

Mid-Term Review

The Robert Carr
Civil Society
Networks Fund

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

CONTENTS

General acronyms	4
Acronyms of grantees and their partners	5
Executive Summary	6
Introduction	10
1 The Mid-Term Review	11
– Aim and objectives of the MTR	11
– Participants and methods for the MTR	11
– Management and implementation of the MTR	12
– Limitations of the MTR	12
2 The Robert Carr Civil Society Networks Fund	13
– The history of the RCNF	13
– The RCNF ‘at a glance’	13
3 Summary of data	15
– RCNF applications – number, eligibility and demand	15
– RCNF grants – length, number and size	16
– RCNF grants – ISPs supported	19
– RCNF grants – geographic regions supported	20
– RCNF grants – core/programmatic funding and onward granting	20
– RCNF results – outcomes supported	20
4 Findings and analysis	30
– Findings and analysis for level A: the fund as a whole	30
– Findings and analysis for level B: the fund’s grantees	35
– Findings and analysis for level C: the Fund’s donors	42
– Findings and analysis for level D: the fund’s management and governance	46
5 Conclusions	51
– Past strengths, weaknesses and lessons of the RCNF	51
– Future questions for the RCNF	52
6 Recommendations	54
ANNEX 1 Participants in the mid-term review	57
ANNEX 2 Literature review for the mid-term review	60
ANNEX 3 Enquiry framework for the Mid-Term Review	62
ANNEX 4 Achievements from grants by the RCNF	63
ANNEX 5 Overview of application process for the RCNF	66
ANNEX 6 Governance and management structure of the RCNF	67

GENERAL ACRONYMS

AmFAR	American Foundation for AIDS Research	PAP	Programme Advisory Panel
CA	Central Africa	PCB	Programme Coordinating Board
DfiD	Department for International Development	PEPFAR	President's Emergency Plan for AIDS Relief
EA	Eastern Africa	PLHIV	people living with HIV
EECA	Eastern Europe and Central Asia	PreP	pre-exposure prophylaxis
FMA	Fund Management Agency	PPA	Programme Partnership Arrangement
Gates Foundation	Bill and Melinda Gates Foundation	PWUD	people who use drugs
GLAM	Global Lube Access Mobilization	Q&A	questions and answers
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	RCNF	Robert Carr Civil Society Networks Fund
IAC	International AIDS Conference	RFP	Request for Proposals
ISC	International Steering Committee	SA	Southern Africa
ISP	Inadequately served population	TasP	treatment as prevention
LAC	Latin America and Caribbean	TB	tuberculosis
LGBTI	lesbian, gay, bisexual, transgender and intersex	UNAIDS	United Nations Joint Programme on AIDS
MENA	Middle East and North Africa	UNODC	United Nations Office on Drugs and Crime
MSM	men who have sex with men	WA	West Africa
MTR	Mid-Term Review	WHO	World Health Organisation
NORAD	Norwegian Agency for Development Cooperation	WLHIV	women living with HIV
OST	opiate substitution therapy	YKAP	young key affected populations

ACRONYMS OF GRANTEES AND THEIR PARTNERS

ABDGN	African Black Diaspora Global Network	IAM	Inclusive and Affirming Ministries
ACA	Africa Capacity Alliance	ICRSE	International Committee on Rights of Sex Workers in Europe
ANPUD	Asian Network of People who Use Drugs	ICW	International Community of Women Living with HIV
AMSHeR	African Men for Sexual Health and Rights	IDPC	International Drug Policy Consortium
APCOM	Asia Pacific Coalition on Male Sexual Health	INERELA+	International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
APN+	Asia Pacific Network of People Living with HIV	INPUD	International Network of People who Use Drugs
APNSW	Asia Pacific Network of Sex Workers	ITPC	International Treatment Preparedness Coalition
APTN	Asia Pacific Transgender Network	IWRAW	International Women's Rights Action Watch Asia Pacific
ARASA	AIDS and Rights Alliance for Southern Africa	LANSWP	Latin America Sex Work Projects
ASICAL	Association for Integral Health and Citizenship in Latin America and the Caribbean	LWF	Lutheran World Federation
ASWA	African Sex Worker Alliance	MENAHRA	Middle East and North Africa Harm Reduction Association
CARAM Asia	Coordination of Action Research on AIDS and Mobility Asia	MSMGF	Global Forum on MSM and HIV
CRN+	Caribbean Network of People Living with HIV	NOPE	National Organization of Peer Educators
CSWC	Caribbean Sex Worker Coalition	NSWP	Global Network of Sex Work Projects
CVC	Caribbean Vulnerable Communities Coalition	PATA	Paediatric AIDS Treatment for Africa
EAA	Ecumenical Advocacy Alliance	REDLACTRANS	Red Latinoamericana y del Caribe de Personas Trans
ECOM	Eurasian Coalition on Male Health	SCN	South Caucasus Network
ECUO	East Europe and Central Asia Union of People Living With HIV	SONKE	Sonke Gender Justice Network
EHRN	Eurasian Harm Reduction Network	SWAN	Sex Workers' Rights Advocacy Network
FIDA	Federation of Women Lawyers	WCC	World Council of Churches
GEP	Fundación Grupo Efecto Positivo	World YWCA	World Young Women's Christian Association
GNP+	Global Network of People Living with HIV	Youth LEAD	Youth Leadership, Education, Advocacy and Development
HRI	Harm Reduction International	Youth RISE	Youth Resources, Information, Support, Education
HYLEF	HIV Young Leaders Fund		

EXECUTIVE SUMMARY

The Robert Carr Civil Society Networks Fund (RCNF) was launched in July 2012. It is the first international fund that specifically aims to strengthen global and regional civil society networks responding to HIV. It provides both core and programmatic funding and focuses on inadequately served populations (ISPs). These are key populations that face a higher HIV risk, mortality and/or morbidity, yet have less access to information and services. They include people living with HIV (PLHIV), gay men and other men who have sex with men (MSM), women and men who use drugs (PWUD), prisoners, sex workers and transgender people. In some localities, ISPs also include women and girls, youth, migrants and people living in rural areas.

The goal of the RCNF is: To support the work of global and regional civil society networks to address critical factors for scaling-up access to prevention, treatment, care and support and to protect the rights of ISPs. Its four objectives/outcome areas are: 1. To improve global and regional network capacity; 2. To enhance HIV response implementation; 3. To support human rights advocacy; and 4. To increase resource accountability for the HIV response.

A Mid-Term Review (MTR) of the RCNF was conducted in May – July 2014. This aimed to engage relevant stakeholders in assessing the strengths, weaknesses, results and lessons of the Fund to

date and to make recommendations for its development and strengthening in the future. The Review was carried out by an independent consultant and used five methods: a survey of grantees (31 responses); in-depth interviews (28 completed); focus group discussions (3 completed); data analysis; and literature review (over 60 resources). The MTR was a ‘360° process’, involving all key stakeholder groups: civil society networks that are past/present/potential grantees; existing/potential donors; the governance and management bodies (International Steering Committee (ISC), Program Advisory Panel (PAP) and Fund Management Agent (FMA)); and external stakeholders.

As seen in the data analysis, the RCNF has issued two Requests for Proposals and allocated a total of \$ 18,217,092. In Round 1, it provided 24 grants, valued at \$ 5,519,016 (for 1 year) to 7 global networks and 17 regional networks. In Round 2, it provided 14 grants, valued at \$ 12,698,076 (for 2 years), to 8 global/regional consortia, 1 global network and 4 regional networks. The 8 consortia (a model prioritised in 2013) received 71% of the Round’s funding. In both Rounds, a large proportion of the resources (74% in Round 1, 50% in Round 2) was used for core funding. Also, a notable proportion (some 24%) is used for onward-granting (the provision of small grants to partners).

The RCNF has received a large number of eligible applications (135 in Round 1, 58 in Round 2) – with significantly higher demand than supply (in terms of available funding). In Round 2, among the 14 successful applicants, there was a funding gap of \$ 15,655,069 – with grantees receiving, on average, 54% of their requested funding. RCNF resources have benefitted a range of geographic regions and ISPs (with, in both Rounds, the largest proportion allocated to initiatives addressing people living with HIV and men who have sex with men). In both Rounds, RCNF’s grantees have particularly focused on the Funds first objective/outcome (global and regional network capacity) – with all grants reporting/planning results in that area. The full report of the MTR lists examples of the wide range of outputs achieved by grantees under each of the RCNF’s outcomes, supported by case studies of the type of results achieved in Round 1.

The MTR’s findings are grouped under the four levels addressed by the Review:

Level A – The Fund as a whole

The MTR found that the **goal** of the RCNF has been the right one. It has been evidence-based and filled a niche, responding to both: a critical need within civil society architecture (global/regional networks focused on the rights of ISPs); and a major gap in the global response to HIV (a targeted fund for such organisations).

The RCNF's four **objectives** have also been right and have added up to a logical and comprehensive approach. However, some aspects of the RCNF's goal and objectives have been the subject of ongoing debate and, for the future, require greater clarification and consensus. Examples include whether the RCNF is intended for: key populations (compared to the wider group of ISPs); networks by/for ISPs (compared to those that support them); and established networks (compared to emerging ones).

The RCNF is making **concrete progress** towards its goal and objectives – with strong actual results from Round 1 and planned ones for Round 2. It is making a critical difference to the structure, capacity and coordination of global and regional networks and their unique role in advocacy for the rights of ISPs within effective responses to HIV. The RCNF is also fulfilling important aspects of its stated **value-added**, such as being a 'bridge from donors to ISPs' and 'unique inventory of the demand from civil society'. Some aspects (such as a 'way to compare and encourage quality') will be achieved over time. Others (such as being a 'predictable flow of resources') are severely restrained by the limited finances.

The RCNF has a **Results Framework** that captures its intended outcomes in a format that unites donors' needs for results with appropriate outputs/outcomes for civil society. It also has a **Theory of Change** that shows how work by the Fund's grantees should ultimately affect the issues and lives of ISPs. Both tools are useful, but, for some grantees, overly complex – requiring simplification and training. They also – for the purposes of review and evaluation – need stronger attention to impact. Currently, although grantees are achieving important outcomes and impacts, they are not explicitly enough required to articulate such changes and how they benefit ISPs.

Level B – The Fund's grantees

The RCNF is increasingly meeting the **expectations** of global/regional networks – supporting many that might, otherwise, have faced closure. There are multiple, concrete examples of how the resources have strengthened networks' structures, programmes and advocacy – in turn, enhancing their ability to make a difference to ISPs. The provision of **core funding** is a core asset of the RCNF. It enables vital networks to carry out essential operations and build their structures and movements – in turn, supporting effective responses to HIV at all levels, including country.

While Round 1 of the RCNF highlighted the need for clearer definitions and priorities, Round 2 produced a logical and strong **portfolio of grants**. This included global/regional networks that: are key players within the global civil society architecture for HIV; support priority ISPs; and work in critical geographic regions. Some stakeholders

want the portfolio to be yet more strategic, such as targeting specifically under-resourced populations, regions or networks. Also, overall, while demonstrating *potential*, the RCNF has not yet – due to its limited donor pool and scale of resources – met civil society's expectation of significantly reducing global/regional networks' **resource mobilisation effort**. In practice, they have had to maintain bilateral relations with donors.

In Round 2, the RCNF implemented an improved and comprehensive **application process** that benefited from good practice (such as peer review and rebuttal). While further enhancements could be made, the process is, overall, 'fit for purpose'. Meanwhile, Round 2 also saw the promotion of **consortia grants** (partnerships of global and regional networks). It is too early to assess if this model provides an effective means to increase collaboration among global/regional networks and improve the quality of their work. However, there are already indications of major opportunities and challenges – which are detailed in the MTR report and require on-going monitoring and learning.

Level C – The Fund's donors

The MTR found that the RCNF's **existing donors** are a vital asset. Their contribution goes beyond financial resources – also engaging with the Fund's governance and being advocates for its purpose and goal. The donors themselves broadly appreciate the Fund's **ways of working** and, in particular, remain committed to the idea and potential benefits of a pooled fund.

It is of major concern that the RCNF has not broadened and deepened its **donor pool**. This is due to multiple reasons, some of which are complex. However, it should be addressed urgently to both maintain (hopefully increase) the commitment of existing donors and get new ones on board – overall, ensuring a healthy and viable Fund to fully achieve its value-added. Meanwhile, the RCNF’s additional funding from the Global Fund provides a vital opportunity to support existing grantees and strengthen civil society’s input into Concept Notes for the New Funding Model. It also demonstrates the Fund’s role as a proven channel to reach ISP networks and support country-level responses to HIV.

Level D – The Fund’s governance and management

The RCNF’s three-bodied **governance and management structure** (ISC, PAP and FMA) is widely seen as good practice. It provides a strong and appropriate backbone to the Fund that benefits from: joint donor/civil society leadership (through the ISC); and the technical expertise of civil society (through the PAP). The complementary **roles** of the ISC and PAP are articulated in the Governance Charter. However, they have been more challenging in practice – with tension around the PAP’s role in ‘advising’, ‘guiding’ or ‘instructing’ the Fund’s strategy.

The RCNF has benefitted from **Aids Fonds’** extensive and established policies for grant-management, including in risk management and due diligence. The FMA has also developed a comprehensive policy on conflict of interest – al-

though *perceived* conflicts remain a challenge. Aids Fonds has faced high expectations – in Round 1, forced to ‘build a ship while sailing’. While there is no formal system to **appraise its performance**, it is now seen to be ‘doing a good job’, having laid the foundations for an effective grant-making mechanism. In the future, the RCNF must significantly step-up its work on resource mobilisation and **communications** (to raise the profile of the RCNF and ‘sell’ its results).

The overall **conclusions** of the MTR were that the RCNF has made significant and impressive progress. It has: completed two rounds of funding; allocated 38 grants worth \$ 18,217,092; provided a lifeline to some of the most important civil society actors in the response to HIV; identified a unique and strategic niche within the global architecture; developed effective grant-management policies and processes; and established appropriate and highly committed governance bodies. The RCNF’s grantees are achieving impressive outputs across the RCNF’s four outcomes – with strong indications that, in combination, these are ensuring stronger support to ISPs and more effective responses to HIV at the country, regional and global levels. Within the Fund, there remain a number of areas for clarification and improvement, some of which are urgent. However, these are to be expected within a complex, multi-lateral and collaborative initiative that is just two years old.

The MTR also concluded that, as of 2014, the rationale for the existence of the RCNF remains sound. This includes that: ISPs continue to be disproportionately affected by HIV, but to lack access to decision-making; global and regional

networks play a unique and critical role in shaping responses to HIV; and funding for HIV as a whole – and the work of regional and global ISP networks in particular – continues to diminish. There are a number of existing processes and funding channels to support civil society action at the country level. Making maximum use of these – and securing the resources, services and political environment that ISPs need – requires the analysis, expertise and action that regional and global networks are uniquely placed to mobilise and provide.

Within a rapidly changing environment, the RCNF’s goal and objectives require on-going review and confirmation. A strong message across the MTR was that – to not simply survive, but flourish in the post-MGD world – the Fund will need a compelling niche and strong strategy. These should be situated within the trends, opportunities and challenges that will shape the response to HIV beyond 2015. They should be developed through attention to key strategic questions about the identity and purpose of the RCNF. Four examples are: *What identity does the RCNF want to have?*; *Does the RCNF want to be market-responsive or market-shaping?*; *What is the precise purpose of the RCNF?*; and *How can the RCNF best leverage its resources and results?*

The MTR resulted in eight recommendations. These target the governance and management bodies of the RCNF and are for their consideration, selection and, as appropriate, action (through incorporation into operational plans). While recommendations 1 and 2 are the most urgent, *all* of the recommendations are of importance to the future strength, sustainability and impact of the Fund.

The MTR recommended that the ISC, PAP and FMA work together to:

- 1 As a matter of urgency, develop and start to implement a significantly more strategic, systematic and coordinated **resource mobilisation** strategy for the RCNF.
- 2 As a matter of urgency, significantly step-up the **profile and communications** of the RCNF – to showcase its actual and predicted results and to sell its unique value-added to the civil society and funding architecture of the global response to HIV.
- 3 Ensure a strong and strategic niche for the RCNF's future – by re-confirming and ensuring consensus on the basics of its **identity and purpose**. Examples of key issues include the extent to which the Fund is intended to be: a 'donor'; solely for key populations; and a mechanism to fill specific gaps in funding for civil society.
- 4 Consolidate the many good practice aspects of the RCNF's **processes and policies** – making adjustments only where vital. For example, while the majority of the application process should remain, attention is needed to: the selection of peer reviewers; and the transparency of the ISC's criteria and process for selecting the portfolio of grants.
- 5 Strengthen the assessment and articulation of the RCNF's **results** by: producing simpler, more practical versions of the Results Framework and Theory of Change; and building understanding across the Fund of why the tools matter and how they can be used. Also, review the reporting requirements – requesting a consistent format across grantees and stronger articulation of the outcomes (and, where possible, impacts) that they achieve.
- 6 Strengthen the **RCNF's governance** by re-clarifying the respective roles and responsibilities of the ISC and PAP – to reduce current tensions and maximise the bodies' complementarity in ensuring the technical quality and strategic relevance of the Fund's work. Support this with a review of the practical challenges of conflict of interest within the structures, followed by appropriate training.
- 7 Strengthen the RCNF's management by developing a formal process, led by the ISC, to appraise the **performance of the FMA**. Then use this framework to support Aids Fonds to ensure that it has, or acquires, the right type and amount of capacity to be an effective and efficient FMA for the next phase of the Fund.
- 8 Develop a **knowledge management** strategy for the RCNF to foster learning among grantees, share key lessons (especially about the Fund's areas of value-added) and contribute to the global knowledge bank of the civil society response to HIV. A priority for research is the consortia model promoted in Round 2.

INTRODUCTION

This report presents the process, results and recommendations of a comprehensive Mid-Term Review (MTR) of the Robert Carr Civil Society Networks Fund (RCNF).

It is divided into six sections:

1 The Mid-Term Review	This summarises the process used to carry out the MTR. It outlines the Review's aim, objectives, participants and methods. It also outlines its management, implementation and limitations.
2 The Robert Carr Civil Society Networks Fund	This provides a snapshot of the RCNF. It briefly describes the Fund's history and gives an 'at a glance' summary of its current status, including its goal, priorities and ways of working.
3 Summary of data	This summarises the quantitative data analysed for the MTR. It addresses the applications received, demand expressed, number and size of grants provided and ISPs and geographic regions supported. It also gives a breakdown of activities under the RCNF's outcomes, with case studies of each.
4 Findings and analysis	This shares the findings and key messages of the MTR. It presents them according to the four levels addressed by the Review: Level A: The Fund as a whole; Level B: The Fund's grantees; Level C: The Fund's donors; and Level D: The Fund's management and governance.
5 Conclusions	This draws conclusions from the MTR. These highlight the key messages that have emerged from the findings for each of the four levels addressed by the Review.
6 Recommendations	This uses the findings and conclusions of the MTR to make recommendations. These target the governance and management bodies of the RCNF and suggest actions at different levels that, in combination, will strengthen the future direction and viability of the Fund.

1 THE MID-TERM REVIEW

Section 1 of this report summarises the process used to carry out the MTR. It outlines the Review's aim, objectives, participants and methods. It also outlines its management, implementation and limitations.

Aim and objectives of the MTR

The **aim** of the MTR was to engage relevant stakeholders in assessing the strengths, weaknesses, results and lessons of the RCNF to date and to make recommendations for its development and strengthening in the short and longer-term future¹. The **objectives** of the MTR were:

- 1 To assess the results of the RCNF to date against its stated goals and objectives.
- 2 To assess the strengths, weaknesses, gaps and lessons about the 'ways of working' (strategies and approaches) of the RCNF.
- 3 To assess the strengths, weaknesses, gaps and lessons about the structures of the RCNF.
- 4 To make recommendations for improvement and action at all relevant levels of the RCNF.

Participants and methods for the MTR

The MTR was a '360° process', involving representatives of all of the RCNF's **key stakeholders**:

- 1 Civil society networks that are past or present grantees.
- 2 Existing and potential donors.
- 3 International Steering Committee (ISC).
- 4 Program Advisory Panel (PAP).
- 5 Fund Management Agent (FMA).
- 6 Civil society networks that have been unsuccessful applicants.
- 7 External stakeholders, such as the United Nations Joint Program on AIDS (UNAIDS) and Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

To engage these diverse stakeholders and ensure a comprehensive approach, the MTR used five complementary methods:

Method 1 – Grantees' Survey A total of 31 responses were received to an e-survey among RCNF grantees. This had 35 questions, combining tick-boxes with spaces to comment. It was open to all organisations that have received a grant from the RCNF, including the members of consortia. A full report of the Survey is available on request.

Method 2 – In-depth interviews A total of 28 semi-structured interviews were carried out with representatives of the RCNF's key stakeholder groups: past/present grantees (11 interviews); unsuccessful applicants (2); current donors (5); potential donors (1); ISC (2); PAP (1); FMA (2); and external stakeholders (4).

Method 3 – Focus group discussions A total of 3 semi-structured focus group discussions were carried out involving 11 participants from the RCNF's: ISC (3 people); PAP (4); and FMA (4). Other members of the PAP were invited to provide a written submission, with 1 response received.

Method 4 – Data analysis Quantitative data from RCNF grantees was reviewed to assess the type and scale of the Fund's results and, in turn, review progress towards its stated goals and objectives.

Method 5 – Literature review A desk study was conducted of over 60 resources relating to the RCNF. Examples included: discussion papers; Requests for Proposals (RFPs); Results Framework; Theory of Change; and policies and procedures. In addition, complete sets of information were reviewed for: ISC and PAP meetings (including agendas, background documents and minutes); three examples of grantees for each of Round 1 and Round 2 (including application form, contract and correspondence with the FMA); and the final narrative reporting of 16 completed grants for Round 1.

¹ Short-term refers to the next one and a half years. Longer-term refers to beyond the next one and half years.

Annex 1 lists the participants for methods 1–3. Annex 2 lists the resources for method 5. All five of the methods were based on an **Enquiry Framework** [see Annex 3]. This responded to the Terms of Reference provided for the MTR by the ISC and outlined 15 key questions to be addressed.

Management and implementation of the MTR

The MTR took place in May–July 2014. It incorporated RCNF data until 11 July 2014 – as prepared for a meeting of the ISC at the 20th International AIDS Conference (IAC) in Australia. The MTR was **commissioned** by the ISC (the primary audience for this Report). The Review was **managed** by Aids Fonds (in their role as FMA) and **conducted** by Sarah Middleton–Lee, an independent consultant.

Limitations of the MTR

The MTR experienced a number of challenges. Most significant was that, due to the nature of a *mid-term* assessment of a *new* Fund, the Review was of a ‘moving target’ (a dynamic initiative that is undergoing a rapid learning curve). While results are available for the RCNF’s first round of grant-making, improved and, in some cases, different priorities and processes were applied to its second. A further important challenge was that, in their final reporting, Round 1 grantees were permitted to use different formats and were not specifically required to articulate the impact of their work (as opposed to the outputs). This limited the potential to both compare/combine the grantees’ results and to assess what concrete difference they have made. In combination, these

two challenges limited the MTR’s provision of a systematic, evidence-based assessment of the cumulative type and scale of results that are being seen for the RCNF at this point in its evolution.

2 THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND

Section 2 of this report provides a snapshot of the RCNF. It briefly describes the Fund’s history and gives an ‘at a glance’ summary of its current status, including its goal, priorities and ways of working.

The history of the RCNF

The movement to develop the RCNF can be traced back to the IAC in Vienna, Austria, in July 2010. An informal meeting was convened entitled ‘Keeping the Civil Society Voice Alive in the AIDS Response: The Role of Civil Society and Community Networks in the Response to AIDS and Future Funding Challenges and Opportunities’. This was an urgent reaction to specific and threatening trends in the landscape for civil society action on HIV. Examples included that there was: reduced overall funding for HIV; a shift in donor funding towards the country level; and a push towards greater coordination among civil society players. These trends were occurring against the backdrop of persistent marginalization and human rights abuses against the inadequately served populations (ISPs) known to be central to ‘know your epidemic’ responses. Yet the bodies recognized as critical coordinators and advocates for such communities – namely global and regional civil society networks, especially those by and for ISPs – were suffering from a severe, and worsening, lack of resources and capacity. Many were ‘falling through the cracks’

of existing financing mechanisms – facing acute restrictions on their work, even closure.

