

*"just the other
day these people
were our friends..
...why are our
friends now
killing us?"*

COMMUNITIES IN **CRISIS**

effects and impacts of the **UNITED STATES FREEZE** on foreign assistance on communities living with and affected by HIV in Africa

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developed for Positive Vibes and partners by Ricardo Walters
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context to a CRISIS

In the days immediately following the inauguration of the 47th President of the United States in late January 2025, the Trump administration issues an Executive Order, *"Reevaluating and Realigning United States Foreign Aid"*, and effects a freeze on United States foreign assistance, including support to the global HIV response totalling approximately \$4 Billion (USD) annually. Foreign Assistance is a \$70 Billion portfolio of services, programmes, investments and technical support that constitutes approximately 0.7% of the US federal budget.

STOP WORK

Reinforced through executive orders issued simultaneously to reduce wasteful spending and to address purportedly harmful but largely undefined "Diversity, Equity, Inclusion and Accessibility (DEIA)" and "gender ideology" initiatives, an immediate stop-work order is issued for a period of 90 days while all programmes receiving foreign assistance undergo review. Current activities and future expenditure are prohibited.

The stop-work order goes into effect with no advance warning or preparation. Governments that are the recipients of aid remain uninformed; many of them – if not all of them – discover this information for the first time from civil society organisations whose sizeable contribution to healthcare service delivery and HIV response, supported through US government resources, slams to a halt immediately. Healthcare personnel, administrative and other support staff are placed immediately and indefinitely on unpaid leave. Services are suspended; clinics are shuttered. Providers receive instructions to not administer any commodities or medication that have been purchased by and are the property of the US government, including antiretrovirals (ARVs) that people living with HIV depend on to suppress the virus. In some countries, service providers receive instructions to return stock – medications, commodities like condoms and lubricants – to ensure these are not distributed during the period of the freeze.

Clients are turned away, or are referred where possible to public facilities that are not US government-funded. At some such public facilities, where services and personnel under the national government are supplemented by services and personnel resourced by PEPFAR, US government-financed services stop. In Uganda, the Ministry of Health encourages desperately needed healthcare workers who have lost their jobs and face an uncertain future to continue in a volunteer capacity in the spirit of patriotism.

Almost immediately, many organisations issue staff members with retrenchment letters; most organisations cannot sustain payroll, overheads and operating costs for three months without support.

Within the administrative system of the US government, many staff members within USAID identified to have been associated with "DEIA and gender ideology" programmes and functions are laid off, effective immediately. All USAID senior management is placed on indefinite administrative leave. It is an action relatively early in the sequence of events that ultimately progresses to most USAID staff members, domestically and around the world, losing access to their devices and communications systems, to increasing retrenchments of staff, and to the recall of all American personnel back to the US within 30 days. The personnel infrastructure and functional capacity of the agency are effectively dismantled. Reports circulate that the CDC and its personnel are placed under a gag order to not communicate outside the agency, and to implement the scrubbing of all data and literature that references "gender, transgender, intersex" and other related keywords. The CDC website goes dark. The USAID website goes dark. The PEPFAR website goes dark. And all the publicly available data systems and tools provided through these agencies go offline.

AN UNCLEAR WAIVER

Several days after the stop-work order is imposed, the United States Secretary of State issues a waiver that exempts programmes and services that provide life-saving treatment and medication from the stop-work order. The waiver is broad in language, subjective in interpretation and,

importantly – although not transparently so – not self-executing¹. Organisations receive directions not to resume services until authorised to do so by a relevant contract officer representing the US government. Not every organisation previously funded to deliver HIV services and programmes will be permitted to resume. Not all programme previously funded will be continued.

Despite the publicly announced waiver, services at most sites do not resume. Providers remain confused and afraid to not further frustrate the US government. In the chaotic environment of a system gutted by widespread, arbitrary firings and suspensions, the mechanisms for downstream communication – for example, contract officers who receive instruction from superiors who may no longer be active in the system – fail. Providers cannot resume services until instructed. The administrative chains responsible for issuing instructions are in disarray. Some agencies remain under a gag order. Governments receive no contact from the US government.

TERMINATION NOTIFICATIONS

Across multiple countries, some organisations receive termination notifications. They are no longer under a stop-work order; instead, their projects and programmes will receive no further future support and they terminate, permanently, effective immediately, any activities and personnel – professional, clinical, and community – associated with that project. Where reasoning is offered, it is that these programmes contain components of “DEIA or gender ideology”.

