Lessons From the Front Lines

Political Impact and Systems Change

amfAR, The Foundation for AIDS Research
In addition to amfAR, major support for the MSM Initiative is provided by:

Aids Fonds
ELTON JOHN AIDS FOUNDATION
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POSITIVE ACTION
Four-year review of advocacy programming supported by amfAR’s MSM Initiative—reducing the impact of HIV among gay men, other men who have sex with men, and transgender individuals

**Introduction**

In low- and middle-income countries, HIV programming for gay men, other men who have sex with men (MSM), and transgender individuals has consistently been absent in local, national, and international funding streams. The situation is even more dire given that MSM are 19 times more likely to be living with HIV than the general population, and little or no epidemiological information even exists for transgender individuals. Even when national governments receive funding from multilateral donors such as the Global Fund and PEPFAR to implement MSM- and transgender-specific programs, the percentage of funding that actually results in direct services for these communities is often significantly lower than what was originally planned.

In 2012, there are still almost 80 nations that criminalize same-sex sexual activity. Even in countries without explicit legal sanctions, widespread stigma and discrimination prevent sexual minorities from enjoying the benefits of full citizenship. Human rights violations have played a devastating role in the ongoing spread of HIV/AIDS among MSM and transgender individuals around the world. Stigma and discrimination often prevent those most vulnerable to HIV/AIDS—including MSM and transgender individuals—from accessing essential prevention, testing, and care. Researchers have documented numerous cases of blackmail, violence, unjustified arrest, and discrimination in health care settings—all contributing factors that inhibit MSM and transgender individuals from fully accessing such essential services.

The facts are clear: HIV infection rates are disproportionately high among MSM and transgender individuals—and access to health services is unacceptably low. If no decisive steps are taken to rectify these disparities, the situation will likely remain dire and grow worse in years to come. It is also clear that addressing the underlying causes of discrimination and human rights violations helps remove barriers to the delivery of appropriate, evidence-based HIV prevention, care, and support services for MSM and transgender people.

amfAR’s MSM Initiative has been supporting and capacitating grassroots lesbian, gay, bisexual, and transgender (LGBT), and MSM-led organizations around the globe since 2007. The Initiative focuses on supporting projects that challenge systems in various government ministries—including health, security, and justice—with the goal of improving the lives and health of gay men, other MSM, and transgender people. Often, these activists are affecting change in their communities that will inevitably lead to broader national change. In the past, such strategies have included efforts to decriminalize same-sex behavior; raise awareness among media, police, and the general public of the devastating impact of homophobia and transphobia; provide job skills training to MSM and transgender people; and establish MSM-friendly health care settings.

Since 2007, amfAR has invested over US$1,200,000 in projects addressing policy and advocacy (nearly one-third of total grant giving over five years) in Africa, the Caribbean, Asia and the Pacific, Latin America, Eastern Europe, and Central Asia for MSM and transgender community-based organizations. The following pages contain profiles of grantees from each region.

Human rights violations have played a devastating role in the ongoing spread of HIV/AIDS among MSM and transgender individuals around the world.
Penitentiary Initiative (Ukraine)

In Ukraine, amfAR has supported the Penitentiary Initiative over three consecutive years (totaling nearly US$80,000) to implement HIV prevention and psychosocial support for MSM in prisons in Ukraine. This project has helped reduce the vulnerabilities of MSM in prison settings through the scale-up of training and community mobilization activities to reduce MSM-related stigma and discrimination by prison staff and the greater prison population. The project also provides psychosocial support and HIV prevention activities (e.g., peer education, peer counseling, and health service referral) for MSM prisoners in three colonies in the Nikolaev region. Finally, and perhaps most importantly, a training manual has been developed as a guide for replication of the project in prisons throughout Ukraine, working to reduce MSM vulnerability to HIV and to address homophobia among prison staff and other prisoners. The document has been accepted by the National Penitentiary Service and has been recommended for use in all prisons in Ukraine as well as in the greater Eastern European region. This is a major victory, especially considering homosexual activity in Ukraine was illegal up until 1991; though even with the changed law, pervasive and institutionalized homophobia is still rampant.

