

ROBERT CARR
CIVIL SOCIETY
NETWORKS
FUND.



From Invisibility to Indivisibility

Annual Report 2016



ACKNOWLEDGMENTS

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A sincere thanks is given to all RCNF grantees for sharing their results and photos, and answering additional questions. A special thank you to Jerushah Rangasami (Impact Consulting) for the development of the MEL framework and for the conceptualization and facilitation of the collective impact reflection process.

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Acronyms and Abbreviations

ACHPR	The African Union and the African Commission for Human and People's Rights
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women
CND	The UN Commission on Narcotic Drugs
CSTF	Civil Society Task Force
DAAAs	Direct-Acting Antivirals
DFID	The UK government Department for International Development
EECA	Eastern Europe and Central Asia
GAATW	The Global Alliance Against Traffic in Women
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HLM	High-Level Meeting on Ending AIDS
ICD	International Statistical Classification of Diseases and Related Health Problems
IDUIT	Injecting Drug Users Implementation Tool
IE SOGI	Independent Expert on Sexual Orientation and Gender Identity
ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
ISC	International Steering Committee
ISPs	Inadequately Served Populations
KP	Key Population
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex
LGBTQ+	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, and others
LUNEST	The Estonian Network of People who Use Drugs
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MPs	Members of Parliament
MSM	Men who have sex with men
MSMIT	MSM Implementation Tool
NGO	Non-Governmental Organization
Norad	Norwegian Agency for Development Cooperation

OPSI	Organisasi Perubahan Sosial Indonesions
PAP	Program Advisory Panel
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PWUD	People who use drugs
RCNF	Robert Carr civil society Networks Fund
SADC	Southern African Development Community
SADC PF	Southern African Development Community Parliamentary Forum
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
STC	Sustainability, Transition and Co-financing
SW	Sex workers
SWIT	Sex Worker Implementation Tool
TI	Transgender and Intersex
Trans people and individuals	Transgender and other non-binary gender identities
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
W4GF	Women for the Global Fund
WHO	World Health Organisation

Foreword

The Robert Carr civil society Networks Fund (RCNF), founded in July 2012, honors the life and work of Dr. Robert Carr. Dr. Carr was a charismatic figure, who was doggedly devoted to defending human rights in his native Caribbean region and globally, and maintaining and strengthening the role of civil society in the HIV response at large. Over the last five years, the RCNF has devoted itself to honoring these causes by supporting the infrastructure of advocacy, community mobilization, capacity building, and community-based service delivery that are interlinked at global, regional, national and local levels.

While many funders provide support for implementation of discrete projects or services, the RCNF's pooled funding mechanism is distinct among its counterparts in prioritizing investments in core, indirect, and strategic costs for the global and regional networks to be able to fulfill their primary goals of mobilizing, uniting and strengthening capacities of their national and local level partners. These efforts aim to create an enabling environment and community movements that contribute to better health, inclusion, and social wellbeing of inadequately served populations (ISPs) – from the local level up to the global level.

While the passion of Dr. Carr – who spoke frankly and made no apologies for demanding that all people have access to their human rights – echoes through this mission, this investment is ultimately a practical one: by providing stability and a platform for strategic growth in global and regional networks, the RCNF supports civil society and community partners to more effectively utilize project-based resources from other funding partners, catalyzing greater collective impact. This is not only beneficial for networks on the ground, but also for many funding partners who co-invest in both the RCNF and direct funding of services through other mechanisms.

But measuring the impact of this work is no easy task. Traditional indicators and project measurement frameworks are not designed to capture the subtleties and complexities of advocacy and community mobilization. Moreover, the diversity of the RCNF grantees, by population, location, and focus, can at times lead to wildly divergent outcomes and paces of progress. And yet, at their core, all grantees share the aspiration for equitable access to health and justice, and work to achieve the common core outcomes: building a more supportive social, policy and legal environment; assuring access to quality HIV services for those in need; and establishing or safeguarding sustainability of critical HIV programs – all in the name of improving the overall health and wellbeing of their communities. As the RCNF moves forward into its next five years, it seeks to support grantees in joining forces to amplify their contribution towards these common causes, to learn from each other and from their experiences to further strengthen the global HIV response, and to tell the story that Dr. Carr spoke so passionately about: the story of how communities are at the heart of ending AIDS.

This annual report is the first in a series of efforts by the RCNF collective – i.e. our grantees, funding partners, International Steering Committee, Program Advisory Panel and Secretariat – to co-envison the way that we conceive of and invest in collaborative movement-building and advocacy efforts, as well as how we measure their success. At the end of the first chapter of the Fund's five year operations, we glimpse at a new beginning, with the RCNF shining a light on all that is ahead for community mobilization and influence in the global HIV response.

Sigrun Møgedal
Chair of the International
Steering Committee

Craig McClure
Vice-Chair of the International
Steering Committee

Executive Summary

The Robert Car civil society Networks Fund (RCNF) is the first international pooled funding mechanism that specifically aims to strengthen global and regional HIV civil society and community networks across the world. This institutional focus is in recognition of networks' critical value and contribution to better health, inclusion and social wellbeing of inadequately served populations (ISPs), as networks have unique reach into and impact at community level.

The purpose of this *RCNF 2016 Annual Report: From Invisibility to Indivisibility* is three-fold: it seeks to (1) report on significant results that the RCNF grantees achieved during 2016, generating evidence for the critical value of civil society and community networks within the HIV response; (2) to reflect on the unique contribution of the Fund's combined work; and (3) to explore the valuable findings and lessons from this year's work as well as the last 5 years of the Fund, which will strengthen the RCNF's results in 2017 and beyond. In doing so, this report seeks to tell a story about the RCNF collective, providing a synthesis of the many different levels and ways in which the collective achieves its outcomes and impact. This story is one of how ISP communities have started on an aspirational path from invisibility to indivisibility – and how the RCNF's unique mechanism supports that transformation.

Context

In the five years since the RCNF was founded, the global HIV response has grown and shifted enormously. ISPs¹ have gained recognition in the global response for their disproportionate burden of HIV infection, and the movement has found increased value in collaborative, intersectional advocacy on common issues. While there is positive progress on the global level in promoting linkages of stakeholders' actions towards resilient systems for health through the Sustainable Development Goals and other frameworks supporting people-centered approaches, there are also several long-entrenched challenges, which call for stronger civil society and community responses. Challenges in the social, policy and legal environment remain, and many countries see closing space for civil society; even with tremendous global progress on access to HIV treatment, ISPs still face barriers in accessing quality prevention, care, treatment and support services; and the resource environment is shifting dramatically, leaving many ISP programs underfunded or facing shutdown. Thus, the RCNF collective's contribution and role become more relevant in this precarious context, where the RCNF grantees continue working systematically to dismantle the barriers to an enabling environment and accessibility of quality services for ISPs, and promoting the mobilization of appropriate resources to sustain the HIV response.

Key Roles of Networks and The Virtuous Cycle

In the struggle to safeguard and expand the role and influence of communities in the global response, civil society and ISP networks play a unique role. These can be best described as a virtuous cycle, in which mutually reinforcing and indivisible elements of influencing occur:

- **Building Bridges**, through which networks bridge global decisions and local realities, while infusing local communities' voices and advice into the global discourse;
- **Amplifying Voices**, through which networks work directly with members to build accountability and representation mechanisms, to create safe spaces and to enhance advocacy capacities and credibility of community voices;
- **Generating Momentum**, through which networks consolidate community experiences and evidence to put or keep issues on policy agendas, with a view to tackle the structural barriers to their health and justice; and

1 ISPs refer to people who use drugs (PWUD), sex workers (SW), the Lesbian, Gay, Bisexual, Transgender and Transsexual, Intersex, Queer (LGBTIQ+) communities which includes men who have sex with men (MSM), women and girls, vulnerable youth, migrants and prisoners.

- **Uniting and Solidifying Forces**, through which networks rally and mobilize movements and build partnerships in pursuit of a shared goal and engage in dialogue and joint, complimentary actions to bring about sustainable policy change.

These roles of networks in interacting from the global down to the local level combine to form an endless, seamless, virtuous cycle – in which networks serve as intermediaries and maintain a productive exchange of information that reinforces improved policy and practice. This cycle serves every level of the response, but most importantly, the communities of inadequately served populations. It is through this cycle of feedback, amplifying voices and generating momentum that networks aspire to make their community voices more indivisible, uniting them for the greatest influence and local impact through regional and global actions.

Grantee Outcomes

Within the influencing processes of the virtuous cycle, the outstanding results of grantee efforts are clear in the three major challenge areas identified in the RCNF's own Theory of Change (see Annex 4):

1. More enabling, rights-affirming social, policy and legal environment;
2. More accessible, rights-based, quality HIV services and programs; and
3. Resources available and spent properly to create better conditions with regards to HIV and human rights.

In 2016, the RCNF grantees achieved strong results in promoting enabling social, policy and legal environment, engaging in the full cycle of influencing from bridging global policies to local realities, amplifying voices at the community level, consolidating evidence to build momentum regionally and globally, and finally achieving greater solidarity in global advocacy. Grantees developed systems for generating critical evidence on human rights violations, and supported redress and access to justice through strategic litigation. Advocacy was successful in removing legal barriers at the national level, including passage of Bolivia's Gender Identity Law to support trans identities, and decriminalization of homosexuality in Seychelles. On the global level, grantees came together as partners to affect language of landmark documents produced at the UNGASS on Drugs and the High-Level Meeting on Ending AIDS.

Grantees also drove the strengthening of quality HIV services by empowering communities to engage with the guidance of key Implementation Tools – particularly through the finalization of the Injecting Drug User Implementation Tool, the roll out of the Sex Worker Implementation Tool and the translation and broad dissemination of the Men who have Sex with Men Implementation Tool – bridging global service package guidance to local implementation settings; and by engaging in the development of locally-tailored guidelines and tools to improve provision of services for trans populations in Asia Pacific. Common problems in access to medications were raised to build momentum and advocate for change at the regional level across South Asia and Asia Pacific, as well as in Eurasia; and a multi-country situational analysis critically informed the development of WHO's adolescent guidelines, resulting in unification of youth voices at the highest level.

The issue of resource accountability and mobilization (especially domestic) remains novel and relatively undefined in terms of best practice, but early efforts by grantees in Eurasia have amplified local concerns and priorities to improve domestic budgeting. Meanwhile, in Southern Africa grantees have built momentum to achieve mobilization of targeted resources for ISPs from existing external funding pools. Grantees in Eurasia have begun to capacitate communities in countries transitioning towards domestic funding of HIV, to better understand their budgetary needs and the processes for advocacy to fill programmatic gaps. More results are expected in 2017 and beyond, as this early work continues to ripple into outcomes and impact.

Value of the RCNF as a Funding Mechanism

The wide-ranging results of grantees' 2016 activities highlight the important value that networks bring to the HIV response within the mutually reinforcing cycle of influence, bridging the full range of interwoven global, regional and national efforts. Ultimately, without the solidarity supported by the RCNF to keep going *from invisibility to indivisibility*, communities would struggle more to realize their full collective power to influence and drive the change that leads to increased health and wellbeing for ISPs.

But the unique contribution of the RCNF is in its focus on providing core funding to regional and global networks of HIV civil society and community networks. The RCNF invests in the very

stability and growth of networks, as key stakeholders of the global HIV response, catalyzing their institutional absorptive and programmatic capacity to ultimately expand their impact. The networks, supported by the RCNF, succeed in strengthening their institutional capacity and influencing power through **growing technical expertise and credibility**, by investing in human resources, organizational structure, strategic planning and governance; supporting **membership growth and connectivity**, growing networks in size and strength, and incubating nascent groups and networks to represent communities with insufficient voice; and **movement building and intersectionality**, coming together as consortia and engaging with new partners beyond the typical realms of collaboration. Taken together, these investments have particularly strong impact on amplifying local voices, generating momentum for change, and unifying and solidifying for change at the national, regional and global level.

Lessons to Inform the Future of RCNF

The global HIV response is at a critical crossroads in finding solutions and capacities both to be resilient in the face of persisting challenges such as disabling legal environments (i.e. criminalization and closing civil society space etc.), and to adapt and self-renew in order to cope with emerging challenges such as sustainability of the HIV response (i.e. transition to domestic financing of HIV programs).

The wide range of linkages and experiences within the collective of the RCNF grantees holds the potential for fostering, catalyzing and facilitating collaborations, learning and exchange of the best practices and ideas needed to generate, adapt and mainstream innovations and solutions that will help the HIV sector to overcome these challenges.

The first, most prominent lesson to drive the future of the RCNF is that **investments of financial resources, however critical, can have the most optimal effect and bring about the value for money only if combined with on-going learning and capacity-building.**

The second key lesson is that of **the transformative power of collaboration and strategic partnerships in pursuit of common goals, which is difficult for a partner to achieve through individual effort.**

In the five years since the RCNF began its function, innumerable learning areas have been identified – both by grantees, and by the Fund itself – under these key two thematic lessons. In 2016, while grantee environments and experiences varied widely, there were two common learning areas stretching across their work, which, on the one hand, indicate areas for continued learning, on the other, provide lessons for moving into 2017 and beyond:

- **Learning area #1:** There is continued – and in places increasing – need to address criminalization and limited safe space for ISP communities and civil society.
- **Learning area #2:** Gains in civil society capacity, engagement and influence are threatened by rapidly shifting funding environments.

There are also several lessons learned for the internal function and structure of the RCNF, which will be used by the Secretariat, ISC and PAP to guide the Fund's operation in 2017 and coming years:

- **Learning area #3:** The unique and critical value of civil society, communities, their networks and their influence in the global HIV response is not always recognized, and is poorly captured in existing M&E frameworks.
- **Learning area #4:** There is a catalytic effect of the RCNF's investments in regional and global networks, which helps fuse advocacy and service provision.
- **Learning area #5:** The RCNF Grant Management Model and consortium approach foster alignment and resilience of civil society and community movements, particularly through growing nascent movements and supporting intersectional collaboration across movements for greater impact.

Ongoing learning and capacity building (particularly via a peer-to-peer approach), facilitated by the RCNF, allows pooled investments in strategic costs of grantees to bring about the best and most catalytic value for money, as well as the best benefit to communities. In 2017, it will be critical to evaluate and analyze the experience of consortium model to evolve it to better serve the purpose of strengthening the HIV sector as a whole. In advance of 2019-2021, i.e. 4th round of RCNF funding, it will be necessary to engage with grantees to assess and explore variations of consortia models that will facilitate the expression of the full potential of various networks coming together to address a shared challenge e.g. regionally, or around a common external issue of concern (e.g. criminalization) or a common institutional development challenge (e.g. sustainability of operations).

Purpose of RCNF 2016 Report

The Robert Carr civil society Networks Fund (RCNF) is the first international pooled funding mechanism that specifically aims to strengthen global and regional HIV civil society and community networks across the world. This institutional focus is in recognition of networks' critical value and contribution to better health, inclusion and social wellbeing of inadequately served populations (ISPs), as networks have unique reach into and impact at community level.

The breadth of linkages within the collective of the RCNF grantees – often consortia of global and regional networks – holds the potential for fostering, catalyzing and facilitating collaborations, learning and exchange of best practices and ideas needed to unite a wide range of allies and build a movement and capacity towards sustainability of HIV response. As technical, intellectual and emotional capital of communities is pooled through these networks for greater impact, so too are funding partners' financial resources pooled through the RCNF, to support the great coming-together of efforts.

The purpose of this *RCNF 2016 Annual Report: From Invisibility to Indivisibility* is three-fold: it seeks to (1) report on significant results that the RCNF grantees achieved during 2016, generating evidence for the critical value of civil society and community networks within the HIV response; (2) to reflect on the unique contribution of the Fund's combined work; and (3) to explore the valuable findings and lessons from this year's work as well as the last 5 years of the Fund, which will strengthen the RCNF's results in 2017 and beyond.

Most importantly, in doing so, this report seeks to tell a story about the RCNF collective. It is this collective – which includes a unique mix of grantees, funding partners, program advisory experts, and the Fund's entire governance and operating infrastructure – as a pooled funding mechanism for building capacity and collaborative work, driving change for ISPs, which sets RCNF apart from others. While there are many lenses through which RCNF's results can be viewed, this report aims to serve as a synthesis of the many different levels and ways in which the collective achieves its outcomes and impact.

The crafting of this story was informed by a range of sources – most notably the 2016 reports of grantees themselves, and a Collective Impact Reflection Workshop held in Amsterdam in May 2017. It was at this meeting in Amsterdam that the theme of this report emerged: *From Invisibility to Indivisibility*.

Just as this is the story of the many actors of the collective, it is made to serve many audiences. It is meant to help funding partners see how their investments in RCNF provide added value to other major bilateral and multilateral funding streams; it is meant to give insight to the Program Advisory Panel and International Steering Committee on how the Fund has grown and evolved, and how it can be more effective and relevant in the coming years; and it is meant to help grantees to see the larger picture in which their work sits. While it is impossible to capture all of the valuable contributions from all actors involved in these inputs, this Annual Report aims to capture the heart of the time, energy, efforts and spirit which the collective put towards their shared results.

ROBERT CARR CIVIL SOCIETY NETWORKS FUND GRANTEEES – 2016 (FOR FULL GRANTEE OVERVIEW PLEASE SEE ANNEX 1)

1. International Treatment Preparedness Coalition and AIDS Rights Alliance of Southern Africa Consortium
2. Consortium of MSM and Transgender Networks
3. Sex Worker Networks Consortium
4. Eurasian Regional Consortium
5. Harm Reduction Consortium
6. HIV Justice Global Consortium
7. Positive Network Consortium
8. Consortium of Networks led by Young People
9. International Networks Living With or Affected by HIV/AIDS
10. Asia Pacific Transgender Network
11. Consortium of Networks of People who Use Drugs
12. Peers 2 Zero
13. Inclusive and Affirming Ministries
14. International Community of Women Living with HIV
15. Eastern Europe Key Population Health Network
16. Caribbean Vulnerable Communities Coalition
17. Red Latinamericana y del Caribe de personas trans
18. Coordination of Action Research on AIDS and Mobility Asia

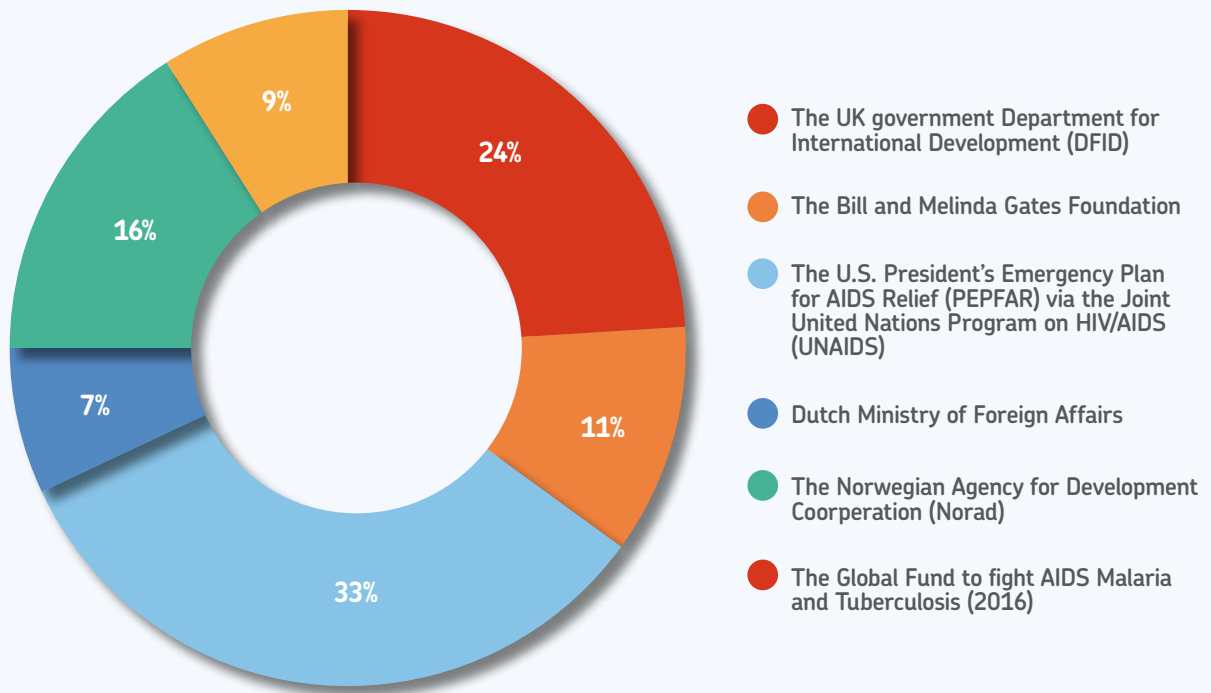


Figure 1: Total Donor Commitment 2016-2018 (USD 28 mln)

