challenges, because of differences in language, culture, context, use of social media and security issues

3.9 RCNF LESSONS AND CHALLENGES

- Working in a constellation of networks and consortia of networks, with one lead organization changes the formal relationship and dynamics between the members and partners. The lead organization takes responsibility for the monitoring, reporting and hence accountability, both internally as externally. Under the last Request for Proposals (RfP, June 2015) the additional challenge for the lead organization (position, time wise, skills, etc.) was recognized and grantees were permitted to include management and overhead costs for leading the network or consortium.
- RCNF organizes a thorough, peer-driven selection process of grantees. Selection criteria include contribution to RCNF overall goal and outcomes and also the actual or potential

capacity to manage a network or consortium. The nature of the work includes an inherent element of risk for all RCNF partners: not all grantees and/or lead organizations are strong and mature (one of the aims of RCNF is exactly to build the capacity of grantees). In 2015, four cases of Corruption, Fraud or Mismanagement (CFM) occurred, which were immediately reported to the ISC and responded to in close collaboration with the lead organization. In one case, the organization is currently involved in an intensive process to improve organizational and governance structures, closely monitored by the FMA. In three cases, a forensic audit was conducted (all partners/members of a consortium or network), of which one case is still under investigation. In two cases, the forensic audit revealed that funds were spent unauthorized and/or unaccounted for and in both cases preparations for legal measures are underway. Preventing and tracking CFM is a priority, because funds are no longer available to support grantees’ work in scaling-up services and protecting the rights of the ISP community. The Fund has clear Due Diligence and CFM policies in place (www.robertcarrfund.org) to discover or become informed of CFM cases as early as possible, and also to respond. The CFM policy stipulates that, if necessary, in close collaboration with the grantee in question, an external forensic audit will be commissioned and, if appropriate, legal measures will be taken and the funds unaccounted for reclaimed. In addition, the 2015 RfP, consisted of additional and stricter requirements for applicants on risk management and on preventing and handling CFM cases. This included an obligation to make certain contractual agreements between the lead and partner/member organization and developing CFM policies in line with the over-arching RCNF CFM policy.



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FINDING NEW PARTNERS

Although there is wide recognition that community responses must play an increasing role in addressing the epidemic in the years ahead, funding for community-based HIV responses remains incommensurate with demand. 2015 was therefore dedicated to increasing commitments to the Robert Carr civil society Networks Fund (RCNF). Existing donors were challenged to recommit and to increase their contribution. Other potential donors were invited to support civil society networks through the RCNF.

RCNF’s replenishment in 2015 efforts resulted in commitments totalling more than US\$ 29 million for the next three years, representing an increase of 17% from the inception of the fund. Replenishment results for 2016-2018 until the end of 2015:

- Replenishment activities commenced with DFID’s renewed and increased commitment of 5 million GBP (US\$ 7,600,000³) for the period 2015-2018
- The U.S. Government almost doubled its first funding cycle investment to US\$ 9,345,794
- The Bill and Melinda Gates Foundation will invest US\$ 3 million
- NORAD recommitted another 38 million NOK (US\$ 4,406,500⁴)
- The Ministry of the Netherlands announced with €3 million (US\$ 3,300,000) to support the Fund for an unprecedented five year commitment, which is € 1,800,000 (US\$ 1,980,000⁵) for the period 2016-2018.
- The Global Fund to fight AIDS, Malaria and Tuberculosis will continue its partnership and increased its support to the 8 RNCf grantees funded through this specific partnership in 2016

know this both from the sheer number of eligible applications the RCNF received and their aggregated funding request (over US\$ 72 million for 2016-2018). The unmet demand from global and regional civil society networks for RCNF funding is noteworthy:

- US\$ 38,721,059 after the first round of funding in 2012
- US\$ 51,441,250 after the second round of funding in 2013
- US\$ 47,366,028 after the third round of funding in 2015

Spurred on by increasing call for support, the RCNF made concerted efforts towards a robust replenishment process in 2015 to ensure renewed and increased commitments from RCNF’s founding donors and encourage new commitments from other potential donors. Increasing our funding base is critical to supporting our alignment with Getting to Zero targets and securing the continued development and coordination of regional and global networks.

4.2 FUNDING CIVIL SOCIETY IS A KEY STRATEGY

The world is on a Fast Track strategy to end the AIDS epidemic by 2030. After 30 years of the most serious epidemic in living memory, countries need to deploy the most powerful tools available, hold each other to account for results and ensure that no one is left behind to reach this visionary goal.

4.1 FUNDING GAPS

The RCNF funds networks of ISPS at the forefront in the global response to HIV. These networks play a vital role in promoting innovation, developing leadership, disseminating information, linking stakeholders, advancing policy and supporting good practice. They accomplish a great deal with relatively little funding, which makes RCNF support good value for the money. Global and regional networks need more support. We

3 Based on the exchange rate of 11 December 2015
4 Based on the exchange rate of 11 December 2015. Due to currency exchange fluctuations this amount is lower than in the first three year funding cycle.
5 Based on the exchange rate of 11 December 2015

Many governments, donors and leading technical agencies increasingly agree that the full engagement of civil society and Inadequately Served Populations is an essential component of the HIV response, without which the UNAIDS Fast Track targets cannot be met. Significant investments are needed to support civil society and communities systems including global and regional networks that strengthen country level responses. The need to fill funding gaps for ISP networks remains urgent – UNAIDS estimates that to achieve bold Fast Track HIV treatment and prevention targets, investments must increase more than three-fold between 2015 and 2020.

RCNF is an ideal vehicle for understanding and responding to the persistent funding gaps. RCNF is the first international fund that specifically aims to strengthen HIV civil society networks across the world and providing funding for both core and programmatic activities supporting inadequately served populations, the scale up of HIV prevention, treatment and support services, and human rights protections.

Our analysis shows that without real term increases in funding, the RCNF will not be able to expand its roster of grantees and core funding for networks will diminish to unsustainable levels. Additional financial resources provided by RCNF donors allow networks to have sufficient capacity to potentially fund and expand the programs that could enhance the organizational capacity of for instance MSM, transgender and sex worker networks; provide effective services to rural populations and migrants; remove barriers to accessing medication; advocate against HIV criminalization; and push the agenda for women’s rights.

If we do not Fast-Track the response in the next five years, by increasing and front-loading investments and massively scaling up coverage of HIV services so as to reduce the rate of new infections and AIDS-related deaths, the epidemic may rebound in several low- and middle-income countries.

4.3 REPLENISHMENT PROCESS

The Robert Carr civil society Networks Fund was launched in July 2012 and 2015 was the last year of the initial three year funding cycle. A replenishment process was launched in 2015 to expand the donor pool and increase investment in the RCNF.

RCNF set out with three clear objectives for replenishment: inspire potential donors with the operational model and accomplishments of the Robert Carr civil society Network Fund; develop on-going communications with potential donors through one-on-one and group meetings and development of a robust communications plan; and secure donor commitments by December 2015 to support the RCNF

“THESE ARE THE ORGANIZATIONS THAT GIVE HOPE TO PEOPLE AT THE GRASS ROOTS. LET’S NOT UNDERESTIMATE THE POWER OF THE INDIVIDUAL IN TACKLING AIDS. THAT’S WHAT THESE COMMUNITY GROUPS ARE ABOUT, STANDING UP TO GOVERNMENTS AND DEMANDING MORE. RESOURCES FROM THE FUND ARE ABOUT LIFTING UP HUMAN BEINGS.”

VS Ambassador Deborah Birx about the RCNF

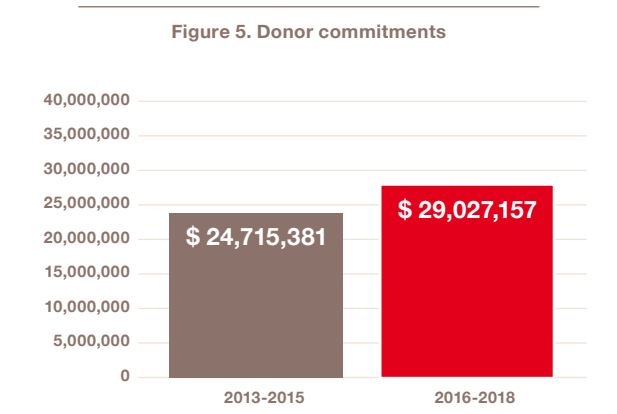
in preparation for the next round of grant making. We leveraged influential support, targeted high level meetings and arranged follow-up meetings with potential donors.