According to program staff, one of the most important results of the project is the attention it has drawn to MSM and HIV within the prison system—an issue that had previously been overlooked by national authorities.

PACT Institute (Brazil)

In Brazil, PACT Institute works with various transgender organizations to contribute to achieving the goals in the Brazilian National AIDS Strategy among gay men, other MSM, and transgender individuals by strengthening the capacity of existing transvestite networks and NGOs to conduct policy and advocacy activities with the Brazilian government. The National Strategy, perceived as a pioneer initiative in Latin America, defines goals and actions for STI/HIV prevention and health promotion that is specific to gay men and other MSM and contains a separate section for transgender issues. Specific objectives for the transgender population include the expansion of transgender-friendly HIV prevention and care services; promotion of positive images and role models for transgender individuals; priority for inclusion of transgender issues in all government sectors; and monitoring and evaluation of the National Strategy by civil society bodies, which include transgender activists.

Specifically, the project strengthened the advocacy strategies for HIV prevention, human rights, and health promotion implemented with and by transgender individuals through the publication of a document highlighting the positive advancements obtained by the transgender movement in these areas. PACT was able to significantly expand the participation of transgender activists in citizen “watchdog” efforts of HIV/AIDS public policies, utilizing an interactive monitoring and evaluation training workshop for the key existing transgender leaders throughout Brazil. Not only were government programs monitored, the project also increased the technical capacity of transgender leaders to participate in democratic institutions of government reform by becoming more vocal, organized, and active in monitoring government policy and commanding respect.

PACT recognized impact on many different levels. At the local level, impact was witnessed through targeted actions implemented as a result of the citizens demanding accountability. With the increased organizational capacity of the transgender NGOs, meetings on accountability were organized with local government officials. These “watchdogs” found that while there was financial support for transgender individuals to participate in advocacy meetings, prevention campaigns against transphobia were often developed without community involvement. At the national level, PACT worked with transgender-focused NGOs to conduct policy scans related to transgender issues. This surveillance recognized success by the government, as well as neglect, based on goals in the National AIDS Strategy. Through advocacy efforts, transgender activists were able to gain government support for a satellite event at the Brazilian STD/HIV/AIDS Conference, as well as financial and technical
support for publication and dissemination of a leadership manual for training transgender activists on monitoring government policies. Additional successes were seen when the government adopted specific indicators to create transgender-specific services in prisons, as well as budget lines for transgender-specific health research. Finally, amfAR supported the translation of the training manual into Spanish, which has the potential to make a regional impact among transgender activists throughout Latin America.

The monitoring shows that while there have been advancements, there is still much to do, particularly in terms of activities directed at transvestites in the prison, research initiatives, combating “transphobia,” and including the “transvestite category” in the public health information system.

**Persons Marginalized and Aggrieved - PEMA (Kenya)**

In Kenya, Persons Marginalized and Aggrieved (PEMA) Kenya is being supported by amfAR to implement Facing Fears—The Key to Change...Reaching Religious Leaders to Enhance Access to Care for MSM. Building upon a previous amfAR award, the project addresses stigma and discrimination of MSM and LGBT individuals among religious leaders, media practitioners, and law enforcement professionals in coastal Kenya. For the project, an emphasis has been placed on the implications of stigma in accessing HIV prevention and treatment and other health services.

PEMA Kenya has worked tirelessly to provide direct support to MSM and LGBT communities for HIV-related prevention, treatment, and care services. In addition, PEMA has linked its health sector efforts with human rights promotion activities, conducting security trainings for LGBT community members, as well as having a lawyer on staff that assists members if they are ever jailed or harassed by the police.

PEMA Kenya’s newest venture is engaging supportive religious groups, countering the stigma that is often attached to religious beliefs. In its brave effort to collaborate with Christian, Muslim, and traditional religious leaders, PEMA is addressing factors that limit MSM and LGBT individuals from accessing health services. On a monthly basis, PEMA hosts a roundtable with these leaders, informing them of HIV issues, what it means to be HIV positive, and what it means to be gay, MSM, or transgender. The courageous work being done in East Africa is a beacon of hope for many other LGBT organizations across Africa and the globe.