In memory of Robert Carr

“Robert was a beloved son, brother and uncle who lives on in our hearts forever. The Robert Carr Civil Society Networks Fund embodies his passion for supporting vulnerable communities and protecting their human rights across the world.”

– The Carr Family

The idea of the RCNF was taken forwards through a series of meetings, mapping exercises and Working Groups – all involving civil society networks, donors and other key stakeholders. The rich history of the Fund – and the passion and commitment of those who created it – is documented in a number of resources reviewed for the MTR². The resulting mechanism was named

² For example: *Robert Carr Civil Society Networks Fund: A New Fund Supporting Global and Regional Civil Society Networks Enabling*

in memory and recognition of Dr Robert Carr who died in May 2011. It is inspired by his commitment to, and central role within, promoting and protecting the human rights of vulnerable communities throughout the world.

In June 2012, Aids Fonds – a non-profit, grant-making organisation based in the Netherlands – was appointed as the FMA for the RCNF. The Fund was launched in July 2012 at the IAC in Washington DC. Its first grants were announced in December of the same year.

The RCNF ‘at a glance’

Vision, impact, goal, objectives and added-value of the RCNF

VISION

To achieve ‘Getting to Zero’: zero new HIV infections, zero discrimination and zero AIDS-related deaths.

IMPACT

To enhance the quality, effectiveness, relevance and equity of AIDS responses reaching ISPs.

Effective Local HIV Responses, AIDS Strategy, Advocacy and Policy – Martin Choo, Robin Gorna and Hilary Nkulu; and RC-NF Introduction, presentation to 2013 PAP Meeting, Raoul Fransen, ICSS, 2013.

GOAL

To support the work of global and regional civil society networks to address critical factors for scaling-up access to prevention, treatment, care and support and to protect the rights of ISPs.

OBJECTIVES

- To improve global and regional network capacity.
- To enhance HIV response implementation.
- To support human rights advocacy.
- To increase resource accountability for the HIV response.

The ADDED-VALUE of the RCNF is that it:

- Is the first international fund that specifically aims to strengthen international networks across the world.
- Is a cooperation of donors and civil society networks that are active in the area of HIV.
- Provides both programmatic and core funding to international civil society networks.
- Pays particular attention to ISPs, the communities and populations most in need of effective HIV prevention, treatment, care and support.

The ADDED-VALUE is also that the RCNF offers:

- A predictable flow of resources.
- A bridge from donors to ISPs.
- An opportunity to coordinate the response.
- A unique inventory of the demand from civil society.
- A way to compare and encourage quality.
- Evidence informed and strategy for documenting the results and contributions of civil society.

The RCNF's current vision, impact, goal, objectives and added-value are mainly focused on support to ISPs – key populations that face a higher HIV risk, mortality and/or morbidity, yet have less access to information and services. They include people living with HIV (PLHIV), gay men and other men who have sex with men (MSM), women and men who use drugs (PWUD), prisoners, sex workers and transgender people. In some localities, ISPs also include women and girls, youth, migrants and people living in rural areas. The RCNF provides programmatic and core funding to civil society networks that support such populations and are active in the response to HIV.

Types of networks supported by the RCNF

- 1 **Regional network:** A network that works towards achieving changes in policies or practices at regional or sub-regional level. It is not sufficient to have members or activities in a couple of countries.
- 2 **Global network:** A network that includes partners from several regions of the world that work together to share information and to unite local and regional experiences on the global level. A global network may facilitate information exchange, support and collaboration across regions and aims to influence policies and practices in regional, local and global contexts.
- 3 **Consortium of networks:** A network-led group of networks (where also other types of agencies or organizations may join) that come together in a partnership to work towards a common set of interrelated activities.

The expected results for the RCNF as a whole are articulated in a **Results Framework**³, supported by a **Theory of Change**⁴. The **governance and management** of the RCNF is carried out by three bodies that are linked, but operate separately – the ISC (composed of donors and civil society representatives), PAP (civil society) and FMA (Aids Fonds). The RCNF operates as a **'pooled' funding mechanism**. It had four founding donors: the Norwegian Agency for Development Cooperation (NORAD), the Government of Norway; the Department for International Development (DfID), the Government of the United Kingdom; the Bill and Melinda Gates Foundation (the Gates Foundation); and the President's Emergency Plan for AIDS Relief (PEPFAR), the Government of the United States of America. These have now been joined by the MAC AIDS Fund.

The RCNF has issued two **RFPs**⁵. Applications are assessed through a comprehensive and peer-reviewed process, with decisions taken by the ISC. RFP 2012 led to the provision of \$ 5,519,016 to 24 grantees for 1 year, while RFP 2013 provided \$ 12,698,076 to 14 grantees for 2 years.

³ *RCNF Results Framework*, RCNF, 2013.

⁴ *Robert Carr Civil Society Networks Fund: Theory of Change*, Nicky Davies, Davies and Lee Consulting, 30 July 2013.

⁵ *Robert Carr Civil Society Network Fund: Request for Proposals*, RCNF, 2012; and *Robert Carr Civil Society Network Fund: Request for Proposals 2013*, RCNF, 2013.

3 SUMMARY OF DATA

Section 3 of this report summarises the quantitative data analysed for the MTR. It addresses the applications received, demand expressed, number and size of grants provided and ISPs and geographic regions supported. It also gives a breakdown of activities under the RCNF’s outcomes, with case studies of each.

The following pages present data relating to the RCNF’s grant-making to date. For Round 1 (RFP 2012)⁶, the data is based on *actual* results (as reported by 11 July 2014). For Round 2 (RFP 2013)⁷, it is – unless stated otherwise – based on *expected* results as outlined in grantees’ applications. In some places, combined data is provided. This aims to give an *indication* of the collective results of Rounds 1 and 2. However, it does not represent cumulative data per se – as the Rounds had different eligibility criteria, lengths of grants and models (notably consortia in Round 2).

RCNF applications – number, eligibility and demand

Table 1 shows the number of **applications** received for Rounds 1 and 2 of the RCNF. In both cases, a large number of *ineligible* applications occurred

Table 1: RCNF applications – according to number, eligibility and demand

Round	Total applications received	Eligible applications received	Demand expressed by eligible applications	Funding available/ awarded in the Round	Funding gap for eligible applications
Round 1	1,148	135	\$ 44,240,075	\$ 5,519,016 ^a	\$ 38,721,059
Round 2	108	58	\$ 64,139,326	\$ 12,698,076 ^b	\$ 51,441,250

a In Box 7, the grants for Round 1 total of \$ 5,519,020. However, in the remainder of this report, a total of \$ 5,519,016 is used – to be consistent with the figure referred to in the RCNF’s donor reports and communications.

b The original total for Round 2 (\$ 12,408,078) increased to \$ 12,698,076 after funding from the MAC AIDS Fund.

Table 2: RCNF grants – according to length, number and size

Round	Length of grant	# of grants	Smallest grant	Largest grant	Average grant	Total funding allocated
Round 1	1 year	24	\$ 35,732	\$ 561,498	\$ 229,959	\$ 5,519,016
Round 2	2 years	14	\$ 264,622	\$ 1,949,246	\$ 907,005	\$ 12,698,076

(1,013 and 100 respectively). However, the *proportion* of these decreased in Round 2 (from 88% of all applications to 46%). This was due to a number of factors, including that the RFP provided more specific definitions and criteria.

The table also illustrates how the **demand** (amount requested) by the eligible applicants was significantly higher – by about 8 times in Round 1 and 5 times in Round 2 – than the resources supplied. Even for the successful applicants (summa-

rised in Table 2), there has been a major gap – of \$ 4,080,984 in Round 1 and \$ 15,655,069 in Round 2⁸. In Round 2, the grantees received, on average, only 54% of their requested funding⁹. The smallest proportion received was 30% and the largest 98%.

6 Unless stated otherwise, all data for Round 1 referenced from: *Draft Donor Report: Grant Year 2012*, RCNF, 11 July 2014 – based on 24 interim reports and 14 final reports; and *Collated Results 24 Grantees*, RCNF, 4 July 2014.

7 Unless stated otherwise, all data for Round 2 referenced from: *Overview Current 14 Grantees RCNF*, RCNF, 4 June 2014.

8 In Round 1, successful applicants requested \$ 9,600,000. In Round 2, successful applicants requested \$ 28,063,145.

9 Based on original allocations to grants before the addition to some of resources from the MAC AIDS Fund. *MAC AIDS Fund Grant RCNF – Funding Advice to the ISC*, RCNF13 February 2014.

RCNF grants – length, number and size

Table 2 provides an overview of the 38 **grants** made by the RCNF to date. It shows how the Fund has provided a significant amount of **resources** (totalling \$ 18,217,092) to civil society networks. It also illustrates the strategic direction of the Fund – such as, in Round 2, a smaller number, but larger size of grants being awarded (many to consortia of global/regional networks).

Table 3 and Table 4 provide a breakdown of the RCNF grants for each Round – naming¹⁰ and describing the grantees and showing the ISPs they support, geographic regions they work in and size of grant received. In both tables, an asterisk (*) highlights the 17 organisations that received funding in both Rounds of the Fund (with the majority being members of consortia in Round 2).

In terms of the **type of organisations** supported by the RCNF, it can be seen that:

- 1 In Round 1, 7 grants were awarded to global networks and 17 to regional networks.
- 2 In Round 2, 8 grants were awarded to global/regional consortia, 1 to a global network and 5 to regional networks.

Table 4 highlights (through grey shading in the ‘type of grantee’ column) the 8 **consortia** supported in Round 2. Combined, these grants totalled \$ 8,998,254 – representing 71% of the Round’s funding.

¹⁰ The full, unabbreviated names of all grantees can be found in the list of acronyms at the start of this report.

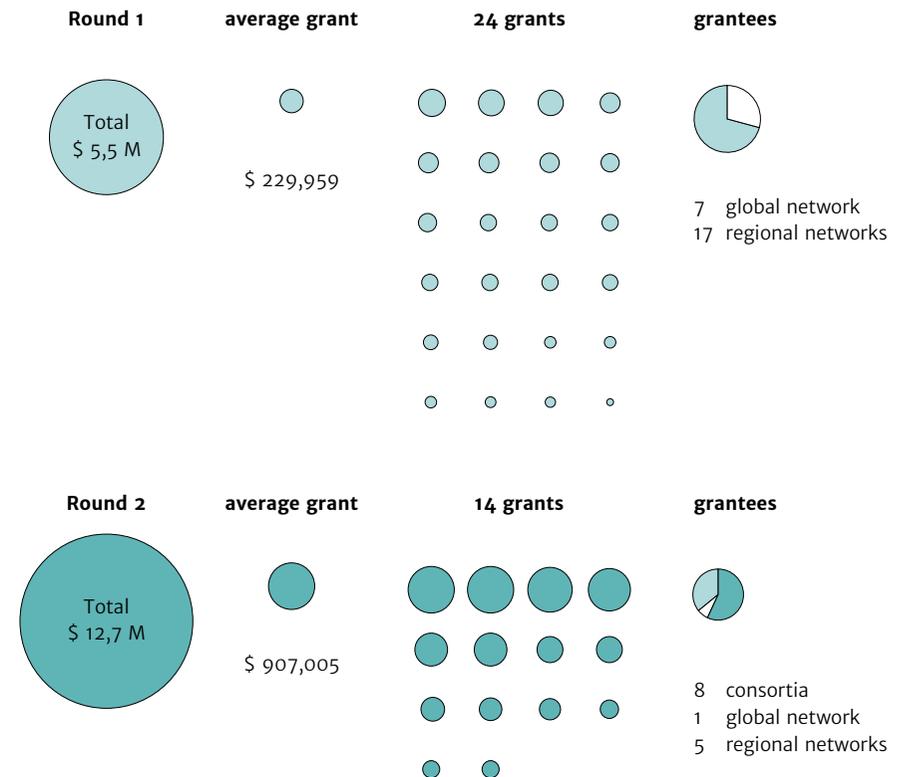


Figure 1: RCNF grants – according to number and size

Table 3: RCNF grants – overview of Round 1

Name of grantee	Type of network	Inadequately served population										Geographic area							Grant	
		PWUD	PLHIV	WLHIV	Gay men/MSM	Sex workers	Transgender	Youth/YKAP	LGBTI	Prisoners	Further pops	East Africa	West Africa	Central Africa	Southern Africa	South and South East Asia	Eastern Europe and Central Asia	Latin America and Caribbean		Global
International Treatment Preparedness Coalition*	Global																			\$ 561,498
International Community of Women Living with HIV and AIDS Eastern Africa*	Regional																			\$ 510,453
The Global Forum on MSM and HIV*	Global																			\$ 490,034
Asia Pacific Network of People Living with HIV*	Regional																			\$ 306,272
Eurasian Harm Reduction Network*	Regional																			\$ 306,272
Global Network of People Living with HIV*	Global																			\$ 306,272
Global Network of Sex Work Projects*	Global																			\$ 285,854
AIDS and Rights Alliance for Southern Africa*	Regional																			\$ 255,226
The Asian Network of People who Use Drugs*	Regional																			\$ 255,226
African Men for Sexual Health and Rights*	Regional																			\$ 204,182
Asia Pacific Coalition on Male Sexual Health*	Regional																			\$ 204,182
Caribbean Vulnerable Communities Coalition*	Regional																			\$ 204,182
East Europe & Central Asia Union of People Living With HIV	Regional																			\$ 204,182
Fundación Grupo Efecto Positivo	Regional																			\$ 204,182
Sonke Gender Justice Network	Regional																			\$ 204,182
International Community of Women Living with HIV/AIDS Latina	Regional																			\$ 185,805
Pediatric AIDS Treatment for Africa	Regional																			\$ 165,387
Youth Lead*	Global																			\$ 153,136
International Network of People who Use Drugs*	Global																			\$ 102,090
Silver Rose	Regional																			\$ 102,090
The International Drug Policy Consortium*	Global																			\$ 102,090
Inclusive and Affirming Ministries*	Regional																			\$ 88,819
Red LatinoAmericana y del Caribe de Personas Trans*	Regional																			\$ 81,672
International Women's Rights Action Watch Asia Pacific	Regional																			\$ 35,732

Table 5: RCNF grants – according to ISPs supported

Round	Analysis	Inadequately served population									
		PWUD	PLHIV	WLHIV	Gay men/MSM	Sex workers	Transgender	Youth/YKAP	LGBTI	Prisoners	Further populations
Round 1	# of Round's 24 grants including attention to ISP	5	9	3	6	4	3	2	2	0	3
	% of Round's funding to grants including attention to ISP	24%	40%	13%	30%	21%	14%	6%	9%	0%	10%
Round 2	# of Round's 14 grants including attention to ISP	4	5	1	4	4	4	4	1	3	5
	% of Round's funding to grants including attention to ISP	30%	42%	15%	37%	30%	30%	27%	2%	26%	33%

RCNF grants – ISPs supported

Table 5 summarises the number of grants that have included at least *partial* attention to a specific **ISP** and the respective percentage of the Round's funding. It is important to note that some grants have addressed *multiple* populations. The data does not indicate the *proportion* of attention and funding that was allocated to each one. It is also important to note that the precise definitions of ISPs appear to have varied between individual grants and also between Rounds 1 and 2. This is similarly the case for 'further populations' – with the category not enabling a useful analysis. Considering these factors, the table can be seen to provide simply an *indication* of the distribution.

The table indicates that:

- 1 In Round 1, the largest proportion of funding was allocated to grants including at least partial attention to PLHIV (40%), followed by MSM (30%) and PWUD (24%).
- 2 In Round 2, the largest proportion of funding was allocated to grants including at least partial attention to PLHIV (42%), followed by MSM (37%) and further populations (33%).

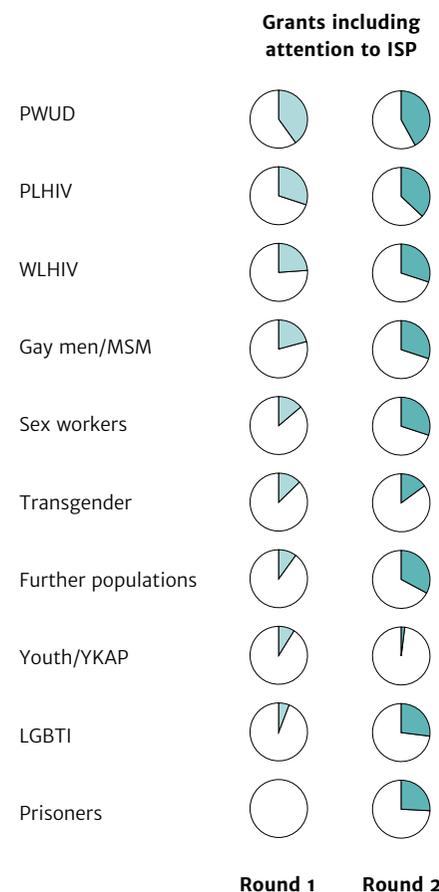


Figure 2: RCNF grants – according to ISPs supported

Table 6: RCNF grants – according to geographic regions supported

Round	Analysis	Geographic region				
		Africa	Asia Pacific	EECA	LAC	Global
Round 1	# of Round's 24 grants mainly focused on region	13	4	3	4	8
	% of Round's funding to grants mainly focused on region	17%	17%	11%	12%	43%

RCNF grants – geographic regions supported

Table 6 summarises the geographic regions which were the main focus of the RCNF's grants in Round 1. Comparable data (that uses the same criteria for 'main focus') was not available for Round 2 – where many of the grants were awarded to consortia and, as a result, addressed multiple regions. The table indicates that, in Round 1, the largest proportion of funding was allocated to grants that include attention to the global level (43%), followed by Africa and Asia Pacific (both 17%).

As shown in Table 7, the two previous sets of data can be combined to indicate which ISPs have been supported (through *at least* one grant) in which geographic regions. Again, it is important to note that some grants have addressed *multiple* ISPs and *multiple* regions – and the data does not indicate the proportions of attention allocated. It should also again be noted that the data does not facilitate a precise 'like with like' comparison between the RCNF's Round. The data for Round 1 reflects

the more distinctly defined regions in which the grantees worked. That for Round 2 indicates the broader remit of the consortia grants which include at least partial attention to an ISP in multiple different regions.

RCNF grants – core/programmatic funding and onward granting

A core feature of RCNF grants is that they can provide networks with **core and programmatic funding**. In Round 1, grantees used a large proportion of their grants (74%) for core funding. For Round 2, in their applications, the 14 selected grantees requested 37% of funds for core costs. However, in their final budgets (which followed required cuts), they requested 50%¹¹. This reflects that, when required to cut expenditure, grantees tend to make larger reductions to programmes. It may also reflect that, for two year grants, the allocation to core costs may be lower – with investment

¹¹ Data for this analysis from grantees' revised budgets (not applications) following budget reductions requested by RCNF.

up front allowing, over time, a greater proportion of resources to be allocated to programmes.

A further common characteristic of RCNF grants is that they can include **onward granting** – whereby the grantee acts as a grant-maker and provides (often relatively small-scale) funds to partners. According to Aids Fonds, about a quarter (24%) of funding for Round 1 was used for onward-granting.

RCNF results – outcomes supported

As stated, the goal of the RCNF is supported by four objectives which, in turn, represent four **outcome areas**.

Table 8 shows to which of the outcomes grantees link their actual (Round 1) or expected (Round 2) results¹². For both Rounds, the largest number of results are seen the first outcome. The smallest number are for the fourth outcome – although much greater attention to this is proposed in Round 2 compared to Round 1.

¹² For Round 1, data shows the number/percentage of grants reporting at least partial results related to each Outcome. Referenced from *Draft Donor Report: Grant Year 2012*, RCNF, 11 July 2014; and *Collated Results 24 Grantees*, RCNF, 4 July 2014. For Round 2, data shows the number/percentage of grants that plan to report on at least one indicator for the Outcome. Referenced from *Overview of Outcome and Output Indicators Grantees 2013*, RCNF.

Table 7: RCNF grants – according to ISPs and geographic regions combined

Geographic region	Round	Inadequately served population									
		PWUD	PLHIV	WLHIV	Gay men/MSM	Sex workers	Transgender people	Youth/YKAP	LGBTI	Prisoner	Further populations
Africa	Round 1										
	Round 2										
Asia Pacific	Round 1										
	Round 2										
MENA	Round 1										
	Round 2										
EECA	Round 1										
	Round 2										
WCE	Round 1										
	Round 2										
LAC	Round 1										
	Round 2										
NA	Round 1										
	Round 2										
Global	Round 1										
	Round 2										

Table 8: RCNF results – according to outcome areas

Round	Number (and percentage) of grants addressing Outcome			
	Outcome 1 Capacity – global and regional network capacity	Outcome 2 Enhancing HIV response implementation	Outcome 3 Human rights advocacy	Outcome 4 Resource accountability for the HIV response
Round 1	24 (100%)	17 (71%)	19 (79%)	7 (29%)
Round 2 ^c	13 (100%)	11 (85%)	11 (85%)	7 (54%)

^c Round 2 based on data available for 13 out of the 14 grants.

Percentage of grants addressing Outcome

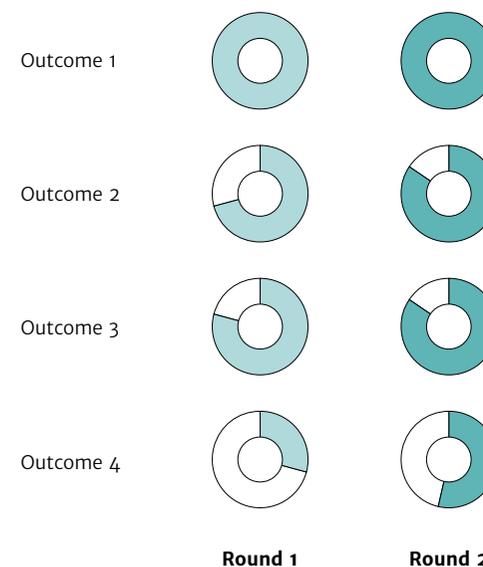


Figure 3: RCNF results – according to outcome areas

The following tables explore the RCNF's outcomes one-by-one. Each table presents examples of outputs achieved for the outcome and case studies of relevant results from Round 1¹³.

OUTCOME 1 Capacity – global and regional network capacity. The capacity of global and regional networks and their membership is improved, such as that networks enable well-capacitated, representative and accountable civil society to influence the delivery of effective responses to HIV

Example outputs achieved

Output 1.1 ISP leadership and involvement – skilled leaders from within ISPs of high HIV burden regions

- Leadership-related skills – such as in advocacy – built among ISP networks
- ISP leadership courses designed and rolled-out
- International bodies (such as Inter-Agency Task Teams) chaired and/or participated in by ISPs
- Agenda-setting events, such as conferences, planned and implemented by ISP networks

Output 1.2 Network organisational development – improved organizational capacity and technical expertise of regional and global networks

- Core ISP network functions, such as communication and consultation, carried out
- Legal registration of ISP networks completed
- Joint strategic plans for ISP networks developed, implemented and monitored
- Membership of ISP networks expanded, such as to more regions or countries
- Needs assessments of members carried out
- Systems for onward granting to ISP network members developed and implemented
- Organisational development skills built of network members, such as in M&E
- Technical skills built of network members, such as in human rights
- Joint advocacy agendas for ISP networks debated and agreed
- Organisational mentoring and technical support given to members of ISP networks
- Organisational policies of ISP networks developed or strengthened
- Toolkits and guides on ISP networking produced and disseminated
- Financial management of ISP networks strengthened
- Fundraising strategies for ISP networks designed
- Communications strategies for ISP networks developed
- Governance structures of ISP networks strengthened (emphasising ISP involvement)
- Skills built of network Board members, such as in accountability

Output 1.3 Information sharing – clear, operationally relevant and accessible information is identified, prepared, shared, disseminated and used

- ISP network websites and social media platforms launched or strengthened
- ISP network newsletters and bulletins published and disseminated
- Case studies of ISP-related issues documented
- ISP materials (such as evidence-based reports and guides) collected and distributed
- Initiatives facilitated to exchange information between ISPs and other practitioners
- Information events about ISPs hosted, such as at international and regional conferences
- Joint position statements developed among members of ISP networks
- ISP tools, such as scorecards, developed to gather evidence and support campaigns
- Partnerships developed to exchange lessons among networks – and also with other agencies – supporting ISPs
- Media trained on ISP issues and human rights

Output 1.4 Synergy – cooperative ventures between global and regional networks and/or with influential stakeholders

- Joint platforms established for civil society groups concerned about ISPs and human rights
- Collaborations implemented between ISP networks and other sectors (including governments), such as on data collection
- Opportunities facilitated for different ISP-related networks to identify shared priorities and develop shared strategies

¹³ Outputs and case studies referenced from a range of sources for Round 1 and 2, including: *Draft Donor Report: Grant Year 2012*, RCNF, 11 July 2014; *Collated Results 24 Grantees*, RCNF, 4 July 2014; grantees' final reports for Round 1; RCNF website; RCNF show-case case studies; and in-depth interviews with grantees.