A highlight of the replenishment process was the RCNF meeting during the 70th session of the UN General Assembly in New York in September 2015. The event brought together donor governments, private foundations and civil society to attract more investment into the Fund. The meeting was co-hosted by UNAIDS Executive Director, Michel Sidibé and US Global AIDS Coordinator, Ambassador Deborah Birx. The achievements of the RCNF were showcased throughout the meeting, and several participants representing civil society spoke of how they have benefited. These included the AIDS Rights Alliance of Southern Africa’s Felicita Hikuam and Gaj Gurung from Thailand’s Youth Lead.

During the meeting the U.S. announced a doubling of its initial investment to US\$ 9,345,794 and the Ministry of the Netherlands announced to support the Fund with €3 million.

4.4 NEW INVESTMENTS IN THE RCNF

RCNF’s successful replenishment process in 2015 resulted in recommitments from founding donors with sustained or increased financial contributions and a new donor joining the pool (Dutch Ministry of Foreign Affairs). In total, existing and new donors of the RCNF committed almost US\$ 30 million dollar in new investments. However, to meet the ambitious targets laid out in the Fast Track strategy, RCNF must focus on raising funds in 2016 with renewed vigour.



The first funding cycle of the fund and it’s successful replenishment process has increased recognition of our work with civil society networks and awareness of our brand. The RCNF is confident that our efforts and achievements in 2015 will strengthen the 2016 replenishment process. RCNF aims to use the opportunities presented by the High Level Meeting on Aids in New York and during the International Aids Conference in Durban in 2016 to further showcase our work to civil society networks, donors and potential donors.

“NORAD SEES RCNF AS AN IMPORTANT PARTNER IN ENSURING THAT THE HIV RESPONSE WORKS STRATEGICALLY TO REACH THOSE MOST IN NEED AND LEAVING NO ONE BEHIND. WE ARE HAPPY TO STILL BE ONE OF THE KEY FUNDERS TO THE FUND, AND WOULD HOPE TO GET MORE DONORS ON BOARD, NOT LEAST IN A TIME WHEN THE FUNDING POTENTIAL IS MORE LIMITED THAN IT USED TO BE.”

Anne Skjelmerud, Norad – Member International Steering Committee



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FUTURE DIRECTIONS

The Robert Carr civil society Networks Fund was set up to ensure that communities are at the forefront of the HIV response so that no one is left behind. After 2 successful years, our Mid-Term Review (MTR) identified several issues and challenges that needed to be tackled for the Fund to be successful in achieving its goals. Many of these issues were addressed during the 2015 RfP but require on-going discussion and evaluation to inform RCNF’s strategic direction. Our consultation and strategic planning processes identified additional strategic questions related to defining the scope and priorities of the RCNF in scaling up the HIV response around the world.

In 2014-15, two International Steering Committee meetings and one community consultation delivered several key principles across these 5 issues which will inform the strategic direction of the Fund within and beyond the next three year funding cycle.

5.1 KEY STRATEGIC DIRECTIONS

5.1.1 Achieving balance across the 4 objectives

The RCNF and its grantees will continue to seek the most effective ways to engage ISPs in advocacy, service delivery and social networks, and to prioritize and provide core funding to global and regional networks and consortia of networks led by and serving ISPs. Core funding from the RCNF to build network capacity is seen as a key advantage of the Fund as it also furthers the other three RCNF objectives by contributing to the effective functioning of global and regional networks and consortia. However, shortfalls in funding compelled grantees to shift much of their grant money toward core costs. These networks have been strengthened as a result, but their programmatic efforts have remained underfunded, compromising the ultimate the goal of improving the lives of ISPs increased access to prevention, treatment, and support services for HIV. This requires a balanced funding portfolio across all four RCNF objectives. 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.

Moving forward, monitoring and evaluation activities will provide additional information about how RCNF allocations are balanced across the four outcome areas, the relationship between core and programmatic funding, and the impact of the work of RCNF grantees on scaling-up access to HIV services and human rights protections for ISPs.

5.1.2 Expanding the amount of available resources while maintaining core values

RCNF will take a more proactive approach in addressing persistent gaps in both overall funding needs and support to particular populations and/or regions. The overall funding gap is considerable and without additional funding, the RCNF will not be able to fulfil its goals. Over the coming year, the RCNF will seek out additional information for a more sophisticated analysis of grantee funding needs; examining needs and program costs by issue, population and region to encourage and incentivize the grantees to prioritizing and address those gaps. Program evaluation over the next three years will provide valuable information regarding if and how such geographic and demographic gaps have been addressed and whether increased capacity for underserved regions and populations has led to increased access to and improved outcomes of HIV services.

5.1.3 Shaping the structure and direction of civil society responses through funding

The RCNF funding process seeks to influence the ways in which global and regional networks collaborate and build infrastructure that serve global, regional, national and local needs. The goal is to develop more collaborative structures of efficient and effective networks that connect global and regional mobilization efforts, reduce redundancy, and consolidate administration. Both the community consultation and the MTR concluded that the consortia model requires close, on-going attention to ensure that it enhances the effectiveness and efficiency of grantees. The ISC will continue to review how this priority evolves over time in consultation with grantees. Implementation of the monitoring and evaluation framework will include on-going investigation into the outcomes and impacts of consortia prioritization.

As the RCNF increases the number of donors participating in the fund, the ISC will need to review how the RCNF continues to balance all donor needs, including donor requirements that may limit the use of funds, affect how grants are selected, or how grantees seek technical assistance and on the scope and methods of grantee reporting.

5.1.4 Ensuring flexibility in the funding process to respond to emerging issues

An urgent development is the withdrawal of donor government HIV funding from middle-income countries (MIC) with the expectation that countries that can afford to do so will increase their domestic spending for the HIV response. A responsible transition policy is required as international financial support for the HIV response in MIC is reduced. However, even with increased domestic investment, in many countries there will remain a need to continue and scale up investments to support ISPs. A coordinated and successful transition to fuller domestic funding requires a continued and well-financed and independent role for civil society. Therefore, increased support for the RCNF is an important strategy for donor countries and other donors that are seeking to transition funding support away from MICs in a responsible way.

Monitoring and evaluation activities will provide further information about the impact of RCNF grantees on successful MIC transitions, ensuring equitable access to HIV services for ISPs within high-burden countries, and can examine how the RCNF works to identify and address emerging issues that may affect funding priorities and the activities of grantees. In low-income countries, it remains particularly important to ensure that ISPs are not left behind in the HIV response as countries attempt to further scale up access to treatment and prevention services within a changing and more limited funding environment.

5.1.5 Improving communications among grantees and RCNF partners

In future, we will better use the unique structure of the RCNF to foster learning among grantees, share key lessons about the Fund's areas of value-added, and contribute to the global knowledge bank of the civil society response to HIV. RCNF is involving grantees in processes to improve the functioning of the Fund and we are strengthening communication processes between grantees. In 2016, grantees will have the opportunity to share knowledge and experiences at the International AIDS Conference in Durban and grantee meeting planned under the RCNF-Global Fund partnership. To improve monitoring and evaluation processes, the FMA will involve grantees and RCNF partners in gathering evidence of the effectiveness and added value of the RCNF to the HIV response.