Most programmes and projects that receive immediate termination notifications are operated by or provide services to so-called Key Populations within the HIV response – gay, bisexual and other men who have sex with men; transgender persons; sex workers; people who use and inject drugs – who are disproportionately vulnerable to and living with HIV, who live in socially marginalised, economically exclusive, and

criminalised environments, and who are difficult to reach with essential services through sites that serve the general public. Many terminated programmes operate "One-Stop Shop Drop-In Centres" at community level to provide safe and private conditions to access care free of fear, stigma, discrimination and judgement.

THE END OF PREVENTION

On the 6th February 2025, the US government releases a set of specific implementation guidelines to clarify the terms of the waiver.

For the period of the 90-day review, services that resume may utilise US government funds in a limited way – subject to authorisation of eligible organisations by a contract officer – to provide HIV testing, HIV monitoring through diagnostic services (CD4 count and viral load count), services for pregnant and breastfeeding women to prevent mother-to-child transmission (ARV medication, antenatal care, PrEP to keep HIV- pregnant women negative during their pregnancy), treatment of select opportunistic infections including cervical cancer, and ARVs to people living with HIV. Personnel and other services associated with the provision of these limited programmes (for example, lab services) may be re-engaged.

No US government funds can be applied to most prevention interventions (including PrEP for anyone other than pregnant and breastfeeding women, and the distribution of commodities like condoms); to orphans and vulnerable children programming; to screening and support to survivors of gender-based violence; to voluntary male circumcision; to family planning; to medication-assistance treatment for people who use drugs. The DREAMS programme that provides primary and secondary interventions for adolescent girls and young women is excluded from the waiver. Essential complementary components of a comprehensive care and prevention strategy are definitively disallowed, the absence of which – especially the termination of Key Populations programming and PrEP –

¹ In a public press conference on 5 February 2025, Secretary Rubio expresses that "the waiver could not be more clear" and that organisations that cannot understand a simple waiver and resume services accordingly must not be very good organisations that either are refusing to

resume services to make a political point, or are questionably competent and probably shouldn't be funded by the US government.

will predictably see major reversals in progress on containing, controlling and reducing HIV.


CONDITIONAL RESUMPTION

In some countries, services resume on a limited basis, with reduced staff members who correspond to the services allowed under the waiver and the implementation guidelines. Several providers report that continued financial support depends on them signing a certification that they do not and will not implement any "DEIA or gender" services or programmes. LGBTIQ+ people, sex workers, people who use drugs and transgender persons are, in their capacity as people living with HIV, eligible for general HIV services allowed under the waiver, but need to access these from the same sites as the general public and from healthcare workers who have not necessarily been trained and sensitised to not be stigmatising.

The impacts of this impulsive decision are nothing short of catastrophic. Tens of thousands of people at all levels of professional and community experience lose employment overnight. Untold numbers of people living with HIV, or severely vulnerable to HIV lose safe, reliable access to ARVs and PrEP. Governments already under severe economic strain suddenly need to compensate – a near impossible requirement² – for the sudden loss of hundreds of millions of dollars in support to programmes, services, personnel, consumables and medication.

The scale of disruption – an unimaginably conscious effect of an entirely manufactured crisis obscured by ambiguity and confusion – exceeds any previous interruption to the global HIV response, including the early COVID-19 pandemic when services adapted but largely continued. Within days, a complex ecosystem of life-sustaining services and professional and community expertise established over decades is fractured, reverberating far beyond HIV programming alone, destabilising health systems, devastating communities, and exposing the most vulnerable to multiple harms.

² For example, in 2024, PEPFAR's annual investment in Zambia was in the region of \$400 000 000. Similarly in South Africa, PEPFAR contributes some \$430,000,000, 17% of that country's HIV response.



*Positive Vibes works in the intersection of health, rights and justice to accompany people living with HIV, LGBTIQ+ people, sex workers, people with disabilities, adolescent girls and young women, and other marginalised populations and their organisations and allies to achieve the End of Othering. "Communities in Crisis" is the result of conversations with friends and partners, brave activists and concerned community leaders, who shared effects, impacts, experiences and insights of the **first ten days** of the unprecedented United States freeze on foreign assistance, and felt it important in solidarity with others around the world that their voices be heard.*



from affected populations and communities in

BOTSWANA

"...currently all organisations have stopped work, including FHI360. The NGO service providers are mostly keeping to the stop-work order and aren't allowed to share anything. They have just been told to wait for the next three months and they are seemingly not asking a lot of questions. Sometimes it looks like from where I'm standing, I may have a bit more information than they do."