Example case studies of results

Case study 1 The Global Forum on MSM and HIV

Context In low/middle-income countries, MSM are 19 times more likely to acquire HIV. In LAC and EECA, MSM face persistent homophobia and low access to HIV services. The MSMGF is a global network of advocates and other experts in health, human rights, research and policy, working to ensure an effective response to HIV among gay men and other MSM. In Round 1 of the RCNF, it received a grant of \$ 490,034.

Round 1 results Under Outcome 1, MSMGF used RCNF resources to focus on: the regional level – with attention to LAC (through the Association for Integral Health and Citizenship in Latin America and the Caribbean (ASICAL)) and EECA (through the Eurasian Coalition on Male Health (ECOM)); and the global level.

Regionally ECOM attained legal registration, appointed a Board, began a regional advisory group and hired management and communications staff; and ASICAL doubled its members to 24 organisations (expanding its scope for programmes and advocacy). Globally, the MSMGF held face-to-face meetings of its Steering Committee and the leaders of the world’s major regional MSM networks. The latter involved developing a global strategy and led to a formal Consortium of MSM Networks. At both levels, the work was backed-up through capacity building and tool development. Examples included regional Speak Out advocacy trainings and a LAC adaptation of a Sexual Health and Prevention Guide for MSM. It also in-

cluded the MSMGF: increasing its media outreach (resulting in 115 new stories on the health/rights of MSM in widely-read outlets); and building a multi-lingual, on-line knowledge hub (with thousands of resources on MSM-related issues). Overall, the RCNF grant enabled the MSMGF to establish a more far-reaching, stable and sustainable infrastructure for the MSM movement that, in turn, strengthens the impact of its work, such as in advocacy.

Round 2 In Round 2 of the RCNF, the MSMGF is the lead organization of the Consortium of MSM Networks which received a grant of \$ 1,949,246.

Case study 2 Youth Leadership, Education, Advocacy and Development

Context In Asia Pacific, young members of key populations are highly vulnerable to HIV and recognized as a priority group for support. Youth LEAD is a regional network for and by such young people. It works with over 55 focal points from 20 countries. In Round 1 of the RCNF, it received a grant of \$ 153,136.

Round 1 results Under Outcome 1, Youth LEAD used RCNF funding to significantly strengthen itself as a regional network. This included by: employing staff; implementing an evaluation system; developing a communications plan; mobilizing additional resources; and conducting research. This enabled Youth LEAD to play a stronger leadership role in Asia Pacific, such as co-chairing the Inter-Agency Task Team on Young Key Populations and, within PACT (a global alliance of 25 youth networks), advocating for action on legal

barriers. In parallel, Youth LEAD increased the number of its national focal points from 27 to 57, with the addition of countries such as Mongolia and Bangladesh. It also rolled-out New Generation Asia (NewGen) – a course in leadership, advocacy and empowerment tailored made for young key populations. In Myanmar, this led to the first national working group on young key populations; in Indonesia, the National AIDS Commission incorporated the course into its action plan. Overall, the RCNF grant strengthened the ability of Youth LEAD and its partners to engage in critical regional and national processes affecting their constituents.

Round 2 In Round 2 of the RCNF, Youth LEAD is the lead organization for the Consortium of Networks Youth LEAD and HIV Young Leaders Fund which received a grant of \$ 609,139.

Case study 3 The Global Network of Sex Work Projects

Context Sex workers are criminalized in over 100 countries and, despite higher risk of HIV, 51% lack access to prevention services. NSWP is comprised of sex worker-led organizations and national/regional networks. It exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male and transgender sex workers. In Round 1 of the RCNF, NSWP received a grant of \$ 285,854.

Round 1 results Within Outcome 1, NSWP used RCNF resources to strengthen its communications and coordination. This included: implementing a communications strategy; recruiting regional pol-

icy and communications officers; and establishing Regional Advisory Groups to identify good practice in sex worker-led approaches. It also included: facilitating regular communication between the Global Secretariat and regional networks in Asia Pacific, Europe and the Caribbean (including through a list-serv with 257 regional and 437 global members); developing briefing papers on key issues for sex workers; and strengthening the NSWP website (adding over 61 new resources and 43 new stories, with visitors from over 188 countries). Overall, the RCNF grant contributed to a stronger, more coordinated structure for the sex worker movement. This is enabling NSWP to better understand the issues of its regional/country members and, in turn, improve the messaging of its advocacy in global policy forums. Examples of the latter are the UNAIDS Key Populations Inter-Agency Working Group and the Global Fund (where it advocates for the rights of sex workers within the New Funding Model and policies to promote human rights and community systems strengthening).

Round 2 NSWP is now the lead organisation for the Global and Regional Networks of Sex Worker Projects Consortium which, in Round 2 of the RCNF, received a grant of \$ 974,623.

OUTCOME 2 Enhancing HIV response implementation. ISPs influence HIV responses for greater relevance, equity, accessibility and delivery across the full spectrum of prevention, treatment, care and support services

Example outputs achieved

Output 2.1 HIV policy influence – global, regional, national and local policies are improved

- ISP input given to developing global/ regional/ national strategies on HIV
- ISP input provided into the content/language of specific global/regional/national policies for ISPs
- ISP-led advocacy campaigns implemented on issues affecting ISPs (such as ARV stock-outs)
- Meetings and press conferences chaired and/ or participated in by ISPs to promote the policy needs of ISPs
- National analyses – such as of laws and policies affecting ISPs – researched and published
- Shadow ISP reports for national/regional/global policy processes produced
- Policy positions developed on emerging ISP priorities, such as treatment as prevention (TasP)
- ISPs represented on civil society delegations, such as to boards of policy-making institutions

Output 2.2 Representation through M&E – M&E data collected, analysed, centralised and disseminated

- Data collection and M&E tools developed by and for ISPs
- ISP-specific data collected to inform national/ regional/global responses to HIV
- Indicators developed to strengthen assessment of ISP-specific programmes and advocacy Impact assessed of ISP-specific initiatives and results used to design future activities

Output 2.3 Government CSO engagement – improved strategic and operational alignment between government and civil society

- ISP issues advocated for within national policy and budget processes led by the government
- Commissions and advisory groups participated in by ISPs to connect policy-making, governments and ISPs
- Processes strengthened for ISPs to input into government and other decision-making bodies, such as Country Coordinating Mechanisms

Output 2.4 Direct implementation – CSOs deliver strategic, high quality, evidence-based HIV services

- Targeted services, such as HIV rapid testing, provided to highly marginalised, ‘hard-to-reach’ ISPs
- Focus and quality of service delivery to ISPs improved, such as through the training of health workers
- Programme managers and implementers trained in good practice programming for ISPs
- Cost-efficient and task-shifting strategies – such as PLHIV expert patients – scaled-up

- Emergency support – such as shelter – provided for highly vulnerable ISPs
- Example case studies of results

Case study 1 Global Network of People Living with HIV

Context Worldwide, there are an estimated 35 million PLHIV, many of whom lack the prevention, care, support and treatment services that they need, as well as access to decision-making processes. GNP+ is the global network by and for PLHIV. It works with independent and autonomous regional and national networks of PLHIV in all continents, as well as networks (such as those focused on key populations and treatment) that include PLHIV. In Round 1 of the RCNF, GNP+ received a grant for \$ 306,272.

Round 1 results Under Outcome 2, GNP+ used RCNF resources to enhance the relevance and quality of responses to HIV by providing tools and expert input on the rights and needs of PLHIV. Through its HIV Leadership Through Accountability programme, the network supplied five tools to 10 country partners to measure and address HIV-related stigma, restrictive laws and policies, human rights violations, the greater involvement of people living with HIV (GIPA) and the SRHR of PLHIV. It also informed national and regional responses by developing a series of papers on treatment policy, such as on treatment as prevention and PLHIV-led decentralization of treatment services. GNP+ also: worked with UNAIDS to design operational guidelines for Positive Health, Dignity and Prevention (to help networks of PLHIV put the framework into practice); provided PLHIV input

into the development of WHO treatment guidelines; and updated its Global Criminalization Scan website (providing data for 190 territories on the criminalization of HIV transmission). Throughout this work, GNP+ used its Global Advocacy Agenda (developed in collaboration with PLHIV throughout the world) and collaborated with regional networks of PLHIV and global networks of key populations. Overall, the RCNF grant enabled GNP+ to support national, regional and global responses to HIV by providing evidence-based tools, positions and messages that specifically focus on the needs of PLHIV.

Round 2 In Round 2 of the RCNF, GNP+ is the lead organisation of the People Living with HIV Networks Consortium which received a grant of \$ 1,617,078.

Case study 2 Red Latinoamericana y del Caribe de Personas Trans

Context In the LAC region, HIV prevalence among transgender people ranges from 8 – 68%, while over half of such community members are unaware of their HIV-positive status. REDLACTRANS is a regional network that represents the transgender community and collaborates with international partners in over 10 countries. In Round 1 of the RCNF, it received a grant of \$ 81,672.

Round 1 results Under Outcome 2, REDLACTRANS used RCNF resources for targeted programmatic activities to reach highly marginalized transgender people who might otherwise not access HIV services. For example, it provided free HIV tests to 138 transgender women and started rapid HIV

testing (an appropriate approach for marginalised community members who often do not return for results). REDLACTRANS also set up the Transgender Community Center in Argentina – a model that provides condoms, lubricants and information to over 400 transgender people. The network complemented these programmatic activities with national and regional advocacy. For example, 14 transgender activists participated in the General Assembly of the Organisation of American States – the first time that a transgender network advocated in such a public arena in the region. REDLACTRANS also gained approval for four resolutions in regard to human rights, HIV, sexual orientation and gender identity. Overall, RCNF resources enabled REDLACTRANS to continue to raise the profile of transgender people in LAC and to influence national and regional responses to HIV that meet their needs.

Round 2 In Round 2 of the RCNF, REDLACTRANS received a grant for \$305,333.

Case study 3 International Network of People Who Use Drugs

Context Nationally, regionally and globally, many strategies and programmes on HIV continue to be designed without evidence-based interventions for – and also the involvement of – PWUD. INPUD is a global network that represents PWUD in international agencies. In Round 1 of the RCNF, it received a grant for \$ 102,090.

Round 1 results Within Outcome 2, INPUD used RCNF resources for global advocacy work to promote the needs and involvement of PWUD. In the

NGO Delegation to the Programme Coordinating Board (PCB), its representative advocated for UNAIDS to increase investment in and involvement of PWUD in the EECA region. It also used the PCB to highlight the inadequate role of the United Nations Office on Drugs and Crime (UNODC) – which led to dialogue with the agency and their increased understanding of the need for the use of proven interventions (harm reduction and opiate substitution therapy (OST)) and action on the rights and involvement of PWUD. INPUD advocated on the specific challenges posed to PWUD by the Global Fund’s New Funding Model and, among other measures, secured the establishment of a Harm Reduction Working Group (co-chaired by INPUD and UNAIDS) to advise the HIV Disease Committee. It also influenced resolutions at the Commission on Narcotic Drugs, with commitments to: achieving the Political Declaration on HIV/AIDS target of reducing HIV transmission among PWUD by 50% by 2015; and ensuring non-stigmatising and gender equitable harm reduction services. To complement such work, INPUD took action on specific thematic areas, including: TasP and pre-exposure prophylaxis (PrEP) – by engaging in a London summit where it emphasised that PrEP is not an *alternative* to OST; tuberculosis – by publishing a TB Advocacy Guide for People Who Use Drugs; and Hepatitis C – by launching a MISSING campaign to highlight poor leadership by WHO. Overall, RCNF resources supported INPUD to raise critical issues relating to PWUD within major global policy-making forums – shaping frameworks and policies that, in turn, shape regional and national responses to HIV.

Round 2 In Round 2 of the RCNF, INPUD is the lead organisation for the Consortium of INPUD and ANPUD which received a grant of \$ 609,139.

OUTCOME 3 Human rights advocacy. Fulfilment of basic human rights that support an equitable, effective HIV response, is achieved for ISPs

Example outputs achieved

Output 3.1 Human rights policy – discriminatory legislation and policies are identified and addressed

- ISP stakeholder dialogues and workshops hosted on human rights
- ISP-related human rights alliances built at national/ regional/global levels
- ISP evidence presented to national/regional/global human rights fora
- Legal frameworks that affect ISPs analysed
- Mappings conducted of ISP engagement in national decision-making processes
- Advocacy implemented to parliamentarians and policy-makers on discriminatory bills and laws for ISPs
- Media work carried out to raise their understanding/coverage of ISP human rights
- Communications resources, such as films and case studies, produced on ISP rights
- Rights-based policies and programmes for ISPs promoted among national/ regional/global institutions
- Demonstrations and rallies participated in to promote ISP human rights

- Campaigns led on specific aspects of human rights affecting ISPs, such as the criminalisation of sex work

Output 3.2 Rights justice – human rights violations against ISPs are addressed

- Strategic litigation carried out on human rights violations against ISPs
- Legal support facilitated to ISPs affected by violations, such as through street lawyers
- Urgent action mobilised following the arrest of ISP human rights defenders
- ISP-related complaints submitted to human rights monitoring and enforcement bodies
- Small grants provided to ISP groups to document human rights violations
- Partnerships developed with other agencies to set up systems to document rights abuses against ISPs
- Advocacy implemented around court cases related to human rights violations against ISPs
- Campaigns led to demand justice for ISPs, such as from national regulatory bodies
- Community and national leaders trained about the human rights of ISPs

Example case studies of results

Case study 1 The AIDS and Rights Alliance for Southern Africa

Context Sub-Saharan Africa is home to some 68% of all PLHIV. HIV-related stigma remains high, while PLHIV from key populations face heightened human rights violations due to their identity, behaviour and/or legal status. ARASA is a regional

partnership of over 80 NGOs working together to promote a human-rights based response to HIV and TB in the ESA region. In Round 1 of the RCNF, it received a grant of \$ 255,226.

Round 1 results Under Outcome 3, ARASA used RCNF resources to implement (both directly and indirectly – through country partners and programmes) a comprehensive package of initiatives related to human rights advocacy. The work included strategic litigation, such as: in Zambia, supporting partners to advocate against the prosecution of Paul Kasonkomona (an activist for LGBT rights); and, in Botswana, supporting the Botswana Network on Ethics, Law and HIV/AIDS to advocate against the enactment of a Public Health Bill (that would, among other measures, make it compulsory for sexual partners to disclose their HIV status). ARASA also conducted research (such as on treatment gaps in Malawi, Zambia, Zimbabwe and Swaziland) and mobilised campaigns (such as on stock-outs of essential medicines for PLHIV). It complemented these with extensive media work – building relations with over 80 regional and national media houses and issuing statements (such as calling on President Museveni to not sign the Uganda Anti-Homosexuality Bill into law). All of this work was enhanced through an ARASA programme of training and networking. For example, a regional training of trainers built the capacity of 36 civil society leaders from 17 countries in human rights and advocacy – with follow-up small grants (\$ 10,000) provided to enable selected participants to implement advocacy activities in their own country. Meanwhile, ARASA also carried out high profile events (such as a Human Rights Net Zone at ICASA 2013) and developed a package

of campaigning tools (such as an Equal Rights for All toolkit for LGBT organisations). Overall, RCNF funds enabled ARASA to act as a ‘watchdog’ and fight for the fundamental rights of PLHIV and key populations within a negative political environment in the ESA region.

Round 2 In Round 2 of the RCNF, ARASA is a member of the Consortium of ARASA and ITPC which is led by ITPC and received a grant for \$ 1,802,256.

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Case study 2 The International Drug Policy Consortium
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Context Worldwide, some 3 million PWUD are living with HIV. Many countries still follow a ‘war on drugs’ approach – punishing PWUD and/or ignoring their health needs and rights. IDPC is a global network of NGOs and professional networks that promotes objective and open debate on the effectiveness, direction and content of national and global drug policies. In Round 1 of the RCNF, it received a grant of \$ 102,090.

Round 1 results Within Outcome 3, IDPC used RCNF resources to collaborate with INPUD, HRI and the International HIV/AIDS Alliance on ‘Support. Don’t Punish’ – a global campaign to raise awareness of the harms caused by the criminalisation of PWUD (see <http://supportdontpunish.org>). The campaign aims to change laws and policies that impede access to harm reduction interventions and to promote respect for the human rights of PWUD. In its lead role, IDPC organized a Global Day of Action, coinciding with the UN International Day against Drug Abuse and Illicit

Trafficking – a day often used by governments to celebrate repressive drug laws or even publicly execute drug offenders. The Day of Action featured grass-roots activism in 41 cities around the world – providing a show of solidarity for the rights of PWUD. Examples of national-level results included that: in Thailand, the Office of the Narcotics Control Board called for a meeting with civil society to discuss drug policy and harm reduction; and, in Kenya, over 20 civil society organisations formed a Policy Advocacy Forum to champion the health needs and rights of PWUD. Overall, the RCNF grant enabled IDPC to support its partners to begin to create a more supportive environment for programmes and policies for PWUD and to open doors to dialogue with national, regional and global decision-makers.

Round 2 In Round 2 of the RCNF, IDPC is a member of the Harm Reduction Consortium which is led by EHRN and received a grant of \$ 974,623.

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Case study 3 Inclusive and Affirming Ministries
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Context In the ESA region, sexual minorities often face stigma and other human rights violations by the leaders and members of faith-based institutions, while also being criminalized by national legal frameworks. IAM works in a network of partnerships in ESA to address homophobia and negative beliefs about same-sex relations within faith communities. In Round 1 of the RCNF, it received a grant of \$ 88,819.

Round 1 results IAM used resources from the RCNF to build understanding and capacity among current and future faith leaders in relation to the

human rights of sexual minorities. Examples of its initiatives include: providing a workshop about ignorance, intolerance and stigma against LGBTI and PLHIV for 70 theological students and lecturers at the Seth Mokitimi Methodist Seminary; providing a workshop on sexual diversity and rights for 180 students from the Anglican Student Federation; and facilitating an open dialogue on sexual orientation and PLHIV for 65 clergy leaders in Namibia, Kenya, Lesotho, Ghana, Zimbabwe and South Africa. IAM has also supported LGBT leaders to work in partnership with faith leaders. For example, it enabled: 9 LGBT leaders to participate in a strategy meeting with partners from six countries to agree on strategies for change; and 23 LGBT leaders (including 14 PLHV) to attend The Journey of Hope (a training course). Overall, the RCNF grant enabled IAM to support its partners to build a more tolerant environment for the LGBTI community in the region – by building on the critical role of faith leaders in promoting and protecting their human rights.

Round 2 In Round 2 of the RCNF, IAM received a grant for \$ 264,622.

OUTCOME 4 Resource accountability for the HIV response - local level responses to HIV have sufficient, strategically targeted investments to deliver results

Example outputs achieved

Output 4.1 Financial allocation for HIV response – CSOs monitor and influence domestic and donor governments’ planning and delivery

- 1 National/regional/global HIV budget processes engaged in and influenced by ISPs
- 2 Campaigns implemented on funding for specific ISP programmes (such as harm reduction)
- 3 Increased national HIV expenditure – such as for ART – advocated for by ISPs
- 4 Campaigns for wider financial frameworks (such as Abuja +12) contributed to by ISPs
- 5 Collaborations implemented with other sectors to develop national systems to monitor budgets related to health and HIV
- 6 Case studies documented of successful fundraising (including from domestic governments) for ISP programmes
- 7 International working groups advocating for increased investment in HIV influenced by ISPs
- 8 Advocacy implemented for the inclusion of programmes for ISPs in national/regional grant proposals
- 9 ISP organisations mobilised to be watchdogs of national expenditure on HIV
- 10 ISP organisations trained in the structures and processes of key donor agencies, in particular the Global Fund

Output 4.2 Civil society proportion of resources – CSOs absorb and efficiently use an appropriate proportion of HIV-related financing

- 1 Good practice programmes for ISPs documented to assess and promote their cost-effectiveness

- 2 Funding mechanisms (such as the New Funding Model of the Global Fund) influenced to ensure appropriate allocation to ISPs

Example case studies of results

Case study 1 Eurasian Harm Reduction Network

Context In the EECA region, the majority of HIV infections remain associated with drug use. Yet resource mobilisation for harm reduction has become increasingly difficult, with over-reliance on the Global Fund and limited provision by state or municipal sources. EHRN is a regional network of harm reduction programmes, groups of PWUD and their allies from 29 countries. In Round 1 of the RCNF, it received a grant for \$ 306,272.

Round 1 results Under Outcome 4, EHRN used RCNF resources to launch ‘Harm Reduction Works – Fund It!’ – a regional campaign to increase resources for harm reduction in EECA (see www.harm-reduction.org/actions/harm-reduction-works). The campaign has generic elements (such as slogans and key messages), but can also be adapted to national contexts and local decision-making processes. It involves both PWUD and the general public in coordinated efforts – including using mass and social media – to influence local and national health policy decision-makers. EHRN informed the campaign by collecting, analysing and sharing information about successful examples of fundraising in the region, particularly those targeting municipal and government sources. The network has also developed a regional online platform to share the campaign’s results and lessons. Overall, the RCNF grant has served as

a springboard for more and better advocacy on sustainable funding – a theme that has now been adopted as the advocacy focus for EHRN’s Regional Global Fund Project. The theme was endorsed at a Regional Consultation with regional stakeholders, international NGOs, multilateral agencies and the community of PWUD – providing foundations for stronger and more collaborative work on harm reduction in the future.

Round 2 In Round 2 of the RCNF, EHRN is the lead organisation for the Harm Reduction Consortium which received a grant of \$ 974,623.

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Case study 2 African Men for Sexual Health and Rights
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Context AMSHeR is a coalition of 18 MSM/LGBTI-led organisations that was formed to provide a response to the grave human rights violations faced by LGBTI people and the disproportionate way in which HIV affects MSM in Africa. In Round 1 of the RCNF, it received a grant of \$ 204,182.

Round 1 results Under Outcome 3, AMSHeR used resources from the RCNF to support its partners – in countries such as Burundi, Cameroon, Cote D’Ivoire, Ghana, Togo and Zambia – to understand and advocate on national and regional funding processes and mechanisms of relevance to MSM.

It gave a package of support – including small grants, mentoring and capacity building – to enable the organisations to engage with key donors and advocate to them on the specific needs and barriers experienced by their constituents. For example, with the Global Fund, members received

training in the mechanism’s new priorities and processes – in order to understand when and how to influence the programming and budgeting decisions that affect key populations. Similarly, with USAID/PEPFAR, members built their understanding of the agency’s priorities and how to negotiate and influence its country processes. AMSHeR also supported its partners by reviewing and giving feedback on their applications to donors, such as the American Foundation for AIDS Research (amfar) and Global Lube Access Mobilization (GLAM). In addition, it mobilised them to be watchdogs of national expenditure on HIV and to hold their government to account on the benchmarks set by UNAIDS and other global institutions. Overall, through the RCNF grant, AMSHeR enabled its partners to be better placed to tackle and influence future funding patterns – including within a scenario of reduced external resources and increased pressure for domestic financing.

Round 2 In Round 2 of the RCNF, AMSHeR is a partner in the Consortium of MSM Networks which received a grant of \$ 1,949,246.

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Case study 3 East Europe and Central Asia Union of People Living With HIV
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Context In the EECA region, resource mobilisation for HIV has become increasingly challenging, especially in countries that have concentrated epidemics and are classified as middle income, no longer meeting the criteria of some bilateral and multi-lateral donors. ECUO is a regional networks of networks founded by and for PLHIV and currently involving organisations from 16 countries.

In Round 1 of the RCNF, it received a grant of \$ 204,182.