ANNEXES

ANNEX 1 GRANT PORTFOLIO 2014-2015		Inadequately served population										Geographic region										Grant	Global Fund Grant 2015-2016				
Name of grantee	Type of grantee	PWUD	PLHIV	WLHIV	Gay men/MSM	Sex workers	Transgender	Youth/YKAP	LGBTI	Prisoners	Further pops	East Africa	Africa West Africa	Central Africa	Southern Africa	Asia Pacific South and South East Asia	East Asia	Oceania	MENA North Africa	Middle East	EECA Eastern Europe and Central Asia			WCE West and Central Europe	LAC Latin America and Caribbean	NA North America	GI Global
International Community of Women Living HIV*	Consortium: ICW-EA (lead); ICW-CA; ICW-SA; ICW-NA; ICW-WA; ICW GO																									\$ 2,136,885	\$ 740,000
The Consortium of MSM Networks	Consortium: MSMGF* (lead); APCOM*; ABDGN; AMSHeR*; ASICAL; CVC*; ECOM; SCN																									\$ 2,136,885	\$ 750,000
Consortium of AIDS and Rights Alliance for Southern Africa and International Treatment Prepared Coalition	Consortium: ITPC* (lead); ARASA*; ITPC China; ITPC-ME NA; ITPC Cru; ITPC South Asia; ITPC-WA; ITPC-LATCA; ITPC-CA; ITPC-EA																									\$ 1,989,895	\$ 750,000
People living with HIV Networks Consortium	Consortium: GNP+* (lead); CRN+; APN+*; NAPSAR+.																									\$ 1,804,717	\$ 749,600
The Harm Reduction Consortium	Consortium: EHRN* (lead); HRI; IDPC*; MENAHRA; and Youth RISE																									\$ 1,162,262	
Global and Regional Networks of Sex Worker Projects Consortium	Consortium: NSWP* (lead); APNSW; ICRSE; SWAN; CSWC; ASWA; LANSWP																									\$ 1,162,262	\$ 749,980
Consortium of Networks Youth LEAD and HIV Young Leaders Fund	Consortium: Youth LEAD* (lead); HYLf																									\$ 784,200	\$ 292,000
Consortium International Network of People who Use Drugs and the Asian Network of People who Use Drugs	Consortium: INPUD*; ANPUD*																									\$ 609,139	\$ 375,000
Africa Capacity Alliance, Fed-eration of Women Lawyers and National Organization of Peer Educators	Regional network																									\$ 508,888	
Global Faith Coalition for Getting to Zero	Consortium: INERELA+ (lead); LWF; WCC; World YWCA; EAA																									\$ 462,150	
Coordination of Action Research on AIDS and Mobility Asia	Regional network																									\$ 407,111	
Red LatinoAmericana y del Caribe de Personas Trans*	Regional network																									\$ 305,333	
The Asia-Pacific Transgender Network	Regional network																									\$ 264,622	\$ 176,000
Inclusive and Affirming Ministries Regional Network Action*	Regional network																									\$ 264,622	



ANNEX 2 GRANTEES

1. CARAM ASIA

CARAM Asia is a regional network working on migration and health issues. Formed in 1997, it has developed into a network of members spread across South East Asia, North East Asia, the Gulf and Middle East. It is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.
www.caramasia.org

GRANT FACTS

Type of network	Regional network
Establishment	1997
Network partners	CARAM Asia secretariat (lead), ACHIEVE, AMAL Human Development Network, OKUP, Community development services (CDS)
Total grant 2014-2015	US\$ 407,111
Focus group	Migrants
Geography	Southern and South-Eastern Asia
Countries	Bangladesh, Pakistan, Philippines, Sri Lanka, Malaysia
Grant 2016-2018	US\$ 415,000

HIGHLIGHTS

- Women migrant workers make up about 42 percent of the total migrant workforce in Asia. Some of CARAM Asia’s regional partners —Bangladesh, Cambodia, Indonesia, Nepal, and the Philippines and Malaysia— carried out studies to document labour and human rights violations faced by the women migrant workers travelling in and out of these countries. The studies consisted of focus group discussions with small groups of women migrant workers and confirmed that, aside from human and labour rights violations, women migrant workers are also denied their sexual and reproductive health rights despite many regional and international human rights and labour rights instruments for the protection of sexual and reproductive rights. The data gathered by the studies provide the evidence for lobby and advocacy.
- Under this project more than 2,956 ISPs directly benefited from service delivery, awareness raising and capacity building activities, including HIV positive male and female migrant workers, potential migrant workers, potential seafarers, spouses and family members of positive migrants and returnee migrants with and without HIV positive status.
- The Sri Lankan Secretary to the Ministry of Foreign Employment, having been encouraged and sensitized to look into the health aspects of migrant workers and their health rights, acknowledged the importance of more ethical and migrant friendly testing practices by GAMCA clinics to uphold the rights of migrant workers.

KEY RESOURCES

- [Proposed Bill for Eliminating Stigma and Discrimination and raising awareness](#)
- [AMAL Prevention work](#)

2. CONSORTIUM OF AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA (ARASA) AND INTERNATIONAL TREATMENT PREPAREDNESS COALITION (ITPC)

Treatment Prepared Coalition (ITPC) and Rights Alliance for Southern Africa (ARASA) Consortium was formed in 2013. The ARASA-ITPC consortium includes one global and ten regional networks forming a worldwide social movement of people living with HIV and inadequately served populations primarily in the Global South. itpcglobal.org/tag/arasa

GRANT FACTS

Type of network	Consortium of networks
Establishment	2013
Consortium partners	ITPC global secretariat (lead), ARASA, ITPC - China, Middle East-North Africa, Cru, South Asia, Western Africa, Latin America-Caribbean, Central Africa, Eastern Africa.
Total grant 2014-2015	US\$ 1,989,895
Focus group	People Living with HIV, MSM, People Who Use Drugs, Sex Workers, Transgender people, Prisoners, Women, Youth, People living with TB and other infections associated with HIV.
Geography	Global
Grant 2013	ARASA: US\$ 255,226 ITPC:US\$ 561,498
Grant 2015-2016 (RCNF-Global Fund)	US\$ 750,000
Grant 2016-2018	US\$ 2,208,000

HIGHLIGHTS

- With RCNF funding in 2015, the consortium led a campaign to scale up the roll out of Routine Viral Load Testing (RVLT). Informed by the results of a community-led survey in 12 African countries, country teams developed national advocacy plans to promote increased access to routine viral load testing and/or to address intellectual property barriers to promote increased availability of second and third line ARVs. These advocacy plans were supported through small grants, with the consortium committing US\$ 156,000 over six months to 13 community treatment focused organizations in nine countries. By the end of 2015, the country partners engaged 1,631 people, including adolescents, women, and ISPs in treatment literacy training on treatment monitoring, RVLT and treatment adherence; engaged 2,041 people in 168 advocacy actions; distributed 7,219 materials and achieved 10 new commitments from key stakeholders and government institutions as result of their advocacy work.
- ITPC and ARASA then launched a regional campaign called ‘Be Healthy – Know Your Viral Load’ with a march on 30 October in Lusaka, Zambia led by local partner TALC. As a result the Zambian Ministry of Health issued a directive to all ART facilities instructing the immediate uptake of viral load testing and committed to procuring viral load testing machines for all provinces. Regional networks in South Asia, Eastern Europe/ Central Asia, and Latin America will expand the campaign to their regions and adapt it to their context

KEY RESOURCES

- [Routine for You But Not For Me](#)
- [Africa-Wide Campaign Calls For Effective HIV Treatment](#)
- [ARASA-ITPC Issue Brief](#)

3. ASIA PACIFIC TRANSGENDER NETWORK

Transgender women are 49 times more likely to be infected with HIV compared to adults in the general population; 36 times more likely to have HIV compared with males; and 78 times more likely to have HIV compared with females. Only 43 percent of countries address the needs of transgender people in their national AIDS strategies. Asia Pacific Transgender Network (APTN) provides a platform for transgender people to voice their views. www.weareaptn.org

GRANT FACTS

Type of network	Regional network
Establishment	2009
Total grant 2014-2015	US\$ 264,622
Focus group	Transgender people
Geography	Asia Pacific
Countries	Thailand, Malaysia, India, Nepal, Pakistan, Cambodia
Grant 2015-2016 (RCNF-Global Fund)	US\$ 176,000
Grant 2016-2018	US\$ 415,000

HIGHLIGHTS

- RCNF funding enabled APTN to strengthen its secretariat and governance. APTN developed and refined its strategy, transitioned to a permanent board and successfully registered as a legal entity. With functioning systems and infrastructure, the APTN secretariat was able to establish successful working relationships with country partners and synergize priorities, increase communications and advocacy and conduct consultations with APTN members on key issues for them in the region.
- Under the Global Fund grant, APTN developed a learning guide for transgender communities in Asia: “Strengthening Transgender Knowledge on the Global Fund for AIDS, Tuberculosis, and Malaria”. This learning guide served as a training tool, but it has also been a helpful tool for increasing APTN’s knowledge on the New Funding Model (NFM). APTN now feels more confident to share the knowledge with its country partners, contributing to its aim to be a resource hub for transgender people in the Asia Pacific Region.
- APTN conducted a regional workshop for its partners from India, Indonesia, Pakistan and Thailand, and partners from Nepal and Vietnam joined thereto. APTN country level partners are now informed and better equipped to engage in Global Fund processes. In addition, they were able to map Global Fund investments in Transgender (TG) services and use this information to create knowledge and understanding for TG issues, as one of the ISP most affected by HIV, violence and human rights violations, with stakeholders in the CCM.
- At the country level, partners implemented activities to promote community involvement on Global Fund processes. As a result, the Transgender community in Thailand has meaningful participation in the CCM through the TNCA Annual Meeting. In Pakistan entry points for transgender people to engage with Global Fund have been identified.