"At first I couldn't see what is stopping the organisations from continuing with services when there has been a waiver for some of the services. I thought maybe they are not getting information well on time. But it now looks like they haven't received any waiver, and they can't resume work without any formal communication. And none of them have been issued with any communication."

"I approached the Ministry of Health HIV Prevention team, but it looks like the Ministry of Health has not received any communication on the waiver either. They only know of the waiver over social media and because they haven't received anything formal, they can't act on it. They have been asked by the Ministry to hold communications with the CSOs in the meantime...."

"I heard unofficially from someone in the government that systems have been locked and people won't be paid. Even if they were able to resume and continue with services, operationally they've been locked out of data and payroll systems on these projects."



from affected populations and communities in

LESOTHO

"It's a mess this side. I just had a long call with the Ministry of Health to verify information and they said that, yes, according to their knowledge people are at home and only the senior management of some organisations are at work because they have to keep it running. As for HIV testing, PMTCT, ARVs they are being done at the facilities by the government staff and not by PEPFAR-funded staff and organisations. services are being provided by government hospitals only."

*"...to my knowledge FHI360 staff is at home, therefore all organisations under that programme are still closed. Even if they have been released from the stop-work order through the waiver, **they have been waiting for directive** from either the headquarters or PEPFAR to go ahead before they can resume. The US government is being strategic, trying to blame people for something they know it's impossible. Imagine resuming work then later you are told to return spent funds [because you acted without being instructed that you could]? It's like being gaslit. The one side says 'resume', then criticises organisations for not resuming. The other side says 'wait until we tell you'. **It's like it's all mind games.**"*

WAITING
TETELO



WAITING
TETELO



EXIT
TSWA



GAGO GOGWE
NO SMOKING



PrEP
Pre-Exposure
Prophylaxis



Daily Pill That Protects You
#LivingLong & Fabulous

HIV/AIDS

fs
EXPRESS IT



DREAMS



*Prevent early and unintended pregnancy
*Prevent sexually transmitted infections and
*Delay pregnancy or prevent teenage pregnancy

from affected populations and communities in

KENYA

"For our organisation, we're not directly funded by the US, so we're not directly affected. But many of our partners and service providers that provide services to our members – mostly to adolescent girls and young women in their diversity – are under a stop-work order. The Comprehensive Care Clinics (CCC) at the public government facilities are continuing, although even before this happened, they were rationing people on ARVs. Clients who should be receiving a six-month supply were receiving only a two-week supply and needing to come back more regularly."