Round 1 results Within Outcome 3, ECUO used RCNF resources to support its organisational objective that, by 2020, all EECA countries will have 100% funding for ART for *all* PLHIV who need it and that such funding will be safeguarded in state budgets. It targeted 7 countries: Ukraine, Russian Federation, Belarus, Moldova, Armenia, Azerbaijan and Georgia. Its work included providing 14 trainings (3 at the regional level and 11 at the national level) to build the capacity of 147 PLHIV in advocacy and resource mobilisation. In each country, the network’s partners developed an advocacy plan based on the regional campaign ‘Health Can Be Bought. The Price is Included in the Budget!’ (see <http://www.ecuo.org/en/ecuo/advocacy/>). As a result of the campaign, in each country, the expenditure on ART in the state budget has increased by an average of 7% (from 43% in 2013 to 50% in 2014). Examples of specific results included that: in Azerbaijan, the 2014 budget law anticipated covering 100% of ART programmes; and, in Georgia, a transition plan – to transfer PLHIV receiving ART through Global Fund-funded programmes to public-funded ones – was developed, approved by the Ministry of Health and put into action. Overall, ECUO’s work supported by the RCNF raised awareness and action on the responsibilities of domestic governments to resource ART – promoting national ownership and more sustainable financing.

Round 2 ECUO did not receive a grant in Round 2 of the RCNF.

4 FINDINGS AND ANALYSIS

Section 4 of this report shares the findings and key messages of the MTR. It presents them according to the four levels addressed by the Review: Level A: The Fund as a whole; Level B: The Fund's grantees; Level C: The Fund's donors; and Level D: The Fund's management and governance.

Findings and analysis for level A: the fund as a whole

For Level A, the MTR's Enquiry Framework asked the questions:

- Have the goal and objectives of the RCNF been the right ones?
- To what extent have the goal and objectives of the RCNF (as detailed in the Results Framework) been achieved?
- Is the RCNF bringing the added-value that it intended?

KEY MESSAGE The goal of the RCNF has been the right one. It has been evidence-based and filled a niche, responding to both: a critical need within civil society architecture (global/regional networks focused on the rights of ISPs); and a major gap in the global response to HIV (a targeted fund for such organisations). The objectives have also been right – adding up to a logical and comprehensive approach.

The MTR found that the goal and objectives of the RCNF (see Section 2.2) have been **evidence-based** – informed by a series of mapping exercises, surveys, opinion pieces and expert discussions, including within the ISC. They have also responded to the **policy context** – designed to contribute to a range of internationally agreed targets, notably the Millennium Development Goals (MDGs) (especially 3, 4, 5 and 6), Political Declaration on HIV/AIDS and strategies of UNAIDS and the Global Fund.

Overall, the RCNF's goal and objectives have been **the right ones**. They have addressed an identified and critical need within civil society and an identified and major gap within the funding landscape. The goal has represented a niche within the global response to HIV – with no other funding mechanism specifically providing core and programmatic funding to global and regional civil society networks supporting ISPs. The objectives have represented approaches that, individually, are appropriate and strategic for networks and, combined, add up to a logical and comprehensive package of action.

This positive view was broadly reflected across the methods used for the MTR. For example, in the Grantees' Survey, 93% of respondents considered the RCNF's goal to be right and at least 75% held the same opinion for each of the objectives.

KEY MESSAGE To support the RCNF's goal and objectives, the nuances of the Fund's purpose and priorities require on-going clarification and/or consensus. Examples include whether the RCNF is intended for: key populations (compared to ISPs); networks by/for ISPs (compared to those that support them); and established networks (compared to emerging ones).

The MTR found different perspectives as to how the RCNF's goal and objectives have been translated into RFPs and, in turn, a portfolio of grants. Some key stakeholders – including among the ISC and grantees – have different understandings of the **precise purpose** of the Fund. Examples include whether the RCNF is intended for:

- **Key populations or ISPs.** The RCNF has used the term ISP to both: reflect the epidemiology of some contexts (where priority groups may go beyond those defined as key populations); and serve as a pragmatic, political compromise (to facilitate donors with different levels of 'comfort' in support to key populations). However, the term has been debated since the start of the Fund¹⁴ and continues to bring confusion (see quotes below). There is a particularly strong feeling among key population networks and

¹⁴ Networks Capacity Building Fund: Working Group Meeting, note for the record, Geneva, 14 December 2011.

Viewpoints on target group for RCNF

“The term [ISP] is not perfect, but it allowed everyone to be at the table. The challenge is that now it blurs what the Fund is really about.”

– Donor of the RCNF

“The goals and objectives are appropriate, strong and ambitious. The challenge has always been the definition of ‘inadequately served populations’, and how broad this should be allowed to be – given the inevitable limitations in terms of funding.”

– Respondent to Grantees’ Survey

other stakeholders involved in establishing the RCNF that the Fund was *meant* to be for key populations.

- **Global/regional or global/regional/national networks.** An intention of the RCNF was to support networks that would not get funding elsewhere – which, at the time of the Fund’s establishment, were particularly global ones¹⁵. In Round 2, the remit of the Fund was clearly defined – with a funding bias towards consortia,

followed by global and then regional networks. However, some stakeholders would still like to see the RCNF funding networks at the national level (in the words of one grantee, “*where the action matters most*”). In contrast, others want the Fund to more proudly assert its support to global/regional networks and to more clearly demonstrate how, in turn, their work impacts on national networks and country responses to HIV. An external stakeholder remarked that: “*It’s as if the Fund is ashamed to say out loud that it is for global and regional networks ... even though their role is proven and there is an obvious gap in funding.*”

- **Networks that are by/for or supporting ISPs.**

An on-going debate is whether the RCNF should solely fund networks that are *by/for* ISPs or should also support wider initiatives (such as faith based organisations and human rights groups) that work *for* such populations. Some stakeholders return to the original concept for the RCNF – noting that ISP-led networks have a unique role in advocating for their *own* rights, while other initiatives have more diverse opportunities for funding. Others argue that achieving sustainable change on the ‘critical enablers’ of effective responses to HIV requires action beyond ISPs and within the mainstream structures (such as religious institutions and parliament) that may be better targeted by other types of stakeholders.

- **Networks that are established or emerging.**

A further debate is whether the RCNF should be solely for existing networks or also those that are nascent. RFP 2013 prioritised networks with a proven track record, while allowing new and emerging ones to apply if they filled a gap and were part of a consortium. However, some

stakeholders (across the RCNF, but notably in the PAP), feel that the Fund should have a more proactive role in catalysing and nurturing new networks – in cases where existing ones do not exist (even where the new entities are fragile).

Overall, these issues highlight the critical question of whether the RCNF is about ‘funding good work’ (having stated criteria and an application process based on merit) and/or playing a more highly strategic, role (with a bias towards networks that fill critical gaps and/or are specifically under-funded, even where their applications are comparatively weak and technical support needs high).

As evidenced – such as in the minutes of ISC and PAP teleconferences – these issues have been repeatedly discussed during the lifetime of the RCNF. To date, they have not stopped the Fund from playing a vital role and achieving results. However, in the future, they require further discussion and, where possible, stronger consensus – to ensure that key stakeholders have a common understanding of *exactly* what the Fund is about and what niche it occupies.

KEY MESSAGE Through core and programmatic funding, the RCNF is making concrete progress towards its goal and objectives – with strong actual results from Round 1 and planned ones for Round 2. It is making a critical difference to the structure, capacity and coordination of global and regional networks and their unique role in advocacy for the rights of ISPs within effective responses to HIV.

¹⁵ Robert Car Civil Society Networks Fund: A New Fund Supporting Global and Regional Civil Society Networks Enabling Effective Local HIV Responses, AIDS Strategy, Advocacy and Policy, Martin Choo, Robin Gorna and Hilary Nkulu.

As shown by the data in Section 3, the RCNF has allocated two Rounds of funding – with 38 grants, totalling \$ 18,217,092 – towards the **achievement** of its goal and objectives. Its **portfolio of grantees** includes major, respected players within the global and regional civil society response to HIV – which support ISPs that are vital to ‘know your epidemic’ and investment approaches. In both Rounds, the largest proportion of funding was allocated to grants that include attention to PLHIV and MSM.

In the Grantees’ Survey, equal proportions of respondents (45%) felt that the RCNF has made ‘some progress’ or ‘strong progress’ on achieving its goal¹⁶. They also considered that at least ‘partial progress’ has been made on all of the objectives. Some grantees have carried out activities across the four outcome areas (see case study below). However, generally, in both Rounds 1 and 2, the RCNF’s grantees have prioritised action under Outcome 1 – with all grantees reporting on at least one indicator for this area. The lowest level of results is seen for Outcome 4 – although action in this area is planned to increase in Round 2. As shown by the case studies shared in Section 3.6, the RCNF’s resources have made a critical difference to grantees – in some cases preventing them from closure, in many others enabling them to achieve a step change in their functionality and effectiveness.

The emphasis on Outcome 1 partly reflects the nature of the RCNF, including its provision of **core funding**. However, the MTR found that it also re-

¹⁶ Based on 29 responses to question 6 of the Grantees’ Survey; asked to select one option.

flects an economic reality – that, where grantees have been forced to cut budgets, allocations to network capacity are more likely to be maintained (due to be essential for their survival, compared to programmes). Furthermore, a fundamental limitation to the results of the RCNF has been the short **duration of its grants** (1 year for Round 1 and 2 years for Round 2). In reality, many of the type of results expected for Outcomes 2, 3 and 4 require longer timeframes. In addition, attribution remains a challenge – as many of the results (such as in advocacy) cannot be solely or linearly traced to one organisation and/or RCNF funding.

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Case study Re-focusing the WLHIV movement – International Community of Women Living with HIV

Context Women comprise some 60% of all adults living with HIV in Africa. ICW is the only global network run by and for WLHIV. In Round 1 of the RCNF, ICW-East Africa (ICW-EA) received a grant of \$ 510,453.

Round 1 results: ICW-EA used RCNF resources to both reinvigorate ICW as a global network and to strengthen its regional advocacy in Sub-Saharan Africa (focused on the SRHR of WLHIV and the elimination of mother-to-child transmission (eMTCT)). This included action within all four of the RCNF’s outcome areas:

- **Under Outcome 1**, ICW increased the capacity of its global and regional networks. Globally, this included: relocating the global office to Africa; developing an International Strategic Plan; and refining a Global Advocacy Agenda. Regionally:

ICW-EA developed a Regional Strategic Plan and elected a new Board (with 50% young WLHIV and including representatives of ISPs); and ICW-SA coordinated planning among 9 countries, developed a strategic direction and elected a new Board. ICW-EA also strengthened action at the country level by providing technical support to 11 networks of WLHIV – improving members’ skills in areas such as public speaking, organisational development and participatory research. It supported this work through developing a set of tools for work such as data collection, monitoring and reporting.

- **Under Outcome 2**, ICW enhanced responses to HIV at national, regional and global levels – by advocating for the specific needs of WLHIV. Globally, it participated in an Inter-Agency Task Team review meeting – calling for more meaningful participation of WLHIV in actions and monitoring in the 22 focus countries for the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive. ICW-EA led a campaign on access to treatment for WLHIV – calling on donors and governments to improve supply chains (and stop stock-outs of essential medicines) and ensure that, within Option B+, all treatment for pregnant WLHIV has minimum standards of community-based support. ICW-SA held a symposium at the South Africa AIDS Conference to promote the findings of participatory research on GBV and forced sterilisation of WLHIV.
- **Under outcome 3**, ICW-EA advocated for the rights of WLHIV within key policy and political processes. In Uganda, as part of the Coalition for Maternal Neonatal and Child Health, it held a vigil in the Parliament to call for improved

maternal health services for WLHIV to prevent the death of mothers during delivery. It also held over 20 lobbying meetings with parliamentarians on the HIV and AIDS Bill – contributing to some of its harmful measures (such as mandatory testing and forced disclosure) being removed. In Kenya, the activities included holding a think tank meeting with the media to highlight human rights abuses against WLHIV, such as forced sterilisation. ICW-SA worked with networks of WLHIV in Swaziland, Lesotho, Malawi and Botswana to review of laws and policies on rights related to GBV and WLHIV.

• **Under Outcome 4**, ICW worked for greater accountability in the allocation of resources for HIV. Globally, it contributed to the development of the Global Fund’s New Funding Model, emphasising priority issues for WLHIV. In Uganda, ICW-EA participated in the national budget review process – advocating for increased financing for health, especially to motivate health workers. This included work with the government’s Health Committee to sensitise Members of Parliament to the needs of WLHIV and draw up priorities for funding in the health budget. The key demands – which were approved – included for 43.5 billion Uganda shillings to be invested wages for midwives and other vital health cadres for 2013/14. Meanwhile, on a regional basis, in a meeting of Global Power Women Network Africa (an African Union and UNAIDS initiative to advance gender equality and women’s empowerment), ICW called on African governments, female Ministers and female Members of Parliament to increase funding for HIV and, especially, eMTCT.

Overall, RCNF resources have supported ICW to re-build a vibrant movement of powerful and informed WLHIV and, within the post-2015 agenda, advance the needs of WLHIV through strategic advocacy.

Round 2 In Round 2 of the RCNF, ICW received a grant of \$ 1,949,246 (the equal largest grant allocated).

KEY MESSAGE The RCNF is fulfilling critical aspects of its value-added, such as being a ‘bridge from donors to ISPs’ and ‘unique inventory of the demand from civil society’. Some aspects (such as a ‘way to compare and encourage quality’) will be achieved over time. Others (such as being a ‘predictable flow of resources’) are severely restrained by the limited finances.

In its short lifetime, the RCNF has faced immense **expectations**. These partly reflect the huge and urgent needs of civil society. They also reflect the desire to ‘do the right thing’ in the name of Robert Carr – a loved and highly respected leader of the sector. It is evident that, for many, the RCNF is about more than a conduit for funding. It aims be something different – working in a way that, in particular, reflects the good practice and dynamism of the civil society sector (as exemplified through the Fund’s peer review process).

In many instances, the RCNF is showing good progress on achieving its stated **value-added**. For example, as evidenced by minutes of ISC meetings, the Fund is serving as a ‘bridge from donors

to ISPs’ – providing opportunities for dialogue and learning about each other’s opportunities and challenges. It is also serving as a ‘unique inventory of the demand from civil society’ – such as with the 135 and 58 eligible applications to Rounds 1 and 2 expressing a demand for \$ 44,240,075 and \$ 64,139,326 respectively. As shown in Table 9, the Grantees’ Survey found positive assessments of the RCNF’s progress on its value-added¹⁷.

In some aspects of value-added, the performance has been more mixed. There is clear potential for the RCNF to serve as ‘way to compare and encourage quality’ – not only through the application process, but also through knowledge management work as more results emerge. Also, the Fund has taken important steps to serve as an ‘opportunity to coordinate the response’, such as with the promotion of consortia in Round 2 (as a means to enhance global/regional collaboration). Here, however, some stakeholders – notably donors – argue that a more strategic role could be played, with the RCNF encouraging (even requesting) more streamlined organisational structures and/or greater collaboration between ISP networks working on similar issues (such as human rights).

However, the MTR also identified some areas of value-added that remain problematic. Most significant is that the Fund aspired to serve as a ‘predictable flow of resources’. In practice, it has had to offer grants of a limited length (1 or 2 years) and scale (such as with a funding gap of \$ 15,655,069 among the successful applicants to Round 2). As a respondent to the Grantees’ Survey

¹⁷ Based on 27 responses to question 9 of the Grantees’ Survey; asked to select one option.

Table 9: RCNF's achievement of value-added – according to Grantees' Survey

Value-added	No progress	Some (partial) progress	Strong progress	Do not know
A predictable flow of resources	-	44%	48%	7%
A bridge from donors to ISPs	-	37%	59%	4%
An opportunity to coordinate the response	4%	40%	48%	7%
A unique inventory of the demand from civil society	-	37%	56%	7%
A way to compare and encourage quality	-	48%	37%	15%
Evidence informed and strategy for documenting the contributions of civil society	-	55%	30%	15%

put it: *“The perennial problem is that the RCNF is not adequately funded itself which, in turn, limits its impact. From experience, grants awarded have been for a fraction of the requested level – meaning that they contribute towards ‘keeping the lights on’ within an organisation, rather than allowing for any ambitious scale-up of coverage and work.”*

KEY MESSAGE The RCNF's Results Framework captures the intended outcomes for the Fund in a format that unites donors' needs for results with appropriate outputs/outcomes for civil society. For some grantees, however, it remains overly complex – requiring simplification and training. It also – for the purposes of review and evaluation – needs stronger attention to impact.

The MTR found that the RCNF's **Results Framework** is a well-intentioned, collective tool produced through intensive work by the ISC, PAP and

FMA. It aims to capture and organise the results of the RCNF as a whole. It provides a logical flow – with outputs clearly contributing to the outcomes and both supported by sets of indicators. It also uses internationally agreed reference points (such as UNAIDS standard indicators) that are particularly useful for donors. The RCNF's **Theory of Change** was developed to support the Results Framework and 'bring it to life' – illustrating how the results expected from the Fund make a difference to the lives and needs of ISPs. The Theory uses the RCNF's four outcome areas and, for each, suggests a pathway of likely changes for the short, medium and long-term (2, 4 and 6 years respectively). Although intended as an internal document, it has been made more widely available, including on the RCNF website.

The MTR found that the Results Framework and Theory of Change risk being compromise tools – trying to please everyone and, as a result, lacking sharpness. The Grantees' Survey found broad satisfaction with the Framework – both in terms

of its clarity/user-friendliness and networks seeing how their results fit within those of the RCNF as a whole.

However, the in-depth interviews gave a different picture, with many grantees – particularly at a regional level – expressing frustration about the language and its applicability to their work. A current grantee described the Framework as *“like hieroglyphics”*, while another urged that it should *“be pulled down to a more practical level.”* The interviews with donors found that – while accepting joint tools as a necessity of a pooled mechanism – the Results Framework does not necessarily give each donor exactly what they need, with further extrapolation of information required to satisfy individual governments. Meanwhile, the Theory of Change is also critiqued, such as with some members of the PAP expressing concern that it is too top-down and linear – not reflecting the realities and complexities of the work of networks. Overall, a common call across the MTR was that the Results Framework and, in particular, Theory of Change would benefit from further simplification, combined with efforts – such as virtual training sessions – to support grantees in their use.

A practical challenge – to the RCNF's compilation of results and to evaluation efforts, such as this MTR – is that the Results Framework was given to the FMA as part of its assignment and not completed until April 2013 (after Round 1). As a result, grantees for the two Rounds have reported in different ways – making it problematic to marry the sets of grants and assess the cumulative results. A further challenge is that, for Round 1, grantees were not provided with a specific format for their

interim and end-of-grant reports – again making it difficult to compare and accumulate the results.

A strong theme of the MTR was that many key stakeholders – including current/potential donors and members of the ISC and PAP – feel under-informed about to the **concrete results of the RCNF**. This is particularly the case in terms of non-quantitative data that tells the story of the difference that the Fund is making, especially to the lives of ISPs and to country-level responses. It is appreciated that the Fund remains a young initiative and that its results are only just emerging. However, the information gap is seen as increasingly urgent. This, in turn, highlights the challenge that, to date, grantees have not been specifically asked to articulate the **impact** (actual or predicted) of their work. For example, while many of the end-of-grant reports for Round 1 describe exciting and important advocacy work to influence policy processes, few specify what change was achieved (such as to the focus or wording of policies) and, in turn, how those will benefit community members (specifically ISPs). Yet, during interviews with Round 1 grantees, it became evident that impacts are already being achieved. Again, it is understood that the RCNF's longer-term impact is not yet possible to fully document or assess. However, greater attention to the existing and emerging 'change achieved' would significantly help the process of articulating the Fund's overall worth and its specific value-added.

Findings and analysis for level B: the fund's grantees

For Level B, the MTR's Enquiry Framework asked the questions:

- Is the RCNF meeting the expectations of civil society networks, such as being a good alternative to bilateral relationships with different donors?
- Does the RCNF's portfolio of grants 'make sense' – in terms of adding up to something that will bring real change to the lives of ISPs?
- Is there a clear link between the RCNF's support for core costs, capacity and movement building and grantees having stronger and more sustainable structures?
- How effective and efficient are the RCNF's processes for selecting, supporting and monitoring grantees?
- Specifically, what has been learned about consortium grantees, including how to encourage and support them?

KEY MESSAGE The RCNF is increasingly meeting the expectations of global/regional networks – supporting many that might, otherwise, have faced closure. There are multiple, concrete examples of how the Fund's resources have already strengthened networks' structures, programmes and advocacy – in turn, enhancing their ability to make a difference to the issues and lives of ISPs.

A strong message from the MTR was that the RCNF has played a vital role for **key global/regional ISP**

Viewpoint on the contribution of the RCNF

“We see the Robert Carr Civil Society Networks Fund as playing a tremendously valuable and necessary role in HIV response and as being a critical lifeline of support for communities. We appreciate the commitment to transparency, open communication and improvement. As a grantee, we believe that the Robert Carr Civil Society Networks Fund's overall professionalism, transparency, and accountability to stakeholders has and continues to be commendable.”

– Respondent to Grantees' Survey

networks that would, otherwise, have struggled to secure resources or even faced closure. Many are not simply grateful for receiving funding, but welcome being part of a movement that recognises, promotes and strengthens the role of their sector (see quotes above¹⁸). The Grantees' Survey asked if the RCNF had met grantees' expectations of being a cooperation between their sector and donors and giving more and easier access to resources. Over half (54%) of the respondents felt that such expectations have 'partly been met', while 21% felt they have 'been met' and 4% that they have 'not been

¹⁸ Based on 14 responses to question 35 of the Grantees' Survey; asked to make a comment.

met¹⁹. A strong majority of respondents (80%) said that their grant has made a ‘strong difference’ to their network²⁰. An example of such difference is provided in the case study below. Such differences were also, as seen in Table 10, mirrored by grantees’ assessment of changes achieved, both for their organization²¹ and its work with ISPs²². Meanwhile, as listed in Annex 6, inspiring responses were received to the Survey’s request to give three examples of results that grantees are proud of²³.

.....
Case study Strengthening treatment activism – International Treatment Preparedness Coalition

Context By December 2013, 12.9 million people were receiving ART worldwide. However, this represented just 37% of PLHIV. There remain major gaps in coverage and access, especially for key populations. ITPC is a global, grassroots coalition of PLHIV and their allies united by their vision of a longer, healthier, more productive life for all HIV-positive people. In Round 1 of the RCNF, it received a grant of \$ 561,498.

Round 1 results ITPC used RCNF resources to work with its partners to increase treatment literacy among community activists and advocate for better policies and practices. It provided onward granting

19 Based on 24 responses to question 27 of the Grantees’ Survey; asked to select one option.

20 Based on 25 responses to question 12 of the Grantees’ Survey; asked to select one option.

21 Based on 25 responses to question 13 of the Grantees’ Survey; asked to select one option.

22 Based on 25 responses to question 14 of the Grantees’ Survey; asked to select one option.

23 Based on 25 responses to question 11 of the Grantees’ Survey; asked to provide 3 examples.

Table 10: Changes achieved through RCNF funding – according to Grantees’ Survey

Survey question	Answers to question		
	No	Partly	Yes
Changes as an organisation:			
Has funding from the RCNF helped you to become...			
A more stable organisation, such as by having core funding to pay for staff?	8%	20%	72%
An organisation with a strong structure, such as for management and governance?	4%	32%	60%
A more accountable organisation, such as by better involving ISPs?	4%	8%	88%
A more sustainable organisation, such as being able to build relations with other donors?	-	28%	72%
Changes to work with/for ISPs:			
Has the RCNF helped you to...			
Reach more members of ISPs?	-	25%	75%
Better research or understand the needs of ISPs?	-	32%	68%
Better provide services to ISPs?	4%	52%	43%
Do better advocacy for the rights of ISPs?	-	16%	84%

to its 9 regional networks, alongside a small grants program benefitting 34 community-based organisations. In turn, these partners implemented a range of policy activities, such as: training activists in treatment literacy (Honduras); researching the status of drug procurement (Russia); setting up treatment observatories to monitor stock-outs (LAC and WA); implementing a Pills Check project among PLHIV and health workers (EA); and publishing a report on the impact of the Global Fund’s New Funding Model on financing for HIV (MENA). These activities targeted a range of key stakeholders, such as governments, donors and pharmaceutical companies. Examples of results included that: in Latvia, Hepatitis C reimbursements for patients were increased from 75% to 90%; in Russia, over 20 regions changed their procurement strategies;

and, in Morocco, the government held a national consultation on the strategic use of ARVs. At the international level, ITPC complemented these efforts by providing global platforms (such as an over 1,000-member list-serve) for activists to report on and learn about treatment issues. It also: advocated on barriers to treatment (especially for key populations and relating to intellectual property) within key global institutions (notably in relation to WHO’s new treatment guidelines); and distributed a global report – Missing the Target 10: Communities and the Treatment 2.0 Initiative – Delivering on the Next Treatment Scale-Up. Overall, RCNF resources supported ITPC and its partners to influence a more supportive environment – among governments, donors and pharmaceutical companies – for access to treatment for all PLHIV.