KEY RESOURCES

- [Transgender Rights are Human Rights \(Video\)](#)
- [Asia Pacific Trans Health Blueprint](#)
- [Asia and the Pacific Transgender Organisation Mapping Report](#)

4. CONSORTIUM OF MSM NETWORKS

In April of 2013, the leading global and regional MSM networks came together in California to formally establish the terms for a consortium. We chose a consortium format to support international collaboration. Coordinated efforts to address the factors impacting MSM and transgender health and human rights could minimize duplication of effort, leverage our respective complementary strengths as advocacy and technical support providers, and ultimately result in significant resource efficiencies. Since our Consortium’s formation, we have expanded the membership to reflect regional balance and the inclusion of critical perspectives concerning epidemiologic dynamics and trends in the HIV sector.

msmgf.org/about-us/partners/msm-regional-network

GRANT FACTS

Type of network	Consortium of networks
Establishment	This consortium was formed in 2013
Consortium partners	the Global Forum on MSM (MSMGF – lead), African Men for Sexual Health and Rights (AMShEr), the Asian Pacific Coalition on Male Sexual Health (APCOM), the Association for Integral Health and Citizenship in Latin America and the Caribbean (ASICAL), the Eurasian Coalition on Male Health (ECOM), the Caribbean Vulnerable Communities Coalition (CVC), the South Caucasian MSM Network (SCN) and the African Black Diaspora Global Network (ABDGN).
Total grant 2014-2015	US\$ 2,316,885
Focus group	Gay men/MSM
Geography	Global
Grant 2013	MSMGF - US\$ 490,034; CVC - US\$ 204,182; AMShEr - US\$ 204,182; APCOM – US\$ 204,182.
Grant 2015-2016 (RCNF-Global Fund)	US\$ 750,000
Grant 2016-2018	US\$ 2,625,000

HIGHLIGHTS

- The consortium of MSM networks supported the formation of the first ever regional network of MSM in the MENA region. M-Coalition serves as a model for mobilizing MSM and transgender people in regions where policy environments are particularly hostile.
- Consortium member AMShEr contributed to the adoption of The Resolution on Protection against Violence and other Human Rights Violations against Persons on the Basis of Their Real or Imputed Sexual Orientation or Gender Identity at the end of the 55th Ordinary Session of the African Commission on Human and Peoples’ Rights, held last year in Luanda, Angola.
- Coordinated mobilization and advocacy resulted in:
- Uganda’s Constitutional Court annulling the country’s anti-LGBT law in February 2015;
- Roll-back of proposed anti-homosexuality legislation in Nigeria;
- Passage of an Estonian bill recognizing same-sex partnerships in Estonia

KEY RESOURCES

- [275: Resolution on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity](#)
- [Even Greater Than the Sum of its Parts: Lessons Learned from the Consortium of MSM and Transgender Networks](#)



5. INCLUSIVE AND AFFIRMING MINISTRIES

Inclusive and Affirming Ministries (IAM) works in a network of over 120 clergy and LGBTI leaders from across East and Southern Africa to reduce stigma, discrimination, persecution and criminalization related to sexual orientation, gender identity.
iam.org.za

GRANT FACTS

Type of network	Regional network
Establishment	2003
Network partners	Inclusive and Affirming Ministries (IAM), The regional Southern African Christian Initiative (SACHI), University of Namibia (UNAM), the Lutheran Theologian Seminary, Thulinam LGBTI group, Centre for the Development of People (CEDEP), Inerela Malawi, Centre for Research and Innovation for Change (CRIC), Western Kenya Coalition (NYARWEK), Friends of Rainka, St Paul’s Foundation for International Reconciliation and Sexual Minorities, MATRIX
Total grant 2014-2015:	US\$ 264,622
Focus group	LGBTI
Geography	Africa
Countries	Botswana, Kenya, Lesotho, Malawi, Namibia, South Africa, Uganda, Zambia, Zimbabwe
Grant 2013	US\$ 88,819
Grant 2016-2018	US\$ 330,000

HIGHLIGHTS

- IAM is proud of the establishment of the Global Interfaith Network (GIN) in which IAM played a leading role as founding member.
- IAM had an impact at the Pan African ILGA (PAI) Interfaith Pre-Conference: religion and faith were incorporated in the PAI constitution.
- More than 300 members of civil society were engaged in many workshops on sexual diversity and HIV/AIDS that the Network facilitated in 6 countries. 86% of the participants acknowledged that their ignorance, intolerance and homophobia were challenged and many indicated that they will actively assist in more positive response to PLHIV.
- 27 Dialogue events / Trainings/Presentations for Religious Leaders and LGBTI and PLHIV were organized in the partner countries of Namibia, Kenya, Malawi, Botswana, Zimbabwe, Zambia and Lesotho attended by 260 religious leaders and 190 LGBTI. These events resulted in more understanding, intended to result in a change of attitude towards those ISP groups.
- Outreach to and via the media – 21 articles were published with a readership of more than 3 million and 2 TV Documentaries were broadcasted, reaching more than 6 million viewers.

KEY RESOURCES

- [Report from Windy City Times](#)

6. REDLACTRANS

In the Latin American and Caribbean (LAC) region, HIV prevalence among transgender people ranges from 8 - 68%. Over half of people living with HIV are unaware of their HIV status. Red Latino America y del Caribe de personas Trans (REDLACTRANS) is a regional network covering 15 countries. Its members are transgender persons and groups, generally transgender women.
redlactrans.org.ar/site

GRANT FACTS

Type of network	Regional network
Establishment	2004
Total grant 2014-2015	US\$ 305,333
Focus group	Transgender people
Geography	Latin American and Caribbean (LAC) region
Countries	Argentina, Bolivia, Brazil, Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala
Grant 2013	US\$ 81,672
Grant 2016-2018	US\$ 375,000

HIGHLIGHTS

- REDLACTRANS has become a key reference with regard to the issues faced by transgender people in LAC. The network participated in important regional and global meetings, including the General Assembly of the Organization of American States, audiences at the Inter-American Commission of Human Rights, as well as regional and international AIDS conferences. As such, REDLACTRANS has played a part in ensuring that transgender people’s rights are considered in broader initiatives, such as in resolutions to protect LGBT people. Links have also been built with other social movements, universities, trade unions, political parties and international development organizations.
- REDLACTRANS played a key role in advocating for a law recognizing gender identity which was recently approved in Argentina. The law allows people to define their gender and chosen name on official documents without any medical or psychological tests, thus granting transgender people their right to identity. This is very critical, because it underlies all other human rights, particularly the right to health. It also draws attention to the transgender population and all forms of discrimination that they face. Similar laws now exist in Uruguay and Mexico City.

KEY RESOURCES

- [Incidencia Política de REDLACTRANS en la OEA 2015 \(Video\)](#)

7. THE PEOPLE LIVING WITH HIV NETWORKS CONSORTIUM

The People Living with HIV Networks Consortium (PNC+) aims to improve the lives of PLHIV through global and regional advocacy and improved regional capacity. PNC+ is a coalition of four networks: the Global Network of People Living with HIV (GNP+), Asia Pacific Network of People Living with HIV (APN+), Caribbean Regional Network of People Living with HIV/AIDS (CRN+), and Network of African People Living with HIV, Southern African Region (NAPSAR+).

GRANT FACTS

Type of network	Consortium of networks
Establishment	2013
Consortium partners	Global Network of People Living with HIV (GNP+ - lead), Asia Pacific Network of People Living with HIV (APN+), Caribbean Regional Network of People Living with HIV/AIDS (CRN+), and Network of African People Living with HIV, Southern African Region (NAPSAR+).
Total grant 2014-2015	US\$ 1,804,717
Focus group	PLHIV
Geography	Global
Grant 2013	GNP+ - US\$ 306,272 and APN+ - US\$ 306,272
Grant 2015-2016 (RCNF-Global Fund)	US\$ 749,600
Grant 2016-2018	US\$ 1,665,000

HIGHLIGHTS

- PNC+ negotiated with pharmaceutical companies in India to lower the prices for Hepatitis C medication and make it accessible for under-served and at risk populations. APN+ invited representatives from two Indian generic companies to their workshops on Hepatitis C treatment and was successful in negotiating a 50% discount for new Hepatitis C drugs. Buyers club in Indonesia, Vietnam and India were able to take advantage of these agreements, improving the situation of individuals and groups on the ground considerably. RCNF funding gave APN+ the resources to engage in an intense and time-consuming lobby and advocacy process to achieve this result.
- The PNC+ established Community Coordination Platforms providing space for community and ISPs to discuss and to agree on priority issues for advocacy opportunities. The PNC+ consortium members supported communities to arrange and invite national stakeholders such as government and bilateral agencies to meetings with a focus on community related issues. In 2015, there were 10 such community-led meetings, e.g. in Ukraine on how to involve the People Who Inject Drugs (PWID) community representatives and Ukrainian Substitution Therapy (ST) participants into the country dialogue aimed at reducing barriers preventing access to the HIV testing and treatment.
- Through the support of the RCNF grant, CRN+ managed its transition to a new governance and Board structure, and established a grant management manual to ensure improved performance standards. Additionally, CRN+ strengthened its relationship with national PLHIV networks through various activities supported by the RCNF grant, such as advocacy priority assessments and small advocacy grants.