Since they have begun engaging religious leaders, PEMA has seen positive steps towards religious leaders’ acceptance of sexual minorities. Through workshops and the development of personal relationships, PEMA is illuminating the irrational fear in homophobia. PEMA is helping these religious and community leaders understand the efforts of stigma and cut across cultural barriers to dialogue. PEMA notes that the Supreme Council of Kenyan Muslims and a few other notable individuals have shown interest in learning more and discussing the issues more profoundly.

In 2009, PEMA and its members were victims of a backlash by Muslim religious leaders due to a study they were conducting. It was mistaken for a gay marriage event and religious leaders reacted negatively, inciting violence against many MSM in Mombasa. In spite of this horrible incident, PEMA has been able to engage these same leaders to be a part of a working group towards understanding and acceptance. In a deeply religious society, many inroads can be made with the “blessing” and understanding of religious leaders, a strategic and innovative approach to advocating for the right to health care for all in Kenya. “What has been surprising is that these religious leaders keep requesting to bring others into the group,” says Esther Adhiambo, director of PEMA Kenya.

“`You have to be a leader that is reachable by members and to practice horizontal leadership where everyone is involved and anyone can attend meetings and represent PEMA Kenya.”

- Esther Adhiambo, Director

**Caribbean Vulnerable Communities Coalition (Jamaica)**

In Jamaica, Caribbean Vulnerable Communities Coalition (CVCC) has received multiple amfAR awards to capacitate and train LGBT organizations across the Caribbean. One project
supported a Caribbean-wide scan of countries where same-
sex sexual behavior is criminalized, as well as a strategy
to file a motion in one country to decriminalize the existing
“buggery” laws. In the end, Belize was selected as the “test
case” country. After much legal process and delay, the case
was filed and CVCC colleagues and key stakeholders in
Belize mobilized to gain public support. The project assisted
in strengthening the Belizean LGBT movement, culminating
in the establishment of an “LGBT-led strategy group” for the
decriminalization effort.

Unfortunately, the filing has proven difficult due to strong
religious backlash. To date, the law has not been repealed,
but the case is still pending and advocacy efforts continue.
Additionally, a regional advisory group has been established
to share outcomes and strategies for other challenges
throughout the Caribbean. CVCC has acted as a catalyst in
the region, helping smaller groups to affect change in their
home countries. Apart from continued efforts to decriminalize
in Belize, CVCC has worked with several groups in Guyana
to repeal the law banning “cross dressing” and acted as a
regional donor for six Caribbean countries that were assisted
in developing proposals and implementing advocacy projects.
amfAR’s support of CVCC has enabled a technically capable
organization to share resources throughout the region,
assisting in organizing a concerted effort among many LGBT
organizations to collaborate for a stronger and more effective
regional response to laws criminalizing same-sex relationships.

“Having a bad law on the books or a
bad policy in place is not necessarily
efficient enough to have it struck down by the
courts, particularly when it involves
sensitive social dynamics. Timing is
everything.”

-Antoinette Moore, Legal Counsel

Chengdu Tongle Counseling
& Service Center (China)

In China, amfAR has supported the Chengdu Tongle Counseling
& Service Center, which serves as the Secretariat of the China
Male Tongzhi Health Forum (CMTHF). Through trainings and
ongoing assistance, CMTHF is leading a project to capacitate
18 key MSM/HIV grassroots NGOs across China by hiring
legal professionals to educate and empower gay men and
other MSM regarding human rights violations. In addition
to developing a legal manual, the project helped cultivate a
national network of MSM/HIV organizations that exchange
successful strategies with each other.

The project, which was the first MSM-related HIV prevention
campaign in China to employ legal strategies, engages lawyers
to utilize legal clauses in the protection of the rights of MSM.
Specific actions include protecting the rights of MSM living
with HIV within health care settings, as well as protecting gay
men and other MSM against discrimination and confidentiality
issues—including cases of blackmail and extortion. Evaluation
data indicate a greater sense of security among individuals, as
well as improved access to critical services.