Round 2 In Round 2 of the RCNF, ITPC is the lead organisation of the Consortium of ARASA and ITPC which received a grant for \$ 1,802,256.

KEY MESSAGE The provision of core funding is a core asset of the RNCf. It enables vital global/regional networks to carry out essential operations and build their structures and movements – in turn, supporting effective responses to HIV at global, regional and country levels.

A strong message from grantees is that the RCNF has met their expectations for **core funding**. This is seen as a key asset of the Fund – described by an interviewee as “like gold-dust” and warmly appreciated within the Grantees’ Survey (see quotes below²⁴). Core funding²⁵ is critical to enabling ISP networks to function effectively – recognises their needs and enabling them to, among other actions, pay for staff, expand their membership and strengthen their coordination. Grantees repeatedly state that, in the last two years, they could not have secured core funding elsewhere.

Core funding has played an important role in enhancing the **sustainability** of networks, such as by providing structures that should last into the future. However, the short timeframe of RCNF grants may limit this. Overall, through listening

to grantees’ stories, the MTR found that there is a clear link between the RCNF’s support for core costs and the grantees’ capacity and effectiveness. However, these connections (which are key to the Fund’s Theory of Change) have, to date, not always been articulated clearly or compellingly in the Fund’s communications work.

KEY MESSAGE While Round 1 of the RCNF highlighted the need for clearer definitions and priorities, Round 2 produced a logical and strong portfolio of grants. This included global/regional networks that: are key players within the global civil society architecture for HIV; support priority ISPs; and work in critical geographic regions. Some stakeholders want the portfolio to be yet more strategic, such as targeting specifically under-resourced populations, regions or networks.

While the RCNF’s first Round featured a larger number of grants to a broader range of organisations, its second – which benefitted from clearer criteria – featured fewer, but bigger grants, largely to consortia. The Round 2 portfolio includes major global/regional networks that: focus on priority, ‘know your epidemic’ ISPs; carry out vital movement-building and advocacy on the ‘critical enablers’ for effective responses; and, as ‘intermediaries’, are essential to the global architecture for HIV. Many of the networks are ‘household names’ within civil society. However, the RCNF has also shown that it is willing to fund

Viewpoints on the importance of core funding

“The core support ... is the most important part of the funding. It allows networks to have internal capacity and to do the work that most project funding does not allow for. Without a comprehensive team to implement it is almost impossible to move forward. Therefore, I think that it is VERY important that RCNF continue to support the core staff needs – as they are essential to the progression of the movement.”

– Respondent to Grantees’ Survey

“Support to global and regional networks to advocate – especially on issues of human rights, sustainable financing by governments and sustainable financing for HIV and SRHR – should be maintained and enhanced. It is important to give long-term and core funding for networks to fulfil this role and contribute to the realization of the goals.”

– Respondent to Grantees’ Survey

²⁴ Examples of comments taken from 16 respondents to question 10 of the Grantees’ Survey.

²⁵ According to the budget framework for Round 2, core funding refers to costs relating to: A. Salaries and fees; B. Office space and related costs; C. Administrative and other direct costs; D. Materials/supplies; E. Training/workshops; F. Travel; and G. Fees, insurance. *Budget and Activity Framework for RFP 2013, RCNF.*

other types of organisations, such as with Round 2 including two grants to faith-based initiatives²⁶.

As seen in Section 3, the RCNF's portfolio represents a spread across regions and ISPs. Again, the Fund has demonstrated that, where necessary, it can work flexibly. For example, in Round 1, a gap was identified in grants for the MENA region and, subsequently, addressed in Round 2. Also in Round 2, despite prioritising consortia and global networks, the RCNF funded two *regional* networks for transgender people – recognising their heightened marginalisation and a gap in global network.

The MTR found different indications and opinions about the extent to which **gender equity** has been a central principle and practice of the RCNF. Terminology relating to gender is prominent in some of the Fund's founding documents²⁷ and included in RFP 2012²⁸. It is not specifically articulated in RFP 2013 or the most recent (July 2014) report to donors. However, final reports from some Round 1 grantees – such as ICW-EA (see earlier case study) and Sonke Gender Justice Network (see case study below) – show how gender-responsiveness has been central to their work.

26 IAM Regional Network Action and Global Faith Coalition for Getting to Zero.

27 "Networks have sufficient and predictable resources to enhance the quality and effectiveness and gender equity of AIDS responses reaching inadequately served populations at local level, through global and regional action." Robert Carr Civil Society Networks Fund: A New Fund Supporting Global and Regional Civil Society Networks Enabling Effective Local HIV Responses, Designed by: AIDS Strategy, Advocacy & Policy, Martin Choo, Robin Gorna and Hilary Nkulu.

28 "The RC-NF has been designed to ensure that civil society networks, working at global and regional levels, have sufficient and predictable resources to enhance the quality, effectiveness and gender equity of the HIV response, especially in reaching inadequately served populations at local level, through global and regional action." Robert Carr Civil Society Network Fund: Request for Proposals, RCNF, 2012.

Case study Engaging men and boys in a gender-equitable response – Sonke Gender Justice Network

Context In Sub-Saharan Africa, harmful gender dynamics and inequities continue to shape HIV epidemics. MenEngage Africa (led by Sonke Gender Justice Network) brings together 12 country networks within a global alliance of organisations that engage men and boys to achieve gender equality, promote health, reduce violence and address the structural barriers to gender equality. In Round 1 of the RCNF, it received a grant of \$ 204,182.

Round 1 results Sonke used RCNF resources to support national and regional policy and advocacy under MenEngage Africa. At the country level, this included the completion of 13 national policy reports analyzing laws and policies relating to the engagement of men in areas such as HIV and GBV. These were used to influence national policy development, such as, in Kenya, everyone at the launch of the report (including members of parliament) signing a pledge to make gender equality a lived reality by preventing violence against women. Such work was supported through: capacity building – such as the MenEngage Africa Training Initiative (a 10-day course that built the capacity of 25 future gender justice leaders, with 10 also receiving seed funding for projects addressing HIV, SRHR and GBV); tools – such as the Africa Regional Campaigns Guide, draft LGBTI Strategy and GBV scorecard (ranking 11 countries' GBV-related policies with regards to their engagement with men); and research – such as the International Men and Gender Equality Survey (IMAGES) project in Zambia and the Eastern Dem-

ocratic Republic of Congo (to build understanding of men's practices and attitudes related to gender equality to inform policy development). Meanwhile, at the regional level, Sonke campaigned through advocacy to fora, such as the UN Commission on the Status of Women, High Level Panel on Gender Equality and Women's Empowerment and Post 2015 and African Union Head of State Summit. Sonke also played a critical coordination role, including facilitating the development of a three-year strategic plan among the MenEngage Africa partners.

Round 2 Sonke did not receive funding in Round 2 of the RCNF. As discussed, some stakeholders urge the RCNF to be yet more strategic in its selection of grantees. For example, it could make a more ruthless decision about which networks should be funded – such as based on whether an ISP is especially vulnerable in a specific region and/or whether a network is especially under-resourced (and demonstrably unable to secure resources from elsewhere).

KEY MESSAGE While demonstrating potential, the RCNF has not yet – due to its limited donor pool and scale of resources – met civil society's expectation of significantly reducing global/regional networks' resource mobilisation effort. In practice, they have had to maintain bilateral relations with donors.

The MTR found that – while the RCNF is warmly welcomed – grantees are disappointed that it has not been able to meet their full demand for

resources, with major consequences for the scale and nature of their work. Some had hoped that, as a multi-lateral initiative, the Fund would significantly reduce the resource mobilisation effort required of their sector. Others had hoped that it would serve as a type of Programme Partnership Agreement (PPA), as provided by DfID and representing longer-term investment. In practice, networks have had to continue bilateral relations with donors – to fill the gaps left by the RCNF and to safeguard their sustainability. As a grantee put it: “*Sadly, the level of funding from Robert Carr isn’t enough for us to not have to – day in, day out – start, maintain and improve relations with other donors.*”

Over the past two years, some stakeholders have expressed concern that the RCNF has *reduced* rather than *increased* the **overall funding** available to some networks. In the follow-up to Round 1, a submission by harm reduction organisations cited how the shift of resources to the RCNF – combined with the Fund’s selection of a large and broad range of grantees – created a “*devastating*” funding gap for their sector (compared to their previous level of bilateral funding)²⁹. More recently, a paper by UK-based STOPAIDS – focusing on DfID’s support for key populations³⁰ – critiques the RCNF’s Round 1 for allocating less than half of its resources to key population-led groups³¹.

29 Joint Submission to the International Steering Committee of the Robert Carr Networks Fund, INPUD, Youth RISE, EHRN, IDPC, IDHDD, HRI and CHRC, 4 February 2013.

30 DfID’s Contribution To Addressing HIV Among Key Populations: Review and Recommendations, STOPAIDS, 2014.

31 The STOPAIDS paper uses a definition of key populations that focuses on PWUD, sex workers, MSM and transgender people. It does not include PLHIV.

Such opinions are of concern. However, they should be considered within an understanding that the RCNF was not, for some of the founding donors, intended to be an *additional* source of funding. Instead it was an *alternative*, pooled approach that, among other benefits, would bring cost-efficiencies. Some of the donors faced reduced budgets for their HIV programmes and teams and, while keen to continue support to networks and ISPs, they would not have been able to maintain their previous ways of working and number of relationships.

Meanwhile, as discussed, the MTR identified concern that the gap between demand and supply has forced grantees to make particularly extensive cuts to their programmes. As a respondent to the Grantees’ Survey³² put it: “*The limited funding available has forced us to lose most of the programmatic elements from our proposals leading to our focusing on capacity building. Whilst the latter is of course vital, and something that few other donors will fund, being able to carry out more of the proposed programmatic work would make a huge difference.*”

KEY MESSAGE In Round 2, the RCNF implemented a comprehensive application process that benefited from good practice (such as peer review and rebuttal steps). While further improvements could be made, the process is, overall, ‘fit for purpose’ and can be taken forwards to future rounds.

32 Based on 14 responses to question 35 of the Grantees’ Survey; asked to make a comment.

Round 1 of the RCNF was carried out rapidly – due to the urgent needs of key networks. This meant that, while benefitting from some of Aids Fonds’ past experience and the commitment of the ISC and PAP, aspects of the process lacked definition and efficiency. Some stakeholders describe the Round as “*pilot*” or “*experiment*”. It resulted in a large and diverse group of grantees – some of which, while carrying out good work, were not specifically by/for ISPs. In turn, this led to a significant questions, even backlash, from elements of civil society³³. It also, however, resulted in a wealth of lessons learned³⁴ that were carefully documented, discussed and actioned by the ISC, PAP and FMA.

In Round 2, the RCNF’s **application process** underwent what a member of the ISC described as a “*seismic shift*”. The significant improvements included: tighter definitions (such as of network); clearer prioritisation (of consortia, then global networks, then regional networks); and the introduction of independent peer review and rebuttal stages. The process is summarised in Annex 6.

As shown in Table 11, the Grantees’ Survey found mixed, but predominantly positive, opinions about the clarity of the application process for Round 2. For example, only three aspects (the eligibility criteria, questions in the application form and on-line application system) were assessed as ‘very clear’ by more than half of the

33 Reflections on the RC-NF’s First Funding Round and Recommendations Regarding The RC-NF’s Future, memo to Robert Carr Networks Fund International Steering Committee from Free Space Partnership (NSWP, INPUD, MSMGF, GNP+, ICASO, ITPC, ICW, IHAA, EAA, HYLIF, GATE, ICSS), February 1, 2013.

34 Lessons Learned from the First RCNF Request for Proposals 2012, memo to ISC, FMA with input from Sam Avrett, 17 January 2013.

Table 11: Clarity and usefulness of 2013 RFP and application process – according to Grantees’ Survey

Survey question	Answers to questions		
	Not clear	Quite clear	Very clear
How clear were aspects of the RFP?			
Funding priorities	0%	63%	37%
Definitions of networks and consortia	21%	32%	47%
Definitions of ISPs	6%	50%	44%
Eligibility criteria	5%	42%	53%
Questions in the application form	5%	42%	53%
Format of the activity and budget framework	11%	53%	37%
On-line application system	16%	26%	58%
How useful were aspects of the application process?			
Peer review process	–	42%	58%
Rebuttal process	5%	26%	68%
PAP review process	–	42%	37%

respondents³⁵. Yet the Survey also found generally positive feedback on the usefulness of the different stages of the review process for applications³⁶. Especially strong support was seen for the rebuttal process – which was assessed by 68% of respondents to be ‘very useful’.

These views were broadly reflected in the in-depth interviews with grantees – such as with the **rebuttal process** again seen as especially welcomed. The interviews identified a sense among some grantees that the application process

is unnecessarily burdensome (in terms of the amount of documentation required, especially for consortia). This was seen to be a particular threat to new or emerging networks – that might see the complexity as a disincentive. Others cited specific concerns, such as about: the limited word count of sections of the application form; incompatibilities between the word and on-line versions of the application materials; and the application process only being available in English. Furthermore, a strong message from the MTR was that, while welcoming the concept of **peer review**, the practice was more problematic. In interviews, grantees expressed frustration at what they considered to be unhelpful and ill-informed feedback that they received – in some cases appearing to show

a reviewer’s lack of understanding about how networks or ISPs work.

In interviews, some grantees questioned also how individual applications to the RCNF are *compared*. They considered that, while the application process for individual organisations is transparent and democratic, there is a lack of clarity amount how, ultimately, the ISC puts together the portfolio – deciding who to fund and who not to fund.

The MTR found that grantees are generally happy with the scale and type of **M&E** required of them. For example, the Survey found that 96% of respondents feel that they are asked for the ‘right amount’. Grantees’ suggestions for improvements to M&E included: achieving greater harmonisation between the reporting requirements of the RCNF and other donors; in advance, providing a clearer calendar and format for reporting; and offering M&E capacity building to grantees – both in general and specifically related to the RCNF’s Results Framework. Similarly, the MTR found broad satisfaction with the **financial management** and reporting required of grantees. The one exception was that very strong concern was expressed about the FMA’s system of withholding the final 20% of grants until the submission of final narrative reports and audited accounts. In interviews, several grantees articulated the problems this brings – especially for organisations that are managing large grants and/or do not have substantial organisational reserves.

Finally, it remains of concern that – although the *proportion* has reduced significantly (from 88% in Round 1 to 46% in Round 2) – the RCNF still

³⁵ Based on 19 responses (grantees from Round 2 only) to question 16 of the Grantees’ Survey; asked to select one option.

³⁶ Based on 19 responses to question 17 of the Grantees’ Survey; asked to select one option.

receives a large number of **ineligible applications**. Each of these represents wasted time and energy for the organisation involved. Options for addressing this could include: a pre-application process (such as a two-page concept note) to screen eligible applicants; and the provision of more specific answers within the questions and answers (Q&A) process for applicants. With the latter, although the final Q&A for Round 2 included 45 questions received from potential applicants, many of the answers simply referred people back to the RFP.

Overall, the MTR found that – while it would benefit from some specific, further improvements – the RCNF’s application process is ‘fit for purpose’ and can be (re)used in future Rounds, while the energies of the PAP and ISC could be invested elsewhere. As a member of the PAP reflected: *“We’ve invested significant time and energy in developing a great process – that will see us through to more rounds and a larger Fund. Now the question is: do we have the courage to stop tinkering?”*

KEY MESSAGE It is too early to assess if consortia grants (as promoted in Round 2) provide an effective means to increase collaboration among global/regional networks and improve the quality of their work. However, there are indications of major opportunities and challenges to the model which require monitoring and learning.

In Round 2, the RCNF promoted – and stated a funding bias towards – consortia applications. These were defined as being about *“a network-led group of networks, where also other types of agencies*

*or organizations may join, that comes together in a partnership to work towards a common set of inter-related activities”*³⁷ This led to the provision of grants to 8 consortia that, in total, received 71% of the Round’s funding (\$ 8,998,254). Each had a lead organisation (usually a global network) and a number of partners.

While it is too early to assess the results of consortia, the MTR found that there are already experiences to share. The Grantees’ Survey included three questions specifically for those involved in consortia. The 17 respondents confirmed that, for them, the model has already raised a large number of actual and potential **opportunities³⁸ and challenges³⁹**. Examples of these are provided below, combined with additional points raised in-depth interviews with grantees.

The MTR identified a number of ways in which consortium grants could be further supported. Examples include through: a longer timeframe to prepare proposals; the provision of preparation grants (such as to convene the consortium’s partners to develop a joint application); and specific acknowledgement of, and greater budget allocations to, the lead organisations (to cover the true level of management and communications costs). Respondents to the Grantees’ Survey recommended that: consortia should be encouraged, but not ‘mandatory’ in future Rounds; grants to consortia should include resources for at least one face-to-

³⁷ Robert Carr Civil Society Networks Fund: Request for Proposals 2013, RCNF, 2013.

³⁸ Based on 17 responses to question 24 of the Grantees’ Survey; asked to identify 3 opportunities.

³⁹ Based on 16 responses to question 25 of the Grantees’ Survey; asked to identify 3 challenges.

Viewpoints on consortia

“Before, our work was built on fragile, virtual relations. Now, as a consortium, we are a truly global network and movement.”

– Grantee interviewee

“For us, being in a consortium has meant compromise – about the populations we wanted to work with and the way we wanted to work. I get the idea, but it’s an artificial process.”

– Grantee interviewee

face meeting of all partners; and grant agreements should have a clause allowing under-performing members of consortia to, if necessary, be removed.

The MTR concluded that the consortia model requires close, on-going attention to ensure that it *enhances* the effectiveness and efficiency of grantees, rather than *reduces* or over-complicates it. It would be useful to carry out a specific study of the Round 2 consortia – to more systematically assess their strengths, weaknesses and lessons as they evolve. Meanwhile, more generally, the issue of consortia highlights the RCNF’s potential – and, some stakeholders argue, mandate – to be **market-shaping**, rather than just *market-responsive*. It has the potential to – through its strategies and funds – influence coordination among civil

Table 12: RCNF consortium model – potential opportunities and challenges

Opportunities of consortia	Challenges of consortia
<ul style="list-style-type: none"> • Provides an opportunity to formalise and consolidate existing partnerships, such as through the development of joint workplans. • Motivates global/regional networks that already work with the same ISP, but have not yet coordinated. • Recognises and supports the role of global networks (as coordinators and intermediaries). • Enables weaker or emerging networks to apply to the RCNF as part of a coordinated effort. • Leverages each partner's strengths, for example enabling stronger networks to provide technical support to new or struggling ones. • Enables the RCNF to provide fewer, but larger grants and to reduce its administration. • Increases opportunities for cross-learning and sharing among consortium partners. • Provides strength in numbers, with partners advocating together rather than separately. • Increases the scope and solidarity of movements. • Improves the coordination of work among different networks and reduces duplication. • Creates greater synergies on specific technical areas – by more systematic joint strategizing. • Enables economies of scale and reduces networks' transaction costs, such as through the sharing of financial systems. • Enhances the flow between global and regional level advocacy. • Encourages consortium partners to try something new, such as by advocating to different audiences or at a different level. • Provides a more stable structure within which individual networks are less vulnerable to changing donor patterns. • Facilitates joint resource mobilisation. • Facilitates the development of joint programmes for ISPs. • Contributes to the overall strengthening and streamlining of the global architecture of the civil society response to HIV. 	<ul style="list-style-type: none"> • Involves a complex application process, with inputs/documents required from all partners. • Causes resentment and produces artificial processes – due to the model being donor, rather than community, led. • Can result in modest funding for each partner. • Presents logistical challenges, such as when, how and who carries out different coordination and communication tasks. • Is time-consuming, such as involving multiple e-mails and teleconferences for coordination. • Changes the relationship between the lead organisation (usually a global network) and the partners. • Places the lead organisation in the position of 'donor', such as having to negotiate budgets and chase partners for monitoring reports. • Places unrealistic expectations on the lead organisation, such as to provide funding even when the RCNF grant is delayed. • Is complex to plan, such as in terms of developing joint budgets or agreeing required cuts to budgets. • Compromises the priorities of individual partners – with a proposal's objectives reduced to the 'lowest common denominator'. • Brings logistical challenges, such as among partners that work in different time zones or languages. • Highlights the challenge of balancing broad, global advocacy campaigns with specific, local 'asks'. • Raises ethical questions among partners that work to different levels of quality or accountability. • Raises practical questions about democracy (such as who and how different levels of decisions should be made). • Worsens, rather than improves, existing working relations, such as with some partners being dominant or under-performing. • Increases administration and transaction costs, such as if partners continue to use their own and different systems.

society organisations and, in turn, enhance the sector's position within the global architecture of action on HIV.

Findings and analysis for level C: the Fund's donors

For Level C, the MTR's Enquiry Framework asked the questions:

- Is the RCNF achieving the role that donors hoped it would do, such as being a 'cooperation' between them and civil society networks?
- Do the RCNF's ways of working (such as strategies and approaches) work well for donors? For example, does the Fund engage them in the right way and give them the information they need?
- Why have more donors not supported the RCNF and how could it now achieve a broader donor base?

KEY MESSAGE The RCNF's existing donors are a vital asset. Their contribution goes beyond financial resources – also engaging with the Fund's governance and being advocates for its purpose and goal.

The four founding **donors** (NORAD, DfID, PEPFAR and the Gates Foundation) and the MAC AIDS Fund are a vital asset to the RCNF. They go beyond the traditional donor/recipient relationship to, through membership of the ISC, fully engage in the Fund's directions and approaches. In interviews for the MTR, each expressed on-going commitment to the goal of the RCNF. They also articulated appreciation of the value-added that

the RCNF brings to donors, including as a specific mechanism to target global and regional networks and a means to ‘get closer’ to ISPs.

Different donors have different views on the **priorities** that they would like the RCNF to pursue. Examples include the extent to which the Fund should: overtly focus on key populations (for some donors a top priority, for others politically sensitive); and resource networks based in middle income countries (for some donors difficult to justify within aid strategies focused on poverty alleviation).

KEY MESSAGE The RCNF’s existing donors broadly appreciate the Fund’s ways of working and, in particular, remain committed to the idea and potential benefits of a pooled fund.

In interviews, the RCNF’s existing donors state their appreciation for key aspects of the Fund’s **ways of working**, such as its high quality application process (as used in Round 2) and its governance and management structure. They acknowledge that the RCNF has, in the words of one, “*tried to be something different*” – in particular, applying the lessons learned and good practices of civil society.

The existing donors express on-going interest in the concept and practice of a **pooled fund** and its representation of both a shared commitment and joint way of working. They cite specific benefits to this model that vary according to their own status and level of resources. One donor – which

has experienced a reduction in the capacity of its own HIV department – welcomes the opportunity to maintain support to multiple networks, while reducing its own grant-management responsibilities. The representative remarked that: “*The reality is that it’s increasingly difficult for us to manage multiple and relatively small pots of money. Robert Carr provides us with a means to keep funding key players, but to reduce our transaction time and costs.*” In contrast, another donor appreciates how the RCNF gives it a simple mechanism with which to provide comparatively small grants – saving networks the bureaucracy involved in receiving funding directly from the donor as part of larger and more complex grant-making programmes. Yet another, smaller donor welcomes the leverage achieved through a pool fund – with their contribution added to that of others and, overall, achieving a larger scale of results.

The existing donors also acknowledge that a pooled fund brings some challenges. Examples of these relate to: attribution (with the need to share credit for the RCNF’s results with other donors); and accountability (with the FMA serving as an intermediary between them and the grantees, reducing the direct communication). On a practical level, some of the donors express concern about the FMA’s responsiveness to their specific needs – in terms of recognising that, while working in a pooled mechanism, donors maintain individual requirements in relation to their contract and reporting.