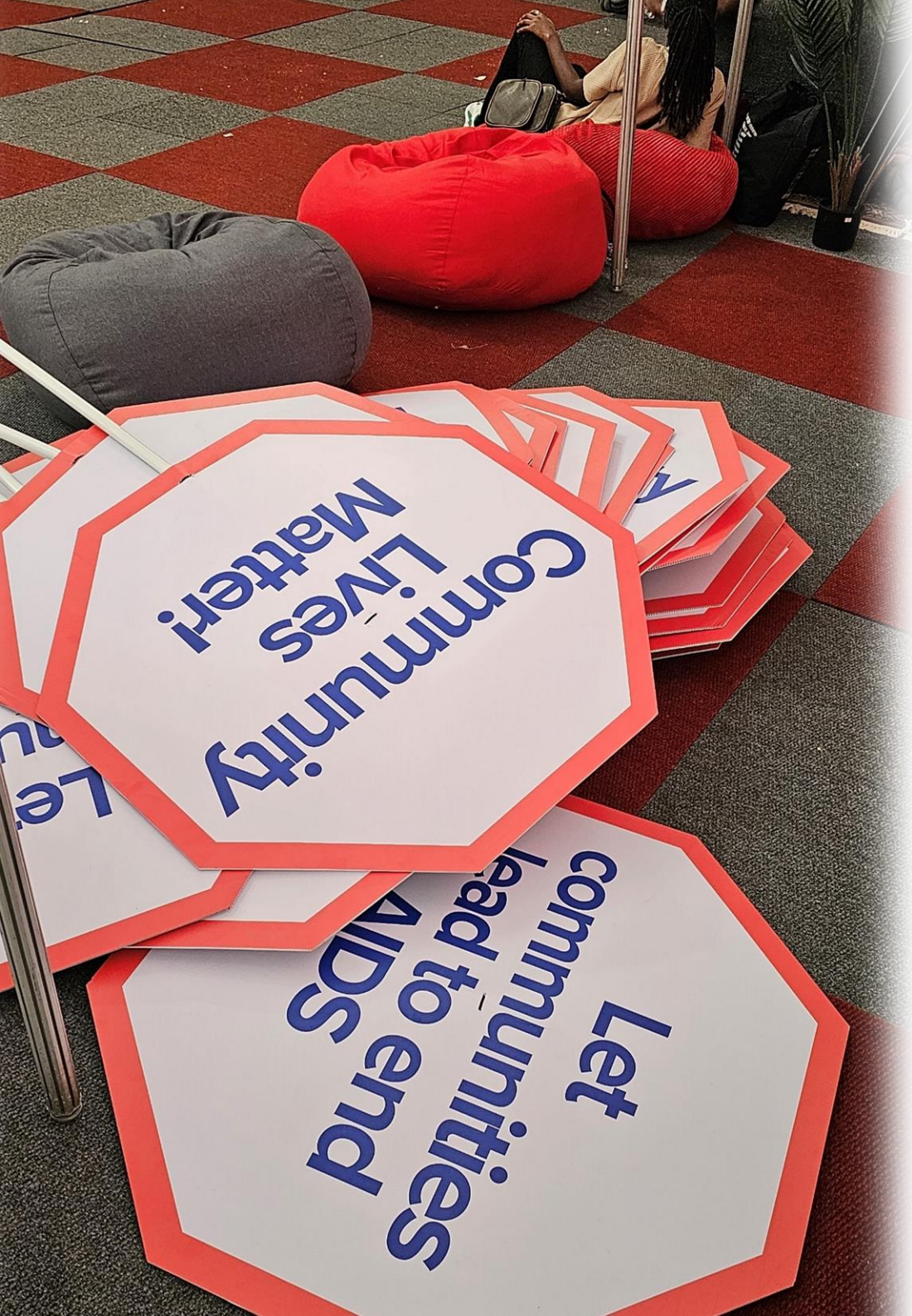
"For us, we just heard that the top management of the USAID Implementing Partner (IP) in our county – the ones who operate and manage the CCCs – has been laid off. The clients under their programme now need to go to the general outpatient's department..."

"Only this week, on 4th [February], the USAID IP that coordinates HIV testing and services in this county – they basically manage CCCS – issued this letter that they had been instructed to immediately cease all activities funded by USAID and CDC. All project activities and work under those funded projects should be immediately stopped. All the staff, including those supported through sub-awards, would be on unpaid leave until further notice. Some of the facility managers under the county government needed to go to a meeting to discuss how the county will now pick up the roles..."

"There's just a widespread service disruption, a lack of medicines, a lack of commodities, at the facilities funded by KEMSA, the Kenyan Medical Supplies Authority that receives funds from Global Fund and PEPFAR or USAID. Even at the public facilities where services are continuing, treatment and commodities are outstanding. The Drop-In Centres for Key Populations doors have completely closed."

"We're concerned that, already, the leadership in our country is picking up the same dangerous rhetoric, like the US has now given them permission. The Kenyan President spoke at a church conference just the other day and made really problematic statements:

'We are very proud that contrary to what has been happening in the past, this year we got some very welcoming developments in the United States that as a leading democracy, we have gotten to understand that the policy direction of the U.S. supports what we believe in. Boys must remain boys, men must remain men, women must remain women and girls must remain girls. We thank God that this year the first very news from the U.S. in the new administration is to confirm what the Bible says, what our faith believes in, and what our tradition firmly is grounded on...'"




"Communities are really affected. In the context in which we're operating, there has been a lot of concerns raised by community members who are accessing public facilities and even faith-based or mission-based facilities to access what was funded by USAID or PEPFAR, especially around commodities."

"Conversations are ongoing about the readiness of the government to fill in the gap that's been created by the withdrawal of US funds. Communities and civil society have been trying to engage the government in that conversation. One thing that is coming out is that government is citing to be ready to take in that gap, and tying that conversation into the Country Operational Plan launched last year in December and the Sustainability Roadmap the country is following. But they are very shaky in how they're explaining how things are, and they're saying that in relation to that gap is when they're putting in for community members to sign into the new Social Health Insurance Fund introduced by the administration."