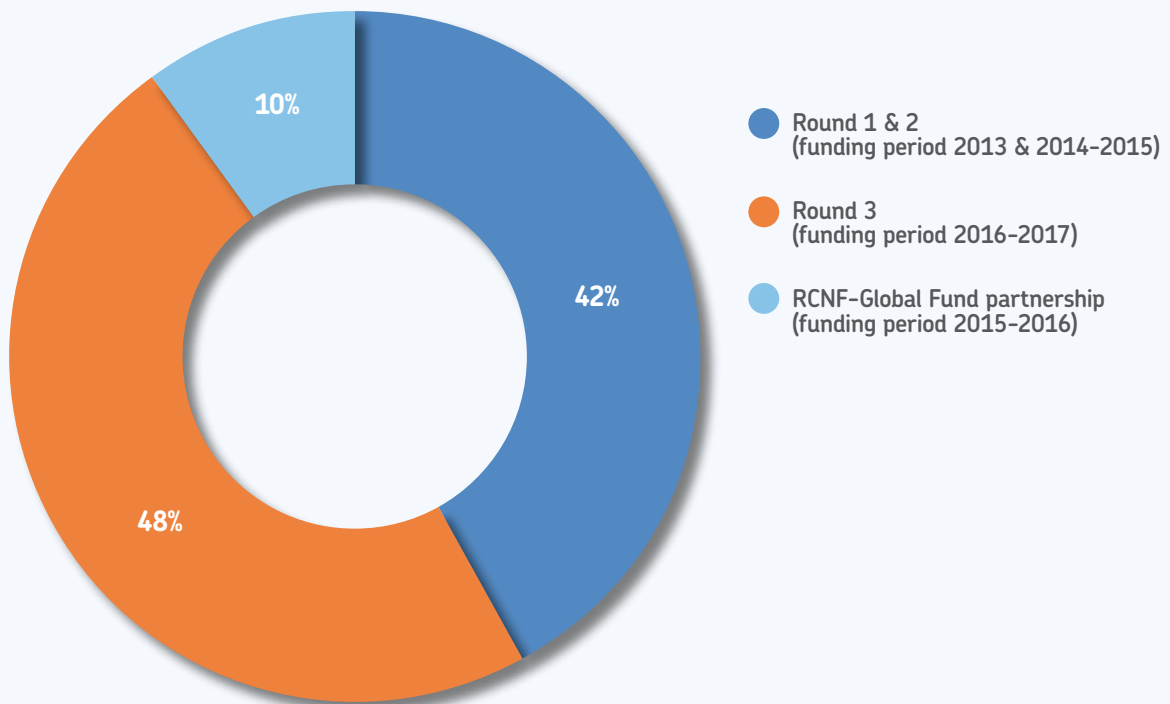


Figure 2: Total Donor Commitment for funding period 2013-2018 (USD 52.7 mln)

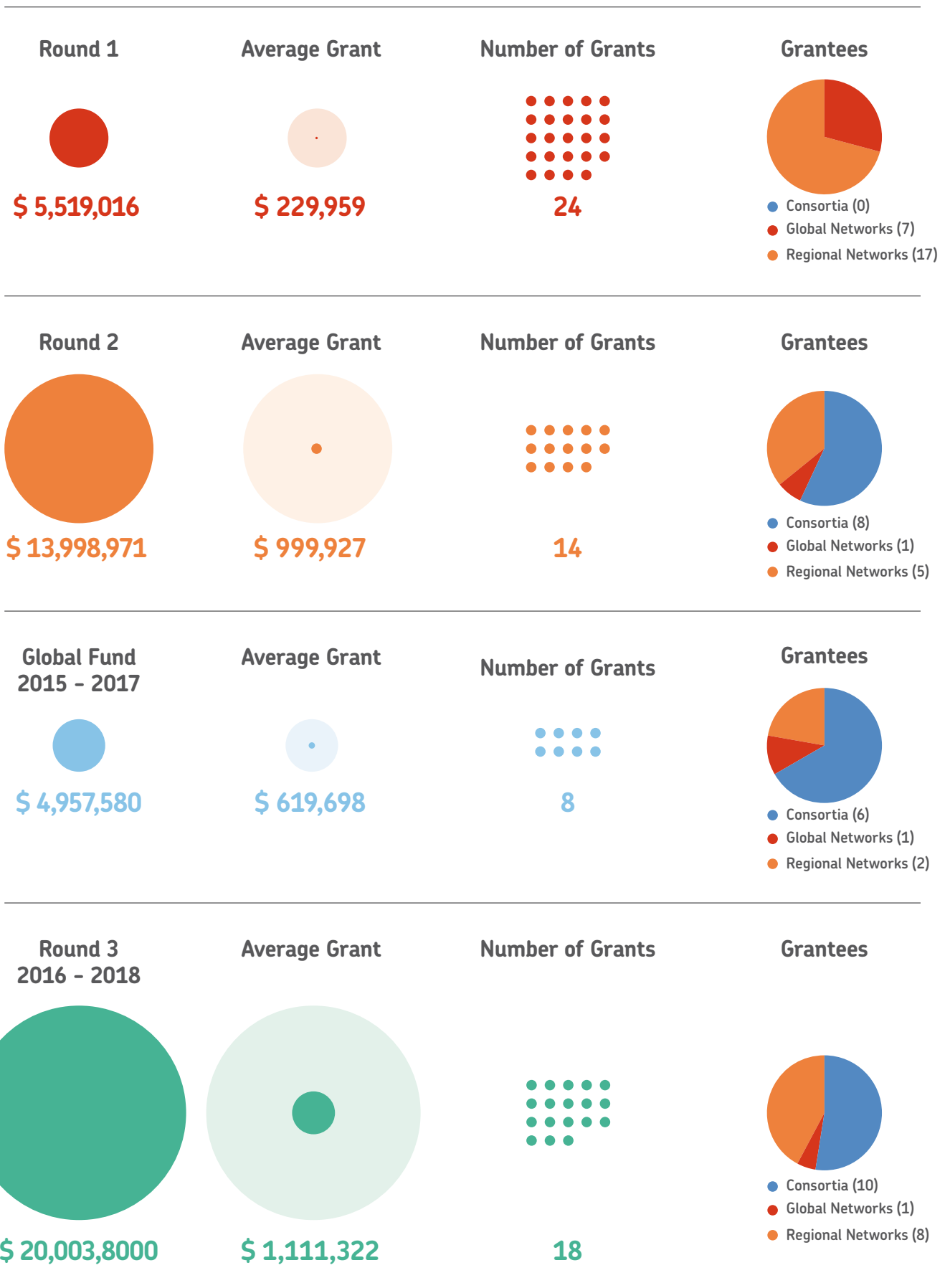


Figure 3: Overview of previous and current RCNF grant rounds - 2013-2018

Context

In the five years since the RCNF was founded, the global people-centered HIV response has grown and shifted enormouslyⁱ. ISPs have gained recognition in the global response for their disproportionate burden of HIV infection, a phenomenon driven largely by stigma and discriminationⁱⁱ. The central role of ISP communities as part of the solution has also gained long-overdue traction, and there is now widespread recognition of the indispensable role of communities in the global HIV response, documented by key global actors, including donors and technical partnersⁱⁱⁱ. As a result, meaningful involvement has, in many cases, moved beyond tokenism, the importance of community participation in decision-making is increasingly acknowledged by some country governments. In short: the work of RCNF in supporting civil society networks to engage in the HIV response has never been more relevant than it is now.

At the same time, there is an increasing intersectionality in the global HIV response, recognizing that multiple intersecting categories and social groupings may apply to many of the individuals at increased risk for acquiring HIV. Moreover, many of these groups experience the same threats and barriers, primarily due to the lack of enabling legal and policy environments, which criminalize people living with HIV and other key populations. Thus, organizations and networks which have focused on different affected populations are finding means to converge and collaborate. By speaking with a common voice on key issues, affected communities have brought increased attention to the importance of rights-based responses; the impact of violence on access to prevention, care and treatment; and the continued harm of conservative political, legal and social environments around drug use, LGBTQ+ identities, and sex work, among other issues. The RCNF consortium approach has supported these cross-movement linkages and driven collaboration between networks to support this convergence.

Alongside this move to intersectionality, there are broader trends of integration in systems for health. The Sustainable Development Goals (SDGs)^{iv} take bold steps forward to outline comprehensive improvements in global health from an integrated, multi-dimensional perspective. Under the SDGs, HIV is integrated under a broader health goal (SDG 3), while major enabling environment issues related to ISPs are also addressed in other goals, including gender equality and access to sexual and reproductive health and rights (SDG 5); elimination of discriminatory laws and practices (SDG 10); reduction of violence and corruption, and promotion of inclusive, participatory decision-making – with explicit inclusion of affected communities (SDG 16); and the strengthening of domestic resource mobilization and promotion of cross-sectoral partnership (SDG 17). Overall, the people-centered approach of the SDGs, which supports communities as agents of change, is well-aligned with a solidification of the role of ISP communities in the global HIV response; this notion is further supported by the WHO Framework on Integrated, People-Centered Health Services, which recognizes the need to put people and communities, not diseases, at the center of health systems. While some communities and partners see the de-emphasis of HIV as a challenge to the global movement, others welcome the focus on integration and enabling environment, as an opportunity for strengthening the HIV response by building bridges with adjacent sectors during a time of closing civil society space, restrictive policy and legal environments, and financial constraints.

These developments exist in a greater global economic context in which more countries are advancing from low-income status to middle-income designations, with some countries which have traditionally been recipients of external aid even reaching high income status. Alongside these increases in income status, there has also been a shift in funding trends, with an overall reduction in funds towards HIV programming^v. Key funding mechanisms and financial institutions are revising eligibility criteria, leading to ineligibility for many high-income and middle-income countries which previously qualified for funding; some major donors are, in turn, scaling back the amount of funds available, the geographic areas in which they operate, and the types of organizations and activities which they fund. Indeed, it was the beginning of this shift that catalyzed

the formation of the RCNF back in 2012, in response to changes in funding availability for networks. In response to these shifts, major donors including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR) have devoted significant resource to developing sustainability, transition and co-financing policy and guidance^{vi} aimed at assuring that domestic funding steps in to fill the gap in these countries.

Within this context, ISPs across the globe continue to face common, persistent barriers to health, inclusion and wellbeing: lack of enabling social, political and legal environments; lack of access to appropriate, quality HIV services and programs; and lack and poor utilization of resources for HIV services and programs serving ISPs. It is around these areas that RCNF has built its Theory of Change, and through which contributions are critical to assuring that ISPs achieve improved outcomes in HIV and overall wellbeing.

KEY EPIDEMIOLOGY

- HIV prevalence among people who inject drugs is 28 times higher than that of their non-drug using peers. Moreover between 2011 and 2015, despite a target to reduce new HIV infections among people who inject drugs by 50% new infections actually increased by one third.
- Sex workers are 10x more likely to acquire HIV than the general population
- HIV prevalence among MSM ranges from 3% to 26% - with no evidence of decreasing incidence anywhere
- Transgender women are estimated to have an average HIV prevalence of 19% globally, though data are limited
- Youth struggle to access HIV prevention services, as part of comprehensive SRHR services, and data are often unavailable to adequately describe HIV risk

THE RCNF THEORY OF CHANGE (SEE ANNEX 4)

RCNF provides core funding to strengthen the institutional and advocacy capacity of regional and global networks and consortia that work with ISPs.

RCNF believes that if these networks - through which ISPs can find legitimate representation for decisions that affect them - are stronger, it will enable ISP groups to have more influence over the Human Rights and HIV issues that affect them.

Sustained influence from ISPs with regards to HIV and Human Rights issues at global, regional and national levels will result in a more enabling and rights-affirming social, policy and legal environment for ISPs, along with more accessible and appropriate quality HIV services and programs, and the corresponding available resources to create better conditions for ISPs with regards to HIV.

If the human rights of ISPs are realized, and they have access to better HIV services, and there is appropriate resourcing to underpin the necessary services, it is believed that ISPs across the globe can have better health, inclusion and social wellbeing.

Enabling, rights-affirming social, policy and legal environment

At the core of the RCNF's history and mission is the promotion and protection of human rights of ISPs, and building an enabling environment to support community action around the realization of these rights. This requires removing key barriers for ISPs to engage in action, including criminalization of populations and HIV transmission and exposure; stigma and discrimination surrounding both HIV and other ISP-related factors such as drug use, sexual orientation and gender identity, and engagement in sex work; unequal access to justice; lack of democratic participation; and other human rights violations which disproportionately affect ISPs. As a formidable task that underpins all ISP-related issues downstream, the bulk of the RCNF thematic focus falls in this area.

Despite scattered progress on decriminalization of sex work and drug use both in international recommendations and guidance and in the legal framework of some countries, in many environments conservative governments and social movements are driving increasingly dangerous environments for ISPs. LGBTQ+ populations face threats from the so-called "gay propaganda" laws restricting health information in Russia and other countries within its sphere of influence to campaigns to make homosexuality punishable by imprisonment or capital punishment, such as those promulgated in East Africa^{vii}. People who use drugs face a resurgence of drug wars, as illustrated by violent crack downs and extrajudicial killings in the Philippines^{viii}.

In some settings, such societal pressures on the behavior of individuals and specific ISPs are indicative of closing spaces for civil society in general; a recent analysis found that in recent decades, 39 of the world's 153 low- and middle-income countries enacted laws to severely restrict civil society^{ix}. Such developments, which threaten the very fabric of the enabling environment, have a particularly strong emphasis on impeding the work of human rights-focused groups, including many of those that work with ISPs.

Accessible rights-based, quality HIV services and programs

Globally, progress has been made on reducing morbidity and mortality amongst people living with HIV (PLHIV), with 17 million people now on treatment (a 56% increase since the RCNF's founding in 2012) and ambitious targets to assure that 90% of people living with HIV know their status; 90% of those diagnosed have access to antiretroviral treatment (ART); and 90% of those on ART are virologically suppressed; as well as for 90% of key populations to have access to combination HIV prevention. If realized, these achievements would have a dramatic impact on AIDS-related mortality among PLHIV, and curb new infections to a point where resources could be devoted solely to treating those already in need of services.

While countries may have, on the whole, achieved this progress in treatment expansion, there is no guarantee that these gains have translated into improved outcomes for MSM, PWUD, trans populations or SW. In many countries still struggling to fully fund their HIV response to meet UNAIDS targets, the limited funds available are unlikely to be designated to these groups. While ministries of health may have evolved their thinking on the need to prioritize ISPs in health programming, often society at large has not, and budgetary decision-makers do not find ISP-targeted programming to be politically desirable.

In addition, while there has been increased global recognition of a wide range of distinct ISPs, at the country level many programs still fail to recognize populations such as trans people or young key populations in policy; this is further exacerbated by a lack of data collection which would support the designation of funds and programming to these groups. However, the sometimes-hyper-focus on access to treatment can also threaten community voices at the regional and global scale, where 90-90-90 has led to a refocusing on biomedical experts – a phenomenon which can push community experts to the sidelines. The introduction and scale-up of community-led monitoring and assessment of services is urgently needed to safeguard against the unintended ill effects of this phenomenon.

Resources available and spent properly

As the global response continues to evolve, the RCNF is at the forefront of the next big challenge: ensuring sustainability of progress made on ISP services and programming, while creating space for continued improvements even in reduced funding environments. This is an emerging challenge that has already proven to be complex: so far, where countries have increased their domestic investments, it has often been for the financing of ART and related costs^x. Such investments are valuable in the achievement of UNAIDS 90-90-90 goals, but may lead to neglect in funding prevention programming and outreach and support services to guarantee that ISPs also have access to care and treatment. Already in 2015, 40% of more than 480 community-based organizations responding to a 2015 UNAIDS survey reported that their funding had decreased since 2013; two thirds expected flat or reduced funding in the future. Yet, domestic resources have not emerged to fill the gap: the same survey found that 89% of those who reported a decrease in funding also reported they had to scale down their services as a result, with the most impact on HIV prevention and care services.^{xi}

At the same time, UNAIDS has estimated that investments in community-based programming needs to in order to achieve the fast track targets. According to these estimates, by 2020, investment in community mobilization should increase three-fold to 3% of total resources dedicated to the response in low- and middle-income countries; community-based delivery of ART should grow to 3.8% of total investment; and funding for social enablers – including advocacy, political mobilization, legal and policy reform, human rights, public communications and stigma reduction – should reach 6% of total expenditures.^{xii}

In addition to a critical need for funding services for ISPs, there remains a question of how civil society will continue to be funded for advocacy work as donors withdraw from middle-income countries and as resources targeting community-based HIV interventions continue to dwindle; this is especially prescient for criminalized or highly stigmatized communities, for whom local resource mobilization is often an unrealistic option for funding such work^{xiii}. Therefore, civil society faces the challenge of not only mobilizing funding for services for ISPs, but also to maintain their own advocacy efforts to influence funding decisions and positive changes in policies, which ultimately have a strong impact on ISP health and wellbeing. There is need for a substantive shift in how governments and donor agencies consider, plan and finance community action to assure resilient and sustainable systems for health and support the overall wellbeing of ISPs.

And so, the RCNF collective's contribution and role become more relevant in this precarious context, where bold action is required to maintain the gains made over the last five years, while also working systematically to dismantle the barriers to enabling environment and accessibility, quality services for ISPs, and promoting the mobilization of appropriate resources to sustain the response. In 2016, this meant grantee engagement on the global stage – at the United Nations High-Level Meeting on Ending AIDS, and the United Nations General Assembly Special Session (UNGASS) on Drugs – down to the national level where some RCNF grantees influenced the scope and planned operationalization of Global Fund STC policy and guidance, to the most grassroots level where community members self-assessed needs and determined priorities for advocacy. This report tells the story of how the RCNF collective is taking these actions to protect and enhance the role and impact of civil society networks in the global HIV response, bringing them from invisibility to indivisibility from the local to the global level.



Key Roles of Networks in the Global HIV Response: The Virtuous Cycle of Influencing Sustainable Policy Change

In the struggle to safeguard and expand the role and influence of communities in the global response, civil society and ISP networks play a unique role. While the HIV response in the Global North started as an intensely community-driven one, with the unprecedented attention to a single disease that has come with the global HIV response, a strongly top-down structure has emerged to manage considerable amounts of funding, research and technology, and ever-evolving prevention, treatment and care standards to be rapidly rolled-out across the globe. This has, at times and in some ways, sidelined and silenced the grass-roots activist culture that was the hallmark of the early response to HIV, and made it more challenging for emerging civil societies and communities in the Global South to gain the prominent position of their allies in the Global North. In addition, the centralized approach has often historically favored delivery of HIV services through government-led health systems, despite research and decades of experience that demonstrate that countries which do engage civil society and communities in health systems achieve stronger health outcomes. In order for civil society to counterbalance the juggernaut of global-level decision-making, guidance, and health systems investment and maintain accountability and responsiveness to the needs of local communities, an equally unprecedented cohesion of actors is needed to sustain and enhance the role of communities: the many are stronger together to influence and operationalize global decisions at community level, and also to channel grassroots needs, advice and perspectives back up to the major decision-making fora. This is the job of networks.