Returning to a common theme in the MTR, all of the existing donors express a strong desire to hear more about the **results** of the Fund. There is understanding that the type of results expected

of the RCNF take time and can be difficult to articulate. However, donors feel that this must be addressed to enable them to convince their colleagues back home of the need for on-going investment. This is especially important within a context where many donors face increasing pressure from their governments (and, ultimately, tax payers) to report on the ‘number of people reached’ – whereby the results of networks risk seeming intangible or poor value for money.

The founding donors committed to supporting the RCNF for an initial period of three years. It is important to clarify that, within the MTR, none of them stated a specific intention to *discontinue* their support. However, it is also clear that their future funding should not be *presumed*. Hence, it is vital that they gain the evidence they need to secure the on-going support of their agency.

KEY MESSAGE It is of major concern that the RCNF has not broadened and deepened its donor pool. This is due to multiple reasons. However, it should be addressed urgently to maintain/ increase the commitment of existing donors and get new ones on board – overall, ensuring a healthy enough Fund to fully achieve its value-added.

A strong message of the MTR was that it is disappointing that the RCNF has not, beyond the MAC AIDS Fund, mobilised additional supporters and secured a wider and larger **donor base**. In the Grantees’ Survey, only 8% of respondents considered the number of donors mobilised to be

‘satisfactory’, while only 13% assessed the Fund’s level of resources to be ‘adequate’. This issue is important for not only *expanding* the donor pool, but securing (and, hopefully, increasing) the *existing* investment. Some current donors emphasise the institutional desire – and political need – to see their own investment leveraged as part of a larger, more diverse and healthy Fund.

The MTR found there are a range of **external factors** that affect the RCNF’s current situation. These include:

- **The overall funding environment for HIV.** The development of the RCNF has occurred at a time when funding for HIV has faced further reductions. For example, some donors have: cut their HIV budgets; incorporated their previous HIV budgets into wider health programmes; and/or shifted their strategic directions (such as towards SRHR).
- **Negative donor attitudes towards what the RCNF supports.** There are factors that, while essential to the rationale for the RCNF, risk acting as disincentives to some donors. For example, in some cases, donors are reluctant to fund work that supports: ISPs (as opposed to less controversial groups); global/ regional action (as opposed to country level); networks (as opposed to service providers); advocacy (as opposed to programmes); capacity building (as opposed to existing structures); and initiatives involving middle-income countries (as opposed to solely lower income countries).
- **Donor scepticism about the value of a pooled fund.** Some donors may need convincing as to why they should work in a collaborative mecha-

nism, as opposed to on their own. As the RCNF is relatively new, some potential supporters may feel that there is not yet enough proven evidence, such as of the cost-efficiencies that it brings. Meanwhile, some donors are happy to simply continue one-to-one relations with their own, individual portfolio of ISP grantees.

- **The criteria of individual donors.** In some instances, potential fundraising for the RCNF is limited by issues relating to individual donors. Examples of these include: the timing of donors’ rounds of funding; geographic priorities; and the criteria for applicants (such as that they must be based in the donor country).
- **Donors’ desire for ‘numbers reached’.** Some donors maintain a focus on bio-medical approaches to HIV, within which quantitative data can be easily provided, such as of the number of HIV tests completed. This facilitates information that is easy to understand and ‘sell’. In contrast, the type of networks supported by the RCNF often focus on the ‘critical enablers’ of responses to HIV which, while vital, brings results that can seem less tangible.
- **Perceptions of ownership of the RCNF.** The MTR indicated that some donors may see it as a disincentive to join an *existing* mechanism that has strong founding donors. Entering what could be perceived as a ‘founders’ club’ can be challenging to others who want to make their own mark. As a current donor acknowledged, “*We must be careful, in our enthusiasm for the Fund, to leave the door open to others*”.

There are also a number of **internal reasons** for the RCNF’s current situation. These largely focus on:

- **The lack of a strategic, systematic approach to resource mobilisation.** The MTR noted that the Fund’s FMA has already – supported by other stakeholders, including the ISC – carried out important resource mobilisation. However, there is a sense that such work has not been a high priority or systematic enough. Although a resource mobilisation strategy exists, it was described by a member of the ISC as “*the weakest document we’ve been given*”. The same representative felt that “*the FMA just isn’t doing enough ... donors need to be inspired by the urgency and approached individually, with tailor made messages.*” Some existing stakeholders, such as members of the ISC and PAP, reported that they have not been asked to support fundraising efforts, despite having strong contacts with donor agencies.
- **The low profile of the RCNF, its value and results.** Again, while important communications work has taken place, the MTR found that it has not been of a scale or nature to secure a high profile for the RCNF, especially among potential donors.

Multiple stakeholders involved in the MTR cited an urgent need for a significantly stronger resource mobilisation strategy. This should be based on the Fund’s existing business case and be strategic, systematic and energetic – with a specific, tailor made approach to each potential supporter. While it should be coordinated by the FMA, the strategy should make maximum use of all of the RCNF’s existing stakeholders – including the ISC, PAP and, in particular, existing grantees – to use their contacts and serve as champions. Wherever possible, the resource mobilisation strategy should be backed-up with political ad-

vocacy, such as with the RCNF being commended within parliamentary interventions.

The resource mobilisation strategy needs to be based on clear statement of what the RCNF is – so that donors understand exactly what the Fund is about, why it matters and what difference it will make. This will enable the RCNF to approach ‘likely suspects’ (such as the donors known to be supportive of HIV and civil society – which are already on its radar). However, it will also enable the Fund to potentially approach other areas of the donor sector, such as those focused on human rights. As recommended by an external stakeholder interviewed for the MTR: “Now is the time for the Fund to be really clear about its identity ... to prove its concept and have confidence in it.”

KEY MESSAGE The RCNF’s additional funding from the Global Fund provides a vital opportunity to support existing grantees and strengthen civil society’s input into Concept Notes for the New Funding Model. It demonstrates the Fund’s role as a proven channel to reach global/regional ISP networks and support country-level responses to HIV.

At the time of the MTR, additional funding for the RCNF was being negotiated with the **Global Fund**. There would be a special call for proposals among *existing* grantees from Round 2. It would enable the successful applicants to strengthen the capacity of networks to provide civil society input into the drafting of Concept Notes – which, under the New Funding Model, now form the basis of a

country’s expression of interest to the Global Fund. The aim would be to expand and strengthen the meaningful engagement of key populations (as defined in the Global Fund’s Key Populations Action Plan 2014–2017) across processes and platforms relating to the Global Fund and its New Funding Model.

The MTR found that this development is seen as not only a means to provide vital additional resources for networks, but an indication of trust in the RCNF model. As a current donor put it: “It’s a win, win – both the Global Fund and the RCNF are interested in key populations and community systems strengthening. This is a concrete opportunity to get more funds to the networks.” However, this development also raises issues about the expansion of the RCNF donor pool and diversification of its ways of working.

Other concerns include that the special call for proposal will involve additional administrative and monitoring work for the FMA without appropriate additional capacity. There is also a worry that donors that already provide resources to the Global Fund might come to perceive funding the RCNF as duplication – and, in time, be less inclined to support the latter.

Viewpoints on RCNF funding

“The bottom line – as shown by the demand in Rounds 1 and 2 – is that there is currently not enough funding to meet the quality demand. Even when funded, organisations are faced with having to cut proposed activities and costs due to the financial limitations imposed. This is not the RCNF’s fault – but does need to be addressed as the Fund becomes more established.”

– Respondent to Grantees’ Survey

“As founding donors, we put our money on the table partly in order to leverage others. I am disappointed that the pie hasn’t grown. It would make it politically much easier for us if other donors were at the table. And, beyond our own needs, we have a moral imperative to address the Fund’s current gap. Something like the Robert Carr Fund will always have greater demand than supply, but the current gap is too extreme.”

– Current donor of the RCNF

Findings and analysis for level D: the fund's management and governance

For Level D, the MTR's Enquiry Framework asked the questions:

- Has the RCNF established the right number and type of structures and policies to do its work effectively, efficiently and accountably?
- Specifically, how appropriate and effective is the RCNF's governance structure (i.e. the ISC and PAP)?
- Specifically, how effectively and efficiently has the FMA performed its role?
- How well does the RCNF communicate with its internal and external stakeholders and position itself within the wider response to HIV?

KEY MESSAGE The RCNF's three-bodied governance and management structure (of ISC, PAP and FMA) is widely seen as good practice. It provides a strong and appropriate backbone to the Fund that, in particular, benefits from: joint donor/civil society leadership (through the ISC); and the unique technical expertise of civil society (through the PAP and FMA).

As outlined in its Governance Charter and Annex 7, the **governance and management** of the RCNF is provided by three bodies (ISC, PAP and FMA) that are linked, but have distinct responsibilities. The MTR found that, in combination, the ISC and PAP provide a strong and appropriate governance structure for the Fund. Both benefit from com-

mitted and expert members who, on a voluntary basis, provide invaluable technical and political insight and credibility to the RCNF. Both bodies experienced a rapid start-up – 'getting to know each other' and understanding/operationalising their role in a short timeframe. Both have demonstrated willingness to learn, such as with the lessons from Round 1 (for example about the need for clear definitions of networks) incorporated into a stronger Round 2.

The structure follows the good practice of the Boards of institutions such as UNAIDS and the Global Fund, with the **ISC** having representation of donors and civil society and facilitating collaboration. The ISC is especially commended for providing direction to the RCNF – in terms of strategy. It also provides status – involving senior level and well-respected stakeholders. In the Grantees' Survey, respondents indicated broad support for the roles of the ISC, with almost all assessed as 'quite appropriate' or 'very appropriate'. In interviews, some grantees called for a stronger feedback loop – enabling them to contribute more directly to the RCNF's strategy and be more systematically informed of ISC decisions. Meanwhile, in interviews, some stakeholders (within and external to the ISC) emphasised the need for strong and articulate civil society representatives who, where necessary, can stand up to the donors. Meanwhile, the current donor members welcome the opportunity to dialogue with civil society and shape the direction of the Fund. Some noted that, at times, involvement in the ISC is time-consuming – a factor to incorporate into the calculation of the cost-benefit of a pooled fund.

The **PAP** (composed solely of civil society) maximises the unique and extensive experience and technical knowledge of the community sector. It is especially commended for its critical contribution to the RCNF's high quality application process. The PAP's review of individual applications and recommendation of a balanced portfolio is based on diverse and comprehensive criteria. It involves significant time, debate and technical expertise. The subsequent advice to the ISC is detailed and analytical – exploring the funding options through multiple lenses. The advice for RFP 2013 provided the ISC with not only a breakdown and assessment of each individual application, but costed options for the portfolio (with consideration to balance across ISPs, geographic regions and gender).

KEY MESSAGE The complementary roles of the ISC and PAP are articulated in the RCNF's Governance Charter. However, they have been more challenging in practice – with particular tension around the PAP's role in 'advising', 'guiding' or 'instructing' the strategic direction of the Fund.

As noted, the complementary **roles and responsibilities** of the ISC and PAP are stated in the RCNF's Governance Charter. In practice, however, they have been significantly more complex and challenging. Indeed, the MTR – especially the focus group discussions with representatives of the two bodies – found different understandings and opinions, such as about 'who guides who'. Existing tensions focus on the extent to which the ISC should be simply informed by or actually instructed by the advice of the PAP. They

also include the extent to which the PAP’s role is technical (focused on the application process) or extends to a strategy. The clearest manifestation of tension came within the application process for Round 2 – where the ISC’s final decision to fund 14 applications was seen by some as going against the PAP’s recommendation to fund 19. A member of the PAP felt “*disrespected – like the ISC is the ‘boss’ and we’re the subordinates*”. Other members of the PAP felt that the situation showed different ‘world views’ – with the ISC interested in risk management and the PAP more inclined to be flexible about criteria if it results in support to creative, gap-filling grantees. Yet other members of the PAP expressed overall concern that, while the RCNF’s application process is transparent and clearly mapped out, the final decision-making by the ISC risks, without a predetermined and transparently documented process, seeming open to political and personal preferences.

Other areas of some **disagreement** between the ISC and PAP include: the promotion of consortia in Round 2 (with the PAP cautioning that this is not a preferable approach if a consortia is new and the management structure/lead organisation not strong); and support to new or emerging networks (with the PAP encouraging the inclusion of such grantees to fill critical gaps). Some members of the PAP have also expressed particular concern about the appropriateness and practicality of the Theory of Change, while the Panel as a whole have emphasised that it must be a ‘live’ and changeable document. Overall, some stakeholders characterise the **ISC/PAP relationship** as one of ‘healthy tension’. However, others – especially members of the PAP – view it as a source of considerable frustration.

The MTR found that the relationship would benefit from resolution, such as through more regular and systematic communication between the two bodies and, resources permitting, ad hoc opportunities for detailed, face-to-face strategizing. Such dialogue could have a dual benefit – of ‘conflict resolution’ and of providing the RCNF with a more consensus-based strategy for the future.

KEY MESSAGE The RCNF has benefitted from Aids Fonds’ extensive and established policies for grant-management, including in areas such as risk management and due diligence. It has also developed a comprehensive policy on conflict of interest. However, perceived conflicts remain a challenge in the Fund, such as in relation to the civil society members of the ISC.

The MTR found that the RCNF has an increasingly strong and comprehensive set of **policies and procedures** to support its work. Many of these – such as for due diligence and risk management and grant regulations – have benefitted from Aids Fonds’ track record in grant-management. According to the Grantees’ Survey, 54% of respondents consider the Fund’s policies to be ‘quite useful and practical’, while 33% consider them to be ‘very useful and practical’.

The ‘package’ of policies includes one on **conflict of interest** for the ISC, PAP and FMA. This provides a useful definition, describes how it could manifest itself within and outlines a procedure for action.

In practice, however, *perceptions* of conflict of interest remain a persistent concern to the RCNF. These occur in different aspects of the Fund, but notably the ISC (with the Committee having decision-making responsibilities, yet including civil society representatives with direct or indirect connections to existing/potential grantees).

Although steps are taken to avoid conflict of interest (such as with those ISC members vacating the room when their own organisation is discussed), these are viewed by some stakeholders as inadequate (as, for example, those ISC members still participate in the Committee’s wider, strategic discussions about what type of applications to prioritise). Of note, some stakeholders – such as in the Grantees Survey⁴⁰ – highlighted that conflict of interest can extend beyond civil society representatives. For example, donor members of the ISC could potentially use their membership of the Committee to push their agencies’ priorities. A member of the ISC remarked that: “*We have to be honest that we all come into these processes with our own agenda. The question is how, as a group, we can recognise that, yet come up with something that is for the collective good.*”

The MTR recognised that conflict of interest is an inevitable dilemma within a Fund that promotes the meaningful involvement of civil society and benefits from leaders within that field (who wear multiple professional/personal ‘hats’). However, it also noted that such conflict – whether actual or perceived – risks harming the integrity of the

⁴⁰ 9 responses to question 34 of the Grantees Survey; asked to make a comment.

Viewpoints on conflict of interest

“We recognize, appreciate and applaud the Robert Carr civil society Networks Funds’ governance and management for establishing clear processes and criteria for allocating scarce resources in the context of tremendous financial need. However, a caveat is that we and others have observed that the International Steering Committee includes some members with current institutional ties to applicant and/or grantee organizations, and that this may constitute a conflict of interest or the appearance of one.”

– Respondent to Grantees’ Survey

“If we applied a conflict of interest policy in its strictest sense, none of us could be involved. Having civil society on our Board provides a crucial reality check and allows triangulation of information. We are a peer-governed fund – so we need to find a way to work these things out together”.

– Civil society member of the ISC

Fund and its future viability (in terms of attracting additional donors). As such, it requires attention.

KEY MESSAGE Aids Fonds has faced high expectations as the FMA and, for Round 1, was forced to ‘build a ship while sailing’. While there is no formal system to appraise its performance, it is now generally seen to be ‘doing a good job’. In the future, the RCNF must significantly step-up resource mobilisation and communications.

Aids Fonds was selected as the **FMA** for the RCNF through a competitive bid⁴¹ and comprehensive proposal⁴². Alongside implementing the work of the RCNF, the FMA provides logistic and administrative support to the ISC and PAP. Its key roles and responsibilities are listed in Annex 7. As set out in its proposal, Aids Fonds has brought extensive (over two decades’) experience and strong systems to the role of FMA. It has, as needed, adapted existing **processes** – such as for due diligence – from its similar initiatives, avoiding the need to start from scratch. It has also, however, as needed, designed new, tailor made processes. Overall, it has provided the RCNF with a ‘safe pair of hands’ and introduced specific good practice measures, such as the peer review of applications.

⁴¹ Report on the Selection Process of the Robert Carr Networks Fund Management Agent, FMA Selection Panel, June 2012.

⁴² Fund Management Agent of the Robert Carr Civil Society Networks Fund: Bid Reference Number: RFP-2012-07, Aids Fonds, May 2012. Financial Proposal: Fund Management Agent of the Robert Carr Civil Society Networks Fund, Bid Reference Number: RFP-2012-07, Aids Fonds, May 2012.

According to the Grantees Survey, almost all respondents consider that the FMA is performing its role ‘quite effectively’ (50%) or ‘effectively’ (42%)⁴³. In interviews, grantees said they felt well supported by and appreciative of Aids Fonds. They, in particular, welcomed the FMA: demonstrating flexibility (such as in changes to budget allocations); showing personal interest in their work (such as through 14 site visits in 2013); and facilitating the sharing of lessons (such as through sessions at conferences).

Aids Fonds has clearly invested significant time and commitment in establishing the RCNF. It has faced immense (perhaps unrealistic) expectations – not least in the early days when it was expected to ‘build a ship while sailing’ (issuing RFP 2012 before the establishment of some key policies and procedures). It has faced an extensive workload – currently dealing with the day-to-day tasks required to manage 38 ‘old’ and ‘new’ grants (such as negotiating contracts, chasing reports and building relationships). As a representative of the FMA said: *“Yes, it’s been harder work and more investment than Aids Fonds foresaw. But this matters to us and, more than ever, we are committed to making it work.”* At times, the scale of work involved in the RCNF has raised major questions about Aids Fonds’ **capacity** to keep pace – in terms of the quantity of staff who are assigned to the Fund and the hours that they have available. This is of concern – especially if, as suggested below, the FMA is to urgently scale-up its work in some areas. The MTR also raised more minor issues relating to the quality of Aids Fonds’ capacity. In interviews, a

⁴³ Based on 24 responses to question 32 of the Grantees’ Survey; asked to select one option.

range of stakeholders – from grantees to members of the ISC – cited instances where: correspondence has not been addressed promptly or appropriately; assistant-level staff have performed functions that would be expected of officers; and the (low) diversity of RCNF staff has appeared to limit their understanding (such as of the complex dynamics of ISP networks or logistical challenges of working in developing countries). There have also been changes in RCNF staff – making it difficult for grantees to know who they should be talking to about what. In many cases, these issues appear to be ‘teething problems’ and part of the process of establishing a new Fund.

As highlighted, there is a specific concern that the FMA’s **resource mobilisation** has not been systematic or strategic enough. It is important to acknowledge the efforts that have taken place – including individual approaches to donors and meetings at the 2013 regional AIDS conferences in Bangkok and Cape Town. However, overall, there appears to have been some ambiguity about the FMA’s responsibilities for fundraising. These were omitted from Aids Fonds’ proposal⁴⁴ and are only loosely defined in the Governance Charter⁴⁵. Similarly, the ISC does not appear to have instructed the FMA to prioritise its work in this area. However, it is clear that, from now, both resource mobilisation and communications should be a priority for the RCNF – under the direction of the ISC and implemented by the FMA (with support from other stakeholders, as appropriate). Where

necessary, Aids Fonds should be supported by additional capacity.

A further area for consideration is **technical support**. Generally, for many stakeholders, it remains unclear whether the RCNF incorporates technical support into its understanding of grant-making and, if so, who identifies the needs, provides the support and how/when this is done. A specific recommendation from some interviewees for the MTR is that the FMA could invest more time in supporting networks that are weaker and/or experiencing specific challenges – either by providing support themselves or, for example, asking other grantees or members of the PAP to do so.

The ISC holds responsibility for **assessing the performance** of the FMA. However, as yet, despite the recommendation of indicators by Aids Fonds⁴⁶, there is no agreed process to do so. This is a gap that needs to be filled – although any such process should be as simple and low-burden as possible, based on a small set of key performance indicators that are logical for the role and easy to report on/assess.

KEY MESSAGE The FMA has developed good communications resources for the RCNF, notably a user-friendly website that includes motivating case studies. In the future, this work needs to expand significantly – to raise the profile of the RCNF and, within resource mobilisation, ‘sell’ its results.

The MTR found that **internal communication** within the RCNF, as facilitated by Aids Fonds, has improved over time. It is now largely seen as satisfactory – especially considering the FMA’s workload. In the Grantees’ Survey, 88% of respondents described the quality of their communication and relationship with the RCNF as ‘positive’, while 13% described it as ‘partly positive’⁴⁷.

A strong message of the MTR was that there is a need for more and better **external communication** – based on a strengthened version of the existing communications strategy⁴⁸. It was acknowledged that Aids Fonds has already carried out important work – notably with the RCNF website (www.robertcarrfund.org) which is seen as user-friendly and an effective vehicle for communicating what the Fund is about. The site includes motivating case studies, profiles of each grantee and overviews of the Fund’s grants and processes.

Overall, however, there is a need to ‘go up a gear’ in this area of work – with a larger allocation of human resources and the production of both more communications resources in appropriate styles/formats (such as short, snappy case studies to catch the attention of donors). This work should aim to raise the profile of the RCNF and, critically, to ‘sell’ its results within the context of more systematic resource mobilisation efforts. In an interview, a donor shared that: *“I’m concerned that we have not done enough to support grantees to capture the value of what they’re doing – and we*

44 Report on the Selection Process of the Robert Carr Networks Fund Management Agent, FMA Selection Panel, June 2012.

45 “Works on resource development activities to sustain the fund under the guidance of the ISC”.

46 Performance Monitoring of the Fund Management Agent of the RCNF, Aids Fonds, April 2013.

47 Based on 24 responses to question 22 of the Grantees’ Survey; asked to select one option.

48 Communication Strategy, presentation to Face-to-Face Meeting of the ISC, RCNF, November 2013.

certainly haven't captured the impact in a compelling way. We need to show why their work matters – linking it to country level outcomes.” Once again, such communications work should be coordinated by the FMA (if necessary, with additional capacity), but involve all relevant stakeholders.

In interviews, some stakeholders specifically requested the FMA to be more mindful of the **language** it uses. For example, it should avoid militaristic terms (such as ‘fighting HIV’) and avoid the use of ‘Dutch English’ (which has led to some confusing phraseology). Some stakeholders also highlighted how functioning solely in English inevitably restricts the reach of the RCNF.

Within the MTR, discussions on communication raised three interesting issues for consideration in the future. Firstly, there is the question of the RCNF’s **institutional identity** – in terms of what ‘label’ it uses and what profile it wants to project to the outside world. To name but a few, the options for label include ‘donor’, ‘funding mechanism’, ‘programme’, ‘movement’, ‘civil society initiative’ and ‘donor/civil society collaboration’. Some stakeholders have clear opinions on this matter. For example, a member of the PAP argued that: *“The Fund is not a ‘player’. It is a funder of the players. It must not be a replacement for the organisations that it’s funding. For example, it should fund others to advocate, not do advocacy itself.”* However, other stakeholders urge the Fund to maximise its influence. For example, an external stakeholder argued that: *“Being an effective Fund is not just about grant-management, it’s about shaping the architecture. The Robert Carr Fund should be out there in the world – influencing the debates and the structures.”*

Secondly, as a follow-on, there is the question of who is – or should be – the **face of the RCNF**. For some stakeholders, this remains Robert Carr himself – as a symbolic representation of commitment to civil society, ISPs and human rights. For others, it is less clear whether the face should be, for example, the Fund’s grantees, the Chair of the ISC or the staff of the FMA. Finally, the MTR raised a desire – especially among grantees, but also a range of other stakeholders – for the RCNF to serve as a **learning centre**. This involves stepping up the Fund’s knowledge management work, such as by convening grantees (physically or virtually) to exchange their lessons and collaborate on good practice.

