

The Middle is Not Neutral

What anti-colonial partnership requires of intermediary funders



Stephen Lewis
Foundation



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Today's funding landscape is shifting. Massive U.S. cuts to international aid, alongside increasingly isolationist foreign policies around the world have fundamentally changed both the quantity and quality of funding available for global health and human rights. New and better models are urgently needed.

Intermediary funders that can move resources from large donors or governments directly to communities must play a central role in the funding ecosystems now being rebuilt. At the SLF, we are reflecting deeply on our role in this moment: both as a conduit and ally for community-led organizations (CLOs), and as a principled peer within the wider donor community.

Too often, large funding calls assume that one or two organizations will design a project and then subcontract others to deliver it locally. Application structures and timelines are built around this traditional model, leaving little room for authentic, community-driven leadership. We are committed to implementing better approaches.

How, then, can intermediary funders centre the priorities of community-led organizations within restrictive funding environments? Our work on *The Right to Health and Healing* project offers key lessons.



Cultivate strong, trust-based relationships with community-led organizations

Communicate early, often, and transparently

Assume a greater share of the administrative work

Anchor partnerships in clear feminist and anti-colonial funding principles

Continue reading to explore these considerations in more depth.

Background

The Right to Health and Healing was a project led by the Stephen Lewis Foundation (SLF) and six of our LGBTIQ partners in Uganda and Kenya: Freedom and Roam Uganda (FARUG), Icebreakers Uganda (IBU), Sexual Minorities Uganda (SMUG), HIV & AIDS People's Alliance of Kenya (HAPA-Kenya), Health Options for Young Men on HIV/AIDS & STIs (HOYMAS) and Mission for Advocacy and Advisory for Young Generations Organization (MAAYGO). It addresses the urgent need for inclusive, quality mental health and well-being support for LGBTIQ leaders and community members.

This project was a part of the Act Together for Inclusion Fund (ACTIF). ACTIF is funded by the Government of Canada through Global Affairs Canada and is managed by Equitas in partnership with Dignity Network Canada. *The Right to Health and Healing* has also received generous co-funding from Doug Stollery (2021–2023) and the Stollery Charitable Foundation (2024–2025).

This document was inspired by a peer learning circle the SLF hosted with *The Right to Health and Healing* project partners. They suggested documenting the partnership model we collectively used so that we and they could do funder engagement and advocacy for building partnerships that respond to the priorities of community-led organizations.

Introduction

The Stephen Lewis Foundation is committed to organizational reflection and taking concrete steps toward further decolonizing our funding practices. In 2022, the SLF issued a call to other funders to join us in the process. We were informed by insights and guidance from community-led organizations (CLOs) that we fund across 14 countries in Africa in collaboration with other funding organizations and their partners. We also applied critical self-reflection and our own values-driven thinking to document five anti-colonial principles that funding organizations can adopt to strengthen their support of CLOs and shift power into their hands.

As the SLF continues our own journey of evolving internal practices to provide more and better funding to community-led organizations, we see the need to engage in more practical thinking about how to transform funding systems.

The SLF is both a grantmaker and a grant recipient. While we fund most of our partnerships via flexible and unrestricted revenue from individual donors and third-party fundraising, some of our funding comes with more restrictions. Funding we receive from large foundations or the Canadian government is sub-granted to our community-led partners across Africa. As an intermediary we often have limited or no control over the funding criteria, proposal process, reporting requirements, and implementation plan. Funding calls from large donors are seldom created to enable local partners to design and implement their own projects, and may not be in alignment with partners' specifically identified community needs and priorities.

The process for partnering in a way that is true to our five anti-colonial funding principles is significantly more complex when we are serving as a funding intermediary than when we are working with unrestricted funds. This resource is intended to document aspects of that process using a recent government-funded project as a case study: *The Right to Health and Healing*. We co-designed and co-implemented the project between 2020 and 2026 alongside six LGBTIQ-led partners in Kenya and Uganda, funded through a Government of Canada initiative called the Act Together for Inclusion Fund (ACTIF).

This guide aims to share the practical steps we took to further our commitment to decolonization, within a restrictive government funding model. We are not experts. We have been guided by our partners every step of the way, and we continue to make mistakes. Given the significant portion of international development assistance that currently flows through funding intermediaries and international non-governmental organizations (INGOs) who serve as intermediaries, we believe we must act immediately to encourage our peers to take steps toward improving the way funding is carried out, even while we continue to learn.