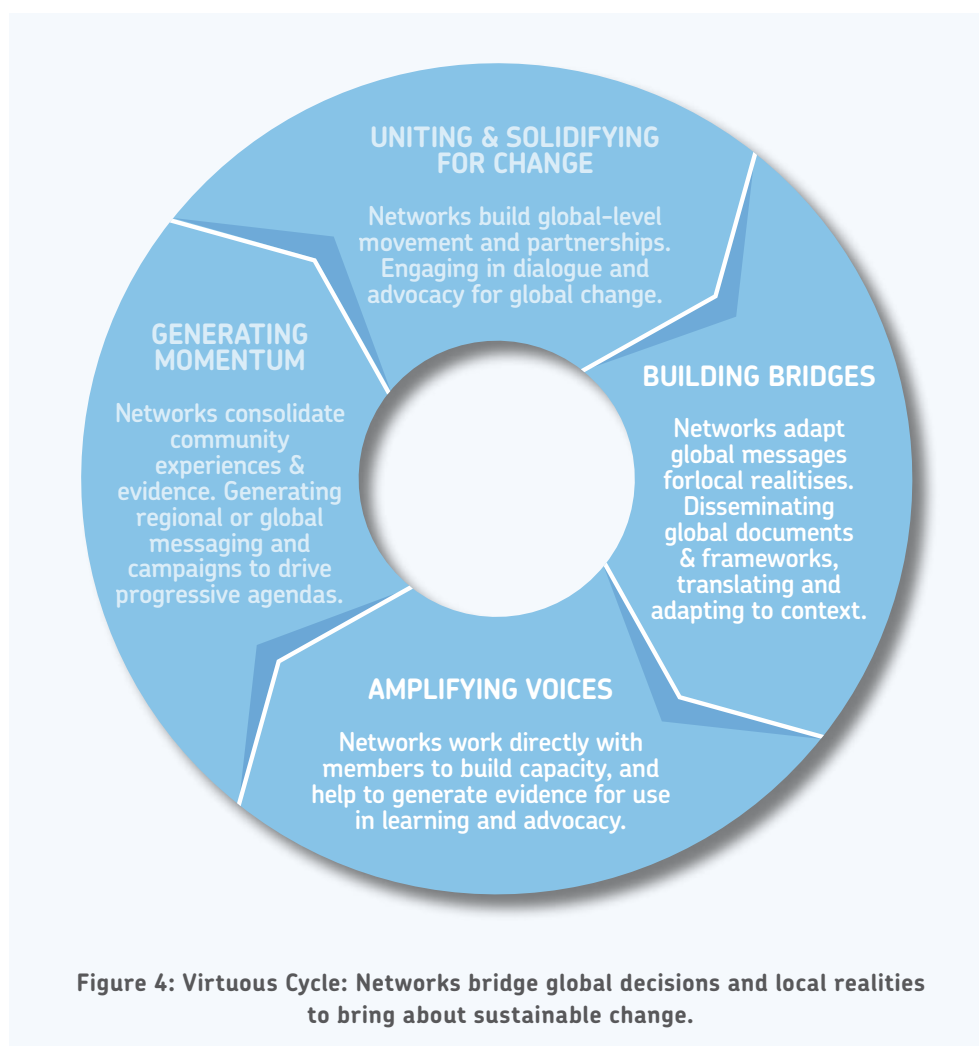
The Virtuous Cycle


The value of ISP networks is best described in terms of a virtuous cycle, in which mutually reinforcing and indivisible elements of Influencing occur:

- **Building Bridges**, through which networks bridge global decisions and local realities, while infusing local communities' voices and advice into the global discourse;
- **Amplifying Voices**, through which networks work directly with members to build accountability and representation mechanisms, to create safe spaces and to enhance advocacy capacities and credibility of community voices;
- **Generating Momentum**, through which networks consolidate community experiences and evidence to put or keep issues on policy agendas, with a view to tackle the structural barriers to their health and justice; and
- **Uniting and Solidifying Forces**, through which networks rally and mobilize movements and build partnerships in pursuit of a shared goal and engage in dialogue and joint, complimentary actions to bring about sustainable policy change.

This cycle acknowledges the value of the highly organized global response, led by major funding partners and supported by technical partners. The resources and frameworks to standardize approaches and practices to HIV provided by these partners have been instrumental to the tremendous progress made in turning the tide on HIV over the last 35+ years. Furthermore, political declarations and statements on the importance of enabling legal, social and political environments promoted by high-level UN processes have provided the foundations for national and local activists to advocate for changes in the environment in which ISPs live and access HIV-related services.

However, as valuable as these global-level edicts may be, they can come to life and transform lives of communities for the better only through the efforts of civil society and communities themselves. Complex language and concepts, generalized approaches which must be adapted for specific contexts, and calls for changes which go beyond current local capacity are all common barriers to adapting and enforcing global-level guidance to local-level realities. This is where well-organized, capacitated networks are indispensable to achieve local impact through global and regional action, by activating the virtuous cycle of influence that fuses the divides between global, regional and local actor





In this role, networks are the crucial link between global guidance and local realities. This may involve actions such as translating key documents – both literally, from one language to another, and figuratively, to more accessible prose; helping local partners process the implications of global guidance; and developing implementation plans to fit specific local context(s).

At the same time, networks also work directly with partners on the ground to build local capacity for advocating for policy changes at the national level, to delivering services according to new guidelines and recommendations.

Local communities are the ones to experience the direct impact of criminalization, exclusion and lack of resources, which creates a virtual nervous system that signals urgency for changes in policy, funding flows, practice, guidelines, etc. While these communities may immediately recognize and be able to provide feedback on what works and what does not, the communication channels to the halls of Geneva or Washington, DC, may seem desperately foreign and complex. Here, again, regional and global networks are critical and influential messengers and negotiators, helping them to re-translate their messaging into the appropriate language (literally or figuratively) to be able to reach decision-makers at the national, regional and global levels.

On a practical level, networks assist local communities on the ground with these efforts by supporting them in systematically monitoring and building evidence bases (where possible); by consolidating common experiences across countries or even regions; and by communicating these experiences, needs and stances to the global scale, whether through organized advocacy campaigns or through participation in major international events, consultations, development of publications, etc.

These roles of networks in interacting from the global down to the local level combine to form an endless, seamless, virtuous cycle – in which networks serve as intermediaries and maintain a productive exchange of information that reinforces improved policy and practice. This cycle serves every level of the response, but most importantly, the communities of ISPs. It is through this cycle of feedback, amplifying voices and generating momentum that networks aspire to make their community voices more *indivisible*, uniting them for the greatest influence and local impact through regional and global actions.

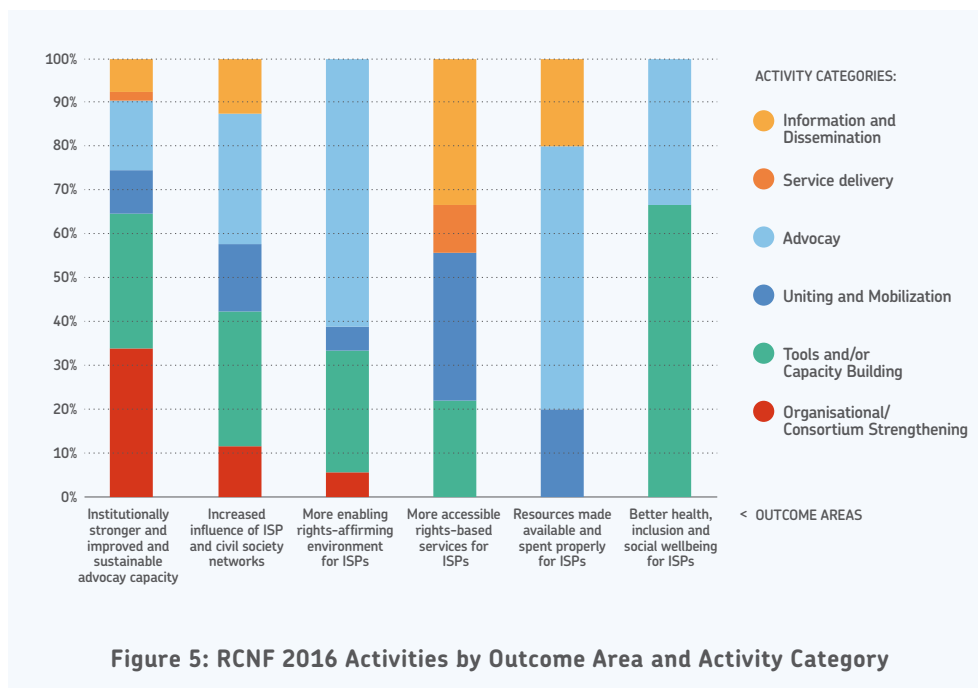
Grantee Outcomes

It is within these influencing processes of the virtuous cycle that we are able to see the outstanding results of grantee efforts in the three major challenge areas, as described above and as identified in the RCNF's own Theory of Change:

1. MORE ENABLING, RIGHTS-AFFIRMING SOCIAL, POLICY AND LEGAL ENVIRONMENT

2. MORE ACCESSIBLE, RIGHTS-BASED, QUALITY HIV SERVICES AND PROGRAMS

3. RESOURCES AVAILABLE AND SPENT PROPERLY TO CREATE BETTER CONDITIONS WITH REGARDS TO HIV AND HUMAN RIGHTS





Enabling Social, Policy and Legal Environment

The foundational common ground between all ISPs is a social, policy and/or legal environment which does not respect their human or civil rights, and which ultimately impacts their health and wellbeing – certainly in relation to HIV, but often reaching far beyond into other health and social wellbeing. In some instances, conservative social norms and policies simply discourage people from seeking services out of fear or shame; in other cases, punitive laws and policies targeting certain groups actively increases vulnerability and fuels cycles of harm^{xiv}. In order to improve these environments to support the wellbeing of ISPs, networks must engage in a complicated range of activities to drive global-level recommendations and pressure on national governments; while also supporting local ISP communities to advocate for change at the national level.

Building Bridges: Bringing Global Policy Recommendations to the Local Level

For many of the RCNF grantees, translating global ideals on social, policy and legal environments is core work. Bringing progressive messages of decriminalization, access to justice, and reduction of stigma and discrimination are all key items which have strong bases in international policy and declarations, but are a struggle to see implemented at the national or local level. Often, regional advocacy and development of regionally-focused training programs or educational/informational materials is an intermediate step in affecting national and local change. The RCNF grantees are well-placed to undertake the analysis and communication that it takes to translate globally-agreed policies to influence local realities.

In 2016, grantee results in this area **created powerful advocacy agendas to influence national policy decisions and developed critical materials at the regional level** for dissemination and use locally. In the Caribbean, ICW delivered a position paper to underpin advocacy for the expansion of the definition of rape to include different types of sexual violations; in Jamaica, this was paired with a successful lobbying trip to meet directly with the Minister of Justice to discuss the position statement on Sexual Offences Act and get his commitment to urgently regroup the committee and review the Act. This aspect of the law is now under review in Jamaica. The RCNF's support also expanded ARASA's biennial 2016 Human Rights report, which analyzed the impact of policies and laws on access to HIV prevention, treatment and support to ISPs, and developed recommendations for action across Southern Africa. In Asia Pacific, APTN, in collaboration with UNDP and national partners, developed 9 national and one regional report on legal gender recognition in Asia. This in-depth analysis of the current legal landscape sets the tone for advocacy on legal gender recognition in the region and serves as the most detailed resource of its kind to date, anywhere in the world.

Within the African region, work by ARASA as a part of the HIV Justice Global Consortium also strongly influenced bodies such as the African Union and the African Commission for Human and People's Rights (ACHPR) to consider the issue of safe abortions, which led to the launch of the Africa-wide campaign for the Decriminalisation of Abortions in Africa, and the advancement of an ISP-led advocacy campaign on access to safe abortions for women who use drugs and sex workers in Uganda. Meanwhile, NYARWEK of Kenya, empowered by grantee IAM, developed a landmark resource entitled "Safe Spaces - I Have Called You By Name, You are Mine," which is a training manual on religious inclusion for Christians at the Periphery, and is now widely used by many clergy to address discrimination against LGBTQ+ populations within conservative religious settings.

Amplifying Voices: Documenting Human Rights Violations and Access to Justice

Working off of past regional movements and efforts by grantees to translate global social, policy and legal standards to the national level, in 2016, grantee work empowered local communities by building their capacity to **generate evidence of rights violations** and other harmful practices, which could be used for redress at the local level (where frameworks permit), and also used to catalyze and drive continued regional and global advocacy. The Caribbean Vulnerable Communities Coalition (CVC) establishment of a Shared Incident Database (SID) for reporting on human rights abuse powered the consolidation of evidence required for redress of human rights violations, and the sharing of cases with international human rights bodies. ICW Eastern Africa (ICWEA) completed an important participatory research study which empowered women living with HIV in Uganda as investigators and documenters of human rights abuses, and identified multiple instances of forced and coerced sterilization of women living with HIV. This research provided a background for ICWEA to launch a regional campaign which has been instrumental in engaging law enforcement professionals and health workers as champions of sexual and reproductive health and rights (SRHR).

In addition to building evidence, in both cases described above the RCNF funds increased **access to legal representation for redress, and engage in strategic litigation**. CVC trained 40 lawyers across the region to provide pro-bono legal services to ISPs, leading to increased filing of complaints and strategic litigation, including the Orozco case in Belize; similarly, ICWEA also used RCNF support to engage lawyers to obtain justice for women who were forcibly sterilized. HIV Justice Global Consortium also undertook strategic litigation in Malawi, resulting in the precedent-setting dismissal of a criminal case against a woman living with HIV who was prosecuted for breastfeeding her baby. In Mexico, support of the RCNF made it possible for same grantee to provide media and advocacy work to influence public opinion and challenge HIV criminalization in Veracruz state, while in Bolivia REDLACTRANS catalyzed the successful institution of a Gender Identity Law in Bolivia (see Case Study #1)

CASE STUDY #1: REDLACTRANS BRINGS LEGISLATIVE CHANGE TO PROTECT TRANS RIGHTS

In May 2016, after a lengthy campaign by REDLACTRANS network partner Red Trebol, the Bolivian parliament passed a Gender Identity Law allowing individuals to change their name, gender identity and photograph on all official government documents in order to conform with the gender with which they identify. The legislation was quickly signed into law by executive authorities.

In a country with heavy influence from the Catholic Church, this major legislative victory required several years of consistent activism and advocacy on the part of community. Though activists trace efforts back as far as 2008, the most significant intensification of advocacy for this issue came in 2012, after Argentina passed a law on which the Bolivian law is modelled. This was the same year during which the RCNF began funding REDLACTRANS as one of its inaugural grantees; this victory is therefore the culmination of a 5-year investment in advocacy efforts on this issue, during which REDLACTRANS has provided both technical and moral support to the Red Trebol and the Bolivian trans community to maintain this fight for the rights of trans people.

Grantees also **educated on the dangers of HIV criminalization** at the local level, with HIV Justice Global Consortium engaging the South African Development Community (SADC) Parliamentarians to advocate for an end to harmful criminalization practices (see Case Study #2). In Bangladesh, RCNF grantee CARAM influenced the adoption of two national documents where migrant workers' health rights have been included as priorities. At home in South Africa, IAM also influenced local social movements through the creation of the "Love is Love is Love" campaign, which at last count had over 800 South African supporters who serve as a public display of solidarity with LGBTQ+ populations. These efforts have made a significant impression on the media and the general public as a whole, helping to shift attitudes away from religiously instigated discrimination.

CASE STUDY #2: HIV JUSTICE GLOBAL CONSORTIUM LEVERAGES PARLIAMENTARY INFLUENCE

HIV Justice Global Consortium, led by ARASA, significantly enhanced its focus on parliamentary outreach in 2016, reaching 59 Members of Parliament (MPs) – almost triple the number reached in 2015. This expanded reach allowed for a strategic intensification of engagement of MPs through the co-hosting of dialogues on Criminalization of HIV Non-disclosure, Transmission and Exposure.

The foundation for this work was laid in 2015, when a collaborative relationship with the Southern Africa Development Community Parliamentary Forum (SADC PF) resulted in the adoption of a resolution on the Criminalization of HIV Non-disclosure, Transmission and Exposure during the 38th SADC PF Plenary Assembly. The accomplishments of 2016 built on these achievements of 2015, in order to yield concrete impact at the national level, including the emergence of champions amongst Speakers and Members of Parliament who speak out nationally and at the regional level on the issues.

In May 2016, ARASA and SADC PF convened a Joint Session of the SADC PF Standing Committees under the theme: "Criminalization and Stigmatization: Disincentives to the Realization of Fundamental Human Rights". The three-day convening was attended by 49 Members of Parliament (MPs) from 14 SADC countries, six newspaper editors from five SADC countries, as well as resource persons from civil society and ARASA partners. The Joint Session critically examined the efficacy and impact of the use of the criminal law to regulate transmission of HIV, TB, and Hepatitis C, among other diseases. The joint sessions received significant media coverage including an interview with ARASA's Executive Director and Hon. Maneesh Gobin, a Member of Parliament from Mauritius on SABC News.

A survey administered after the Joint Session showed that 61% of respondents felt that Criminalization of HIV Non-disclosure, Transmission and Exposure has a negative impact

on their country's public health outcomes. In Seychelles, influence from an MP returning from the Joint Session led to the removal of colonial era laws criminalizing homosexuality and the rejection of a law criminalizing HIV exposure. The Speaker of the Seychelles Parliament subsequently provided opening remarks at an AIDS 2016 pre-conference event, and now serves as an example of the impact an informed MP can have on HIV criminalization law.

The outcomes of this meeting were further presented at the 39th Plenary Assembly Session of SADC PF, held on 3 June 2016 in Swaziland, and resulted in the SADC Parliamentary Forum secretariat being directed to strengthen parliamentary contributions to the goal of ending AIDS by 2030; build capacity of parliamentarians to use recent scientific evidence to aid in law reform related to HIV criminalization; and support through knowledge-sharing and capacity-building parliamentary contributions to expand HIV prevent, treatment and care through improved budgeting, oversight, advocacy and sensitization.

Other empowerment efforts are nascent, but show promise for coming years. ICW's Feminist Leadership School, originally developed by ICW Southern Africa, kicked off in Bangkok in November 2016 in partnership with UN Women. The school model was designed to nurture and develop women living with HIV as strong leaders to safeguard the sustainability of the network and to more broadly ensure that the issues of women living with HIV are articulated and strongly represented. The school will prepare women in Thailand, Indonesia, Vietnam, and China; Vietnam has already rolled out the training at country level and Thailand is planning to conduct its first training in province level which will empower many local advocates. Tangible results from school graduates will be anticipated in 2017 and coming years.

Generating Momentum: Bringing Community Voices to Development of Global Policy Guidance

Building on the collection of evidence and experiences at the local level, the RCNF grantees raised community voices to the regional and global level through **consolidation of findings to feed into further decision-making, dialogue and advocacy**. This included influencing the content of global and regional guidelines through expert community input, including the INPUD-ANPUD Consortium producing their flagship document, *Consensus Statement on Drug User Under Prohibition*, which highlights the needs, rights, and demands of people who use drugs, and documents human rights violations which people who use drugs experience all over the world. Through this document and other consultative engagement, the consortium, provided input into several global and regional documents related to people who use drugs: the WHO HIV Differentiated Service Delivery Models, the WHO Viral Hepatitis Strategy, and the UNAIDS Key Population Atlas.

Similarly, APTN delivered a white paper on the upcoming revision of the *International Statistical Classification of Diseases and Related Health Problems* (ICD), a system housed within the World Health Organization with far-reaching impacts on the provision, delivery, and insurance coverage of healthcare. This revision is particularly important to trans communities to assure that trans-related conditions are depathologized, and that they are removed from Chapters in the ICD associated with mental illness or disease. MENAHRRA, as part of Harm Reduction Consortium, also successfully secured the inclusion of harm reduction in the strategy of the League of Arab States.

Uniting and Solidifying Forces: Driving Progressive Policy at the Highest Level

The year 2016 provided the opportunity for the RCNF grantees to wield influence at two highly-visible international policy fora for global change: the United Nations General Assembly Special Session (UNGASS) on Drugs, and the United Nations High-Level Meeting on Ending AIDS. These were opportunities for the culmination of years of effort devoted to improving the station of ISPs in the global HIV response. At these international events, the full value and impact of civil society networks was on display: consolidating the energy and demands of ISPs from all over the world into singular, coherent messaging to **impact the highest-level political documents and declarations**.