CMTHF are extremely pleased with the outcomes of the
project, and lessons learned from the project were taken
into account for the National AIDS Prevention Action Plan
in China (2010-2015). Specifically, legal measures will be
taken into consideration for MSM, thus creating a safer and
more enabling environment for MSM and HIV-positive MSM in
China. The project also

Anecdotal data suggest
that investment in
HIV/AIDS programming
for MSM and LGBT
individuals strengthens
the global campaign
to protect the rights of LGBT individuals. Many successful
programs to reduce HIV among MSM focus on structural
interventions—strategies aimed at changing policies, shifting
public attitudes, and engaging civil society. These strategies
include efforts to decriminalize same-sex sexual behavior;
raise awareness among media, police, and the general public
of the devastating impact of homophobia; provide job skills
training to MSM and transgender people; and establish MSM-
friendly health care settings. Using strategies that have been
successfully employed in higher-income countries during the
last 25 years, LGBT communities in low- and middle-income
countries are seeing that investing in structural interventions
aimed at tackling HIV/AIDS can improve the overall health and
quality of life of LGBT people—and potentially reduce stigma
and discrimination against them.
## Policy and Advocacy Projects Funded by amfAR from 2008-2011

<table>
<thead>
<tr>
<th>Organization Name(s)</th>
<th>Location</th>
<th>Year</th>
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<th>Project</th>
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<tr>
<td><strong>Asia-Pacific</strong></td>
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<tr>
<td>UDAAN Trust/National MSM HIV Policy Advocacy and Human Rights Task Force</td>
<td>New Delhi, India</td>
<td>2008</td>
<td>$40,000</td>
<td>UDAAN trust developed a lawyers collective—hiring retainer lawyers to mitigate the effects of LGBT-rights violations and actualize legal redress, focused on access to HIV services.</td>
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<tr>
<td>Bandu Social Welfare Society (BSWS)</td>
<td>Dhaka, Bangladesh</td>
<td>2008</td>
<td>$15,000</td>
<td>BSWS conducted trainings and workshops to inform local police and media regarding MSM health issues.</td>
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<tr>
<td>Beijing Gender Health Education Institute (GHEI)</td>
<td>Beijing, China</td>
<td>2008</td>
<td>$15,000</td>
<td>GHEI conducted a national policy review to inform an advocacy campaign with government and civil society representatives, increasing attention to anti-discrimination and effective HIV/AIDS services.</td>
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<tr>
<td>TLF Sexuality, Health and Rights Educators Collective, Inc. (TLF-SHARE)</td>
<td>Manila, Philippines</td>
<td>2008</td>
<td>$15,000</td>
<td>TLF-SHARE built leadership and advocacy capacity of emerging community organizations to engage with local government, HIV service agencies, and law enforcement officials. In addition, the project influenced national policies on MSM/HIV issues.</td>
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<td></td>
<td></td>
<td>2011</td>
<td>$19,900</td>
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<tr>
<td>Chengdu Tongle Counseling &amp; Service Center</td>
<td>Chengdu, China</td>
<td>2010</td>
<td>$15,000</td>
<td>Chengdu Tongle provided legal support to individuals, assisting MSM in reducing their vulnerabilities to accessing services in Chengdu, as well as assisting NGOs throughout China to gain official registration (see above).</td>
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<tr>
<td>Hebei Light of Love</td>
<td>Baoding, China</td>
<td>2011</td>
<td>$16,700</td>
<td>Hebei Light of Love engaged HIV+ MSM as community leaders—offering peer education, treatment literacy, family reintegration, counseling, and referral programs. The project also encouraged members to engage in local advocacy efforts with government agencies.</td>
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<tr>
<td>Youth for Health Center (YHC)</td>
<td>Ulaanbaatar, Mongolia</td>
<td>2011</td>
<td>$20,000</td>
<td>YHC utilized media outlets (radio, websites, quarterly newsletter) to increase awareness in the general public of sexual orientation and gender identity issues, as well as increasing health awareness within the LGBT community. The project also engaged community leaders to sensitize them to the rights and health needs of sexual minorities.</td>