It is essential that we complement a critical analysis of why intermediaries need to change, with greater engagement around how we can change, even in funding environments that perpetuate the colonial structures we are trying to deconstruct.

➤ Our Practical Approach to the ACTIF Project

There were six key components in how we approached the ACTIF project in a way that was in line with our values and our partners' priorities.

✓ Deciding whether we should apply for these funds

Our first decision regarding ACTIF funding was to determine whether to apply in the first place. Was the money worth the strings that would come attached to it?

For many years the SLF intentionally did not pursue funding from the Canadian government because of their burdensome and colonial administrative structures. However, two concurrent trends changed our stance. First, global funding for the HIV response was flatlining and within that, donor government funding was decreasing, even as HIV funding needs continued to increase. Second, the Government of Canada became increasingly vocal about the desire to increase the localization of development assistance and to embed human rights principles at the policy level. One example is Canada's first Feminist International Assistance Policy (FIAP), which was introduced in 2017.

Motivated by our ethical commitment to bring more resources to the community-led response to HIV, we leaned into the discomfort. We started thinking about how we could remain true to our values while pursuing more restrictive funding sources. In 2019, the SLF updated our Consolidated Fundraising Policy, which highlights two guiding principles and seven evaluation criteria:

Guiding Principles

- 1 The Foundation does not endorse, through acceptance of a specific gift, the product, service, or philosophy of the donor.
- 2 No donor or sponsor can determine the content of any program the Foundation delivers.

Criteria

- 1 Does it compromise the Foundation's mandate and/or values?
- 2 Is the gift/partnership appropriate to our strategic goals and programs?
- 3 Does it provide a useful asset (financial, in-kind, or public awareness) to the Foundation?
- 4 Does the benefit of the gift/partnership outweigh any management costs associated with accepting the gift?
- 5 Does it compromise or restrict the Foundation's ability and right to express informed opinion on matters relating to the Foundation's mandate and values?
- 6 Does acceptance of this gift unduly restrict our capacity to solicit or accept other funds?
- 7 Does the gift in any way compromise the Foundation's public reputation?

In addition, we always consult our partners when making a decision that will affect them. Unless there is a strong reason why we already cannot or will not accept restrictive funding, we consult with our partners to learn whether they want us to pursue the funding considering the restrictions and additional demands on their time it would entail.

Finally, every time we apply for funding, we define the value we bring to a partnership to ensure we are complementing our partners' fundraising efforts, not competing with them.

In this case, we knew that ACTIF was the result of many years of advocacy from civil society organizations coordinated by Dignity Network Canada (DNC). Its goal is to advance the human rights of 2SLGBTIQ+ people internationally and it works to integrate feminist and participatory approaches into how the fund operates. Equitas, the Canadian organization responsible for managing ACTIF, talks about "the importance of destabilizing colonial funding dynamics." So, we decided to share this opportunity with our partners to gauge interest in working together on a joint application.

Reflection question: What is your value-add?

While ACTIF funding was designed for Canadian organizations working with international partners, we still paused to carefully consider whether the SLF should apply.

We believe that whenever possible, funding should go directly to community-led organizations or to local intermediaries with existing community relationships. So, when a funder needs or chooses to go through an international organization or an intermediary based outside of the region, that organization should add concrete value to the project.



Photo Credit: Jo Higgs

SLF partners speaking on a panel co-hosted by the SLF at the ILGA World Conference 2024.

✓ Partner consultation and priority setting

At the time ACTIF was initiated, the SLF funded 16 LGBTIQ-led partner organizations in five countries: Democratic Republic of the Congo, Kenya, Rwanda, Tanzania and Uganda. Once the decision was made to pursue this funding, we invited all 16 partners to a conference call to share their insights and priorities. Partners who could not join the call were invited to share input by email.

Mental health and well-being were key priorities named by all partners.

✓ Partner selection

Given the funding available, the degree of internal administrative systems required to manage reporting demands, and the need to produce a cohesive application that fit ACTIF requirements, we knew it would not be feasible for all 16 organizations to be included in the project.

To increase opportunities for peer learning, we focused on two countries — Kenya and Uganda — rather than all five countries where we have LGBTIQ-led partners. We identified six organizations in Kenya and Uganda based on their expressed interest to advance their work on mental health issues, their ability to absorb funds from ACTIF and manage reporting requirements, and the diversity of the client groups they serve.