The **UNGASS on Drugs** provided an ideal forum for network partners to highlight the culmination of years of efforts devoted to the promotion of harm reduction. Two RCNF grantees played a particularly prominent role in shaping the outcomes of this international event: the Harm

Reduction Consortium and the INPUD-ANPUD Consortium. In the lead up to the UNGASS on Drugs, Harm Reduction International led the formation of a harm reduction working group whose aim was to secure positive harm reduction commitments and language in the respective outcome documents. In addition, IDPC mobilized more than 200 civil society groups – including other Harm Reduction Consortium partners – for a high-profile [joint press release and statement](#) entitled “[Diplomacy or Denialism](#)” condemning governments for overlooking some of the most progressive language and contributions to the UNGASS process, and failing to acknowledge the devastating consequences of punitive and repressive drug policies. INPUD-ANPUD and several Harm Reduction Consortium members were also pivotal in the creation and participation in an official Civil Society Task Force (CSTF) ensuring that the lived experience of PWUD and clear focus on harm reduction was represented. INPUD –ANPUD also worked in the lead-up to UNGASS to bring attention to the specific needs of women who use drugs, publishing a statement and supporting the UNGASS 2016 Women’s Declaration.



Photo 3: The Harm Reduction Consortium worked hard to ensure space for leading civil society advocates to speak at the UN General Assembly Special Session on Drugs, April 2016 – including Charan Sharma from the India HIV/AIDS Alliance, pictures here.

The results of advocacy efforts were apparent in advance of the actual UNGASS event, with increased engagement of UN partners other than the United Nations Office on Drugs and Crime (UNODC), particularly through the UNAIDS submission which endorsed harm reduction, the decriminalization of drug use and the “10 by 20” principles to improve funding for harm reduction; and in a [high-profile open statement](#) from a number of UN special rapporteurs on the need for policy reform and harm reduction. Ultimately, though, the highest achievement was in the event’s Outcome Document itself. The Document, for the first time, includes dedicated sections on human rights, access to medicines and development, and includes a commitment to end AIDS by 2030, a call for “effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication-assisted therapy programs, injecting equipment programs, as well as antiretroviral therapy and other relevant interventions” in community and prison settings, and a clear endorsement of “naloxone to reduce drug-related mortality”. In addition, the Outcome Document^{xv} explicitly calls for the mainstreaming of a gender perspective, in accordance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – a significant impact of INPUD-ANPUD’s efforts to raise highlight the issues of women who use drugs.

While the results of these long-running advocacy efforts are cemented in the UNGASS Outcome Document, the consortia’s engagement continues post-UNGASS, as well. As the UN’s current Political Declaration and Action Plan on Drugs is due to be reviewed in 2019, both consortia are focused on ensuring the continuation of the CSTF to maintain engagement in high-level drug

policy forums and processes, assuring continued impact on global drug policy and implementation in coming years.


Following on the heels of the UNGASS, the United Nations **High-Level Meeting on Ending AIDS** was an additional opportunity for the RCNF grantees to bring the full force of their networks to bear on international dialogue. Grantees who engaged in this meeting to influence the resulting *Political Declaration on HIV/AIDS* included the Harm Reduction Consortium, ITPC, the Consortium of MSM and Transgender Networks, the International Coalition of Women Living with HIV/AIDS (ICW) Consortium, Sex Worker Networks Consortium, Peers to Zero Consortium, and Caribbean Vulnerable Communities Coalition. The work of these consortia included both education and mobilization of country delegation members in advance of the meeting, as well as engagement of delegations on-site in New York. As a result, the Declaration contains strong language to support the inclusion of ISPs – including some groups not previously mentioned in political declarations – and interventions to meet their unique needs. This language includes:

- Recognition of the impact of stigma and discrimination;
- Greater attention to young people, including a commitment to reducing the number of adolescent girls and young women aged 15 to 24 years newly infected with HIV globally each year to below 100,000 by 2020;
- Explicit endorsements of harm reduction and acknowledgement of increased risk of HIV acquisition among people who inject drugs, including prisoners;
- Commitment to review and reform laws related to HIV non-disclosure, exposure and transmission;
- Commitment to promote laws and policies that ensure the enjoyment of all human rights and fundamental freedoms for children, adolescents and young people, particularly those living with, at risk of, and affected by HIV; and
- Emphasis on the holistic needs and human rights of people living with, at risk of and affected by HIV, and of young people, needing to be addressed through integration of health services, including sexual and reproductive health-care and HIV services, including for people who have experienced sexual or gender-based violence, including post exposure prophylaxis, legal services and social protection.

In both fora, the inclusion of this progressive language was not without a fight, and some language was heavily contested by specific governments; Russia, for instance, strongly objected to the inclusion of language on harm reduction. However, coordinated advocacy efforts influenced other countries who were able to sustain the language in both the UNGASS Outcome Document and the High-Level Meeting Declaration.

Other fights are still underway: NSWP's efforts have achieved a long list of international organizations calling for decriminalization of sex work, including Amnesty International, UNAIDS, UNFPA, WHO, UNDP, Human Rights Watch, the Global Commission on HIV and the Law, the World Bank, Open Society Foundations, the Global Network of People Living with HIV, the Global Forum on MSM and HIV, the International Women's Health Coalition, the Association for Women in Development, the American Jewish World Service, the Global Alliance Against Traffic in Women (GAATW), The Lancet, The Global Fund for Women, the Elton John Foundation and the International Community of Women Living with HIV.

Beyond these landmark global events, grantees engaged in a host of other global-level advocacy efforts, as well. NSWP launched the [#AreWeNotWomen campaign](#) to highlight how some in the women's movement, including UN Women, are excluding sex workers in the development of policy about sex work. The MSM and Transgender Networks Consortium also worked to assure inclusion of health and HIV-related targets for migrants and refugee populations in the Global Compact for refugees; while CARAM Asia expended significant efforts lobbying and advocating for migrant friendly policies and guidelines to protect migrants' health rights with focus on HIV. APTN actively engaged with the mandate of the new United Nations Independent expert on protection against violence and discrimination based on sexual orientation and gender identity (IE SOGI) through a private trans-specific meeting during the ILGA World Conference in Bangkok, Thailand in December 2016, the submission of 2 one-page written interventions in advance of the Public Consultation held by the IE SOGI in January 2017 as well as in-person delivery of a third verbal intervention during the same meeting. This engagement has allowed for a great deal of impact on the language and tactics used by the IE SOGI in his work, including visible impacts on how the report from the mandate discusses legal gender recognition, decriminalization, and the conceptual difference between sexual orientation and gender identity.



SUMMARY: RCNF grantees achieved strong results in promoting enabling social, policy and legal environment, engaging in the full cycle of influencing from bridging global policies to local realities, amplifying voices at the community level, consolidating evidence to build momentum regionally and globally, and finally achieving greater solidarity in global advocacy. Grantees developed systems for generating critical evidence on human rights violations, and supported redress and access to justice through strategic litigation. Advocacy was successful in removing legal barriers at the national level, including passage of Bolivia's Gender Identity Law to support trans identities, and decriminalization of homosexuality in Seychelles. On the global level, grantees came together as partners to affect language of landmark documents produced at the UNGASS on Drugs and the High-Level Meeting on Ending AIDS.



Photo 4. HIV Justice Global Consortium supports joint anti-criminalization advocacy in Mexican media.



Access to Services

Within the same framework of network engagement described above, the RCNF grantees also made waves on access to services, working to take global-level guidance down to the grassroots, and feedback experiences to decision-makers in a productive loop that leads to more accessible, rights-based, quality HIV services and programs for ISPs.

Building Bridges: Translating Global Services Guidance to the Implementation Level

Over the last several years, one of the most prominent global movements to improve services for ISPs has centred around the **development of a set of population-specific ‘implementation tools’** which are both of and for the community. These tools aim to support community engagement and influence in the realization of standardized international guidance on service packages – the ultimate in global guidance for community-level implementation. As such, global and regional networks have been instrumental in the process of developing these tools, and in 2016 several grantees used RCNF funding to continue and expand this engagement.

A major accomplishment in this area was the finalization of the Injecting Drug Users Implementation Tool (IDUIT) (officially released April 2017). The IDUIT was a collaboration between INPUD and UNODC, and as with other Implementation Tools in this family, focuses on programming run in close partnership with or by organizations of PWUD. Because of the strong influence of INPUD in this process, the tool provides a solid platform for emphasizing the importance of community empowerment, with Chapter One devoted entirely to the principles and practices of community empowerment. Further down the line in process, the MSM and Transgender Networks Consortium assisted with the rollout of the MSM Implementation Tool (MSMIT), including translation into French, Portuguese, Spanish and Russian (in addition to the original English, which was finalized in 2015). A training curriculum was developed to target advocates, health care workers and others to more fully understand the MSMIT, and will help community-based organizations to engage in further trainings on MSMIT utilization.

Meanwhile, other grantees reached beyond the UN implementation tools framework, responding to regional needs. In Asia Pacific, YouthLEAD worked in collaboration with WHO Headquarters to **develop the technical briefs on how to reach young key populations** with the high impact interventions on prevention and differentiated approaches. At the same time, APTN focused on regional dissemination of its foundational document, *The Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific (aka Trans Health Blueprint)*, which helps local trans communities to translate globally-accepted and promoted norms to the local level.

In addition, ICW and GNP+ built on the WHO process for validating and certifying elimination of vertical transmission of HIV, creating a tool to measure achievement of standards for community engagement, human rights and gender equality to the existing clinical standards. As a result of ICW's and GNP+'s advocacy, there is now a mechanism by which countries must reflect periodically on the human rights, gender equality and community engagement aspects of their PMTCT programming and where networks of women living with HIV can exert influence over system reforms at the country level. Stronger recommendations regarding essential service improvements and reduction of stigma and discrimination are being placed on countries seeking validation.

Amplifying Voices: Empowering Communities to Engage In and Monitor Service Delivery

In the meantime, other RCNF grantees led the roll-out of Implementation Tools developed and published in previous years. The Sex Worker Networks Consortium implemented regional Sex Worker Implementation Tool (SWIT) workshops in Africa, Asia Pacific, the Caribbean, Latin America, and Central and Eastern Europe and Central Asia, training a total of 166 community experts across 34 country teams.

CASE STUDY #3: SEX WORKER NETWORKS CONSORTIUM ACTIVATES THE SWIT

To assure that the tremendous work put into the creation and publication of the SWIT is translated to the level of implementation, the Sex Worker Networks Consortium, a grantee of RCNF, and specifically APNSW: the Asia Pacific Network of Sex Workers that is a member of the Consortium, supported consortium partners in 5 regions to conduct a series of capacity building workshops. These workshops aimed to create a pool of sex worker community experts and their sex worker-led organizations in a greater understanding of the SWIT and how it can be used to influence and provide high-quality, comprehensive services for sex workers.

At the national workshop in Indonesia, led by the Sex Worker Networks Consortium's partner Asia Pacific Network of Sex Workers and Indonesia's national sex worker network, Organisasi Perubahan Sosial Indonesians (OPSI), both participants and facilitators remarked that the atmosphere of the workshop was friendly and welcoming. This, they said, supported the enthusiasm of young sex workers in learning about the fundamentals of sex worker organizing, as well as discussions amongst more senior members of the community who noted significant challenges that sex worker communities face in working with external stakeholders and service providers to implement best-practice principles for community engagement and meaningful participation.

Overall, the workshops ensured communities can influence improved access to rights-based services for HIV, and promote an end to stigma, discrimination and violence against female, male and transgender sex workers. Community experts are now equipped with knowledge and skills to meaningfully engage with policy makers and program implementers and advocate for rights-based HIV programming, and there is greater cooperation between and within national, regional and global networks. This preparation now confers additional benefits due to the Global Fund having recently aligned its funding proposals modules with the SWIT to ensure that the sex worker programs it funds are rights-based, comprehensive and impactful.



Photo 5: Sex Worker Networks Consortium national SWIT workshop in Bangladesh.

Grantees also took **locally-tailored approaches to expand access to services to ISPs**, including improving data and monitoring of services to identify shortcomings. In South Asia, CARAM supported increased service provision through improved data on at-risk migrant workers in Pakistan and Sri Lanka, assuring that individuals in need of outreach can be appropriately targeted and resources can be planned to accommodate those in need. In addition, CARAM sensitized migrants and government stakeholders who affect their access to care resulted in over 1100 at-risk individuals and 2100 stakeholders (including decision-makers and care providers) with increased understanding of how HIV, testing, and prevention are interwoven with the risk environments faced by those traveling abroad to seek work.

The Peers to Zero (P2Z) Consortium introduced a mechanism by which peer supporters are linked to the national network so that service issues noticed in the field can be relayed to the appropriate point of influence and addressed through effective advocacy, and built capacity on the use of this mechanism during a dynamic youth summit (see Case Study #4). The Eurasian Regional Consortium empowered communities of PWUD, MSM and PLHIV to implement a community-led approach to service quality assessment in Armenia, Kyrgyzstan and Estonia. As a direct result, community-based testing was introduced in Armenia, and the Kyrgyzstan State HIV Program 2017–2021 included additional commodities for prevention as requested by MSM and trans communities.

CASE STUDY #4: P2Z ENGAGES ADOLESCENTS LIVING WITH HIV TO IMPROVE QUALITY OF SERVICES

The P2Z Consortium, a partnership between organizations AY+ and PATA, aimed to engage young people living with HIV and Peer Supporters through a dynamic and productive learning platform entitled 'Initiate – Collaborate – Advocate' during a 4-day summit in Dar es Salaam, Tanzania.

During this summit, 100 participants from Burundi, Cameroon, the Democratic Republic of Congo, Ethiopia, Malawi, Tanzania, Uganda, Zambia and Zimbabwe represented 28 different health facilities; this included a total of 66 Peer Supporters, 28 Peer Supporter supervisors, and 6 national youth PLHIV network representatives.

The event served as a catalyst to inspire Peer Supporters and showcase peer-led contributions and strategies as being complementary and critical to the HIV response for children and adolescents. During the summit, the young people participated in an anonymous knowledge, attitudes and practices survey, highlighting that some adolescents do not receive equitable, accessible, acceptable, appropriate and effective treatment and care from their health providers. Given that the survey was undertaken amongst young people already engaged as Peer Supporters at their facility, it could be expected that levels of health provider sensitization and a youth friendly approach is high. However, 43% affirmed that sometimes, usually or always health workers get upset and scold them; 36% claimed that sometimes, usually or always health workers are too busy to give the help needed; 41% reported they never or only sometimes feel comfortable talking to health workers about problems; and 43% reported that they never or only sometimes feel comfortable asking for information about pregnancy and sex.

These results suggest that, even amidst peer support services, young people experience services as unresponsive, which can lead to poorer adherence to ART, inadequate clinic attendance, and worse SRHR outcomes and will may conceal non-adherence for fear of negative reactions by health providers. While the importance of sensitizing health providers to the needs of adolescents has increasingly been acknowledged, there remains a gap in documented interventions and models of practice as to how this can be actioned. The development of adolescent friendly quality improvement plans at the P2Z Local Forum go some way to contribute to learning and documentation of promising practice in health provider sensitization. Such a promising practice document, combined with a sense of purpose and effectiveness amongst health providers, can enable them to deliver better quality services, resulting in improved adolescent adherence and sexual health outcomes.

The Summit resulted in strengthened strategic relations between adolescents living with HIV, Peer Supporters, and health providers, as well as their national network structures. This has resulted in increasing influence of ISP networks and the P2Z consortia to make changes through better engagement of adolescents living with HIV at relevant forums and meetings. The Summit was utilized by the young people in attendance to develop a collective set of advocacy asks, culminating in the Dar es Salaam Peer Supporter Declaration "Call to Action - Peers to Zero". This declaration will form the basis for collective advocacy for young people moving forward.

In some settings, RCNF grantees utilized grant funding to directly fill service gaps for ISPs. Particularly in the trans community, where even basic population-targeted programming may not exist, REDLACTRANS used RCNF funds to introduce vital support services, including trans community centers in Argentina, while also supporting a local partner organization to obtain commitment from the Buenos Aires government to develop and fund a trans community center.

In other settings, RCNF funds were used to catalyze and mobilize other resource pools to fill service gaps: in Indonesia, YouthLEAD supported their network partner to create a tailored program called LOLIPOP which runs youth-friendly health centers through capacity development of health service providers and outreach workers. With support from RCNF grant funds, the project was taken to the Global Fund country dialogues and was incorporated as one of the interventions in the concept note; the model was also rolled out in a number of provinces of Indonesia.

Generating Momentum: Addressing Access to Medications at the Regional Level

There are certain critical service delivery and quality issues which benefit from **raising advocacy to the regional or global level**; access to medications was one such issue around which grantees mobilized in 2016. In the Middle East, MENAHRA, as part of the Harm Reduction Consortium influenced the legalization of and broad access to naloxone in Lebanon, as well as the scale-up of hepatitis B vaccinations and hepatitis C testing for ISPs. In Asia Pacific, PNC+ conducted advocacy for affordable hepatitis C medications, targeting generic medications through Direct-Acting Antivirals (DAAs) produced in India; as a result, manufacturing was launched in 2016, leading to distribution of these medications in both Bangladesh and Pakistan, which expansion to Indonesia anticipated. PNC+ now has a goal of expanding access to all program countries in Asia Pacific by the end of 2018 – a dramatic shift in the availability of life-saving medication. In Eurasia, the East Europe and Central Asia Union of People Living with HIV (ECUO) also initiated activities to support increased access to ART for PLHIV. With the 2016 production of the report, "Major outcomes of monitoring access to ART in 5 countries of the Eastern Europe and Central Asian region," advocacy activities are planned for coming years to **target price reduction, brand procurement, and patent opposition** in countries across the region.

Uniting and Solidifying Forces: Driving Development of Global Service Guidelines

At the global level, the P2Z Consortium was a key influencer in the **development of the WHO adolescent guidelines** released in 2016. Based on a multi-country situational analysis, which included 2018 facilities across 23 sub-Saharan countries, responsible for an estimated 80,072 HIV-infected adolescents in care, P2Z provided WHO with key insights into the status of HIV treatment and care services for adolescents in sub-Saharan Africa.

SUMMARY: Grantees also drove the strengthening of quality HIV services by empowering communities to engage with the guidance of key Implementation Tools – particularly through the finalization of the Injecting Drug User Implementation Tool and the translation and broad dissemination of the Men who have Sex with Men Implementation Tool – bridging global service package guidance to local implementation settings; and by engaging in the development locally-tailored guidelines and tools to improve provision of services for trans populations in Asia Pacific. Common problems in access to medications were raised to build momentum and advocate for change at the regional level across South Asia and Asia Pacific, as well as in Eurasia; and a multi-country situational analysis critically informed the development of WHO's adolescent guidelines, resulting in unification of youth voices at the highest level.



Photo 6: Peers to Zero engages adolescents living with HIV to improve quality of services.



Resources Available and Used Properly

While mobilization of resources is a long-standing issue for ISPs, the increased focus on sustainability and a shift to domestic resource mobilization has arisen only in recent years. Work in this area is nascent, and currently accounts for the smallest portion of the RCNF's thematic investments. Grantee progress is early and sometimes still experimental, and faces significant challenges in mobilizing funds for criminalized communities. However, there is promising progress in even the earliest steps. Ultimately, in 2016 RCNF grantees took important steps towards resources being made available and spent properly to create better conditions for ISPs with regards to HIV and human rights. This includes both domestic resources, as well as additional donor funding which, thanks to absorptive capacity built through RCNF support, was obtained and utilized by RCNF grantees.