KEY RESOURCES

- www.gnpplus.net/resources/



8. INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV

ICW is a network that represents the views, needs and rights of women living with HIV (WLHIV). It recognizes all women. The program goal is increased gender sensitive programming and funding for increased access to HIV & SRHR Prevention, Care, Treatment and Support Services.

GRANT FACTS

Type of network	Global Network
Establishment	1992
Network partners	ICW East Africa (ICW EA - lead), ICW North America (ICW-NA), ICW Caribbean (ICW -CA) ICW West Africa (ICW-WA), ICW Southern Africa (ICW-SA), ICW Global
Total grant 2014-2015	US\$ 2,136,885
Focus group	Women living with HIV
Geography	Global
Grant 2013	ICW-East Africa - US\$ 510,453
Grant 2015-2016	
(RCNF-Global Fund)	ICW EA, ICW WA, ICW SA, ICW Global - US\$ 740,000
Grant 2016-2018	US\$ 2,500,000

HIGHLIGHTS

- ICW consortium members represent WLHIV in over 46 important policy forums, bringing information and knowledge from global and regional spaces to local communities. ICW Global launched a new website (www.iamicw.org), publishes advocacy alerts and a monthly e-news, where members are kept updated on important announcements and opportunities for engagement. Joint position statements, policy briefs, results of engagement of WLHIV, shadow reports etc. are also shared with members and the wider WLHIV community
- The Consortium conducted research to make data available for informed advocacy work. Key areas for research were: violations of rights of women living with HIV including coerced sterilization and Option B+ for eMTCT (in collaboration with GNP+). As a result, a Global Advocacy Agenda was developed to enable members increase their participation in the eMTCT global and national plan processes. In this framework, 74 policy makers were oriented on human rights and health rights related to eMTCT and criminalization of HIV transmission
- At country level, the networks provided support to the CCM representatives, to understand the role and opportunities that the CCM provide and to be able to advocate from the perspectives of women living with HIV. They promote young women to become engaged, advocating from their specific agenda in the global Fund processes
- In Uganda, ICWEA coordinated the engagement of WLHIV and other CSOs in PEPFAR Country Operational Plans (COP) processes. ICWEA recommended that PEPFAR COP 2014 should focus on improving the quality instead of the quantity of the care and treatment program. As a result, a quality monitoring tool was developed by PEPFAR. PEPFAR has shown strong commitment to target young women 15-24 with its interventions.

KEY RESOURCES

- [ICW Library](#)
- [ICW Campaigns](#)

9. GLOBAL FAITH COALITION FOR GETTING TO ZERO

The Global Faith Coalition for Getting to Zero (GFC) mobilizes stronger, more effective, evidence-based and rights-based engagement, advocacy and action by religious leaders, faith communities and related organizations in global, regional and national HIV responses reaching PLHIV and ISP. Within the Consortium, INERELA+ is the lead organization. Ecumenical Advocacy Alliance (EAA), Lutheran World Federation (LWF) and the World Council of Churches (WCC) are members.

GRANT FACTS

Type of network	Consortium of networks
Establishment	This consortium was formed in 2013
Consortium partners	INERELA+ (lead), Ecumenical Advocacy Alliance (EAA), Lutheran World Federation (LWF), World Council of Churches (WCC), World YWCA.
Total grant 2014-2015	US\$ 462,150
Focus group	Faith-based groups and faith communities
Geography	Global
Grant 2016-2018	INERELA+ - US\$ 455,000

HIGHLIGHTS

- People living with HIV, and ISPs are meaningfully engaged in the governance and programs of the consortium:
- EAA involves ISPs in their strategic planning meetings
- WCC trained ISPs on mainstreaming HIV into theological curricula
- YWCA supported young women living with HIV to directly engage in dialogue with religious leaders; and
- INERELA+ was lead of the consortium at a global level
- Faith communities are better capacitated to advocate for human rights: INERELA+ and WCC jointly trained women theologians from Zambia and Philippines on the SAVE approach developed by INERELA+ to combat stigma and discrimination; LWF translated the SAVE toolkit in five additional languages; EAA organized an interfaith pre-conference at IAC 2014 with ISP leadership in the planning committee and as plenary speakers, which focused on key issues and needs of ISPs.
- Religious leaders give voice to ISPs: World YWCA supported 3 ISPs to participate in the IAC; and EAA coordinated a number of advocacy events at the IAC in Melbourne, e.g. EAA facilitated a march in July 2014 demanding an end to stigma and discrimination against people living with HIV.
- The regional network on Latin America and the Caribbean developed and launched a resource book on experiences working with HIV and AIDS issues in various countries. The book “HIV: Space to Change” was launched during the LAC Leadership Conference. It is used locally as a resource to enhance ministry, especially by learning from other experiences.

KEY RESOURCES

- iac.ecumenicaladvocacy.org/marching-for-justice-praying-foraction.html
- inerela.org/

10. CONSORTIUM OF YOUTH LEAD AND HIV YOUNG LEADERS FUND

Youth LEAD, Asia Pacific Network of Young Key Populations and HIV Young Leaders Fund (HYLF) have formed a consortium addressing issues of young key populations (YKP): drug users, sex workers, men having sex with men and transgenders.

GRANT FACTS	
Type of network	Consortium of networks
Establishment	2013
Consortium partners	Youth LEAD (lead) & HIV Young Leader Fund
Total grant 2014-2015	US\$ 784,200
Focus group	Youth/YKAP
Geography	Global
Grant 2013	Youth LEAD - US\$ 153,136
Grant 2015-2016	
(RCNF-Global Fund)	Youth LEAD - US\$ 292,000
Grant 2016-2018	Youth LEAD and Y-peer - US\$ 979,000

HIGHLIGHTS
<ul style="list-style-type: none">• The RCNF funds helped Youth LEAD to improve their governance and organizational policies, and to register as an independent organization. Youth LEAD supported seven organizations/networks led by young ISPs in the Asia Pacific Region with sub-grants in Cambodia, China, India, Indonesia, Nepal, Philippines and South Korea. The grant aimed to sustain the achievements from 2013 while scaling up.• In Indonesia, advocacy resulted in inclusion of a chapter about young ISPs in the National Strategic Plan on AIDS 2015-2019, Young ISP friendly community monitoring & evaluation tools on the Strategic Use of ARV program (SUFA), action plans on SUFA in 13 provinces and one year fully funded demonstration site program to sensitize health service providers.• The Philippines set the pace on innovative HIV testing and awareness to young ISPs through mobile vans and communication technology. The project procured a used van and renovated it into youth friendly van. The government agreed to provide the fuel, driver and the testing kit. The testing campaign targeted hard to reach areas and operated at night. The approach of testing was comprehensive where young ISPs were informed and aware about the HIV prevention and did the voluntary testing. As the result within six months, 420 young ISPs were reached.• Through a side-program within the Global South and Southern Africa small grant program, HYLF supported 10 grantees to build individual and organizational capacities. Grantees from Nigeria, Ghana, Cameroon, Zimbabwe, Kenya, South Africa, Namibia, Swaziland, Bolivia and Mexico were supported to develop and implement innovating and outstanding proposals.