Limitations and Opportunity for Growth

Despite our efforts to work as equitably and consultatively as possible, there were still power dynamics involved in selecting the six partners that would participate. Several organizations that would have also benefitted from the funding were excluded.

Are there more inclusive, feminist and anti-colonial ways to make partnership decisions while working with an external funder's timelines and requirements? We're reflecting on approaches and having conversations with our partners.

As an outcome of our experience with ACTIF, the SLF has adopted a new strategy. We aim to use restrictive funding opportunities to take over and expand existing SLF partner commitments in order to free up SLF general resources. This strategy enables us to offer increased funding to other LGBTIQ-led organizations through our SLF partnerships without added administrative burdens or thematic restrictions. It also allows us to leverage increased funding for partners that are able to manage the burdens that come along with government money, and expand the flexible funds available for a greater number of LGBTIQ-led organizations.

We're also learning from other donors. The Equality Fund developed a model for one of their funding programs called, [Step Up, Step Back](#). This model may have valuable insights for instances when we have to determine which partners are selected for an opportunity.

✓ Co-creation

After we identified the six partners to be part of the application alongside the SLF, we sent questionnaires to inquire about activities they would propose for a mental health initiative. We drafted a preliminary “logic model” that fit the criteria for the application, which was also rooted in the activities that our partners included in their questionnaires.

Then we hosted a Zoom call with the six partners to review a draft of the logic model, share our proposed process for iterative proposal development, and facilitate discussion among the project partners. Following the conversation, the partners discussed the logic model with their respective teams. They considered their previously proposed activities and which they would prioritize to fit the budget, and shared feedback with the SLF. We refined the logic model and provided partners with two simplified templates for budget and work plans. Each focused on the activities they planned that would contribute to the specific logic model activities. Together these formed the consolidated logic model, budget and workplan required for the ACTIF proposal.

Extra Work to Do it Well: A challenge and an idea

To develop the proposal in a way that reflected each organization’s needs and priorities, there was a lot of back and forth. We invested in maintaining clear and consistent communication with our partners throughout the project development, while also trying to prevent overburdening them with requests for input and review.

Both the SLF and our partners put in hundreds of hours of time on the application with no guarantee that our project would be funded.

We suggest that ACTIF and other funders consider starting the process with a basic concept note phase and creating a shortlist of projects to receive seed funds to develop full proposals.



International solidarity during a 2023 rally in Toronto, Canada, against Uganda’s Anti-Homosexuality Act.

✓ Investing in community-led organizations, not just activities

A key component of anti-colonial funding and feminist funding is providing long-term support that invests in community-led organizations, their staff and their infrastructure. However, the length of funding for ACTIF was not something the SLF could control. Instead, we focused on working with our partners to determine project activities that would benefit their short-term objectives and would also support the organizations' growth and sustain their core operations. As an intermediate outcome, a section of the logic model deliberately focused on strengthening organizations and supporting their staff.

In addition, the team at Equitas — the Canadian organization managing ACTIF — had already negotiated with Global Affairs Canada to make sure that core costs were allowed as project costs through ACTIF funding. This meant that the organizations' operating costs, like rent and utilities, could be included in the proposal.

Too often, donors invest in project activities while failing to meaningfully invest in the sustainability of local organizations and their staff, board and volunteers to do critical work in challenging circumstances. These investments are especially important for small LGBTIQ-led organizations that are stretched thin with little or no institutional support. We are unequivocal about providing core support to partners and building core operational support into project activities.

In addition, a key component of *The Right to Health and Healing* project was increasing access to mental health and well-being support for organizational staff and volunteers, which strengthens and sustains the organizations and the feminist and human rights movements they are advancing.

Finally, we pursued co-funding for *The Right to Health and Healing* to extend its reach and to allow us to cover costs that were not eligible for Global Affairs Canada funding. During the first two-year ACTIF funding cycle, we received co-funding from Doug Stollery, and during the second two-year cycle, the project was co-funded by the Stollery Charitable Foundation.

The mental health costs of bureaucratic funding requirements

Burdensome funding processes and excessive reporting requirements have negative impacts on organizations whose work is sidetracked by this bureaucracy and also on the individual staff members who experience increased workload and stress. It is counterproductive and unethical to fund public health and human rights work while at the same time undermining mental health and well-being in the name of due diligence.



Human rights defenders presented at AIDS 2024 on the need for mental health and well-being services for LGBTIQ communities in the HIV response.