5 CONCLUSIONS

Part 5 of this report draws conclusions from the MTR. These highlight the key messages that have emerged from the findings for each of the four levels addressed by the Review.

Past strengths, weaknesses and lessons of the RCNF

The MTR **concluded** that the RCNF has made significant and impressive progress. It has, among other achievements: completed two rounds of funding; allocated 38 grants worth \$ 18,217,092; provided a lifeline to some of the most important global and regional civil society actors in the response to HIV; identified a unique and strategic niche within the global architecture; developed effective grant-management policies and processes; and established appropriate and highly committed governance bodies. The RCNF's grantees are achieving impressive outputs across the Fund's four outcomes – with strong indications that, in combination, these are ensuring stronger support to ISPs and more effective responses to HIV at the country, regional and global levels. Within the RCNF, there remain areas for clarification and improvement, some of which are urgent. However, these are to be expected within a complex, multi-lateral and collaborative initiative that is just two years old.

More widely, as seen in Section 4, it can be concluded that the **key messages** of the MTR are that:

Level A – The Fund as a whole

- The **goal** of the RCNF has been the right one. It has been evidence-based and filled a niche, responding to both: a critical need within civil society architecture (global/regional networks focused on the rights of ISPs); and a major gap in the global response to HIV (a targeted fund for such organisations). The **objectives** have also been right – adding up to a logical and comprehensive approach.
- To support the RCNF's goal and objectives, the nuances of the Fund's **purpose and priorities** require on-going clarification and/or consensus. Examples include whether the RCNF is intended for: key populations (compared to ISPs); networks by/for ISPs (compared to those that support them); and established networks (compared to emerging ones).
- Through core and programmatic funding, the RCNF is making **concrete progress** towards its goal and objectives – with strong actual results from Round 1 and planned ones for Round 2. It is making a critical difference to the structure, capacity and coordination of global and regional networks and their unique role in advocacy for the rights of ISPs within effective responses to HIV.
- The RCNF is fulfilling critical aspects of its **value-added**, such as being a 'bridge from donors to ISPs' and 'unique inventory of the demand from civil society'. Some aspects (such as a

'way to compare and encourage quality') will be achieved over time. Others (such as being a 'predictable flow of resources') are severely restrained by the limited finances.

- The RCNF's **Results Framework** captures the intended outcomes for the Fund in a format that unites donors' needs for results with appropriate outputs/outcomes for civil society. For some grantees, however, it remains overly complex – requiring simplification and training. It also – for the purposes of review and evaluation – needs stronger attention to impact.

Level B – The Fund's grantees

- The RCNF is increasingly meeting the **expectations** of global/regional networks – supporting many that might, otherwise, have faced closure. There are multiple, concrete examples of how the Fund's resources have already strengthened networks' structures, programmes and advocacy – in turn, enhancing their ability to make a difference to the issues and lives of ISPs.
- The provision of **core funding** is a core asset of the RCNF. It enables vital global/regional networks to carry out essential operations and build their structures and movements – in turn, supporting effective responses to HIV at global, regional and country levels.
- While Round 1 of the RCNF highlighted the need for clearer definitions and priorities, Round 2 produced a logical and strong **portfolio of**

grants. This included global/regional networks that: are key players within the global civil society architecture for HIV; support priority ISPs; and work in critical geographic regions. Some stakeholders want the portfolio to be yet more strategic, such as targeting specifically under-resourced populations, regions or networks.

- While demonstrating potential, the RCNF has not yet – due to its limited donor pool and scale of resources – met civil society’s expectation of significantly reducing global/regional networks’ **resource mobilisation effort**. In practice, they have had to maintain bilateral relations with donors.
- In Round 2, the RCNF implemented a comprehensive **application process** that benefited from good practice (such as peer review and rebuttal steps). While further improvements could be made, the process is, overall, ‘fit for purpose’ and can be taken forwards to future rounds.
- It is too early to assess if **consortia grants** (as promoted in Round 2) provide an effective means to increase collaboration among global/regional networks and improve the quality of their work. However, there are indications of major opportunities and challenges to the model which require monitoring and learning.

Level C – The Fund’s donors

- The RCNF’s **existing donors** are a vital asset. Their contribution goes beyond financial resources – also engaging with the Fund’s governance and being advocates for its purpose and goal.
- The RCNF’s existing donors broadly appreciate the Fund’s **ways of working** and, in particular,

remain committed to the idea and potential benefits of a pooled fund.

- It is of major concern that the RCNF has not broadened and deepened its **donor pool**. This is due to multiple reasons. However, it should be addressed urgently to maintain/ increase the commitment of existing donors and get new ones on board – overall, ensuring a healthy enough Fund to fully achieve its value-added.
- The RCNF’s additional funding from the **Global Fund** provides a vital opportunity to support existing grantees and strengthen civil society’s input into Concept Notes for the New Funding Model. It demonstrates the Fund’s role as a proven channel to reach global/regional ISP networks and support country-level responses to HIV.

Level D: The Fund’s governance and management

- The RCNF’s three-bodied **governance and management structure** (of ISC, PAP and FMA) is widely seen as good practice. It provides a strong and appropriate backbone to the Fund that, in particular, benefits from: joint donor/civil society leadership (through the ISC); and the unique technical expertise of civil society (through the PAP and FMA).
- The complementary roles of the **ISC and PAP** are articulated in the RCNF’s Governance Charter. However, they have been more challenging in practice – with particular tension around the PAP’s role in ‘advising’, ‘guiding’ or ‘instructing’ the strategic direction of the Fund.
- The RCNF has benefitted from **Aids Fonds’** extensive and established policies for grant-

management, including in areas such as risk management and due diligence. It has also developed a comprehensive policy on conflict of interest. However, perceived conflicts remain a challenge in the Fund, such as in relation to the civil society members of the ISC.

- Aids Fonds has faced high expectations as the FMA and, for Round 1, was forced to ‘build a ship while sailing’. While there is no formal system to **appraise its performance**, it is now generally seen to be ‘doing a good job’. In the future, the RCNF must significantly step-up resource mobilisation and communications.
- The FMA has developed good **communications** resources for the RCNF, notably a user-friendly website that includes motivating case studies. In the future, this work needs to expand significantly – to raise the profile of the RCNF and, within resource mobilisation, ‘sell’ its results.

Future questions for the RCNF

The MTR found that, as of 2014, the rationale for the existence of the RCNF remains sound. This includes that: ISPs continue to be disproportionately affected by HIV, but to lack access to decision-making; global and regional networks play a unique and critical role in shaping responses to HIV; and funding for HIV as a whole – and the work of regional and global ISP networks in particular – continues to diminish. There are a number of existing processes and funding channels to support civil society action at the country level. For example, in the case of the Global Fund, these include Country Coordinating Mechanisms (CCMs) and Country Dialogues. Making maximum use of these – and securing the resources, services and

political environment that ISPs need – requires the analysis, expertise and action that regional and global networks are uniquely placed to mobilise and provide.

The MTR also found that, within a rapidly changing environment, the RCNF’s goal and objectives require on-going review and confirmation. A strong message across the MTR was that – to not simply survive, but flourish in the post-MGD world – the Fund will need a compelling niche and strong strategy. These should be situated within the trends, opportunities and challenges that will shape the response to HIV beyond 2015. The RCNF should be mindful of – and collaborate (rather than compete) with – other initiatives to resource civil society that are existing or being established. Current examples of these include: the New Funding Model of the Global Fund; the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) programme of PEPFAR; and the SRHR Fund initiated by the governments of Denmark and the Netherlands. The niche and strategy of the RCNF should also be mindful of critical funding opportunities for civil society – such as the Bridging the Gaps programme, also managed by Aids Fonds – that are coming to an end.

The process to develop the niche and strategy of the RCNF should include discussion, debate and decision on key strategic questions about the identity and purpose of the RCNF. Four examples are:

STRATEGIC QUESTION 1 What identity does the RCNF want to have?

This involves exploration of: What type of ‘player’ does the RCNF want to be in the post-2015 era and next phase of the response to HIV? For example, does it want to be a ‘donor’, ‘funding mechanism’, ‘programme’, ‘movement’, ‘civil society initiative’, ‘campaign’ or ‘donor/civil society collaboration’? What are the pros, cons, opportunities and challenges for each one?

STRATEGIC QUESTION 2 Does the RCNF want to be market-responsive or market-shaping?

This involves exploration of: Does the RCNF want to be about ‘funding good work’ (selecting grantees through a competitive application process, based on stated criteria)? And/or does it want to proactively shape the civil society architecture for the post-2015 era and next phase of the response to HIV? If the latter, how does the RCNF want to do that ... for example by: targeting only specific types of networks? providing fewer, but longer-term grants (to ensure sustainability)? insisting on demonstrable collaboration among grantees?

STRATEGIC QUESTION 3 What is the precise purpose of the RCNF?

This involves exploration of: Exactly what niche does the RCNF want to fulfil within the post-2015 era and the next phase of the response to HIV? How is that niche supported by evidence (such as of needs, trends and the work of others)? Specifically, is (or isn’t) the purpose of the RCNF to support: key populations? global/regional networks? networks by/for their constituents? existing networks?

STRATEGIC QUESTION 4 How can the RCNF best leverage its resources and results?

This involves exploration of: How can the RCNF use its grants to make the greatest difference? For example, how can it use its (limited) funding for global/regional networks to maximise the billions of dollars being invested in civil society at the country level? Also, how can it best learn from, share and scale-up the unique practices and lessons of its grantees?

6 RECOMMENDATIONS

Part 6 of this report uses the findings and conclusions of the MTR to make recommendations. These target the governance and management bodies of the RCNF and suggest actions at different levels that, in combination, will strengthen the future direction and viability of the Fund.

Based on the findings and conclusions of the MTR, the following recommendations are made. These target the governance and management bodies of the RCNF and are for their consideration, selection and, as appropriate, action (through incorporation into operational plans). While recommendations 1 and 2 are the most urgent, all of the recommendations are of importance to the future strength, sustainability and impact of the Fund.

It is recommended that the ISC, PAP and FMA work together to:

RECOMMENDATION 1 As a matter of urgency, develop and start to implement a significantly more strategic, systematic and coordinated **resource mobilisation strategy** for the RCNF.

The RCNF should ‘go into another gear’ with its fundraising – to both maintain/increase the investment of its existing donors and to widen/deepen the funding pool through new donors. The

resource mobilisation strategy should include a detailed, nuanced assessment of all key potential donors, combined with tailor made strategies for engagement. It should be *directed* by the ISC, *coordinated* by the FMA, but *implemented* by all relevant RCNF stakeholders (including the PAP and grantees) – with each maximising their contacts and acting as champions for the Fund. If necessary, the FMA should be allocated additional resources (such as for expert staff or consultants) to carry out this work.

RECOMMENDATION 2 As a matter of urgency, significantly step-up the **profile and communications** of the RCNF – to showcase its actual and predicted results and to sell its unique value-added to the civil society and funding architecture of the global response to HIV.

To support the resource mobilisation strategy and claim the RCNF’s niche in the global architecture, there is a need raise and enhance the Fund’s profile. This should focus on creative, user-friendly ways to ‘tell the story’ of the difference made by the RCNF’s grantees – wherever possible showing concrete impact on the issues and lives of ISPs and country-level responses to HIV. Again, this work should be directed by the ISC and coordinated by the FMA, while involving all relevant stakeholders. It should be supported through modifications

to the RCNF’s M&E formats and requests (see Recommendation 5).

RECOMMENDATION 3 Ensure a strong and strategic niche for the RCNF’s future – by re-confirming and ensuring consensus on the basics of its **identity and purpose**. Examples of key issues include the extent to which the Fund is intended to be: a ‘donor’; solely for key populations; and a mechanism to fill specific gaps in funding for civil society.

The RCNF should use its experience and results, combined with an up-to-date assessment of its external environment, to reconfirm its precise identity, purpose and priorities. The process should focus on debating key, strategic questions (as suggested in Section 5.2) that will shape the Fund’s future. It should enable all key stakeholders (including the civil society experts in the PAP) to ‘have their say’ and explain differences of opinion.

The process should also be informed by the definitions – such as of key populations – used by global institutions, such as UNAIDS⁴⁹ and the

⁴⁹ “Populations disproportionately impacted by HIV when compared with the general population. While this may vary according to local epidemic dynamics, principally this describes gay men and other men who have sex with men, women and men who inject drugs, sex workers and transgender people”. UNAIDS Guidance For Partnerships With

Global Fund⁵⁰. It should result in the articulation of a clear, tight and compelling niche for the RCNF – that, as much as is possible, represents a consensus statement. This articulation should be shared with and actively used by all involved with the RCNF.

RECOMMENDATION 4 Consolidate the many good practice aspects of the RCNF's **processes and policies** – making adjustments only where vital. For example, while the majority of the application process should remain, attention is needed to: the selection of peer reviewers; and the transparency of the ISC's criteria and process for selecting the portfolio of grants.

The RCNF should use its results and lessons from Round 2 to consolidate its application process and supporting policies. It should resist further unnecessary changes. However, it should address weak points, such as ensuring that peer reviewers receive the required support and that the ISC's criteria and process for selecting the final grant portfolio is transparent. Overall, the RCNF should

Civil Society, Including People Living With HIV And Key Populations, UNAIDS, 2011.

⁵⁰ "A group will be deemed to be a key population if it meets all three of the criteria below: 1. Epidemiologically, the group faces increased risk, vulnerability and/or with request to at least one of the three diseases – due to a combination of biological, socioeconomic and structural factors; 2. Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity and accessibility for such a group; and 3. The group faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increases vulnerability and risk and reduces access to essential services." *Key Populations Action Plan 2014–2017*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.

invest its energy elsewhere, for example providing mentoring to existing grantees that are under-performing and/or that require technical support to effectively monitor and share their results.

RECOMMENDATION 5 Strengthen the assessment and articulation of the RCNF's **results** by: producing simpler, more practical versions of the Results Framework and Theory of Change; and building understanding across the Fund of why the tools matter and how they can be used. Also, review the reporting requirements – requesting a consistent format across grantees and stronger articulation of the outcomes (and, where possible, impacts) that they achieve.

The RCNF should further 'translate' the Results Framework and Theory of Change into resources that both serve the purposes of donors and are practical and meaningful for grantees. This work should include: providing training (virtual or in-person) in what the Results Framework is and how it can be used; and developing a simplified and less linear version of the Theory of Change. There should also be a review of the M&E and reporting requirements – requesting a consistent format across grantees (to enable comparisons between grants and consolidation of results across the Fund) and stronger attention to the impact (actual and predicted) achieved through the RCNF's resources, especially at the country level.

RECOMMENDATION 6 Strengthen the RCNF's **governance** by re-clarifying the respective roles and responsibilities of the ISC and PAP – to reduce current tensions and maximise the bodies' complementarity in ensuring the technical quality and strategic relevance of the Fund's work. Support this with a review of the practical challenges of conflict of interest within the structures, followed by appropriate training.

The RCNF should bring its governance and management bodies together to further reflect on the Fund's lessons to date and clarify the roles and responsibilities (especially of the ISC and PAP) for the future.

This process should ensure full respect for the contribution of experts within the civil society sector, including those in the PAP. However, it should also include a frank discussion about efficient processes for leadership and decision-making. This work might (resources permitting) involve a retreat between the bodies prior to any future Rounds. It should prioritise the identification of practical and systematic ways to ensure on-going and transparent communication. It should also be complemented by attention to conflict of interest within the ISC and PAP – reviewing the challenges involved, (if necessary) modifying the policy and providing training to all members of the ISC and PAP.

RECOMMENDATION 7 Strengthen the RCNF's management by developing a formal process, led by the ISC, to appraise the **performance of the FMA**. Then use this framework to support Aids Fonds to ensure that it has, or acquires, the right type and amount of capacity to be an effective and efficient FMA for the next phase of the Fund.

The RCNF should develop a simple process to assess the work of the FMA, based on key performance indicators that are tailor made to the role of host organisation and grant-manager. Implementation of the process should be the responsibility of the ISC, but involve input from all relevant stakeholders, including grantees. It should be used by Aids Fonds to inform the planning of its human resources and management processes – to ensure that it will continue to serve as an effective and efficient FMA within the context of the Fund's changing needs. This should specifically ensure readiness to take on a larger workload in areas such as resource mobilisation and communications. It could also explore expanding the FMA's role in providing or coordinating technical support in some areas.

RECOMMENDATION 8 Develop a **knowledge management** strategy for the RCNF to foster learning among grantees, share key lessons (especially about the Fund's areas of value-added) and contribute to the global knowledge bank of the civil society response to HIV. A priority for research is the consortia model promoted in Round 2.

The RCNF should maximise the wealth of experience and lessons among its grantees and increase its knowledge management activities. This work could include facilitating opportunities for the exchange of good practice, such as thematic workshops (virtual or in-person) on areas such as strategic advocacy by/for ISPs. It should also involve identifying areas for operations research – with a priority subject being the model of global/regional consortia promoted in Round 2.

ANNEX 1 PARTICIPANTS IN THE MID-TERM REVIEW

Participants in Grantees' Survey

- | | |
|---|---|
| 1 Harm Reduction International (HRI) | 17 Paediatric AIDS Treatment for Africa (PATA) |
| 2 International Community of Women Living with HIV – West Africa (ICW-WA) | 18 International Drug Policy Consortium (IDPC) |
| 3 Sonke Gender Justice | 19 Youth Leadership, Education, Advocacy and Development (Youth LEAD) |
| 4 International Treatment Preparedness Coalition (ITPC) | 20 Asia Pacific Transgender Network (APTAN) |
| 5 International Community of Women Living with HIV – Eastern Africa (ICW-EA) | 21 Red LatinoAmericana y del Caribe de Personas Trans (REDLACTRANS) |
| 6 National Organization of Peer Educators (NOPE) | 22 Asian Network of People Who Use Drugs (ANPUD) |
| 7 Federation of Women Lawyers (FIDA) – Kenya | 23 International Network of People who use Drugs (INPUD) |
| 8 Federation of Women Lawyers (FIDA) | 24 Global Network of Sex Work Projects (NSWP) |
| 9 Asia Pacific Coalition on Male Sexual Health (APCOM) | 25 Anonymous |
| 10 Regional partnership promoting a human rights based response to HIV and TB in Southern and East Africa | 26 Anonymous |
| 11 East Europe and Central Asia Union of People Living with HIV (ECUO) | 27 Anonymous |
| 12 Africa Capacity Alliance (ACA) (formerly Regional AIDS Training Network (RATN)) | 28 Anonymous |
| 13 Coordination of Action Research on AIDS and Mobility Asia (CARAM Asia) | 29 Anonymous |
| 14 International Community of Women Living with HIV – Latina (ICW-Latina) | 30 Anonymous |
| 15 African Men for Sexual Health and Rights (AMShER) | 31 Anonymous |
| 16 Inclusive and Affirming Ministries (IAM) | |

Profile of respondents to Grantees' Survey

- **Geography**⁵¹: 40% work in East Africa; 20% in West Africa; 27% in Southern Africa; 7% in North Africa; 20% in Central Africa; 10% in the Middle East; 23% in East Asia; 33% in South and South East Asia; 10% in Eastern Europe and Central Asia; 17% in Latin America and Caribbean; 3% in North America; 3% in West and Central Europe; 13% in Oceania; and 27% globally.
- **Grants**⁵²: 17% received a grant in Round 1; 37% in Round 2; and 47% in both Round 1 and Round 2.
- **ISPs**⁵³: 83% of the respondents support PLHIV; 33% gay men and other MSM; 33% PWUD; 10% prisoners; 40% sex workers; 37% transgender people; 47% women and girls; 37% youth; 20% migrants; 20% people living in rural areas; and 17% other populations.

51 Based on 30 responses to question 2 of the Grantees' Survey; asked to select as many options as appropriate.

52 Based on 30 responses to question 3 of the Grantees' Survey; asked to select one option.

53 Based on 30 responses to question 4 of the Grantees' Survey; asked to select as many options as appropriate.

Participants in in-depth interviews

Name	Organisation
Past/present grantees^d	
Audrey Lee	International Women's Rights Action Watch Asia Pacific (IWRAP)
Mohammed Harun Al Rashid	Coordination of Action Research on AIDS and Mobility (CARAM) Asia
Marcela Romero	Red LatinoAmericana y del Caribe de Personas Trans (REDLACTRANS)
Ivan Cruickshank	Caribbean Vulnerable Communities Coalition (CVC)
Louis Dorff and Christine Stegling	International Treatment Preparedness Coalition (ITPC)
Pieter Oberholzer	Inclusive and Affirming Ministries (IAM)
Ruth Morgan Thomas	Global Network of Sex Worker Projects (NSWP)
Sergey Votyagov	Eurasian Harm Reduction Network (EHRN)
Gaj Gurung	Youth Leadership, Education, Advocacy and Development (Youth Lead)
Lilian Mwroreko	International Community of Women Living with HIV (ICW)
Rhon Reynolds	Global Network of People Living with HIV (GNP+)
Unsuccessful applicants^e	
Tyler Crone	ATHENA Network
Golda Eid	Regional Arab Network Against AIDS (RANAA)
Current donors:	
Bjørg Sandkjær	Norwegian Agency for Development Cooperation (NORAD), Government of Norway
Will Niblett	Department for International Development (DfID), Government of the United Kingdom
Erika Arthun	The Bill and Melinda Gates Foundation
David Haroz	United States President's Emergency Plan for AIDS Relief (PEPFAR), Government of the United States of America
Rohit Burman	MAC AIDS Fund

d A selection of grantees was made by the Consultant with support from the FMA. The criteria was: A. Grantees that received the smallest and largest grants in Rounds 1 and 2. B. Organisations that were: successful in Round 1, but not Round 2; successful in Round 2, but not Round 1; and successful in both Rounds 1 and 2. C. Grantees that work in different geographical regions. D. Grantees that support different ISPs. E. Grantees that are individual networks and members of consortia.

e A sample of two unsuccessful applicants were selected. The selection was made by the Consultant in communication with the FMA. It was based on the criteria that the organisations were eligible for Round 1 and Round 2, but unsuccessful in both.

Potential donors	
Els Klinkert	Ministry of Foreign Affairs, Government of the Netherlands
External stakeholders	
Kate Thomson	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Sally Smith, Chris Collins and Chris Mallouris	Joint United Nations Programme on AIDS (UNAIDS)
Peter van Rooijen	International Civil Society Support (ICSS)
Robin Gorna	AIDS Strategy, Advocacy and Policy (ASAP)
International Steering Committee	
Michel Kazatchkine	Chair, International Steering Committee
George Ayala	Vice Chair, International Steering Committee
Program Advisory Panel	
Sam Avrett	Chair, Programme Advisory Panel
Fund Management Agent	
Ton Coenen	Executive Director, Aids Fonds
Irene Keizer	Manager: Policy and Grants, Aids Fonds

d A selection of grantees was made by the Consultant with support from the FMA. The criteria was: A. Grantees that received the smallest and largest grants in Rounds 1 and 2. B. Organisations that were: successful in Round 1, but not Round 2; successful in Round 2, but not Round 1; and successful in both Rounds 1 and 2. C. Grantees that work in different geographical regions. D. Grantees that support different ISPs. E. Grantees that are individual networks and members of consortia.

e A sample of two unsuccessful applicants were selected. The selection was made by the Consultant in communication with the FMA. It was based on the criteria that the organisations were eligible for Round 1 and Round 2, but unsuccessful in both.