KEY RESOURCES
<ul style="list-style-type: none">• YKAP in Nepal (video)• www.hivyoungleadersfund.org/• www.youthleadonline.org/

11. GLOBAL AND REGIONAL NETWORKS OF SEX WORKER PROJECTS CONSORTIUM

Sex workers are criminalized in over 100 countries and, despite higher risk of contracting HIV, 51% lack access to prevention services. The Global and Regional Networks of Sex Worker Projects Consortium brings together the global NSWP and regional networks of sex worker led organizations. It exists to uphold the voice of sex workers and connect regional networks advocating for the rights of female, male and transgender sex workers.

www.nswp.org

GRANT FACTS	
Type of network	Consortium of networks
Establishment	2013
Consortium partners	NSWP (lead), APNSW, ICRSE, SWAN, CSWC, ASWA, LANSWP
Total grant 2014-2015	US\$ 1,162,262
Focus group	Sex workers
Geography	Global (Africa, Asia, Latin America & Caribbean, Europe)
Grant 2013	NSWP - US\$ 285,854
Grant 2015-2016	
(RCNF-Global Fund)	US\$ 749,980
Grant 2016-2018	US\$ 1,665,000

HIGHLIGHTS
<ul style="list-style-type: none">• Consortium members NSWP, ASWA and APNSW developed the Sex Worker Academy Africa (SWAA), a sex worker-led capacity building program. The Academy draws on the experiences of two sex worker collectives from India - VAMP and Ashodaya Samithi – who developed the curriculum and trained Faculty of 6 Kenyan sex workers to run the Academy. The Academy uses the Sex Worker Implementation Tool (SWIT) as the foundation for its curriculum, but also integrates demonstration site visits and Art Advocacy. The SWAA Faculty have trained teams of sex workers from 9 African countries and the Academy has provided sex worker leaders with knowledge and tools to advocate for and ensure meaningful participation of sex workers and that HIV and sex work-related policies, and HIV and STI prevention, treatment, care and support programming are rights-based. Following attendance at the Academy the team from Zimbabwe started “Pow Wow “, their own national sex worker movement, and participants from Democratic Republic of Congo started a female sex worker-led organization.• The consortium is involved in on-going vigilance and advocacy addressing hostile environments, harmful laws, stigma and discrimination and are noting some positive changes: the call for full decriminalisation of sex work from The Lancet; WHO published its Technical Brief on Young People Who Sell Sex providing guidance on rights-based services, programs and support for the sex worker community; the Leader of the Russian Sex Workers' Movement Silver Rose was elected as Chair of the HIV/AIDS Coordinating Committee in Russia.• NSWP developed a Smart Sex Workers Guide to the SWIT as a resource for the Academy participants. The SWAA concept of building sex workers capacity to advocate for and implement the SWIT has inspired other regions that will take on board all of the lessons learned, adapting the curriculum to regional contexts and priorities (RCNF grant 2016-2018).

KEY RESOURCES
<ul style="list-style-type: none">• Stigma and Discrimination Experienced by Sex Workers Living with HIV Briefing Paper• The Smart Sex Workers Guide to SWIT



12. CONSORTIUM OF INTERNATIONAL NETWORK OF PEOPLE WHO USE DRUGS & ASIAN NETWORK OF PEOPLE WHO USE DRUGS

Many strategies and programs on HIV continue to be designed without evidence-based interventions for – and with involvement of – PWUD. The consortium of International Network of People who Use Drugs (INPUD) & Asian Network of People who Use Drugs (ANPUD) represents people worldwide.

GRANT FACTS

Type of network	Consortium of networks
Establishment	2013
Consortium partners	INPUD (lead) and ANPUD
Total grant 2014-2015	US\$ 609,139
Focus group	People Who Use Drugs
Geography	Global
Grant 2013	INPUD US\$ 102,090; ANPUD US\$ 255,226
Grant 2015-2016	
(RCNF-Global Fund)	US\$ 375,000
Grant 2016-2018	US\$ 833,000

HIGHLIGHTS

- The INPUD/ANPUD consortium held four regional consultations on “Consensus Statement on Drug Use Under Prohibition: Human Rights, Health, and the Law”, with representatives of 24 drug user organizations from 28 countries in East Africa (EANPUD), Western Europe (EuroNPUD), Eastern Europe, Central Asia (ENPUD) and South East Asia. The Consensus Statement was launched in Kuala Lumpur in 2015 and focusses on human rights, health, and the law in relation to people who use drugs and is informed by the perspective of those who are so catastrophically impacted by global prohibition and by the so-called ‘war on drugs’: people who use drugs themselves.
- The INPUD/ANPUD organized for a three day consultation on covering harm reduction quality standards and PrEP. Based upon the input received from PWUD, they are now aligning their advocacy priorities and messages in this area of work.
- INPUD in close collaboration with ANPUD conducted a regional training of trainers (ToT) for the members in Asia, supported and attended by Global Fund staff (department CRG and Inspector General). This training was followed by a meeting for women who use drugs, focusing on lobby strategies for women participation and activism. INPUD conducted a similar training in Africa for the 4 national (informal) networks. After the training, participants were successful in having a network in Nigeria formally registered.
- ANPUD supported networks of PUD in Vietnam, India and Indonesia. In Vietnam, where the procedure to force drug users into Compulsory Centers began to take effect, RCNF funding enabled VNPUD to take part in meetings with governance agencies, advocate for voluntary centers, continuation of ART in the centers, inclusion of Hepatitis C treatment in health insurance and roll out and access to methadone maintenance therapy.

KEY RESOURCES

- [Drug Reporter Film on Consensus Statement](#)
- [2015, Women Who Use Drugs and HIV: Position Statement 2015 \[ICW and INPUD\]](#)
- [2015, Position Paper: Pre-Exposure Prophylaxis \(PrEP\) for People who Use Drugs](#)

13. REGIONAL NETWORK OF AFRICA CAPACITY ALLIANCE (ACA), FEDERATION OF WOMEN LAWYERS (FIDA KENYA), NATIONAL ORGANIZATION OF PEER EDUCATORS (NOPE)

ISP networks often lack capacity for lobby and advocacy, institutional capacity and leadership skills. These challenges range from: 1) An unfavorable policy/legal environment 2) Stigmatization 3) Lack of access to data/information 4) Lack of access to services. The partners that were selected are Most At Risk Populations (MARPS) Network Ltd, Uganda, Uganda Network of Young People Living with HIV (UNYPA), Community Health Education Services and Advocacy (CHESA), Tanzania and Keeping Alive Societies Hope (KASH), Kenya.

GRANT FACTS	
Type of network	Regional network
Establishment	This network was formed in 2013
Network partners	Africa Capacity Alliance (ACA - lead), Federation of Women Lawyers (FIDA Kenya), National Organization of Peer Educators (NOPE)
Total grant 2014-2015	US\$ 508,888
Focus group	People living with HIV, Sex workers, MSM, Migrants, Youth, under-resourced/rural communities, persons with disabilities, Women and Girls
Geography	East Africa
Countries	Kenya, Uganda, Tanzania

- HIGHLIGHTS
- ACA established a Project Advisory Committee as well as a Technical Working Group to build the capacity of the selected ISP organizations in East Africa to organize for integrated service provision (HIV Counseling and Testing, condom and lubricant distribution) for men who have sex with men. In Uganda, MARPS and UNYPA successfully reached 300 ISPs with IEC materials, condoms, lubricants and HIV and STI screening. In Kenya, ISHTAR provided services to 40 MSM.
 - FIDA Kenya conducted a gender audit on accountability and human rights of ISPs in Kenya, Uganda and Tanzania, validated by representatives from the four ISP networks. The audit report will inform advocacy for effective intervention strategies. The national ISP networks were trained on data collection and analysis on ISP programming and on utilization of data for advocacy and influencing decision-making in ISP programming.
 - KASH (Kisumu, Kenya) addressed the rampant human rights violation among sex workers notably by law enforcement officers and has been working with the police officers in Kisumu and some parts of western Kenya to sensitize them on the human rights issues surrounding these ISPs. Police officers from Kisumu Police Training Center have been trained by KASH on issues of SWs and MSMs. KASH legal officer and paralegals collaborate with the police to handle cases of assault and harassment of sex workers and MSMs in Kisumu. Forums are organized where police officers raise awareness of colleagues on the human rights issues surrounding KPs.

KEY RESOURCES

- Federation of Women Lawyers Case Studies
- Africa Capacity Alliance

14. THE HARM REDUCTION CONSORTIUM

Resource mobilization for harm reduction in the EECA region has become increasingly difficult. The Harm Reduction Consortium, consisting of Harm Reduction International (HRI), International Drug Policy Consortium (IDPC), Middle East and North Africa Harm Reduction Association (MENAHRRA), Youth RISE (Resources, Information, Support, Education), lead by the Eurasian Harm Reduction Network (EHRN), strives towards community and political support for harm reduction.