✓ Reconfigured monitoring and evaluation

The traditional approach to monitoring and evaluation (M&E) used by ACTIF and many funders is based on a model in which one organization designs a project, its outcomes, and its activities and then sub-contracts, as necessary, to have the project implemented. Applying the requirements that come with this traditional M&E approach to a partner-led project is challenging. And this is even more the case in a project led by six partners, each with their own specific activities.

To meet the M&E expectation of the grant while not dictating project outcomes, the SLF had to analyze the planned activities across all six partners to identify larger overarching project activities that would be specific enough for the traditional Performance Measurement Framework that ACTIF required, while still leaving room for the nuance of each partner's specific mental health work.

For example, partners were delivering therapy to clients in different ways: online, in person, individually and in groups. Instead of forcing all partners to carry out their work using the same format, we consolidated their different approaches into one activity: *Provide online and offline therapy and psychosocial support for individuals and groups.*

We then sought to develop indicators that would be impactful in tracking progress for the project as a whole and would represent easily accessible data points for project partners. We wanted to ensure we respected already established internal M&E and data-gathering systems and did not impose new ways of working into their existing program structure. We then created tailored data-capturing and reporting tools in line with the indicators developed.

Indicators in Action

Given the fact that each organization was working in different ways to bolster their organizational comfort and capacity in addressing the mental health needs of their communities, we did not attempt to measure the impact of the individual interventions. Rather, we were interested in how the larger project outcomes could be leveraged to strengthen the confidence that partner organizations had in their ability to meet the complex well-being needs of their clients, alongside the tangible policies and procedures that would support embedding mental health and well-being approaches into operational and programmatic planning. This translated into the following two indicators:

Level of confidence in the organization to better address the mental health and well-being needs of LGBTIQ members as perceived by staff and volunteers

of new or improved workplace policies or operational procedures that address mental health and well-being

We then were able to develop reporting tools to measure these areas and undertake an end of project assessment to verify information.

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We need to advocate for other funders to recognize that the impact of funding goes beyond metrics and targets. It's about strengthening communities, building trust and supporting the intangible but powerful elements of solidarity, resilience and hope.

*— excerpt from a report on a focus group discussion for
The Right to Health and Healing with project partners on
the SLF partnership model*



Photo Credit: SLF

A breakout session at AIDS 2024 for participants to explore methods of decolonizing HIV funding.

➤ **Beyond Project Coordination: Solidarity in Practice**

When *The Right to Health and Healing* project was accepted for funding, our work was just beginning. How could we ensure our anti-colonial funding principles and feminist values showed up in the day-to-day work of project implementation?

✓ **Bearing as much of the administrative load as possible**

The SLF took on the responsibility for coordinating the grant and reporting requirements, which took considerable effort with six partners. We developed customized narrative and financial reporting templates for each organization so that it was clear what information they needed to provide. It also meant that we were only asking for information and data that was relevant for each organization. This approach also provided needed clarity and integrity when it came to rolling up the information to effectively understand and communicate the collective impact of the project as a whole. We also served as the primary liaison with Equitas, which allowed us to triage information requests as needed and only go to partners when their input was truly required.

✓ **Partners owning their own projects**

We were clear from the beginning of this project that it was not our project even though we were the signatory organization with ACTIF. The SLF was facilitating an important opportunity for partners to implement their own projects in alignment with their established priorities and demonstrate the significance of their programming.

During project design, we did not influence programmatic approaches or shape the interventions that each partner prioritized. When partners wished to change or modify activities over the course of implementation, we advocated for their changes to be approved by the funder. We were mindful in our public communications to always amplify the voices of our partners as the architects of this initiative. We also ensured there were project funds available for partners to speak on their own work and the impact that it was having, including at the 2024 International AIDS Conference in addition to other global and regional fora.

✓ Peer learning

We facilitated quarterly peer learning circles for the six partners as part of the project. These spaces offered the opportunity for partners to discuss their successes and challenges, and share resources, advice, and support with one another. This was especially important during challenging periods where partners were under significant mental and emotional strain due to escalating anti-LGBTIQ movements in their communities. Prioritizing peer-to-peer learning opportunities democratized information sharing and decentred the SLF as the broker of expertise and knowledge.

✓ People before performance

During the second year of the project, increased homophobia and transphobia affected communities in both Uganda and Kenya. The 2023 Anti-Homosexuality Act was passed in Uganda at the same time that Kenyan LGBTIQ communities were facing public backlash in response to a court ruling that upheld the rights of LGBTIQ organizations to legally register. These events and increasing anti-LGBTIQ rhetoric around the globe put significant additional strain on our partners. We needed to regularly adjust our reporting expectations, hold space for our partners, and put the shifting priorities of our partners above conforming to project timelines. Our first priority was to check on the well-being of partners and their staff, express our solidarity, and hear from them how we could best support them with the challenges they were experiencing.