Amplifying Voices: Supporting Communities to Develop Budget Advocacy and Accountability Skills

Networks have a unique role to play in assuring that communities understand the importance of availability and appropriate utilization of resources, whether those resources be from external sources or domestic ones. A first step to assuring resource availability is guaranteeing that ISP communities are engaged in HIV program governance, and have a formal seat at the decision-making table. For countries still receiving significant Global Fund funding, this means increasing representation on Country Coordinating Mechanisms (CCMs), and empowering communities to understand needs for additional resources. Such has been the case in Botswana, Malawi and Tanzania, where ITPC-ARASA Consortium supported an increase in ISP seats on the CCM, which paired with capacity-building exercises led to increased allocation of Global Funds funds to ISPs (see Case Study #5).

CASE STUDY #5: ITPC-ARASA CONSORTIUM BUILDS ISP CAPACITY FOR PROGRAM AND BUDGET ACCOUNTABILITY

In Botswana, Malawi and Tanzania, ITPC-ARASA Consortium supported communities of people living with HIV and other ISPs to articulate the funding needs of their constituencies, in order to better mobilize Global Fund and other funding oriented towards ISPs. This involved not only supporting local partners to better understand the interventions and programming that is most valuable to their communities, but also supporting technical capacity to better engage in national funding platforms and processes, monitor implementation of these interventions, and advocate for change where necessary.

Ultimately, this empowerment of ISPs to understand and speak their needs contributed to increased funding for these populations in all three countries. In Botswana, this meant that over 26% of the total GFATM Grant allocation in 2016 was for KP programming, with significant funds devoted to interventions to support an enabling legal environment and community systems strengthening. Considering that there was 0% allocation for key populations and only US\$200,000 in the HIV grant for creating an enabling legal environment in the previous allocation, this is a significant improvement. Further, several of the KP partners were selected as sub-recipients of the GFATM grant, which had not previously been the case.

In addition, grantee YouthLEAD, successfully utilized grant funding to advocate for youth inclusion in national HIV policies in Cambodia, Indonesia, Myanmar, Mongolia and Nepal. This has, in turn, opened the door for youth issues to be effectively addressed in Global Fund processes – leading to the engagement of youth in country dialogues, and reflection of youth needs in final funding requests. In Indonesia, the concept note adopted and scaled up the existing comprehensive package of care targeted to young key populations from one province (Bandung) to three additional provinces (West Jakarta, Denpasar and Surabaya). Similarly, for the first time, the Myanmar Global Fund funding request included the young people as a specific population under prevention interventions.

In other settings, especially where funding landscapes are shifting at a regional level, there is a greater network focus on sustainability through transition phases. Such is the case in Eurasia, where the Eurasian Regional Consortium conducted ground-breaking work in developing budget advocacy models and processes for use across the region. This work built directly on the community-led monitoring discussed above, in which communities identified service and commodity priorities, which could be fed into the development of advocacy messaging and budgeting exercises (see more in Case Study #6).

CASE STUDY #6: EURASIAN REGIONAL CONSORTIUM CATALYZES BUDGET ADVOCACY AND ACCOUNTABILITY

Networks and organizations serving ISPs in Eurasia have long relied on external resources to fund both their activities and government-delivered services targeting their populations. Only in recent years, as donor funds have decreased, has there arisen a need for greater awareness of and engagement with state and local budgeting processes as a means of assuring that adequate funds are allocated to programming for PLHIV, PWUD, MSM, SW and trans people. At the forefront of this movement have been the organizations that comprise the Eurasian Regional Consortium.

Though the practice is still emerging, early results from budget advocacy and accountability activities led by the consortium fall on two levels: regional and national. At the regional level, support provided by the RCNF has allowed three distinct organizations – the Eurasian Harm Reduction Network (EHRN), the Eurasian Coalition on Male Health (ECOM), and the East Europe and Central Asia Union of People Living with HIV (ECUO) – to work together to share joint concerns, goals and strategies on advocacy to mobilize domestic funding across the region. From this exercise, consortium members have not only been able to share experience and resources, but also to align language and messaging, to assure that there is intersectionality in their advocacy to everyone from donors to municipal government.

In addition to this improved regional coordination on the topic, driven by the consortium approach, the Eurasian Regional Consortium has started to drive national-level change, at the community level. This has begun with community engagement to assess service gaps and prioritize existing and desired services; by empowering the community to critically examine which services were and were not available, the consortium helped PLHIV, PWUD, MSM and trans communities to begin to understand where more funds were needed for expanded programming. Mirroring the approach taken at the regional level, while each population was able to undertake these exercises independently, the consortium then facilitated cross-population sharing of findings, and supported coalitions of actors at the national level to develop joint advocacy priorities and plans. Consortium members report that this process has not only led to closer cross-population coordination, but also driven a deeper look at compelling arguments for state and local funding of ISP programming – for example, turning away from more emotional, reactive rhetoric which has long been ineffective in mobilizing government action, to strategic arguments about supporting public health and guarding against demographic crisis.

With advocacy plans finalized towards the end of 2016, the Eurasian Regional Consortium will continue through 2017 to support communities in implementing advocacy plans and building skills to monitoring existing expenditures and enhance accountability of national HIV budgets, with the expectation that 2017 will bring concrete changes to how funds for ISPs are allocated and spent.

Generating Momentum: Leveraging Funding from Other Donors to Further Resource Mobilization

However, these results of building community capacity are only first steps. As a global push emerges for social contracting and domestic sustenance of civil society-led responses, this shift in utilization of donor funds and the capacity built in ISP organizations is paving a path for ISPs to receive increased attention and funding from domestic sources, as well. Support from the RCNF has enabled many regional partners **to secure increased donor funding** to engage in the important work of domestic resource mobilization in coming years. Prominent examples of this are ITPC (of the ITPC-ARASA Consortium), Eurasian Coalition on Male Health (of the Eurasian Regional Consortium and also the MSM and Transgender Network Consortium), and REDLACTRANS, all of whom were able to successfully win and begin implementation of regional Global Fund grants thanks to support from the RCNF. In the case of ITPC, long-term investments from the RCNF, dating back to 2013, helped set the foundation of their work on mobilizing community to address and monitor treatment access barriers along the HIV continuum of prevention, care and treatment cascade, in order to improve access to quality HIV treatment. ECOM was able to develop a successful regional Concept Note to the Global Fund, in collaboration with other Eurasian Regional Consortium partners, particularly Eurasian Harm Reduction

Network (EHRN), which provided mentorship and support in application development. Because of expanded Secretariat capacity, REDLACTRANS was able to engage 5 new trans organization partners from the Caribbean region, to engage in a successful regional proposal. In all cases, the RCNF funding allowed for the basic capacity building and resources necessary to absorb larger and more complex funding from the Global Fund.

The Global Fund is not the only donor to invest in expanding the work catalyzed by the RCNF funding. In Asia Pacific, RCNF funds were the sole source of support to establish the Y-PEER Regional Center, which has subsequently received technical and financial support from UNFPA and the Vietnam Public Health Association, among others. Likewise, ITPC-ARASA's RCNF-funded model of community engagement on RVLТ caught the attention of donors such as Medecins Sans Frontieres and UNITAID, which have now funded ITPC to conduct similar work in 9 other sub-Saharan countries. ARASA has further leveraged funding from Open Society Foundation to develop a Southern African Development Community (SADC) Network of People who Use Drugs, bringing new resources a region which has been lagging behind in the drug policy reform discourse. Likewise, INPUD's support led to the formation of a network of PWUD in Zanzibar, who meaningfully participated in the production of a funding request to the Global Fund which includes a comprehensive package of measures aimed to create an enabling social, rights-affirming environment for people who use drugs in Zanzibar.

SUMMARY: The issue of resource accountability and mobilization (especially domestic) remains novel and relatively undefined in terms of best practice, but early efforts by grantees in Eurasia have amplified local concerns and priorities to improve domestic budgeting. Meanwhile, in Southern Africa, grantees have built momentum to achieve mobilization of targeted resources for ISPs from existing external funding pools. Grantees in Eurasia have begun to capacitate communities in countries transitioning towards domestic funding of HIV, to better understand their budgetary needs and the processes for advocacy to fill programmatic gaps. More results are expected in 2017 and beyond, as this early work continues to ripple into outcomes and impact.



Photo 7: Eurasian Regional Consortium's regional training of trainers (ToT) for leaders and activists of community-based organizations.

Value of RCNF Mechanism in Strengthening Network Capacity

The wide-ranging results of grantees' 2016 activities highlight the important value that networks bring to the HIV response within the mutually reinforcing cycle of influence, bridging the full range of interwoven global, regional and national efforts. Without the contributions of these network actors, there would be no systematic bridge between global guidance and policy, and the communities that are most affected by it; there would be no amplification of voices through peer-to-peer transfer of expertise, and less capacity among ISPs for reflection and assessment of needs, and generation of evidence for advocacy. There would also be no building of momentum to consolidate evidence and experience and raise individual community voices up to the global level. Most critically, there would be no unified effort or solidarity for civil society voices to be heard in the halls of power at the highest levels, in New York or in Geneva. Ultimately, without this solidarity to go *from invisibility to indivisibility*, driven by networks, communities would fail to realize their full collective power to influence and drive the change that leads to increased health and wellbeing for ISPs.

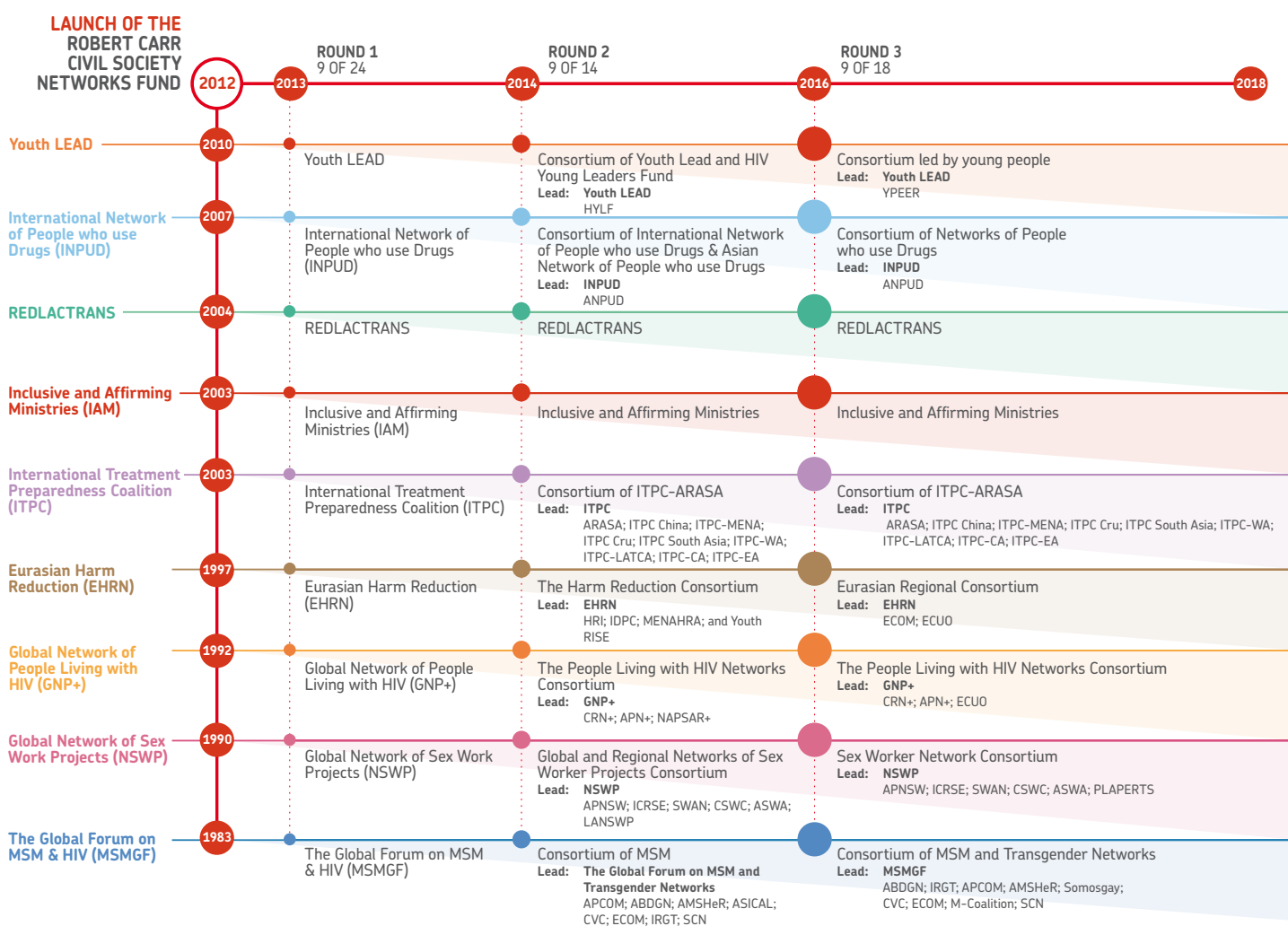
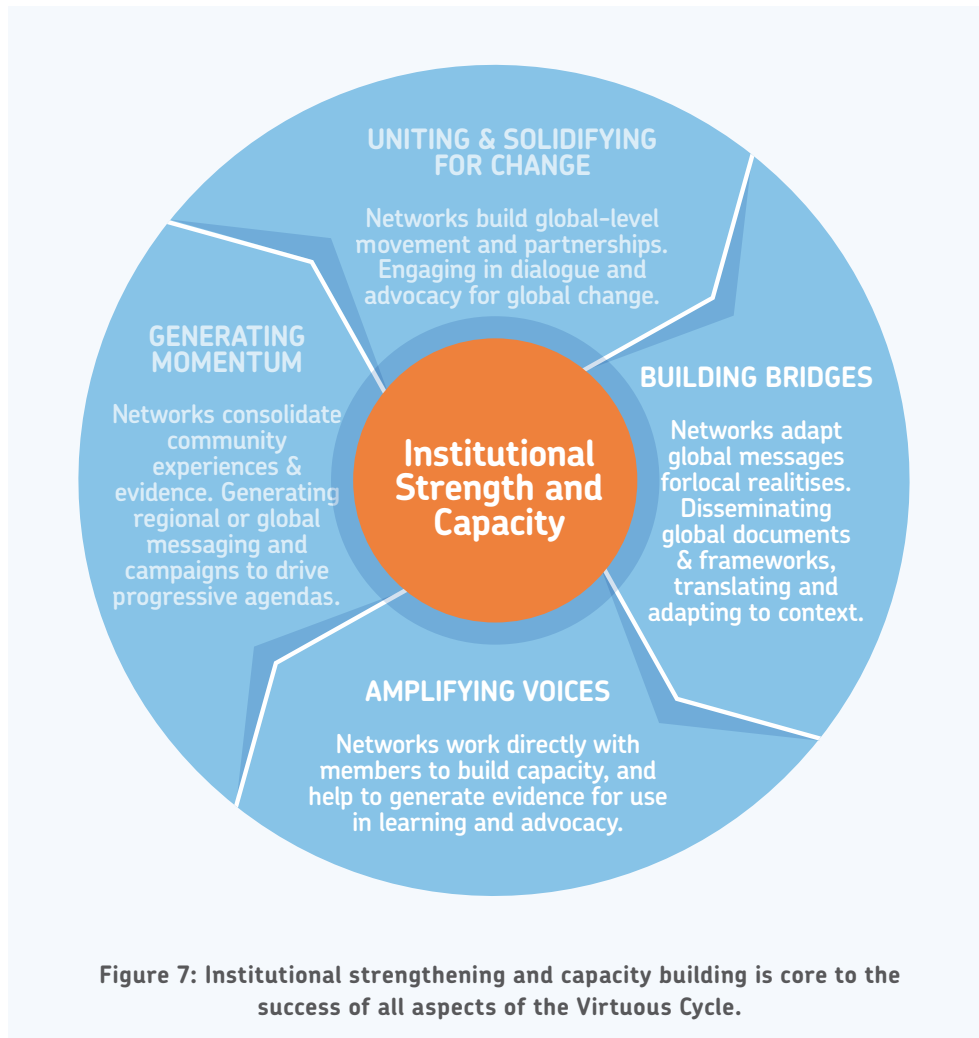


Figure 6: Progress of nine RCNF grantees over the three funding rounds from Invisibility to Indivisibility

But the unique contribution of RCNF necessarily goes beyond supporting the networks to conduct activities to achieve specific influence and results. With a focus on providing core funding, the RCNF invests in the very stability and growth of networks themselves, enabling them to build their institutional and absorptive capacity and ultimately expand their influence on health, inclusion and social wellbeing of ISPs around the world. This core funding is critical to all activities undertaken by networks, providing them with the organizational architecture needed to achieve results. While individual network needs and context dictate exactly how RCNF funds help networks thrive, there are several overarching themes to how network capacity is built through RCNF grants.



Growing Technical Expertise and Credibility

Grantees themselves report that RCNF funds enable stability of networks, particularly through **investments in human resources and organizational structure**. With the RCNF's funding, networks are able to hire staff with stronger expertise than they would be able to otherwise, and are able to devote resources to training and building professional capacity of junior staff members – thereby sustaining the workforce of the global HIV movement and assuring that enthusiasm and expertise is not lost as generational shifts occur. REDLACTRANS was able to provide 13 national trans organizations with critical assistance to strengthen organizational capacities, including human resources, administrative and technical capacities, and equip them with basic office technology – critical enablers for nascent trans organizations operating in difficult environments. Likewise, ICW has been able to support legal registration of several regional members; ICW North America and ICW Caribbean successfully achieved full registration in 2016, making them eligible for grant funding and other opportunities.

They are also able to strengthen **strategic planning and governance** processes. Because of RCNF support, INPUD was able to engage representatives from all regions in their 3-year strategic planning process, which included a new Constitution, new governance model to enhance

accountability to members, and new membership structure to more adequately capture the reach of the network and enhance its global legitimacy. Within the Harm Reduction Consortium, YouthRISE used RCNF funds to engage its International Working Group to develop their new strategy and branding, while EuroNPUD was able to consolidate their governance structures and systems and strengthen financial hosting arrangements, and the Eurasian Network of People who Use Drugs (ENPUD), with support from EHRN, was able to recruit a series of staff members for implementation of projects. Within the Sex Worker Networks Consortium several members utilized core funding to make annual Board and Management Committee meetings possible, and to maintain governance systems to ensure accountability to members. As part of its consortium approach, the MSM and Transgender Networks Consortium has engaged in tailor-made support for individual constituents of the consortium, investing RCNF funds to support strategic planning; member consultations; network structure; governance structure; and identification of strategic priorities, as needed. This assistance has often been delivered by stronger and more established networks in the consortium, to those that are younger and less developed. These contributions are critical to **amplifying voices** on the ground, assuring that there are robust community-led organizations in place for accountability and representation, as well as engagement in advocacy.

Membership Growth and Connectivity

In addition to strengthening their core operations, the RCNF's investments **grow networks in size and strength**. The concept of 'strength in numbers,' assuring that a maximum membership is engaged and connected, is especially vital to groups facing crises and/or operating in hostile environments; the more members a network connects and strengthens, the more allies provide morale and practical support to each other in challenging times. In 2016, grantee REDLACTRANS utilized RCNF funds to expand to the Caribbean and engage national trans organizations in five new countries: Bahamas, Barbados, Jamaica, Suriname, and Trinidad and Tobago. INPUD-ANPUD Consortium was able to support the development of a national network of people who use drugs in South Africa, as well as to support the expanded programming and advocacy work of networks in Indonesia, Nepal and Kenya. ICW was able to increase its geographical reach, adding 12 network countries, increasing global membership to nearly 4,000 members, and strengthening its Chapter of Young Women and Girls; it also launched a new Indigenous Women's Network. NSWP, as the lead of the Sex Worker Networks Consortium, grew to a total membership of 266 organizations (a 10% increase over the previous year) representing 79 countries. Throughout all consortium members of the MSM and Transgender Networks Consortium, over 100 new individuals and organizations became members – all of whom are supported to engage in part by the core funding that the RCNF provides for network operations. These expansions all signal growing cadres of ISPs who are connected at the regional and/or global level.