GRANT FACTS	
Type of network	Consortium of networks
Establishment	2013
Consortium partners	Eurasian Harm Reduction Network (EHRN - lead), Harm Reduction International (HRI), International Drug Policy Consortium (IDPC), Middle East and North Africa Harm Reduction Association (MENAHRRA), Youth RISE (Resources, Information, Support, Education)
Total grant 2014-2015	US\$ 1,162,262
Focus group	People Who Use Drugs, People Living with HIV, Prisoners
Geography	Global
Grant 2013	EHRN - US\$ 306,272; IDPC - US\$ 102,090
Grant 2016-2018	US\$ 1,455,000

- HIGHLIGHTS
- Over the last two years, the Harm Reduction Consortium has seen increasing calls from governments, UN agencies, opinion leaders and experts for drug policy reform the decriminalization of drug use in the context of an improved HIV response. At the same time, the positions of countries opposed to harm reduction seem to have become even more entrenched at the international level.
 - EHRN launched the “Women Against Violence” campaign documenting information about 850 cases of police violence against women and leading to advocacy in eight cities.
 - IDPC, HRI, MENAHRRA, EHRN and ENPUD collaborate on the “Support Don’t Punish” campaign since 2013. Around the 26th June 2015, activists and allies in more than 160 cities across the world took part in the highly successful ‘Support Don’t Punish ‘Global Day of Action. Actions were held in more than 160 cities around the world, including processions, protests, social media campaigns and media outreach, all highlighting the need for drug policy reform and greater funding for harm reduction services. IDPC provided grants to grass-roots partners for a range of local advocacy efforts in Costa Rica, Georgia, Greece, Bulgaria, Hungary, Poland, Romania, Serbia and Slovakia, Malawi, Mexico, Montenegro, Russia, Thailand, Tunisia and France.
 - IDPC helped establish the New York NGO Committee on Drugs and the Civil Society Task Force for the UNGASS – which includes IDPC, HRI and EHRN.

KEY RESOURCES

- Support Don’t Punish Campaign
- Striving for system-wide coherence: An analysis of the official contributions of United Nations entities for the UNGASS on drugs

IMPACT: Enhanced the quality, effectiveness, relevance and equity of AIDS responses reaching inadequately served populations			
Impact Indicator set 1: Access to services for ISP - UN - AIDS Standard indicators 1.7 to 1.14		Impact Indicator 2: Situation for ISP - Shifts in situation analysis on global, regional and national policies which determine the rights of inadequately served populations	Impact Indicator 3: Civil society representivity - NCPI Standard Indicators B.I-5 'is the civil society sector representation in HIV efforts inclusive of diverse organizations?'
OUTCOME 1: CAPACITY - GLOBAL AND REGIONAL NETWORK CAPACITY The capacity of global and regional networks and their membership is improved, such that networks enable well-capacitated, representative and accountable civil society to influence the delivery of effective responses to HIV	OUTCOME 2: ENHANCING HIV RESPONSE IMPLEMENTATION Inadequately served populations influence HIV responses for greater relevance, equity, accessibility and delivery across the full spectrum of prevention, treatment, care and support services	OUTCOME 3: HUMAN RIGHTS ADVOCACY Fulfilment of basic human rights that support an equitable, effective HIV response, is achieved for inadequately served populations	OUTCOME 4: RESOURCE ACCOUNTABILITY FOR THE HIV RESPONSE: Local level responses to HIV have sufficient, strategically targeted investments to deliver results
Outcome Indicator 1.1: Meaningful involvement % of governance structure membership occupied by ISP. Outcome Indicator 1.2: Members' outcomes Extent to which has membership of a global or regional network has benefited member ISP CSOs to deliver their mandate.	Outcome Indicator 2.1: Better HIV response Advocacy interventions that can clearly document progress towards improved implementation of HIV responses.	Outcome Indicator 3.1: Human rights situation Highlights and major results of NCPI report on Human Rights situations for represented countries. Outcome Indicator 3.2: Human rights protection structures Number (%) of countries that have functioning independent national institutions for the promotion and protection of human rights. Outcome Indicator 3.3: Removal of obstacles to human rights Laws or policies that obstruct basic human rights.	Outcome Indicator 4.1: Donor pledges % of donor targets for HIV commitments achieved. Outcome Indicator 4.2: National HIV expenditure Analysed results of national HIV expenditure against benchmarked standards provided by UNAIDS and regional and global networks.

RCNF RESULTS FRAMEWORK - SUMMARY OF OUTPUT LEVEL INDICATORS

OUTCOME 1: CAPACITY

OUTPUT 1.1. ISP LEADERSHIP AND INVOLVEMENT - Skilled leaders from within inadequately served populations of high HIV burden regions.	OUTPUT 1.2. NETWORK ORGANISATIONAL DEVELOPMENT - Improved organizational capacity and technical expertise of regional and global networks.	OUTPUT 1.3. INFORMATION SHARING Clear, operationally relevant and accessible information is identified, prepared, shared, disseminated and used.	OUTPUT 1.4. SYNERGY Cooperative ventures between global and regional networks, and/or with influential stakeholders.
<p>Output Indicator 1.1.1: ISP leaders ISP leaders who directly represent ISPs at all levels to actively influence relevant policy, planning or decision-making. (Required)</p>	<p>Output Indicator 1.2.1: Network organisational development Global and regional networks assessed against organisational capacity criteria. (Required)</p> <p>Output Indicator 1.2.2: Operations Activities undertaken or service provided by regional and global networks. (Required)</p> <p>Output Indicator 1.2.3: Network and members sustainability Diversification in sustainability strategies. (Required)</p>	<p>Output Indicator 1.3.1: Information collection and collation Data collated by regional and global networks either directly, or through partnerships. (Required)</p> <p>Output Indicator 1.3.2: Information to members Information shared among global and regional network members (Required)</p> <p>Output Indicator 1.3.3: Media, dissemination and use of information Information used in media, targeted audiences and advocacy. (Optional)</p>	<p>Output Indicator 1.4.1: Cooperation - Cooperative ventures between global and regional networks. (Required)</p> <p>Output Indicator 1.4.2: Portion of output which is cooperative - % budgets linked to joint ventures. (Required)</p>