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This [discussion] was a testament to how important it is for funders to be present, to truly hear what the implementing partners and the communities they serve are saying. Funders must engage in active listening, building strong, trusting relationships with partners.

*— excerpt from a report on a focus group discussion for
The Right to Health and Healing with project partners on
the SLF partnership model*

✓ Taking on fiduciary risk

Our commitment to putting people before performance was guided by our feminist values and our partnership model but it required being willing and able to take on the fiduciary risk that comes with deviating from grant timelines and requirements.

As one example, one of our partners in Uganda was unable to access their offices for several months due to persecution by the government. The receipts for their previous quarter's project activities were in the office, which meant they could not submit them along with their financial report — an ACTIF requirement at the time — which in turn affected our eligibility for the next funding disbursement from ACTIF. The SLF knew that delaying their funding at such a high-stakes time would be detrimental to the organization, so we sent the funds from our organization's budget and took the risk that the receipts might not be retrieved, and we might not be reimbursed by ACTIF.

✓ Advocating with ACTIF and Global Affairs Canada

Throughout the application and implementation process, and alongside other Canadian implementing partners, our team shared feedback and learning with the teams at ACTIF and Global Affairs Canada to help them improve their processes to better meet the goals of this funding stream. We were encouraged by some changes that were made, including the elimination of time sheets and the removal of the requirement for the submission of original receipts. We continue to do more focused and targeted advocacy to address specific pain points in ACTIF funding itself and to push for longer term transformation in how Global Affairs Canada does international development funding.

✓ Emergency funding: A necessary component of the project

Emergency funding was not something we could build into the initial design of *The Right to Health and Healing* because of the limitations of a project-based funding approach. However, having flexible emergency funding available proved to be essential throughout the project period. We raised funds for our own LGBTIQ emergency fund and received Emergent Opportunities Funding from ACTIF to address new challenges. The importance of emergency funding became even more evident in 2025 following the US government funding cuts, which created significant uncertainty and financial strain for many civil society organizations. In response, emergency funding from ACTIF via Equitas provided the SLF with critical financial support that enabled us to assist *The Right to Health and Healing* partners, as well as other LGBTIQ-led partner organizations in the region, during a period of profound disruption.

Conclusion

We are proud of the ways we worked alongside our partners to make this project as effective as possible while remaining true to our anti-colonial funding principles. At the same time, ACTIF funding came with significant restrictions, and these constraints created challenges throughout the funding cycle.

The funding restrictions and quarterly reporting processes did not easily accommodate significant activity or budget changes once the project was being implemented without prior approval and justification. We worked with our partners to make the case for desired changes and adjustments, particularly when the safety and security of staff and community members were affected, but we were still bound by extra administrative requirements and longer turnaround times for approval than was ideal to fully meet partners' needs.

We are grateful for numerous staff at Equitas and at Global Affairs Canada who worked, throughout the process, to address the concerns raised by the SLF and our partners. We appreciate that there are many staff within Global Affairs Canada who want to support more anti-colonial ways of working and are themselves limited by internal bureaucratic processes.

While we expect our primary audience for this document is intermediary funders and other intermediary organizations, we anticipate it may also be of value to people within Global Affairs Canada or other large donors who wish to better understand how these funding restrictions play out in practice.

Ultimately, we hope that we have provided a practical and thought-provoking case study of how we worked to further our commitment to decolonization, while accepting restrictive government funding.

We would be happy to discuss any of this in more detail with anyone, particularly other funders or intermediaries, who are interested in learning more. Please feel free to contact us at advocacy@stephenlewisfoundation.org.

Championing health and human rights to end AIDS.



Stephen Lewis Foundation

260 Spadina Ave., Suite 100,
Toronto, ON, Canada M5T 2E4
info@stephenlewisfoundation.org
stephenlewisfoundation.org
[@stephenlewisfdn](https://www.instagram.com/stephenlewisfdn)
Charitable Registration # 89635 4008 RR0001



Front cover image: The SLF and our LGBTIQ-led partners presented on *The Right to Health and Healing* at the 25th International AIDS Conference in Munich, Germany.
Back cover image: Neema Ngelime/Tanzania