Participants in focus group discussions

Members of ISC	
Jude Byrne	Australian Injecting and Illicit Drug Users League (AIVL)
Anne Skjelmerud	Norwegian Agency for Development Cooperation (NORAD), Government of Norway
Sophie Dilmitis	Independent Consultant
Members of PAP	
Susan Paxton	Asia Pacific Network of People Living with HIV (APN+)
Alejandra Trossero	United Nations Development Programme (UNDP) Latin America and the Caribbean
Nadine Ferris Francew	Irish Forum for Global Health
Pervaiz Tufail	Gender Advisor and Trainer
Staff of FMA	
Hendrike Grootenhuis	Programme Assistant, Aids Fonds
Froukje Van Dieren	Secretary, Aids Fonds
Mattijs van Rijswijck	Project Controller, Aids Fonds
Esther van der Zweep	Programme Manager: Communication, Aids Fonds

ANNEX 2 LITERATURE REVIEW FOR THE MID-TERM REVIEW

History and development of the RCNF

- 1 *Networks Capacity Building Fund: Working Group Meeting, Note for the Record*, Geneva, 14 December 2011.
- 2 *Robert Carr Civil Society Networks Fund: A New Fund Supporting Global and Regional Civil Society Networks Enabling Effective Local HIV Responses*, Designed by: AIDS Strategy, Advocacy and Policy, Martin Choo, Robin Gorna and Hilary Nkulu.
- 3 *How Global and Regional Networks Can Support Civil Society and Communities at Country Level – Finding Out What A Network Capacity Building Fund Should Support*, Peter van Rooijen, September 2011.
- 4 *The Development of a Shared Civil Society Agenda on HIV/AIDS: How Can or Should Leading Global Networks Proceed*, for the Free Space Process, September 2010.
- 5 *Fund Management Agent of the Robert Carr Civil Society Networks Fund: Bid Reference Number: RFP-2012-07*, Aids Fonds, May 2012.
- 6 *Financial Proposal: Fund Management Agent of the Robert Carr Civil Society Networks Fund, Bid Reference Number: RFP-2012-07*, Aids Fonds, May 2012.
- 7 *Report on the Selection Process of the Robert Carr Networks Fund Management Agent*, FMA Selection Panel, June 2012.

Strategy, governance, management and funding

Note: The literature review included full sets of materials – including agendas, discussion papers, powerpoint presentations and minutes – for teleconference and face-to-face meetings of the ISC and PAP. The following does not list all of these, but cites some examples of key documents.

- 8 *RCNF Results Framework – Summary of Outcome and Impact Level Indicators and RCNF Results Framework – Summary of Output Level Indicators*, RCNF, 2013.
- 9 *Robert Carr Civil Society Networks Fund: Theory of Change*, Nicky Davies, Davies and Lee Consulting, 30 July 2013.
- 10 *Governance Charter of the Robert Carr Civil Society Networks Fund*, RCNF, 2013.
- 11 *Fundraising Strategy Robert Carr Civil Society Networks Fund*, RCNF, June 2013.
- 12 *Business Case to Support the Robert Carr Civil Society Networks Fund*, RCNF, 2013.
- 13 *Governance Charter of the Robert Carr Civil Society Networks Fund*, RCNF, 2013.
- 14 *Request for (Self) Nominations for Individuals to Serve on the RC-NF Programme Advisory Panel*, RCNF, 2012.
- 15 *Request for (Self) Nominations for 3 Additional Members to Serve on the RCNF Program Advisory Panel*, RCNF, 2013.
- 16 *RC-NF Introduction*, presentation to 2013 PAP Meeting, Raoul Fransen, ICSS, 2013.
- 17 *Setting Priorities for the Robert Carr Civil Society Networks Fund for 2013 and 2014*, Communique from the ISC, RCNF, February 2013.
- 18 *Gaps Analysis*, paper presented to ISC Meeting 5-6 February 2013, RCNF, February 2013.
- 19 *Grant Regulation Agreement Aids Fonds*, RCNF, December 2013.
- 20 *Performance Monitoring of the Fund Management Agent of the RCNF*, RCNF, 17 April 2013.
- 21 *Meeting on Progress RCNF and the Role of the FMA – Michel Kazatchkine, Ton Coenen and Irene Keizer*, Geneva, 4 April 2013.
- 22 *Fundraising Strategy Robert Carr Civil Society Networks Fund*, RCNF, 6 August 2013.
- 23 *Business Case to Support the Robert Carr Civil Society Networks Fund*, RCNF, 18 October 2013.
- 24 *Shaping the Global CS Architecture*, Peter van Rooijen for the RCNF ISC, November 24 2013.
- 25 *The Robert Carr Civil Society Networks Fund: A Thought Piece On Some Strategic Issues RCNF Management and Governance*, Robin Gorna, ASAP, January 2013.
- 26 *Aids Fonds Annual Report 2012*, Aids Fonds.
- 27 *Performance Monitoring of the Fund Management Agent of the RCNF*, Aids Fonds, April 2013.

- 28 *Presentation on Interim Reports of Grants 2012*, RCNF, November 2013.
- 29 *Monitoring and Evaluation*, presentation to ISC, RCNF, November 2013.
- 30 *Network Definitions and Funding Priorities: RFP 2013*, presentation to ISC, November 2013.
- 31 *Budget and Workplan 2014-2016*, RCNF, November 2013.
- 32 *Overview of Donor Requirements*, RCNF, 15 January 2014.
- 33 *MAC AIDS Fund Grant RCNF – Funding Advice to the ISC*, RCNF, February 2014.
- 34 *Funding Agreement with Aids Fonds in Respect of the Robert Carr Civil Society Networks Fund (RC-NF) – Supporting the First Round of Grants to Regional and Global Civil Society Networks Working with Underserved Populations*, UNAIDS, 2 October 2013.
- 35 *Memorandum of Understanding Between the Department for International Development (DfID), United Kingdom of Great Britain and Northern Ireland and Aids Fonds for UK Support to Robert Carr Civil Society Networks Fund*, DfID, February 2011.
- 36 *Grant Letter for QZA-0509 QZA-13/0287 Robert Carr Civil Society Networks Fund*, NORAD, 27 November 2013.
- 37 *Global Health Grant Number OPP1032003: Robert Carr Civil Society Network Fund*, Bill and Melinda Gates Foundation, 27 September 2012.

- 38 *Pre-Grant Enquiry Form: Stichting Aids Fonds – STOP AIDS NOW! – Soa Aids Nederland (on behalf of the Robert Carr civil society Networks Fund)*, MAC AIDS Foundation, 9 January 2014.
- 39 *RCNF website – including case studies of ISPs and profiles of grantees*, www.robertcarrfund.org
- 40 *RCNF Showcases for: MSMGF – The Global Forum on MSM*, RCNF, ICW EA – *The International Community of Women Living with HIV – Eastern Africa*, Youth Lead – *The Asia Pacific Regional Network of Young Key Populations and REDLACTRANS – The Latin American and Caribbean Network of Transgender People*, RCNF.
- Civil Society Networks In 2012*, RCNF, 10 December 2012.
- 47 *Reflections on the RC–NF’s First Funding Round and Recommendations Regarding The RC–NF’s Future*, memo to RCNF ISC from Free Space Partnership (NSWP, INPUD, MSMGF, GNP+, ICASO, ITPC, ICW, IHAA, EAA, HYLf, GATE, ICSS), February 1, 2013.
- 48 *Joint Submission to the International Steering Committee of the Robert Carr Networks Fund*, INPUD, Youth RISE, EHRN, IDPC, IDHDD, HRI and CHRC, 4 February 2013.
- 49 *Lessons Learned from the First RCNF Request for Proposals 2012*, memo to ISC, FMA with input from Sam Avrett, 17 January 2013.
- 58 *Considerations Programme Advisory Panel Per Recommended Proposal*, PAP, RCNF, November 2013.
- 59 *Overview 19 Recommended Proposals – PAP Criteria*, PAP, RCNF, November 2013.
- 60 *Short Presentation: Applications RFP 2013*, RCNF.
- 61 *Ranking 55 Eligible Proposals by PAP Quality Scores*, presented to ISC, RCNF, November 2013.

RCNF RFP 2012

- 41 *Robert Carr Civil Society Network Fund: Request for Proposals*, RCNF, 2012.
- 42 *Robert Carr civil society Network Fund for global And Regional HIV/AIDS Civil Society and Community Networks: Request for Proposals – April 2012 – Application & Budget Form*, RCNF, April 2012.
- 43 *Questions and Answers: Request for Proposals*, RCNF, 27 August 2012.
- 44 *APPENDIX: Examples of proposals not reaching the final list of PAP recommendations*, PAP of the RCNF, 12 November 2013.
- 45 *Advice of the Programme Advisory Panel to the International Steering Committee of the RCNF*, PAP of the RCNF, 31 October 2012
- 46 *The Robert Carr Civil Society Networks Fund Decides Funding 24 Global and Regional*

RCNF RFP 2013

- 50 *Robert Carr Civil Society Networks Fund: Request for Proposals 2013*, RCNF, 2013.
- 51 *Second Consolidated Q & A RFP 2013 – 9 JULY 2013*, RCNF, 2013.
- 52 *Application Form: RFP 2013*, RCNF, 2013.
- 53 *Activity and Budget Framework RFP 2013*, RCNF, 2013.
- 54 *PAP Review Form 2013*, PAP to the RCNF, 2013.
- 55 *Review Form Independent Reviewers RFP 2013*, RCNF, 2013.
- 56 *Funding Advice of the Programme Advisory Panel to the International Steering Committee – RFP 2013*, PAP of the RCNF.
- 57 *Overview of 108 Submissions – Eligibility*, RCNF, 2013.

ANNEX 3 ENQUIRY FRAMEWORK FOR THE MID-TERM REVIEW

Level A – The Fund as a whole

- 1 Have the **goal and objectives** of the RCNF been the right ones?
- 2 To what extent have the goal and objectives of the RCNF (as detailed in the Results Framework) been **achieved**?
- 3 Is the RCNF bringing the **'added value'** that it intended?

Level B – The Fund's grantees

- 4 Is the RCNF meeting the **expectations** of civil society networks, such as being a good alternative to bilateral relationships with different donors?
- 5 Does the RCNF's **portfolio of grants** 'make sense' – in terms of adding up to something that will bring real change to the lives of ISPs?
- 6 Is there a clear link between the RCNF's support for **core costs, capacity and movement building** and grantees having stronger and more sustainable structures?
- 7 How effective and efficient are the RCNF's processes for **selecting, supporting and monitoring** grantees?
- 8 Specifically, what has been learned about **consortium grantees**, including how to encourage and support them?

Level C – The Fund's donors

- 9 Is the RCNF achieving the **role** that donors hoped it would do, such as being a 'cooperation' between them and civil society networks?
- 10 Do the RCNF's **ways of working** (such as strategies and approaches) work well for donors? For example, does the Fund engage them in the right way and give them the information they need?
- 11 Why have more donors not supported the RCNF and how could it now achieve a **broader donor base**?

Level D – The Fund's management and governance

- 12 Has the RCNF established the right number and type of **structures and policies** to do its work effectively, efficiently and accountably?
- 13 Specifically, how appropriate and effective is the RCNF's **governance** structure (i.e. the ISC and PAP)?
- 14 Specifically, how effectively and efficiently has the **FMA** performed its role?
- 15 How well does the RCNF **communicate** with its internal and external stakeholders and position itself within the wider response to HIV?

ANNEX 4 ACHIEVEMENTS FROM GRANTS BY THE RCNF

The following lists the (verbatim) responses received to the question in the Grantees' Survey: *What are you most proud of that your organisation has achieved through its grant from the Robert Carr Civil Society Networks Fund?*⁵⁴ Respondents were invited to provide up to three examples.

Example 1

- Partnerships with regions have made national and global strengthening of advocacy actions.
- Capacity of ICW-WA improved rapidly in implementation.
- Increased policy advocacy on engaging men in ending violence against women.
- Global advocacy on key issues (such as WHO treatment guidelines) carried out by multiple regional networks with the ITPC Global Secretariat proving platforms for community advocacy.
- 3 regions in the consortium have developed strategic plans.
- Successful partnership with networks in the region.

- Partnerships that we have built with beneficiary network organizations both locally and regionally.
- Being about to deliver higher quality work as there are more people to do it and we are not only counting on volunteers.
- Linkages to new advocates. APCOM's CCC project ensures active outreach to new and younger people to be involved.
- Built partnerships with other organisations working on similar issues in Kenya.
- Strengthened partnerships and alliances between LGBTI led and focused and broader HIV and human rights organisations in the region.
- The Regional (EECA) advocacy campaign 'Health Can be Bought! The Price is in the Budget' has been developed and implemented. As the result of the Campaign, the amount of ART expenses covered by the state budget in 7 targeted countries (Russia, Ukraine, Belarus, Moldova, Armenia, Azerbaijan, Georgia) has been increased by 7% – from 43% in 2013 to 50% in 2014 (average across targeted countries). Thus, firstly, in Azerbaijan, 2014 budget law anticipates 100% coverage of ARV treatments programs, including ARV drug procure-

- ment. In Georgia, the Transition Plan for ART patients enrolled through GF grants to be picked up/transferred to the public funding was developed, approved by the MoH and put into action.
- Partnership – our consortium is working together for the very first time and already identifying opportunities for future collaboration.
- Strengthen the partnership within and among members of the network.
- A strategic plan 2013–2015 and plan of political advocacy.
- AMSHeR was able to conduct an organisational development assessment of its 18 members from 15 African countries covering general administration/finance, security/safety, project/programme management and we now able to make decisions on which members provides technical and other support in human rights and MSM health programming.
- Strengthened financial sustainability while challenged to secure funds for LGBTI human rights work within faith communities
- Access to Hep C testing and treatment.
- RCNF funding has allowed IDPC to review and revise its governance model – enabling greater engage-

- ment of our members and especially the affected populations.
- Successful capacity development of young people affected by HIV in the countries through youth-led initiatives.
- We were able to outreach to country based networks/organisations.
- The implementation of the TCC (Transgender Community Center) in Buenos Aires to spread around LAC.
- Strengthening of ANPUD secretariat and 4 networks of People who Use Drugs at the country level.
- We have been able to transform our organisational capacity.
- Publication of a global report including case studies from all five regions of good practice in sex worker led HIV programmes.

Example 2

- Organization strengthening allowed for target intervention with WLHIV on Global Fund and CCM
- Accountability.
- Increased capacity building and scaling up work with the MenEngage Network.
- Strengthening and formalizing working relationships and mutual accountability between the ITPC Global Secretariat and regional networks.

⁵⁴ 25 respondents to question 11 of Grantees Survey; asked to provide 3 examples.

- ICW's 4 regions of North America, Caribbean, West and South Africa with operational secretariats and staff. ICW global now back on course with its visibility very high at international level.
- Successful advocacy action plan for ISP for Uganda, Tanzania and Kenya.
- A successful advocacy action in regard to a public interest litigation case on sex workers identified.
- Increased advocacy and global presence.
- Linkages of APCOM to country and sub-regional partners. The CCC is the first project that allowed us to work closely with our network members. The CCC project helped leverage other donors through our increased exposure through implementing the project.
- Built partnerships with networks working directly with ISPs in Kenya, Uganda and Tanzania.
- Strengthened partnerships and alliances between HIV and human rights organisations and IP treatment activists.
- Due to the project 14 training sessions for PLWH organizations representatives from 7 countries of EECA region have been conducted according to the training plans developed based on specific countries' needs. 147 representatives of PLWH community have been successfully educated; confirmed not only by the evaluation of their knowledge level, but also by their advocacy and fundraising achievements followed. Ex. funding available to participating ECUO members and Secretariat to support their advocacy programs has increased by 47% in 2013.
- Identification of implementing partners in Kenya, Uganda and Tanzania. Strengthened ties between themselves and with the consortium.
- Resources for underserved population especially migrant workers.
- Local strategic alliances to compliment the actions of the network.
- AMSHeR's onward grants to MSM/LGBTI organisations contributed to cover operational costs, strategic planning and staff remunerations – e.g. AAEC Togo: registered and opened bank account, developed strategic and operation plan; Alternative Cameroon: 2 staff salaries covered; CEPEHRG & Alternative Cote D'Ivoire: security guards hired to protect their premises.
- In January 2014 played a significant role in the launch of the Global Interfaith Network for people of all sexes, sexual orientation, gender identity and expression (GIN-SSOGIE).
- Sexual and reproductive health rights for positive women including access to PAP smear.
- The Round 2 grant enabled IDPC, EHRN, HRI, Youth RISE and MENAHRA to define an excellent joint programme of work and collaboration – which is a huge added value.
- Overall governance reform of the organization, including registration as the regional network in Bangkok.
- We were able to employ a project manager to see through the project.
- We have achieved important goals through the OAS.
- Awareness and advocacy campaign on access to Hep C diagnosis and treatment for People who Use Drugs.
- We have been enabled to strengthen relations and joint working with a regional network.
- Input from grassroots sex worker led organisations into the Sex Worker Implementation Tool, which provides not only practical guidance for policy makers and programmers but is also a powerful advocacy tool for sex workers at a country level.
- Increased internal accountability re: support with M&E, finances., creating new systems
- Helps strengthen and formalise APCOM as an organisation, through registration process, development of our communications strategy and communication platform.
- Identified public interest litigation case that FIDA can support to assist ISPs, specifically sex workers in Kenya.
- The strategic alliances of PLWH community organisations with harm reduction organisations, women and youth organisations have been created in 7 countries of EECA region.
- Facilitated dialogue between government institutions in participating countries and secured commitment to support Uganda in light of the unfavorable human rights environment.
- Helped to advocate to include migrant workers as one of the vulnerable populations.
- Promoting the agenda of women with HIV through political advocacy with key decision makers and actors showing the magnitude and implications of linking violence towards women with HIV, stigma and discrimination and sexual and reproductive rights
- AMSHeR's 2013 Sexual Health and Rights Institute at ICASA strengthened the capacity of MSM/LGBTI organisations to address critical and emerging health needs of MSM & transgender individuals in Africa e.g. At the 2013

Example 3

- Advocacy and public speaking.
- Contribution to Sonke's staff complement and capacity building.
- Consortium partnership between ITPC and AIDS and Rights Alliance for Southern Africa (ARASA).
- ICW Eastern Africa was able to sustain advocacy challenging criminalization of MARPs and HIV.
- Developing advocacy and promotion of service delivery for Inadequately Served Populations.
- Enhancing jurisprudence through the identified case.

Institute 25 organisations were trained on addressing anal health pathologies, and Ishtar MSM and TSSF have included anal health services in their programming.

- Have successful HIV/AIDS and sexuality education trainings with clergy in both Zimbabwe and Zambia in May 2014.
- Building alliances between affected communities to advocate for better HIV response including community based testing and care.
- RCNF funding has supported the global ‘Support. Don’t Punish’ campaign. On June 26th 2014, advocacy and activism events were held in more than 100 cities around the world.
- Partnership with other funders including UN, INGOs etc.
- We received great interest from other stakeholders on the project, seeking further collaboration with us.
- REDLACTRANS has increased the visibility in the region.
- Development of strategic plan for 2013–2015.
- Enabled us to coordinate a strong cross sectoral response to the recent events in Crimea negatively affecting the lives and rights of people who use drugs
- Development of a strong communications team to ensure information is shared.

ANNEX 5 OVERVIEW OF APPLICATION PROCESS FOR THE RCNF

For Round 2 (RFP 2013) of the RCNF, the application process involved the following phases and timeframes.

Phase 1 Publication of RFP, acknowledgment and questions

- Publication of the RFP – by the FMA
- (Optional) Submission of acknowledgement of intention to submit an application – by applicants
- Submission of written questions and clarifications – by applicants
- Provision of written response to questions and clarifications – by FMA, on 30 May and 19 July 2013

Phase 2 Submission of application and budget

- Completion of on-line application form and activity framework and provision of required supporting documents⁵⁵ – by applicants, by 12:00 CET 22 July 2013

55 a. A copy of a registration certificate or other proof of registration; b. A copy of the articles of association or bylaws; c. If not already in the above, a description of the governance structure; d. Strategic plan (at least one year) and overall annual budget; e. The most recent annual report (narrative and financial); f. The most recent audited accounts; g. Minutes or notes from last meeting of network members; h. If the applicant is a consortium: A copy of the consortium's MoU; and i. Memorandum of Understanding – If the network or consortium

Phase 3 Review procedure

- Review of applications against eligibility criteria and notification to ineligible applicants – by FMA
- Independent expert review of applications according to criteria (see below) – by at least two independent experts⁵⁶, July – September 2013
- Provision of results of expert review to applicants – by FMA
- (Optional) Submission of written rebuttal to expert review – by applicants, by 12:00 1 October 2013
- PAP review of individual applications, reviews and rebuttals – by two members of the PAP
- PAP overall review of applications and provision of portfolio/funding advice to ISC – by the PAP, 15 November 2013

Criteria for applicants

- Applicant addresses ISPs.
- Applicant focuses on HIV and directly related issues.
- Applicant has strong management and leadership, capacity to carry out the proposed activities, monitor contribu-

is financially represented by another organisation, an MoU between the network/consortium and the financial representative is required. Members of consortia to submit a–f.

⁵⁶ Identified by the FMA, but with nominations made by applicants in their applications.

tion to outcomes within an agreed results framework, and effectively manage the requested grant.

- If the applicant is a new and emerging network: Applicant is linked to established global or regional networks.

Criteria for proposals

- Overall quality of the proposal.
- Intelligibility & conciseness in formulation of the proposal.
- Proposal meets the funding priorities stated in this RFP.
- Proposal includes meaningful participation and influence from ISP.
- SMART formulation of objectives and results.
- Intelligible alignment of objectives and results to RCNF results framework.
- Implementation is planned realistically.
- Expected benefits on global, regional and national levels in relation to costs.
- Implication of strategic collaboration, building synergies and strengthening of collective impact towards achieving HIV-related goals.
- If the proposal is submitted by a new and emerging network: does the proposal fill a gap in the global HIV and AIDS response.

Phase 4 Funding decision

- Final funding decision on individual applications and overall portfolio – by ISC, 1 December 2013

ANNEX 6 GOVERNANCE AND MANAGEMENT STRUCTURE OF THE RCNF

International Steering Committee

Responsibilities

- Sets strategic direction.
- Provides and maintains oversight of strategy implementation.
- Establishes and affirms funding priorities and eligibility criteria.
- Selects and installs members of the PAP.
- Approves proposals for funding, based on the advice of the PAP.
- Instructs the FMA and assess the performance of the FMA.
- Approves the annual work plan and budget of the Fund.
- Oversees and supports resource development activities to sustain the Fund.
- Approves application processes and procedures as prepared by the FMA.
- Approves and provides guidance on proposal evaluation criteria developed by PAP.
- Oversees the work of the FMA as the fiduciary agent

Composition

External Chair and 8 members (with equal representation of civil society and donors) and two ex-officio members⁵⁷. New civil society members

⁵⁷ Current members: Michel Kazatchkine (Chair); George Ayala (Vice Chair); Sophie Dilmitis; Anne

recruited through an open call and self-nomination. New donor members recruited through self-nomination. Members selected through a Sub-Committee of the ISC, with the final decision made by the ISC. Minimum term of 2 years.

Program Advisory Panel

Responsibilities

- Reviews proposals for funding.
- Develops proposal evaluation criteria.
- Makes detailed recommendations on which organisations to fund, for how much and with justification according to predetermined criteria to the ISC.
- Supports the FMA on monitoring and evaluation and cross learning.
- Provides guidance to the FMA on the development of capacity building and technical support activities for grantees.
- Advises on implementation of M&E activities of beneficiaries.
- Advises the ISC on the development of a terms of reference for the independent evaluation of the FMA.
- Adheres to the RCNF Conflict of Interest policy.

Skjelmerud; Kenly Sikwese; Erika Arthun; Peter van Rooijen (non-voting); Sally Smith; Will Niblet; Jude Byrne; and David Haroz.

Composition

Chair and 10 members⁵⁸. At least: 60% from civil society; two people openly living with HIV; and two representing ISPs. New members recruited through an open call and self-nomination. Members selected through a Sub-Committee of the ISC, with the final decision made by the ISC. Term of 2 years.

Fund Management Agent

Responsibilities

- Operationalizes the decisions of the ISC.
- Undertakes the due diligence procedure and enter into contractual agreements with grantees.
- Manages, monitors and reports on these agreements.
- Prepares application processes and procedures.
- Gives logistical support to both the ISC and the PAP.
- Acts as the ISC's secretariat which includes the preparation of the ISC agenda's, collection of relevant docu-

⁵⁸ Current members: Sam Avrett (Chair); Joan Awunyo-Akaba; Tamil Kendall; Godrey Mungazi; Terry White; Susan Paxton; Wisdom Kanyamula; Alice Welbourne; Pervaiz Tufail; Nadine Ferris France; Alejandra Trossero; Oswaldo Rada (reserve); and Cheikh Traore (reserve).

mentation, background information and preparation of draft policies and decision points.

- Works on resource development activities to sustain the fund under the guidance of the ISC.
- Supports the development of proposal evaluation criteria by PAP.
- Acts as the fiduciary agent of the Fund.