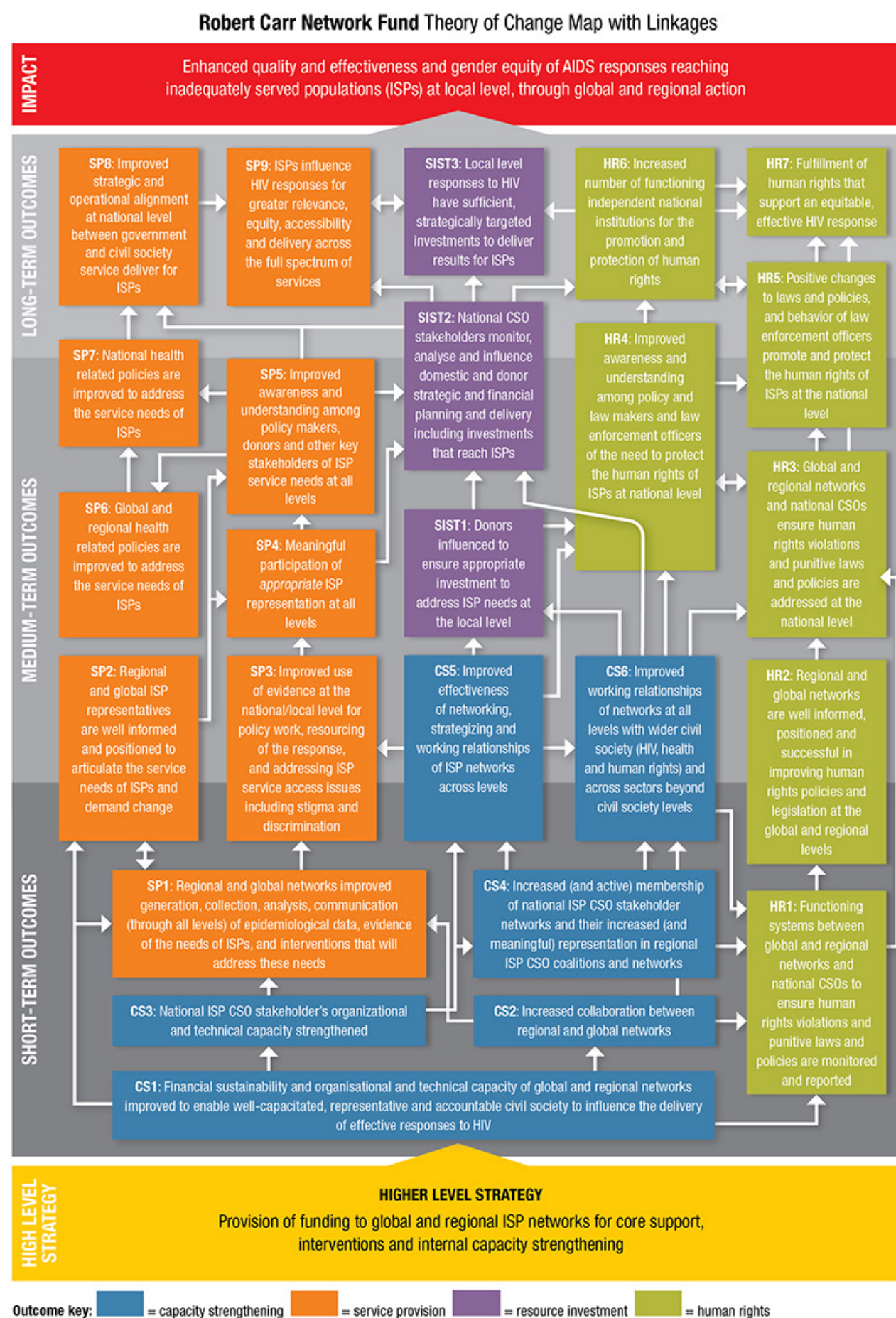
OUTCOME 2: HIV RESPONSE

OUTPUT 2.1. HIV POLICY INFLUENCE Global, regional, national and local policies are improved.	OUTPUT 2.2. GOVERNMENT CSO ENGAGEMENT - Improved strategic and operational alignment between government and civil society.	OUTPUT 2.3. REPRESENTATION THROUGH M&E - M&E data collected, analysed, centralised and disseminated.	OUTPUT 2.4. DIRECT IMPLEMENTATION CSOs deliver strategic, high quality, evidence-based, HIV services.
Output Indicator 2.1.1: Enabling SRH-related policy Community-led advocacy improves health related policy. (Optional)	Outcome Indicator 2.2.1: CSO government engagement platforms - Facilitation of active government and civil society engagement. (Optional) Output Indicator 2.2.2: Civil society involvement in HIV response Civil Society Involvement trends and highlights reported under NCPI B.1. (Optional)	Output Indicator 2.3.1: Data collection Networks collect data, or actively support members with data collection, on ISP rights, access or services. (Optional) Output Indicator 2.3.2: Data collation and communication Networks and network members contribute ISP rights, access and service data into centralised M&E hubs. (Optional) Output Indicator 2.3.3: Data used for influence Interventions reported in this cycle that include data drawn from the programme's M&E system. (Optional)	Output Indicator 2.4.1: Member / network direct implementation Community-led implementation of services. (Optional) Output Indicator 2.4.2: National trends in CSO implementation Percentage of HIV programmes/services estimated to be provided by civil society according to the NCPI assessment. (Optional)

OUTCOME 3: HUMAN RIGHTS

OUTPUT 3.1. HUMAN RIGHTS POLICY - Discriminatory legislation and policies are identified and addressed.	OUTPUT 3.2. RIGHTS JUSTICE Human rights violations against ISP are addressed.	OUTPUT 4.1. FINANCIAL ALLOCATION FOR HIV RESPONSE - CSOs monitor and influence domestic and donor governments' planning and delivery.	OUTPUT 4.2. CIVIL SOCIETY PROPORTION OF RESOURCES - CSOs absorb and efficiently use an appropriate proportion of HIV-related financing.
Output Indicator 3.1.1: Human rights policy advocacy Community-led advocacy activities that improve access to human rights for ISPs. (Optional)	Output Indicator 3.2.1: Legal support for rights Legal support or intervention which provide redress and justice for individuals or groups facing human rights abuse. (Optional)	Output Indicator 4.1.1: Influence over HIV expenditure Community-led advocacy that influences national or global expenditure on HIV. (Optional) Output Indicator 4.1.2: Civil society involvement in budgeting NCPI results on civil society involvement in planning and budgeting for the HIV response. (Optional)	Output Indicator 4.2.1: CSO access to financial support - NCPI data on civil society access to financial support. (Optional)

ANNEX 4 THEORY OF CHANGE



ANNEX 5 RCNF INCOME AND EXPENDITURE 2015

ROBERT CARR CIVIL SOCIETY NETWORKS FUND

	Euro	US Dollar
Income in 2015 for the grant period 2012-2015		
U.S. President's Emergency Plan for aids Relief (PEPFAR) via UNAIDS	€ 1.401.869	\$ 1,682,243
UK Department for International Development (DFID)	€ 541.563	\$ 649,875
M*A*C AIDS Foundation	€ 250.000	\$ 300,000
	€ 2.193.432	\$ 2,632,118
Income grant period 2016-2018		
UK Department for International Development (DFID)	€ 1.867.065	\$ 224,0478
Bill and Melinda Gates Foundation	€ 1.666.667	\$ 2,000,000
Norwegian Agency for Development Cooperation (Norad)	€ 188.868	\$ 226,642
	€ 3.722.600	\$ 4467,120
Total income	€ 5.916.032	\$ 7,099,238
Expenditure		
Financial contribution to networks in 2015 for the grant period 2012-2015 (release)	-€ 6.500	-\$ 7,800
Financial contribution to networks in 2015 for the grant period 2016-2018	€ 18.750.575	\$ 20,380,000
	€ 18.744.075	\$ 20,372,200
Direct costs	€ 184.603	\$ 200,645
Personnel costs	€ 203.045	\$ 220,690
Cost management and administration	€ 42.416	\$ 46,102
	€ 19.174.139	\$ 20,839,637
Aids Fonds own contribution in RCNF	€ 50.000	\$ 54,345
Exchange rate gain / loss		
Total expenditure	€ 19.124.139	\$ 20,785,292
Result	-€ 13.208.107	-\$ 13,686,053

The negative result of € 13.208.107 reflects the pledges of donors that have not formally been committed and/or received as per 31st of December 2015.

LIST OF FINANCIAL CONTRIBUTIONS TO NETWORKS IN 2015 FOR THE GRANT PERIOD 2016-2018

Organisation	Lead organisation	Euro	US Dollar
ITPC-ARASA Consortium	International Treatment Preparedness Coalition (ITPC)	€ 2.031.466	\$ 2,208,000
Consortium of MSM and Transgender Networks	The Global Forum on MSM & HIV (MSMGF)	€ 2.415.126	\$ 2,625,000
Sex Worker Networks Consortium	Global Network of Sex Work Projects (NSWP)	€ 1.531.880	\$ 1,665,000
Eurasian Regional Consortium	Eurasian Harm Reduction Network (EHRN)	€ 1.223.664	\$ 1,330,000
The Harm Reduction Consortium	International Drug Policy Consortium (IDPC)	€ 1.338.670	\$ 1,455,000
HIV Justice Global Consortium	AIDS and Rights Alliance for Southern Africa (ARASA)	€ 1.223.664	\$ 1,330,000
Positive Network Consortium (PNC+)	Global Network of People Living With HIV (GNP+)	€ 1.531.880	\$ 1,665,000
Consortium of networks led by young people	Youth LEAD	€ 900.727	\$ 979,000
International Network of Religious Leaders Living with or Affected by HIV and aids (INERELA+)	International Network of Religious Leaders Living with or Affected by HIV and aids (INERELA+)	€ 418.622	\$ 455,000
Asia Pacific Transgender Network (APTNet)	Asia Pacific Transgender Network (APTNet)	€ 381.820	\$ 415,000
The consortium of networks of people who use drugs	International Network of People Who Use Drugs (INPUD)	€ 766.400	\$ 833,000
Peers to Zero (P2Z) Coalition	PATA (Pediatric AIDS Treatment for Africa)	€ 690.036	\$ 750,000
Inclusive and Affirmative Ministries (IAM)	Inclusive and Affirmative Ministries (IAM)	€ 303.616	\$ 330,000
International Community of Women Living with HIV	ICW Global	€ 2.300.120	\$ 2,500,000
Eastern European Key Population Health Network (EKHN)	International HIV/AIDS Alliance Ukraine	€ 483.025	\$ 525,000
Caribbean Vulnerable Communities Coalition (CVC)	Caribbean Vulnerable Communities (CVC)	€ 483.025	\$ 525,000
Red Latinoamericana y del Caribe de personas trans (REDLACTRANS)	Asociación de Travestis, Transexuales y Transgéneros de Argentina (ATTA)	€ 345.018	\$ 375,000
CARAM Asia	CARAM Asia	€ 381.820	\$ 415,000
Total granted 2016-2018		€ 18.750.575	\$ 20,380,000



COLOPHON

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