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<tr>
<td><strong>Eastern Europe/Central Asia</strong></td>
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<tr>
<td>Eesti HIV-positiivsete võrjustik (EHPV)</td>
<td>Tallinn, Estonia</td>
<td>2009</td>
<td>$15,000</td>
<td>In addition to creating a web-based forum for MSM on HIV issues, EHPV convened experts and stakeholders to discuss issues surrounding HIV among MSM in Estonia and formulated recommendations for the Estonian Ministry of Health, Estonian Ministry of Social Affairs, Estonian Parliament, and the City of Tallinn.</td>
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<tr>
<td>Siberian Alternative Center (SIBALT)</td>
<td>Omsk, Russia</td>
<td>2009</td>
<td>$30,000</td>
<td>In addition to offering health information to young MSM in the western Siberian cities of Omsk and Novosibirsk, SIBALT engaged health care providers (including mental health professionals) to build their skills and expertise in working with MSM and LGBT clients.</td>
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<tr>
<td>The New Life</td>
<td>Orenburg, Russia</td>
<td>2009</td>
<td>$15,000</td>
<td>In addition to reaching MSM in Orenburg with HIV information and prevention materials, the New Life supported a network of health care providers to improve accessibility and quality of health services for MSM in Orenburg.</td>
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<tr>
<td>Positive Living Association</td>
<td>Istanbul, Turkey</td>
<td>2009</td>
<td>$30,000</td>
<td>PLA trained MSM and transgender peer counselors in Istanbul and Ankara, producing the first-ever printed and web-based campaign about HIV among MSM in Turkey. The project also surveyed MSM experiences—data that was presented to key stakeholders, including the Turkish Ministry of Health and UNAIDS.</td>
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<tr>
<td>Nikolaev Regional Public Youth Movement - Penitentiary Initiative</td>
<td>Nikolaev, Ukraine</td>
<td>2009</td>
<td>$30,000</td>
<td>The Penitentiary Initiative provided support to MSM in three prisons in the Nikolaev, Lugansk, and Cherkassy regions of Ukraine. In addition, the Penitentiary Initiative developed standardized program materials and a training manual that was utilized by the Ministry of Justice to replicate the program throughout Ukraine. (See above)</td>
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<tr>
<td>We For Civil Equality (WFCE)</td>
<td>Yerevan, Armenia</td>
<td>2010</td>
<td>$14,560</td>
<td>WFCE increased access to quality HIV and AIDS services for MSM in Yerevan—through health provider training, peer outreach, web-based programming, and referral mechanisms. In addition, WFCE advocated for greater inclusion of issues related to MSM and HIV in local and national policy discussions.</td>
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<tr>
<td>CSO Equal Opportunities (EO)</td>
<td>Dushanbe, Tajikistan</td>
<td>2010</td>
<td>$15,000</td>
<td>EO increased HIV-related knowledge, motivation, and skills among MSM through various social support programs, outreach, and trainings. In addition, EO trained health service providers on the needs of MSM and advocated for the inclusion of MSM in health and human rights policies.</td>
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<tr>
<td>Organization Kyrgyz Indigo</td>
<td>Bishkek, Kyrgyzstan</td>
<td>2011</td>
<td>$17,722</td>
<td>Indigo targeted ethnic Kyrgyz LGBT individuals through HIV risk reduction workshops and educational materials on health awareness and human rights. Throughout the project, Indigo also documented human rights violations and hate crimes targeting LGBT individuals, producing an annual report to use as an advocacy tool.</td>
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<tr>
<td>Oryol Regional Public Organization to Fight AIDS, NGO Phoenix PLUS</td>
<td>Orel, Russia</td>
<td>2011</td>
<td>$10,364</td>
<td>Phoenix+ strengthened its website targeting HIV-positive MSM in Russia. Utilizing blogging, group discussions, and opinion pieces for and by HIV-positive MSM, the website promotes awareness of healthy living and coping skills and fosters social exchange in a safe environment for MSM living with HIV. Project results were shared with key stakeholders and with advocates for increased investment and programming for MSM living with HIV.</td>
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<tr>
<td>Non-Governmental Organization Safe Pulse of Youth (SPY)</td>
<td>Belgrade, Serbia</td>
<td>2011</td>
<td>$18,000</td>