In addition to growing existing networks, the RCNF's investments also support the creation of new networks where such need exists. In Lesotho, the Lesotho Sex Workers' Alliance became the newest member of NSWP, when it formed after a sex worker attended the Sex Work Academy in Africa, hosted with the support of the Sex Worker Networks Consortium through the RCNF. In Latin America, the MSM network GayLatino was launched; while in Estonia, the Eurasian Regional Consortium supported the formation of LUNEST, the Estonian Network of People who Use Drugs. Throughout Asia Pacific, YouthLEAD catalyzed the formation of multiple national networks of young ISPs (see Case Study #7.) These investments from RCNF support not only **amplifying voices** through improved representation at the local level, but also allow for more **generation of momentum** through increasing the number of voices that can be consolidated to bring vital evidence and messages to the national, regional and global levels.

CASE STUDY #7: YOUTHLEAD CATALYZES NATIONAL NETWORKS TO AMPLIFY VOICES OF YOUTH ISPS

YouthLEAD formed as a regional network of young key populations (MSM, PWUD, SW and trans youth) at a time when there was not a single national network for young key populations in existence. This was unique, as most regional networks are forged as a result of national groups banding together for regional leverage. On the other hand, YouthLEAD started as a group of enthusiastic individuals working to harness and leverage each other's expertise and enthusiasm to further drive and consolidate movement at the national level in multiple countries.

Their strategy for doing this was initially to create focal points in each country, representing groups of young key populations; with funding from the RCNF, these focal points were able to organize themselves into national networks with greater voice and institutional recognition. The resulting national young key population networks in China, Indonesia, Nepal and Mongolia, all initiated between 2013 and 2015, are the first such networks in their countries and have spearheaded advocacy on various fronts not limited to national HIV strategic plans, Global Fund funding requests, the establishment of youth-friendly services, and promotion and protection of human rights for young key populations. In 2016, the China team took the bold step of developing a manual on human rights and training to young key populations on their rights. The Nepal team expanded its networking to other cities, developed their governance handbook, and soon will be registered as the national network.

Similar national networks were established in India, Pakistan and Vietnam. In the short time since formation, the India team has been engaging with different state level young key populations and capacitating them, while Pakistan and Vietnam boldly participated in the various country dialogues of the Global Fund funding request development process. The Pakistan team has also critically enhanced their governance by developing the policies and guidelines through technical assistance from the RCNF.

As a regional support to all of this national movement, the Y-PEER Asia Pacific Center has been established to support an intensifying SRHR movement amongst youth in the region. Y-PEER was established in 1999 with a mission to strengthen and spread high quality peer-to-peer education in the field of adolescent SRHR and HIV prevention worldwide. Despite having wide global reach, there was no such formal structure or proper coordination mechanism for the Asia Pacific Region. The RCNF's funds solely supported the establishment of the Y-PEER Regional Center in Asia Pacific Region, providing a resource home for YouthLEAD and serving as a coordination point for different regional platforms including the Asia-Pacific InterAgency Task Team on Young Key Populations, partnership forum of organizations working on HIV, and other regional platforms related to SRHR & HIV.

Movement Building and Intersectionality

While the strength of networks is critical to individual ISP movements, the potential of multiple networks working together across ISP-specific issues is game-changing. The RCNF's unique **consortium approach** encourages such collaboration between networks, allowing not only regional and international networks to better coordinate, but also promotes cross-movement and cross-population collaboration – a vital part of the thoughtful coming-together of a global HIV response where ISP communities have spent years fighting for recognition of their own unique issues. Within the MSM and Transgender Networks Consortium, networks are able to 'locate' themselves and find their niche, allowing them to strengthen the quality and impact of their advocacy work, alongside other partners with complementary strengths. By working together in consortium, members of the Sex Worker Networks Consortium have gained pride in strengthening each other through technical support coordinated by NSWP, and cross-regional exchanges which have allowed improvement of governance, financial management, reporting, and human resources policies without relying on expertise outside the sex work advocacy community. PNC+ has developed a streamlined manner of work in a consortium, in which each member has an identified role in achieving a common goal, and progress is regularly monitored; within this practice, the consortium has realized the value of regularly sharing best practices during face-to-face meetings. The Eurasian Regional Consortium has taken a step even further in promoting equal contributions within the consortium: for each of the three years of grant implementation, there are rotating leadership responsibilities amongst its three network members, assuring that all consortia members have an opportunity to experience full responsibilities and learn from the experience of others.

CASE STUDY #8: HARM REDUCTION CONSORTIUM AND COLLABORATIVE MOVEMENT-BUILDING

The Harm Reduction Consortium serves as an excellent example of collaboration in building a movement through the joint efforts of multiple organizations.

There were several advocacy milestones for harm reduction during 2016, including the UN General Assembly Special Session (UNGASS) on drugs, the UN Commission on Narcotic Drugs (CND), the UN High Level Meeting on HIV/AIDS, and the UNAIDS Programme Coordinating Board meetings. At each of these important policy fora, members of the Consortium effectively engaged, mobilized and supported each other. IDPC coordinated civil society passes for more than 80 people to attend the CND in March 2016, and held a highly successful orientation meeting for more than 60 NGO partners the day before the event. Members of the Consortium also produced a series of publications and resources in the build-up to the UNGASS – including IDPC's series of [pre-UNGASS](#) and [post-UNGASS webinars](#), and HRI's [Case for a Harm Reduction Decade](#). Members of the Consortium were also instrumental in the creation and function of a Civil Society Task Force for the UNGASS itself, which ensured strong [civil society speakers](#) throughout the event. HRI played a leading role in coordinating the engagement of harm reduction NGOs at the key HIV fora, convening a global Harm Reduction Working Group to define key asks and campaign directions for the sector.

Outside of the UN system, Youth RISE was able to increase its advocacy efforts for [Full Spectrum harm reduction approaches](#) for young people. MENAHRA worked to increase their capacity building work for NGOs, ISP networks, police and other stakeholders in the region – culminating in the 3rd Middle East and North Africa Harm Reduction Conference in November 2016. Moreover, the 2016 “Global Day of Action” for the Support Don't Punish campaign coordinated by IDPC saw activists and advocates gather in 130 cities from 69 countries around the world – mobilizing ISP-led networks and civil society groups and generating media coverage in many countries including South Africa, Canada, Australia and Russia. As part of this movement, several other Harm Reduction Consortium partners were able to mobilise their networks. EuroNPUD, for example, mobilised national ISP networks across Europe to coordinate peer-driven advocacy campaigns, while also developing and piloting an innovative network capacity audit tool. EHRN and ENPUD were also able to develop common and agreed focus issues for their advocacy work, and gathered around 200 testimonials – data for use in country-level advocacy across the region through the [From Streets to Government](#) street lawyers initiative. Taken alone, each of these activities represents an impressive effort; however, coordinated together under the umbrella of a single consortium, working towards joint goals, the impact of individual activities is multiplied to bring harm reduction to the global stage.

In addition, the RCNF's core funding support allows grantees to **reach beyond the usual partners and engage a wider range of collaborators** in an intersectional manner, to coordinate and amplify each other's voices and messaging. Core funding support has allowed INPUD-ANPUD to engage different members for their comparative advantages, and to strengthen relationships with partners including key population groups and drug policy and harm reduction organizations. ICW has focused on reaching out to key population groups, particularly to female sex workers and women who use drugs, through RCNF grantees NSWP and INPUD; ICW has also thoughtfully strengthened its partnership with GNP+, as well as with other organizations related to the Global Fund, including Women for the Global Fund (W4GF) and the Communities Delegation of the Global Fund Board. Thanks to core funding support, NSWP has explored new alliances to combat stigma and discrimination, including alliances within the global women's movement partners such as Amnesty International, with whom they're working to promote the full decriminalization of sex work. These avenues of growth are all crucial to uniting and solidifying for change at the regional and global level, leveraging new linkages and strengthening partnerships for maximum impact.

Lessons to Inform the Future of RCNF

The global HIV response is at a critical crossroads in finding solutions and capacities both to be resilient in the face of persisting challenges such as disabling legal environments (i.e. criminalization and closing civil society space etc.), and to adapt and self-renew in order to cope with emerging challenges such as sustainability of the HIV response (i.e. transition to domestic financing of HIV programs). The RCNF collective's contribution and role become more relevant in this precarious context, as RCNF grantees continue working systematically to dismantle the barriers to enabling environment and accessibility of quality services for ISPs, and promoting the mobilization of appropriate resources to sustain the HIV response.

There is need for strategic learning fora to identify and mainstream innovative and practical solutions for how HIV civil society, communities and their networks can manage to:

- Address criminalization, realize human rights and resist and/or adapt to shrinking civic spaces while claiming their undeniably critical role in protecting and enhancing health and justice;
- Sustain their operations and programs, grow their movements and influence to affect domestic resource mobilization and accountability, thus directly affecting the sustainability of HIV sector as a whole.

The distinct breadth of linkages and experiences within the collective of the RCNF grantees holds the potential for fostering, catalyzing and facilitating collaborations, learning and exchange of best practices and ideas needed to generate, adapt and mainstream innovations and solutions that will help the HIV sector to overcome these challenges.

The first, most prominent lesson to drive the future of the RCNF is that investments of financial resources, however critical, can have the most optimal effect and bring about the value for money only if combined with on-going learning and capacity-building.

The second key lesson is that of the transformative power of collaboration and strategic partnerships in pursuit of common goals, which is difficult for a partner to achieve through individual effort.

This is why, in response to considerable external challenges related to sustainability and criminalization, the RCNF has to seek alliances with various partners to provide opportunities for strategic peer-to-peer learning and capacity building within its collective i.e. serve as a community of learning.

In the five years since the RCNF began its function, innumerable learning areas have been identified – both by grantees, and by the Fund itself – under these key two thematic lessons. In 2016, while grantee environments and experiences varied widely, there were two common learning areas stretching across their work, which, on the one hand, indicate areas for continued learning, on the other, provide lessons for moving into 2017 and beyond:

Learning area #1: There is continued – and in places increasing – need to address criminalization and limited safe space for ISP communities and civil society.

While some grantees have made notable progress on addressing criminalization and have impressively overcome conservative environments to affect positive legislative change, the relevance and significance of this core area of the RCNF grantees' work is growing, and provides strong justification for continued investment. Cross-movement collaboration increasingly leverages various civil society and community actors' strengths to counteract and overcome actions of governments who oppose progressive policies and interventions within the HIV response. In 2016, grantees' engagement at UNGASS and the High-Level Meeting provided excellent examples of the power of aligned and joint advocacy. This response highlights the importance of cross-movement connection fostered by RCNF.

CASE STUDY #9: RAPID RESPONSE TO CIVIL SOCIETY EXCLUSION DRAWS ON CROSS-MOVEMENT COLLABORATION

At the High-Level Meeting on Ending AIDS (HLM), civil society faced an unexpected challenge when an anonymous veto from a UN member state led to exclusion of participation of 22 civil society organizations which provide services to ISPs.

In a rapid response to this roadblock to participation at a critical international event, civil society allies worked together to share access passes with representatives from the excluded organizations, ensuring they were able to attend the meeting regardless of the imposed restrictions. A civil society protest letter was rapidly drafted and issued to the President of the UN General Assembly, the UNAIDS Executive Director, and Co-Facilitators of the HLM, with multiple RCNF grantees – including CVC, ITPC, MSMGF, NSWP, and REDLACTRANS, among others – as signatories^{xvi}. In addition, two RCNF grantees, CVC and MSMGF (of the MSM and Transgender Networks Consortium) coordinated a side event in response to these developments, entitled “The Impact of Civil Society Exclusion on Ending the AIDS Epidemic,” targeted at allied and potentially allied member states and highlighting the danger of excluding ISPs from international fora related to the AIDS epidemic.

This joint action of multiple RCNF grantees, in rapid reaction to emerging threats, highlights both the power of indivisibility and also the practical opportunities for RCNF to foster a community of collaboration and learning between its grantees, whose interests and struggles often align and benefit from unity and solidarity at the global level.

Learning area #2: Gains in civil society capacity, engagement and influence are threatened by rapidly shifting funding environments.

Civil society partners at global, regional and national levels would benefit from opportunities to learn from their peers' solutions that already proved their effectiveness in sustaining and strengthening capacity and influence of civil society and communities in domestic resource mobilization and accountability. Where there has been significant growth in civil society involvement in health service delivery, and where the voice of organized civil society through networks and other organizations has regularly translated into influence of health and other policy and services delivery, reduction in external donor funding poses a serious threat. Service delivery efforts funded by external donors must increasingly turn to domestic resources for funding; meanwhile, advocacy efforts – which are both unlikely to be funded by government resources and have an inherent conflict of interest in taking money from the same actors to whom it is advocating for change – will need to seek new funding opportunities and expand the impact of their advocacy with limited funds through innovative partnerships.

While resource mobilization and accountability is a relatively new area of work for the RCNF collective, it is one which will need to be expanded and supported in coming years. It will be important for grantees to consider how RCNF core funding can help support activities devoted to this area of influence-building, and also for the other actors in the RCNF collective to facilitate shared learning and consider strategic ways in which grantees can be supported to maximize their work in this area.

There are also several lessons learned for the internal function and structure of the RCNF, which will be used by the Secretariat to guide the Fund's operation in 2017 and coming years:

Learning area #3: The unique and critical value of civil society, communities, their networks and their influence in the global HIV response is not always recognized, and is poorly captured in existing M&E frameworks.

Despite a long history of theoretical and academic understanding of community approaches to health^{xvii}, many countries and localities have yet to fully acknowledge and activate the power of communities and treat their contributions on a level equal to government health services. This is particularly critical for ISPs, who are not being adequately reached by traditional service delivery mechanisms, and for whom reliable data are not available for the planning and execution of appropriate services. While some recognition may have been achieved in certain settings, sustained efforts are needed to address increased inclusion across all ISPs, and to assure sustainability outside of donor-supported programming.

Standard quantitative indicators often fail to capture the complex, often long-term and step-wise processes of effective advocacy, while individual qualitative evaluations make it difficult to draw links and consolidate RCNF's inputs into a larger, cohesive picture. The RCNF has already begun to lay the framework for this by investing in an innovative monitoring, evaluation and learning (MEL) approach to document, measure and communicate the impact of community mobilization, capacity building and advocacy. Through participatory, inclusive, bottom-up and reflective process of MEL, the collective aims to learn from what works and what does not to make the HIV response more effective and efficient. Additionally, this approach should allow RCNF to "piece together" individual contributions of networks and individual investments of various donors into a bigger picture of the critical value that the networks and funding partners jointly bring to the global HIV response. A landmark moment for the first steps in this process were during the Collective Impact Reflection Workshop held in Amsterdam in May 2017 (with content reflection focusing on 2016 achievements); RCNF was able to utilize major outcomes from that workshop in framing this report, and will continue to engage in collective learning throughout 2017 as the new MEL is finalized.

In addition, in 2017, it is critical that the RCNF focus on engaging with the networks to identify opportunities for strengthening their financial management capacity, to further increase the efficiency, effectiveness, and accountability of networks as core structures in the civil society HIV response.

Learning area #4: There is a catalytic effect of the RCNF's investments in regional and global networks, which helps fuse advocacy and service provision.

Services for ISPs, in the absence of effective systems for community-led monitoring which feed into organized advocacy targeting from local to global, are bound to be inadequate and perform less than optimally to meet ISP needs. Therefore, informed advocacy is essential for influencing service quality maintenance and improvement. At the same time, it is tremendously challenging to conduct advocacy on effective and improved service provision and health outcomes without basic funding in place to deliver services. This scenario is particularly important for countries undergoing funding transitions, where services may cease to exist without proper resources. This underscores the way in which RCNF's investments in advocacy go hand-in-hand with those of other donors such as the Global Fund and PEPFAR, who invest heavily in service delivery and technical support to improve services.

RCNF's alignment and partnerships with donors prioritizing investments in service delivery or other complimentary areas of networks' programs is essential and needs to grow and strengthen for further catalytic effect of investments in advocacy and community mobilization via the networks to develop and scale up programs that meet the needs of communities. Naturally, RCNF will also continue to invest in core capacity, which has proven to build partners' absorptive capacity to receive and successfully manage other grant funding.

Learning area #5: The RCNF Grant Management Model and consortium approach foster alignment and resilience of civil society and community movements, particularly through growing nascent movements and supporting intersectional collaboration across movements for greater impact.

The distinct breadth of linkages across RCNF grantees makes it possible to encourage institutional collaborations, i.e. peer organization to peer organization, in an unprecedented manner.

CASE STUDY #10: CONSORTIA BUILD MOVEMENTS AND DRIVE CROSS-POPULATION COLLABORATION

Figure 6 highlights nine grantees which have been funded since Round 1 funding was disbursed in 2013. While Round 1 grants all went to single organizations, many of whom were at risk for closing operations in a shrinking funding environment, subsequent rounds have engaged increasing numbers of sub-grantee networks through RCNF's consortium approach. In 2016, this brought the total number of organizations engaged to over 60 – indicating not only the survival and continued contribution of the original nine grantees, but also the growth in connections and collaboration between organizations driven by RCNF investments.

The consortium approach is not without challenges. Grantees report difficulties in coordination and consolidation of results, and there has been a distinct learning curve for many in becoming grant-making organizations. At the same time, grantees also report improved collaboration, and valuable sharing of lessons and experiences across different ISP movements and across geographic borders.

Ongoing learning and capacity building (particularly via a peer-to-peer approach), facilitated by the RCNF, allows pooled investments in strategic costs of grantees to bring about the best and most catalytic value for money, as well as the best benefit to communities. In 2017, it will be critical to evaluate and analyze the experience of consortium model to evolve it to better serve the purpose of strengthening the HIV sector as a whole. In advance of 2019–2021, i.e. 4th round of RCNF funding, it will be necessary to engage with grantees to assess and explore variations of consortia models that will facilitate the expression of the full potential of various networks coming together to address a shared challenge e.g. regionally, or around a common external issue of concern (e.g. criminalization) or a common institutional development challenge (e.g. sustainability of operations).



Photo 8: Consortium of MSM and Transgender Networks: Civil Society taking it to the street, High Level Meeting, NYC.