Even with the 90-day waiver that's been given, you realise that the 90 days is only offering some specific services, and leaving out Key Populations, and that is a big gap, confirmed by the government itself."

The 90-day waiver is leaving out Key Populations, and that affects the communities we're serving, largely in the supply of commodities and all aspects of HIV-related care. Even the government is saying that, they're acknowledging that, when we leave the communities that are most at risk, we leave the larger society at risk."

"The government itself is not ready. The CEO of the National Syndemic Disease Control Council (NSDCC) was very not clear in explaining how the government is ready after 90 days to fill in the gap. It's a challenge. They're also saying that they're not even yet sure where those funds will come from, but they're pushing people to register for the Social Health Insurance."



"There's a deliberate effort in these conversations to take out population-based survey as a way to give communities voices and that presents a challenge to the work we are doing around community-led monitoring. At the end of the day, communities must be at the centre of making the decision about the services that are being offered to them and how it affects their lives. We must continue pushing and holding government accountable to ensure they can only do what is best and in the interests of communities."

HEALTH. ACCESS. RIGHTS.

from affected populations and communities in

NIGERIA

"[HIV services at the government hospital] are still functional. But NGOs that delivered HIV services are not working at all. The Implementing Partner in charge of the Akwa Ibom state is shut down. They are waiting on official letter communication from USAID to start up. Hence no ARV dispensing yet."

"All the Key Population programmes have sent messages that everybody should stop work. All activities at the KP One Stop Shops, at the Drop-In Centres and in the community have been halted until further notice. All the clients and the staff and the volunteers are advised to stay at home and await further instructions."

"Even us, with our small service delivery component, were told to return the supplies we had on stock – condoms, lubricants – so we could not distribute them during the stop-work order, because they didn't belong to us; they were purchased with US government money."

"Even just now as we chat, the organisation providing services to sex workers here has sent an update on their suspension. They have joined the organisation providing services to men who have sex with men that yesterday, received a letter of termination: it's because of their LGBTI-related services. It's all those that are specifically KP that are being terminated."



from affected populations and communities in

UGANDA

"All Implementing Partner organisations in Uganda have closed, placing their staff on leave until further notice. In some cases, government hospitals that previously ran ART clinics have sent home staff employed by these IPs. Only government-employed staff remain, but they are insufficient to manage the facilities effectively. This situation negatively impacts the key populations, who primarily engaged with these IP staff members."

"The current state of services is concerning. ART services are mainly still available, but one hospital has started referring clients to its private wing, where patients must pay for testing. Already at some NGOs, fee charts are pinned up on the walls. PrEP remains available at some facilities, but only for already-enrolled individuals who can physically pick it up. Previously, outreach programmes delivered these services directly to the community."

"The Key Populations mechanism in Uganda has terminated sub-grantee contracts and demanded the return of all financial resources and support materials. Makerere Joint AIDS Program (MJAP) in Jinja is under suspension. All activities have ceased, with staff and peers sent home. TASO Mbarara, Mbarara Regional Referral Hospital ISS Clinic, AIDS Information Centre, and Mbarara Municipal Council HIV Clinic have closed per a USAID-issued statement. Government-run facilities are still providing ARV refills, though with minimal staff. A hospital official who identified himself as a senior figure mentioned that funding was lost "due to homosexuals".

"All TASO Masaka employees have signed letters for suspension of contracts until further notice, awaiting communication from USAID."

"I don't know why they keep spreading lies. There has never been a programme in Uganda supporting transgender surgeries, not even access to hormone therapy. It's really sad, all the progress that has been reached, going to just be washed away."

"The Ministry of Health is trying to support one or two health workers at government-aided facilities to keep receiving people that need ART services. But realistically health workers are stretched - even some on voluntary work - so you may find one or two to carry forward. I am scared for more up-country facilities..."

"Facilities that are private but have been offering services to Key Populations for HIV prevention continue to dispense ART, but any tests performed are charged for. There are no counsellors. No psychosocial support for adherence that was usually given as part of the HIV package."

"We just got an official communication from our sub-granting Implementing Partner. All our contracts have been terminated - for us and for other KP CSOs - so we can't operate our Drop-In Centre anymore because we have 'components of DEI' in our programme. No one has ever defined what is 'DEI'; we just know it as 'we'. It's very sad. The abruptness of all what is happening is sickening. I am wondering how they are able to get away with this."