<td>SPY conducted a research study to determine differences between community-run and government-run health facilities for gay men, other MSM, and transgender individuals. With results, SPY advocated with policy makers and service providers for high quality, targeted health services for MSM and transgender individuals. SPY also developed an advocacy toolkit to guide other organizations facing similar issues.</td>
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<tr>
<td>NGO Insight</td>
<td>Kiev, Ukraine</td>
<td>2011</td>
<td>$16,680</td>
<td>Insight conducted a qualitative study of transgender needs and opportunities that was used to inform training of health care providers, as well as advocate legal change to support increased access to health services for transgender individuals.</td>
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<tr>
<td>Caribbean Vulnerable Communities Coalition (CVCC)</td>
<td>Kingston, Jamaica</td>
<td>2008-2009</td>
<td>$50,000 $40,000</td>
<td>CVCC conducted Caribbean-wide situational analysis, mapping country-specific MSM/LGBT vulnerabilities, leadership potential, and legislative opportunities to affect change. Funds were also used to explore legal frameworks to help promote HIV/AIDS policies, including decriminalization of same-sex sexual behavior. (see above)</td>
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<tr>
<td>Jamaican Forum for Lesbians, All-Sexuals and Gays (JFLAG)</td>
<td>Kingston, Jamaica</td>
<td>2008-2010</td>
<td>$20,000 $15,000</td>
<td>JFLAG provided crisis interventions for victims of homophobic attacks—documenting violations to advocate and educate media practitioners, police officers, government officials, teachers, and other social service providers on the HIV needs and human rights of LGBT individuals in Jamaica. In the subsequent year, JFLAG developed a formalized documentation system.</td>
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<tr>
<td>Society against Sexual Orientation Discrimination (SASOD)</td>
<td>Georgetown, Guayna</td>
<td>2009</td>
<td>$7,500</td>
<td>SASOD created a physical anti-discrimination desk to receive and document complaints by MSM and other LGBT individuals in Guayna. Via phone or in person, the desk refers clients to support services and follows up with authorities where appropriate. Data was also used to advocate for greater protections of human rights.</td>
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<tr>
<td><strong>Caribbean (continued)</strong></td>
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<tr>
<td>UNIBAM</td>
<td>Belize City, Belize</td>
<td>2010</td>
<td>$15,000</td>
<td>UNIBAM recruited and trained MSM/HIV advocates to provide prevention services and lead an anti-homophobia advocacy campaign targeting policymakers, educators, and health providers. UNIBAM also identified and advocated around policy gaps in strategic national health documents.</td>
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<tr>
<td>Jóvenes de la Vida Real (YurWorld)</td>
<td>Santa Domingo, Dominican Republic</td>
<td>2011</td>
<td>$19,636</td>
<td>YurWorld improved access to HIV-related and other social services for MSM sex workers and their clients through peer outreach, distribution of condoms and informational materials, and referrals to an MSM-friendly medical center. In addition, the project trained health providers from additional clinics to increase the geographic availability of “male sex worker-friendly” services.</td>
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<tr>
<td><strong>Africa</strong></td>
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<td>*Name Withheld by request of grantee</td>
<td>Kampala, Uganda</td>
<td>2008</td>
<td>$20,000</td>
<td>The project supported advocacy activities promoting tolerance, dignity, and inclusion of LGBTI-specific issues in policy, community action plans, and networks. The grantee worked with community actors to create more inclusive policies in the health sector.</td>
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<tr>
<td>Center for the Right to Health (CRH)</td>
<td>Abuja, Nigeria</td>
<td>2008, 2009</td>
<td>$20,000, $15,000</td>
<td>CRH conducted a study in enabling environments for MSM/HIV services—documenting the needs of MSM in Abuja. In year two, CRH conducted advocacy activities reaching out to media practitioners, policymakers, NGO representatives, and MSM in Abuja.</td>
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<tr>
<td>Humanity First Cameroon</td>
<td>Yaoundé, Cameroon</td>
<td>2011</td>
<td>$10,000</td>