Financial report

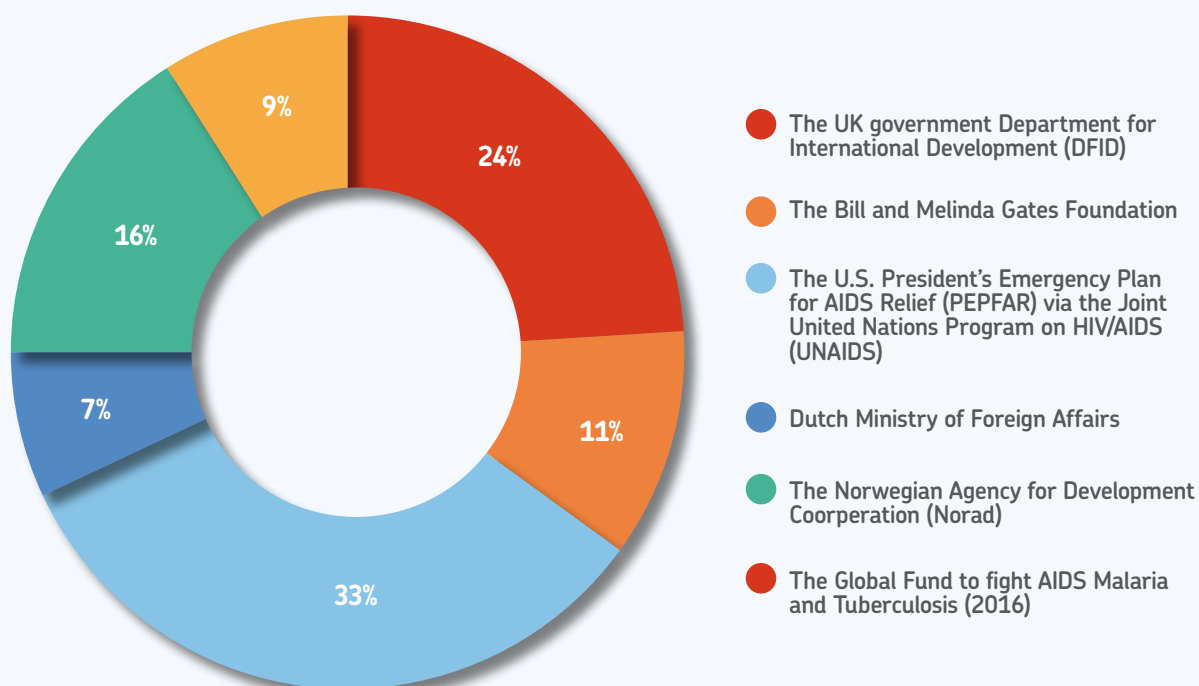


Figure 8: Funding Partners' Contributions to the RCNF Pool - 2016-2018

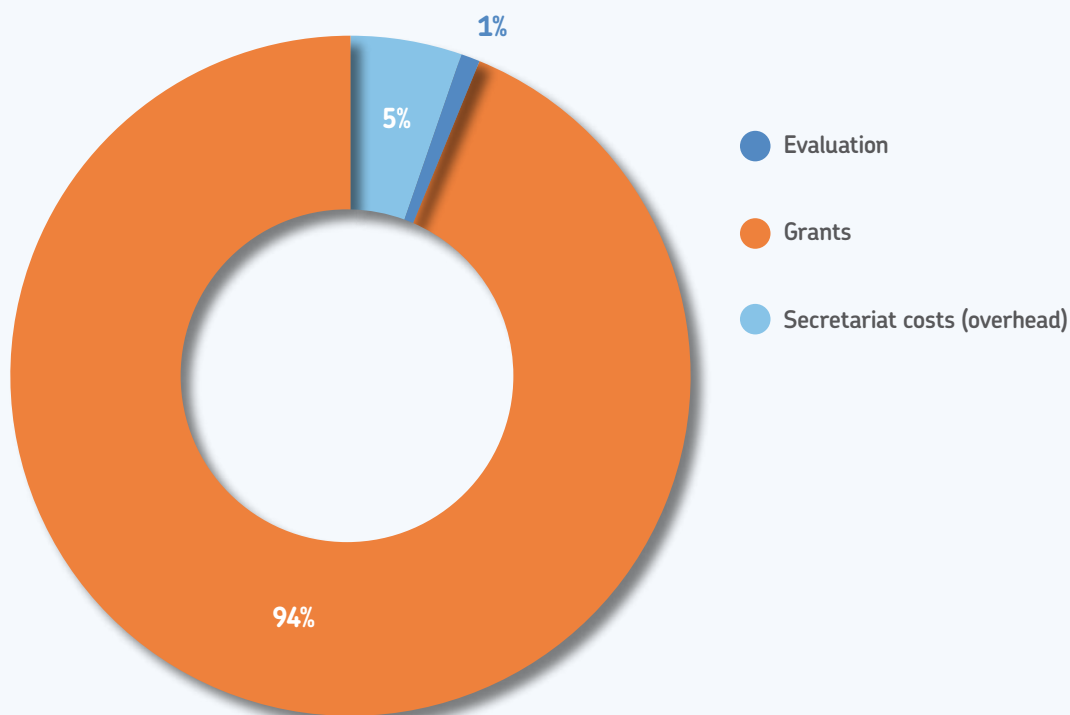


Figure 9: RCNF Expenditure in 2016 (USD 10.7 mln)

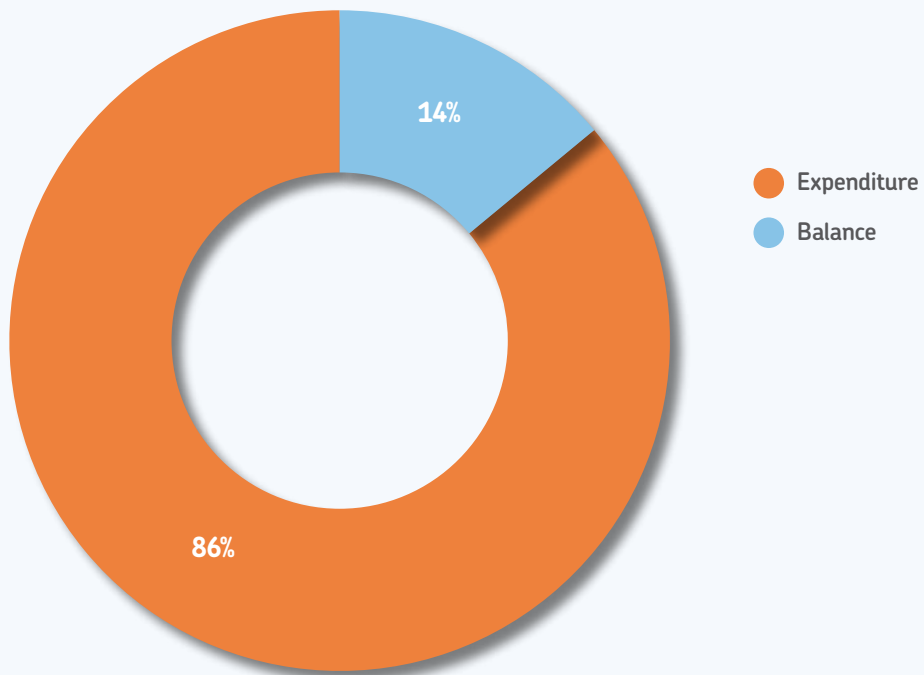


Figure 10: Total RCNF Grantee 2016 Expenditure

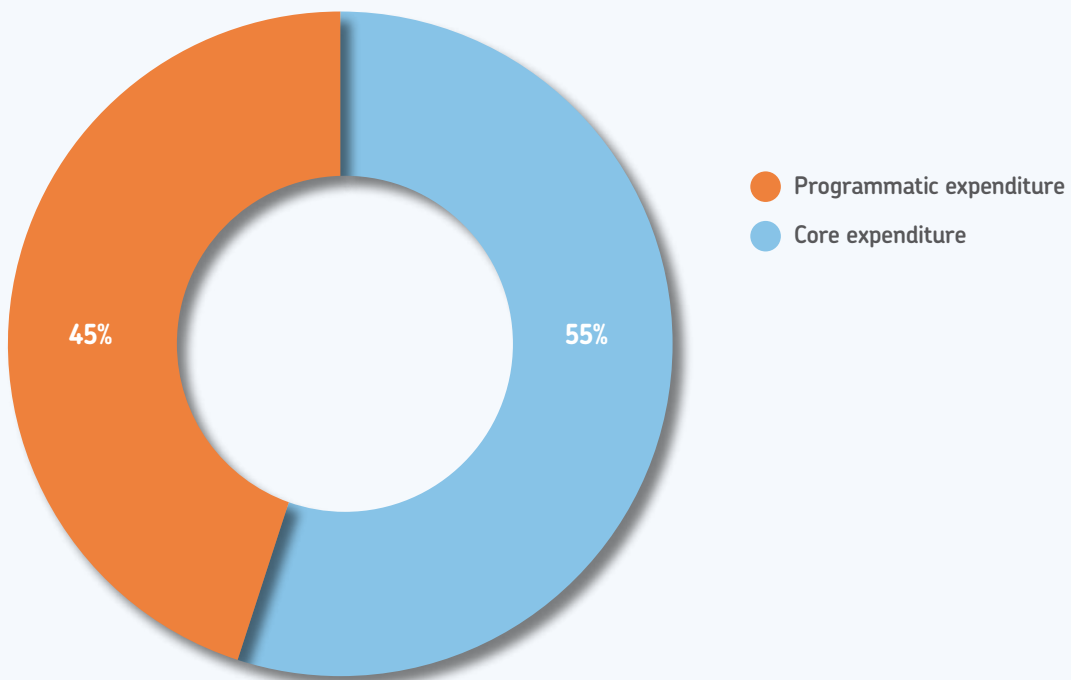


Figure 11: RCNF grantee 2016 Core v. Programmatic Expenditure

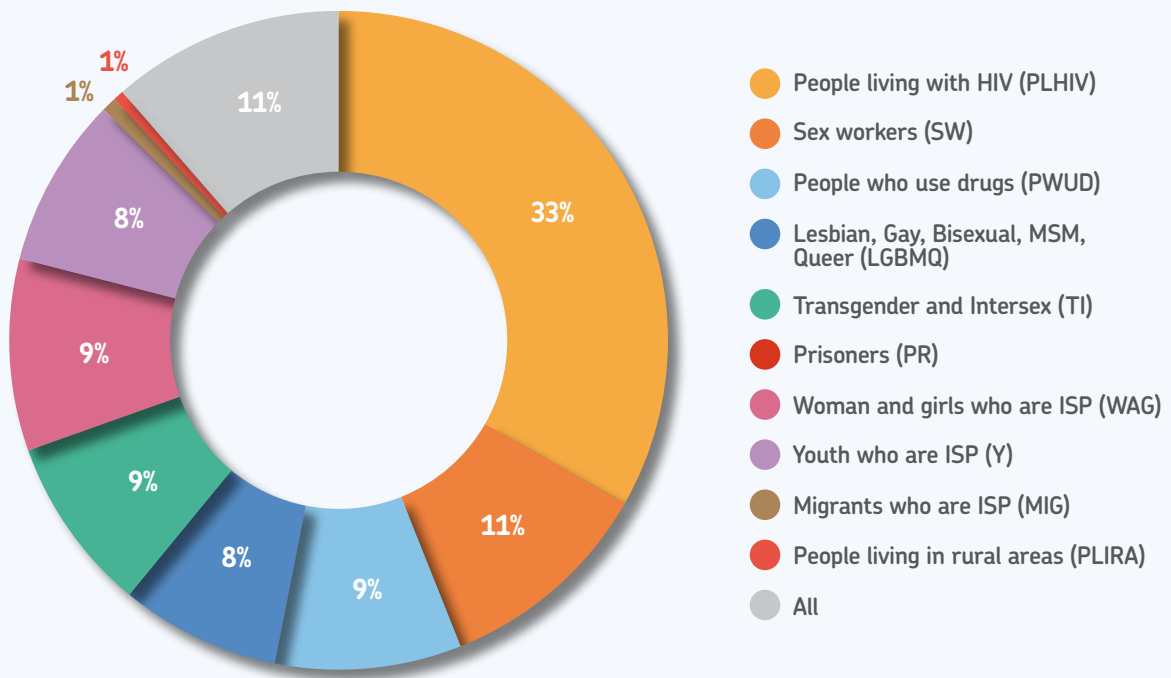


Figure 12: RCNF Grantee 2016 Programmatic Expenditure by ISP

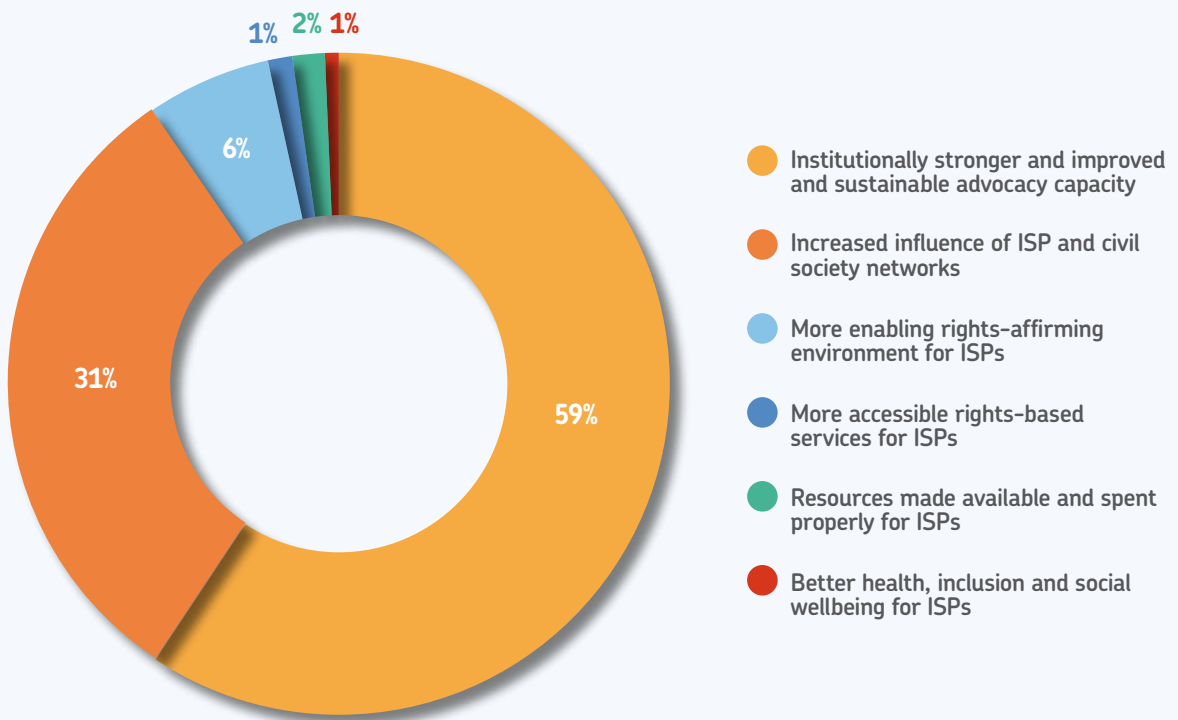


Figure 13: RCNF Grantee 2016 Programmatic Expenditure by Outcome Areas

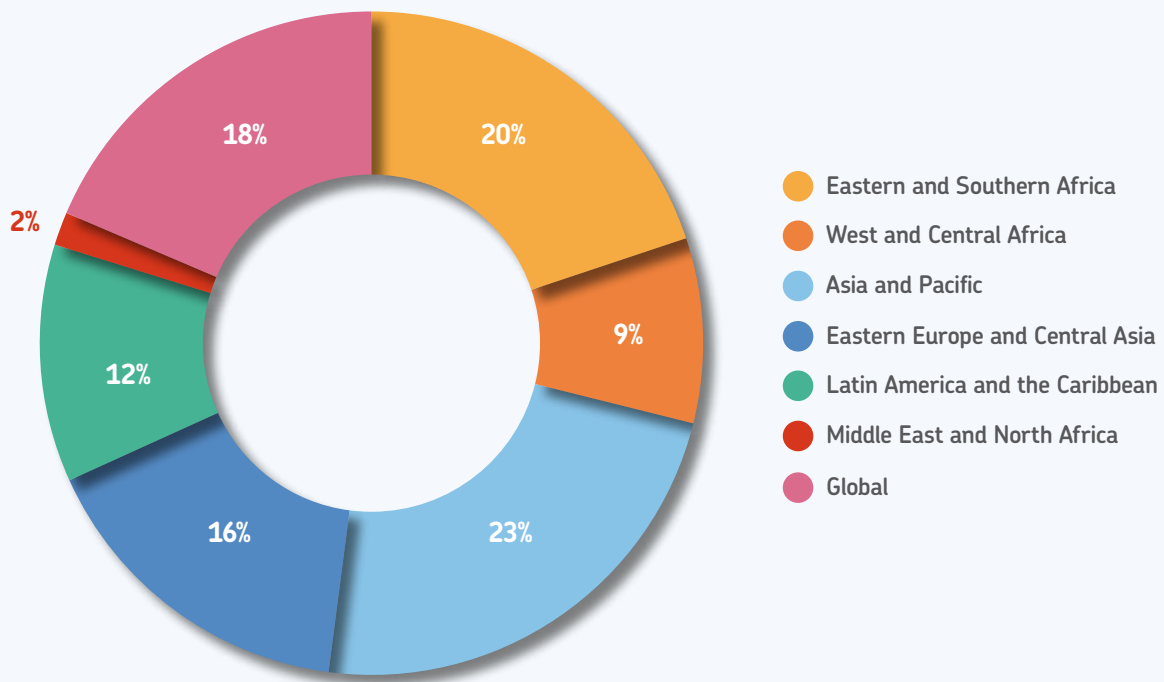


Figure 14: RCNF Grantee 2016 Programmatic Expenditure by Region

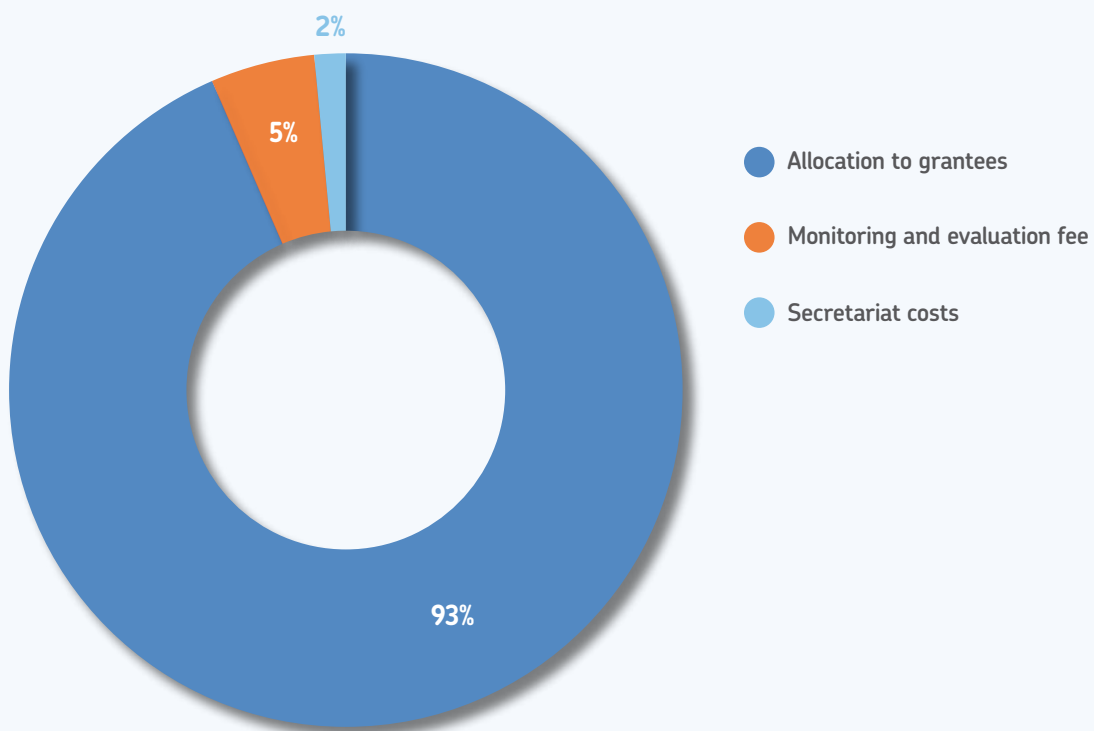


Figure 15: Global Fund RCNF distribution 2015-2016 (USD 5.3 mln)

ANNEX 2: RISKS AND RISK MITIGATION

The risks faced by the fund and the grantees mostly fall under the categories of financial and/or organizational risks. Such risks could include corruption, fraud and mismanagement taking place at the grantee level or internal organizational challenges such as high staff turnover. Such scenarios can negatively impact upon organisational stability and attainment of results. Moreover some grantees may operate in challenging political environments or in situations of civil unrest which could negatively influence project activities and the safety of the people undertaking such work. Strong risk and mitigation strategies are key to preventing and managing such risks.

Corruption, Fraud and Mismanagement (CFM)

The Robert Carr civil Society Network Fund has prioritized the areas of CFM in order to ensure a consistent and compliant approach. In order to ensure a clear focus on issues of CFM the RCNF installed an Accountability Committee comprised of two ISC members overseeing the work of the RCNF secretariat with regard to (alleged) fraud and misuse of resources. The Accountability Committee is kept informed of all closed and open CFM investigations and provides advice and guidance on the application of the CFM policies and procedures to CFM cases. The Accountability Committee also has a report back function to the broader ISC on outcomes/progress in addressing CFM cases. The full ISC is responsible for ensuring all policies related to CFM are appropriately implemented. Preventing and tracking CFM is a priority, 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 most recent Request for Proposals (2015) consisted of additional and stricter requirements for applicants with relation to 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 (furthermore they are contractually bound to do so). This guarantees that networks consider the implications of CFM thoroughly before submitting a proposal and know their obligations and duties from the start.