"It seems chaos has taken up permanent residence here. A lot is brewing in Uganda; it's nothing short of a circus over here. Finally, IDI is back to work, but they've cut all staff working on KP projects and reduced the prevention team. A contact at the National Medical Store told me they've noticed some changes; they are no longer restocking ART, PrEP or PEP; that contact thinks the current stock may run out by early April."

"The government doesn't seem to have a clear plan to address the gap. The Permanent Secretary issued vague guidelines on integrating the affected services with other services. I also saw today's headline in the government newspaper: 'Why Is the Government Closing All HIV Clinics?'"

"Nothing is really concrete. The facilities, most of them, are now giving ART, just on walk-in and appointments, no cancelling. It is really, really hard: most of the people who have been receiving ART in the community – could be for transportation reasons, or for adherence issues – are not getting their ART because no one is funding transportation in the community. so those ones are not getting. Another thing is that if someone has missed an appointment, the follow-up is not done because nobody is there to do that. of course in a situation like Uganda, some people change their telephone number or lose their phones or have no phones, so tracing them becomes a real problem. Previously, community peers have gone to look for them, or gone to their homes, or contact their next of kin to follow them up, but that is not happening."

"In government owned facilities, the clinicians and admin people have been volunteering one or two days a week. What does this mean? It means that if you come to a facility on a different day, you may not access drugs or services, so you must pray that you come on that day. Emergencies are not there anymore. If you come on a day that the ART volunteers are not there, the facility is like it's not working on ART."

"I have been receiving people who still think we're still working. They come and call on us and ask for help. People who have STIs. People with challenges for psychosocial support. We are not helping anymore because we cannot afford to keep going to the community. Some of our staff can volunteer on the phone to guide someone, but that's it. Our DICs are not operational, but people are used to them, so they come."

"Ministry of Health somehow...the government of Uganda seems to be suspending the ART Centres because they cannot manage them, and is calling on contracted staff members who have lost their jobs to keep volunteering in the spirit of patriotism."

"It's a bit of a blank situation. Now our challenge is how do you support someone who is needing support? As the community now, USAID money has been supporting some of the challenges we face. Some people have been helped with medication. Some people were helped with relocation. Some people were helped with legal assistance. It is very, very hard. Now when something happens, the human rights organisation that helped us to respond when we had challenges with law enforcement and other legal issues has had their funding cut, so they can't respond in the same way anymore to help people access justice. Now if you call on them, where they used to take an hour, now they might take days. They've had to cut staff."

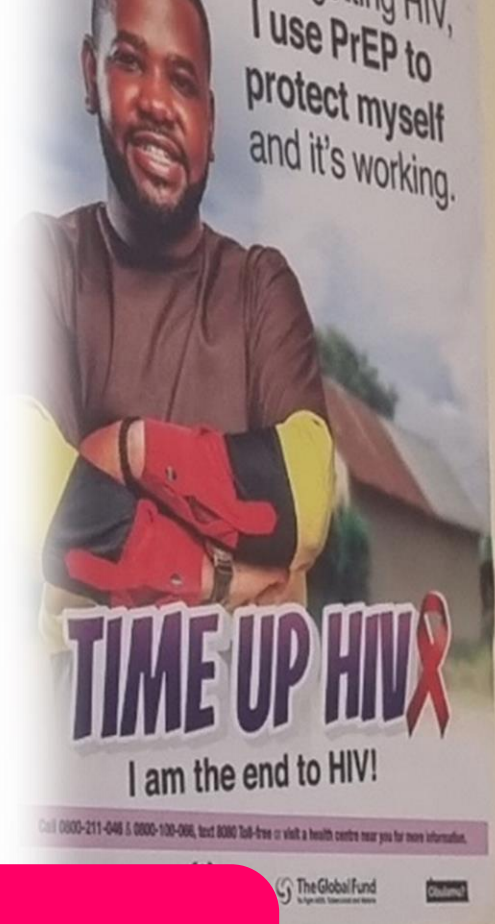
"Facilities envision a time when there is a shortage of ARVs. Some centres closed and called on people to come and get their medication because theirs was totally funded by USAID and PEPFAR. They were managed by grant money and now that the money is not there, there is nothing."