<td>Humanity First increased access to HIV prevention and treatment services for MSM in Yaoundé. The project also improved care for infected MSM, created easier access to medication, and provided trainings for health professionals on MSM-friendly health services.</td>
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<tr>
<td>PEMA-Kenya</td>
<td>Mombasa, Kenya</td>
<td>2011</td>
<td>$20,000</td>
<td>PEMA engaged religious leaders, media practitioners, and law enforcement officials to focus on stigma and discrimination suffered by MSM and LGBT individuals in coastal Kenya. Emphasis was placed on the implications of stigma in accessing HIV and other health services. (See above)</td>
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<tr>
<td>SAIL-Stop AIDS Liberia</td>
<td>Monrovia, Liberia</td>
<td>2011</td>
<td>$20,000</td>
<td>SAIL extended its outreach services by peer educators, introducing web-based interventions. SAIL also trained members in advocacy skills, followed by participation in various national HIV policy making committees, along with visits to stakeholders.</td>
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<tr>
<td>Gays and Lesbians of Zimbabwe (GALZ)</td>
<td>Harare, Zimbabwe</td>
<td>2011</td>
<td>$20,000</td>
<td>In addition to implementing a comprehensive prevention program, GALZ strengthened relationships with government agencies and other major stakeholders in Zimbabwe to increase visibility and advocacy efforts.</td>
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<tr>
<td>SIGLA</td>
<td>Buenos Aires, Argentina</td>
<td>2008</td>
<td>$39,656</td>
<td>SIGLA trained representatives from MSM and transgender organizations in Argentina and Uruguay in advocacy skills, translating HIV data on MSM and transgender individuals into recommendations for policies and programs at the national and regional level.</td>
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<tr>
<td>PACT Brazil</td>
<td>Rio de Janeiro, Brazil</td>
<td>2008</td>
<td>$15,000</td>
<td>PACT conducted a social mobilization and leadership development project to increase transgender involvement in government watchdog activities at the national and local levels. (See above)</td>
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<tr>
<td>Asociación Civil De Desarrollo Social Y Promoción Cultural “Libertad” (Adesproc Libertad GLBT)</td>
<td>La Paz, Bolivia</td>
<td>2010</td>
<td>$7,500</td>
<td>Adespro Libertad conducted research to determine the relationship between access to HIV services and homophobic/transphobic attitudes and behaviors at government-run health centers in five Bolivian cities. Both health workers and clients were interviewed, with results and policy recommendations disseminated to key stakeholders in the LGBT community and the public health system.</td>
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<tr>
<td>GTP-Recife Brazil</td>
<td>Recife, Brazil</td>
<td>2010</td>
<td>$10,000</td>
<td>GTP conducted outreach to sex workers (both male and transgender female) throughout Recife. In addition, project staff engaged key stakeholders (police, public health practitioners) in recognizing the needs of sex workers while sponsoring sex worker forums to exchange ideas and disseminate health information.</td>
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<tr>
<td>ALFIL</td>
<td>Quito, Ecuador</td>
<td>2010</td>
<td>$15,000</td>
<td>ALFIL worked to reduce transphobia in the public health system in Quito through stakeholder workshops and trainings, linking transgender activists with key decision makers. ALFIL also increased transgender participation and representation in a national household population survey that included the dissemination of HIV-related information.</td>
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<tr>
<td>V.E.S.</td>
<td>Puerto Vallarta, Mexico</td>
<td>2010</td>
<td>$15,000</td>
<td>V.E.S. conducted outreach activities to reach MSM with condoms/lubricant and behavior change communication materials at public venues. The project also hosted public promotional events, engaging celebrities, politicians, and business owners to de-stigmatize MSM/HIV issues and gain support for sustainability.</td>
</tr>
<tr>
<td>Asociación Amigos por Siempre (AAxS)</td>
<td>Callao, Perú</td>
<td>2011</td>
<td>$20,000</td>
<td>AAxS improved access to HIV/STI care, treatment, and prevention among transgender individuals through skills-building training sessions, support groups, advocacy visits to schools and health centers, public awareness raising events, and media advocacy.</td>
</tr>
</tbody>
</table>

*Organization has requested anonymity to protect its staff and clients.*