The RCNF secretariat continues to make regular site visits and ensures all grantees have whistle blowing procedures in place. Any suspected or alleged misuse of funds is reported immediately to the accountability committee and RCNF donors and thoroughly investigated by the RCNF staff and/or an independent forensic audit team. All grantees receiving funding continue to be subjected to due diligence to ensure the risk of fraud is low. In 2016, RCNF strengthened its contract terms & conditions with grantees that better fit the needs of grantees. One of the improved procedures are the Audit requirements, which now require annual project audits for large grants. The audit requirements in case of sub-grantees, including for the consortia supported by RCNF, are better stipulated, ensuring that grantee and sub-grantee expenditure are audited.

In order to strengthen the financial capacity of grantees RCNF hosted a financial management training for lead consortia organizations in Q2 of 2017. The training covered several modules including a specific focus on assessing partners financial health and deterring, preventing, identifying and dealing with suspected cases of CFM. Follow up support has been offered to grantees to ensure continued strengthening of financial systems and processes. Furthermore RCNF secretariat staff received the same training as that of the grantees to ensure consistency at a secretariat level in managing and distributing funds, and identifying and managing cases potential cases of CFM.

As a result of these improved policies, procedures and strengthening of grantees capacity we have been able to successfully resolve a number of cases and the number of active CFM cases has decreased from 4 in 2015 to 1 in 2017.

Climate and Environment

RCNF endeavors to minimize the impact of our building, transport and organization processes on the environment and chooses partners and suppliers who treat human beings and the environment in a responsible way. RCNF attempts to limit flight travel, using teleconferences and bolt-on visits to grantees onto other meetings as well as using Skype interviews with grantees in place of site visits where appropriate. RCNF uses recycled paper, but printing is minimized. Paper and plastic waste is being recycled.

Donor income

An ongoing risk to the overall fund is receiving less income than expected, or receiving it later than planned. For example, we expected to receive over three million euros from the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2016, but we received the amount in 2017. It remains unclear whether the limiting conditions introduced by the US administration are applicable to the funding received from the US government in 2017. Exchange rate currency fluctuations, have negatively impacted the actual income received by RCNF in 2016. These developments are closely monitored, RCNF works to minimize these risks by bytransfer money to partners only after it has been received from funders. In order to further manage risks related to exchange rate fluxuations an Exchange Change Rate Policy will be developed in 2017 to better manage income expectations and to mitigate exchange rate losses as much as possible.

In the case of currency fluxuations experienced on the part of the grantee, it is contractually stipulated that it is the responsibility of grantees to manage such fluxuations, gains and losses should be reported in the audited statement of income and expenditure any deviations greater than 10% should be reported by the grantee to AidsFonds.

Attracting new funding

The RCNF has started to broaden and deepen its donor pool over the long-term. A successful first replenishment meeting was held in New York in 2015 with all original donors extending their support for RCNF. However the fund is now embarking on a new replenishment process to secure the future of the fund post-2018. The aim will be to maintain the commitment of existing donors and engage new ones on board – overall, ensuring a healthy and viable Fund to fully achieve its value-added.

Human Rights and Gender Equality

There is a need for increased support for advocacy and service delivery that supports and protects human rights. Human rights violations disproportionately affect ISPs and their ability to access HIV and other health care services. Human rights advocacy is also an area that is significantly underfunded in the HIV response. Therefore the RCNF continues to prioritize and fund human rights protections as a high priority.

A key focus for RCNF grantees focus is on improving the human rights of Inadequately Served Populations. The challenging political and social conditions in the targeted countries increase the vulnerability of the ISP and grantees. The majority of partners have good mitigation strategies in place and have the expertise defending the rights of ISP. All grantees advocate for equal rights (see chapter Grantee Outcomes for examples).

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

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

Challenges related to tracking and measuring results

The RCNF is in the final stage of revising its Monitoring, Evaluation and Learning (MEL) system. Previously disjointed MEL tools and frameworks are being streamlined into one cohesive framework, making it able to better understand and articulate RCNF's results and impact. RCNF organized an M&E workshop for grantees, to ensure that the MEL system is well understood and implemented effectively. RCNF revised the MEL tools in collaboration with grantees to ensure they are fit for purpose and accurately track results.

Consortium model

Lead organizations for consortia of networks face the challenge of the communications, tracking, coordinating, reporting for a considerable size of partners or networks which demands time, energy, and focus, independent of facilitating collaboration for program & advocacy work. Under the 2015 RfP, network and consortium lead organizations had to prove that they have the capacity to perform the tasks expected of a lead organization and applicants could apply for a budget for consortia management. The lead organizations of the current round of funding, have become more experienced in leading a consortium. Following the success of the financial management training RCNF will explore further areas of capacity building to further strengthen the networks and consortia in receipt of RCNF funds.

In 2017 RCNF will undertake an independent assessment of the consortium model to ensure it is fit for purpose and to identify specific areas for improvement, capacity building and secretariat support.

IATI

RCNF supports groups that are vulnerable and sometimes at-risk. This includes groups which are criminalized or face risks related to stigma and discrimination. Therefore RCNF is committed to protecting the identity of our target groups and partners. At the same time, transparency is essential. RCNF strives to find an appropriate balance. In 2016 RCNF made the preparations to publish our results in IATI. A new project management system is now in place. Some of the 2016 grantee results that became available in 2017 will be published in IATI, in line with the IATI requirements.

To protect vulnerable people, we follow guidelines that state when information should and should not be published.

Grantees are contractually obliged to comply with IATI reporting standards.

Procurement

Procurement of items or services is utilized following our internal procedure in line with international best practice and applicable regulations. In 2016 RCNF engaged a number consultancy services. Consultants were selected through a competitive bid process, consultants whom performed to a high standards and met the requirements of the competitive bid process are added to a preferred supplier list. Grantees are encourage to follow similar standards, procurement was a focus during the financial management training hosted by RCNF in 2017.

OECD/DAC list of recipients

Approximately 90% of RCNF funding goes to ODA-recipient countries. Twelve of the eighteen lead organizations are based in ODA-recipient countries and 29 consortium partners are based in ODA-recipient countries. Thirteen of the RCNF grants are focused on ODA-recipient countries (see Annex 1 for an overview of grantees' geographical focus).

As in line with contract stipulations funding from DFID and Norad funding is spent only on countries on the ODA list of recipient countries.

ANNEX 3: GLOBAL FUND – RCNF PARTNERSHIP IN 2015–2016

In April 2014, the Global Fund Board approved the Community Rights and Gender (CRG) Special Initiative and allocated US \$15M (2014–2016), to ensure that communities and civil society are meaningfully engaged in the design, implementation and monitoring of supported programs; and technically sound interventions to address human rights, gender equality and community responses. The initiative's three elements include:

- Technical assistance (TA) provision
- Key populations network strengthening and
- Regional communication and coordination platforms

The initiative ran until the end of 2016. As part of the special initiative's key populations network strengthening element, which aims to ensure that the Global Fund's commitment to community engagement is maximized, the Global Fund entered into a collaboration agreement with the Robert Carr Civil Society Networks Fund on a two year partnership to support a select group of the RCNF grantees in strengthening Global Fund-related capacity of key populations. Through increased investments in key population networks, the initiative aims to ensure that communities on the ground are adequately supported to mobilize effectively for a quality HIV response and successful roll out of the Global Fund's new funding model (NFM). Using RCNF's existing structures the initiative channeled resources through to its eight grantees, who represent a diverse mix of consortia of global and regional networks as well as individual networks representing key populations, in order to support community mobilization and capacity development within the context of the new funding model during 2015–2016. In total USD 4,957,208 has been invested in these grantees.

Added value of the GF-RCNF Partnership

The partnership between the Global Fund and the RCNF demonstrated mutually re-enforcing complementarity. The core funding from the RCNF grants has contributed to enabling these organizations to strengthen their networks. Whereas, the Global Fund grants to these networks were complimentary in that this additional resource enabled the networks to provide their constituencies with trainings on the Global Fund structures and processes and how to effectively engage with them. Moreover several grantees reported co-funding complimentary activities, using RCNF core funding to further mainstream the lessons learned in the Global Fund project through communication and convening activities. Having strong functional networks that connect and help mobilize community members, which is one of the core objectives of the RCNF, is key to legitimate and proper representation of community's interests in the Global Fund processes.

The GF-RCNF grantees had partners across 45 countries throughout 6 regions including Africa, Asia Pacific, Caribbean, Eastern Europe and Central Asia, Latin America, Middle East and North Africa. These eight grantees include consortia of global and regional networks, as well as individual networks.

Overall the grantees demonstrated that GF-RCNF grant contributed significantly to their efforts to engage in Global Fund processes at national, regional and global levels. The grantees and their constituencies were actively engaging in shaping global, regional and national policies, supporting their constituencies to make the case for:

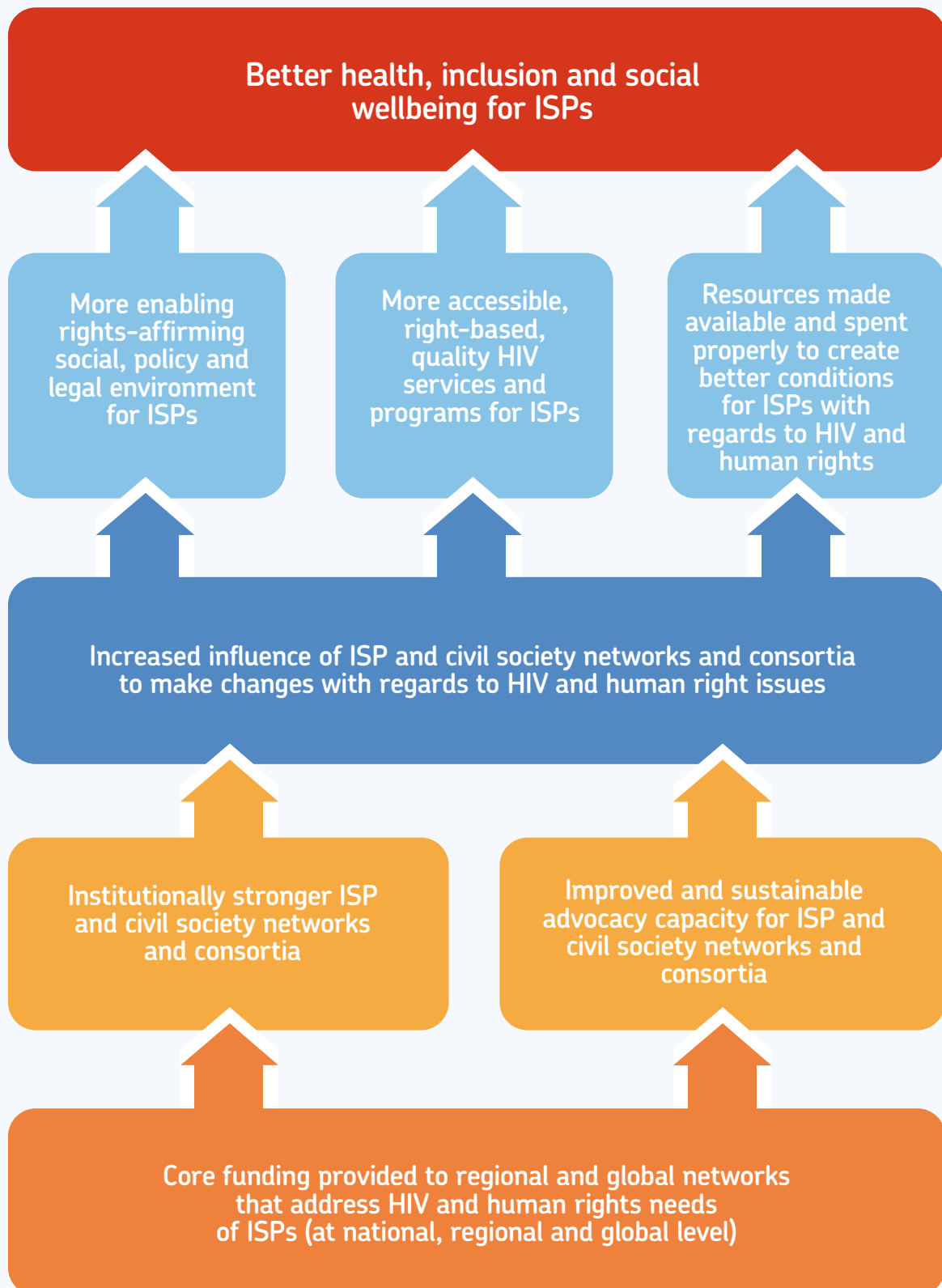
- Greater investment in key populations;
- Evidence and human rights based policies;
- Accessible HIV prevention, treatment and care services.

Within the GF-RCNF partnership through the efforts of the eight grantees, community representatives engaged with the Global Fund's board delegations, the Community, Rights and Gender Advisory Group and other technical and/or advisory bodies and structures of the Global Fund, and, most importantly, the grantees and their constituencies in the countries achieved increased presence and representation of key population representatives on the Country Coordinating Mechanisms (CCMs).

TABLE 2: GLOBAL FUND-RCNF GRANTEE OVERVIEW

GRANTEE	PROGRAM TITLE	TYPE OF NETWORK	LEAD ORGANIZATION	CONSORTIUM PARTNERS	INADEQUATELY SERVED POPULATIONS (ISP)										COUNTRIES	GEOGRAPHICAL COVERAGE							TOTAL GRANT COMMITMENT 2015-2016		
					People living with HIV (PLHIV)	Sex workers (SW)	People who use drugs (PWUD)	Lesbian, Gay, Bisexual, MSM, Queer (LGBMQ)	Transgender and Intersex (TI)	Prisoners (PR)	Women and girls who are ISP (WAG)	Youth who are ISP (Y)	Migrants who are ISP (MIG)	People living in rural areas (PLIRA) who are ISP		Other ISP	Eastern and Southern Africa	West and Central Africa	Asia and Pacific	Eastern Europe and Central Asia	Latin America and the Caribbean	Middle East and North Africa		Global	
Consortium of AIDS and Rights Alliance for Southern Africa (ARASA) and International Treatment Preparedness Coalition (ITPC)	Investing in Key Populations: Building Knowledge and Capacity to engage in Global Fund processes in Botswana, Malawi and Tanzania	Consortium of Networks	AIDS and Rights Alliance for Southern Africa (ARASA)	International Treatment Preparedness Coalition (ITPC)	●	●	●	●	●								Botswana, Malawi, Tanzania	●							\$ 750000
Youth LEAD	Making the money work for young people affected and living with HIV: Creating avenues for young people to engage with Global Fund.	Regional network	Youth LEAD									●	●				Pakistan, Viet Nam, Philippines, Nepal, Cambodia, Myanmar, Indonesia, Mongolia, Papua New Guinea, Sri Lanka,			●				●	\$ 292000
Sex Worker Networks Consortium	Making the Global Fund work for sex workers: capacity building to support our engagement in Global Fund processes	Consortium of Networks	Global Network of Sex Work Projects (NSWP)	African Sex Workers Alliance (ASWA), Asia Pacific Network of Sex Workers (APNSW), Sex Worker Advocacy Network in Eastern Europe and Central Asia (SWAN), Caribbean Sex Worker Coalition (CSWC), Latin America Platform of Sex Workers (LAPS)		●											"Bangladesh, Cameroon, Democratic Republic of Congo, Ecuador, Georgia, Guyana, India, Jamaica, Kenya, Kyrgyzstan, Malawi, Nepal, Nigeria, Pakistan, Papua New Guinea, Peru, Senegal, Sri Lanka, Tanzania, Thailand, Ukraine, Vietnam	●	●	●	●	●	●	●	\$ 749980
PLHIV Networks Consortium	Increasing the quality of GFATM country concept notes by strengthening the capacity of PLHIV and KP networks	Consortium of Networks	Global Network of People living with HIV (GNP+)	CRN+, ECUO, APN+	●			●									Cambodia, India, Indonesia, Myanmar, Nepal, Pakistan and Vietnam, Dominican Republic, Belize, Estonia, Kazakhstan, Moldova, Russian Federation, Ukraine, Armenia, Belarus			●	●	●	●	●	\$ 749600
International Community of Women Living with HIV	Strengthening voices and participation of Women Living with HIV including young women in Global Fund Processes	Consortium of Networks	ICW Eastern Africa	ICW Global, ICW West Africa and ICW Southern Africa	●	●						●					Australia, Belarus, Cambodia, Cameroon, Georgia, India, Indonesia, Ivory Coast, Kazakhstan, Kenya, Malaysia, Morocco, Nepal, Nigeria, Russian Federation, Senegal, Switzerland, Tanzania, Thailand, Ukraine, Vietnam, Zanzibar	●	●			●	●	●	\$ 740000
Consortium of International Network of People who Use Drugs (INPUD) and Asian Network of People who Use Drugs (ANPUD)	Peer to peer training: people who use drugs making Global Fund to fight Aids Tuberculosis and Malaria fit for purpose.	Consortium of Networks	International Network of People who Use Drugs (INPUD)	Asian Network of People who Use Drugs (ANPUD)			●					●					Australia, Belarus, Cambodia, Cameroon, Georgia, India, Indonesia, Ivory Coast, Kazakhstan, Kenya, Malaysia, Morocco, Nepal, Nigeria, Russian Federation, Senegal, Switzerland, Tanzania, Thailand, Ukraine, Vietnam, Zanzibar	●	●	●	●		●	●	\$ 750000
The Asia-Pacific Transgender Network	Transgender, CSS and the Global Fund's New Funding Model	Regional network	APTAN												●		Pakistan, India, Thailand, Indonesia, Nepal, Philippines, Viet Nam,			●					\$ 146000
Consortium of MSM and Transgender Networks	Facilitating Greater Engagement of MSM and Transgender People in Global Fund Country Dialogues and Other National aids Policy Processes	Consortium of Networks	The Global Forum on MSM & HIV (MSMGF)	AMShEr, APCOM, CVC, ECOM, ABDGN, IRGT, M-Coalition, SCN, SOMOSGAY	●			●	●								Lebanon, Jamaica, Algeria, Arab Gulf sub-region, Armenia, Azerbaijan, Canada, Egypt, Estonia, Georgia, Iraq, Jordan, Lybia, Mauritania, Morocco, Palestine, Paraguay, South Africa, Sudan, Syria, Thailand	●	●	●	●	●	●	●	\$ 750000

ANNEX 4: RCNF THEORY OF CHANGE



Endnotes

- I The content of this Context section was developed through a participatory reflection process, in which grantees and key members of the ISC, PAP and Secretariat collaboratively brainstormed major contextual factors affecting their work. It is recognized that this does not present a comprehensive picture of the global HIV response or its context; rather, this represents the world in which the collective operates and strives to achieve impact.
- II The re-issued, consolidated WHO guidance for key population interventions was a central topic at the 2014 International AIDS Conference, and has been central to commitments to key population commitments by The Global Fund (Key Population Action Plan 2014-2017: www.theglobalfund.org/media/1270/publication_keypopulations_actionplan_en.pdf) and PEPFAR (Key Populations Fact Sheet: www.pepfar.gov/documents/organization/262247.pdf). The Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment, Care and Support for Key Populations is available at: www.who.int/hiv/pub/guidelines/keypopulations/en/
- III UNAIDS. (2016) Stronger together, 8; and Collins CJ, Greenall MN, Mallouris C, Smith SL. *Time for full inclusion of community actions in the response to AIDS*. Journal of the International AIDS Society. 19(1):20712. doi:10.7448/IAS.19.1.20712. Available: www.ncbi.nlm.nih.gov/pmc/articles/PMC4833769/
- IV United Nations. (2016) Transforming Our World: the 2030 Agenda for Sustainable Development. sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf
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The Robert Carr Civil Society Networks Fund is a unique cooperation between civil society networks and donors. The RCNF receives support from the Bill and Melinda Gates Foundation (BMGF), the Department for International Development of the United Kingdom (DFID), the Norwegian Agency for Development Cooperation (Norad,) the Dutch Ministry of Foreign Affairs through Aidsfonds and the HIV/AIDS Alliance and the US President's Emergency Plan For Aids Relief (PEPFAR) through UNAIDS. The RCNF holds a partnership with the Global Fund to Fight Aids, TB and Malaria.



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