"Issues of medical examinations, access to drugs, they may be privately managed. If you go to the public clinics now you'll see there's one healthcare worker with so many people to serve for ARVs. No one is there to attend to you so you may be better off paying in the private clinic. And the stigma...the thing with the USAID clinics, the people facing the stigma had the leeway of knowing who to talk to and knowing the focal people....but now there is nothing."

"We had a community member in our organisation who, sometime back was knocked – he was in a traffic accident – and he was helped at one of the USAID funded clinics, not with HIV services but with general care. And the KP Consortium in Uganda helped to cover part of the bill for his medical care; the UKPC was also supported through USAID. But right now he is totally helpless. Yesterday he called me crying. He needs medication, but he doesn't have the money. The doctors who need to treat him are now waiting for me...but I don't have the money. It's a really, really tough situation."

"Another threatening situation is that we have Drop-In Centres that have been actively involved in community work and these DICs have been mainly equipped so that you have cabinets, condom stores, computers, lockers. And now USAID have been partly paying rental and maintenance and utilities and security. So you need to close your facility because, although we handle other services and offer other programmes with other funds, our overhead costs were being supported by USAID. Even if you're looking for a smaller office, it now needs a lot of money to figure out how to shift."

"It's the abruptness of it all that's evil. If people were warned that this was coming to an end in four months, or if it was towards the end of the contract, it would be manageable. But now, we see how this is torturing people psychologically completely, completely."





from affected populations and communities in

ZAMBIA

"For now, the services and programmes we are providing under our project have stopped. We are referring our clients to public centres for general services but even there it seems the HIV services have been suspended."

"We're worried about staff welfare in the sites where our programme is supported by the US Government, and that's over fifty of our team. One of our Primes communicated last night that we stop all activities. They themselves got a suspension letter from USAID. Queer and trans programmes are going to come under severe scrutiny, and we don't really know what to do or if there is anything we can do."

"We had a meeting with one of our Primes this morning – they're funded by USAID – and they described the terms of the assessment USAID told them would be applied during this 90-day freeze. Is the project making America stronger? Is the project making America secure? Is the project making America prosperous?"

"We got communication from our CDC Prime, different from USAID yesterday. They only shared the guidance that they had received themselves from Atlanta. That we must immediately terminate all programmes, personnel, activities or contracts that promote diversity, equity and inclusion at every level and activity. Any DEI programmes are immediately, completely and permanently terminated. The

they have asked the CDC country office for details and they will tell us. We have to wait until the US CDC communicates to them. These directives came to them directly from Atlanta and not even through the country office. It's getting chaotic..."

"The special KP clinic at the hospital has closed, and community members employed there have received redundancy letters. Many of the specialised clinicians were supported by US government funding, so now they have lost their jobs and there may not be openings available in the main hospital. It looks like the only services available going forward will be integrated into the general population, similar to how it was in the past..."

"For us we just received communication last evening that our project has closed. Even with the waiver, the language is to 'immediately terminate to the maximum extent'. The majority of our teams in these projects are community volunteers and there is now no stipend for them at all..."

"The Chief of Party for the USAID-funded CHEKUP II Project communicated to us that, unfortunately, due to the ongoing suspension of aid, all staff contracts under the project will be terminated. The funding obligations on them are just too difficult to sustain, and they have not received feedback to allow them to resume."



from affected populations and communities in

ZIMBABWE

"The organisation that provides HIV services primarily to Key Populations told their staff not to come to work as from today. We rent our small office from them, and I don't even know if we will have access to our own office space anymore..."

*"It's not just NGOs affected. So much of government's public services were USAID subsidised. Those need to stop too. Hospitals. Nurses. All ordered to stop. In a country where things are already *****, this just exacerbates the situation."*

"The PSH New Start HIV Centres that provided HIV services to the general population and to Key Populations were closed for days until further notice but finally sent communication that they would be operating half-days on a reduced staff. But it's not yet clear what the service package will be. The site manager and selected clinicians, and pharmacist will be there to offer services, although they may only be doing ART refills, no new initiations..."

"When I talked to the service providers they insisted that they would also be resuming PrEP. Rolling their eyes at me like I don't know what I am talking about when I asked if they were sure. But it's clear in the PEPFAR guidelines [that PrEP is not included for most people]. You know, the service providers don't know often; they have little to no access to these circulars."

"On the same day that PSH announced their HIV centres would be reopened for some services, they changed direction and issued a new notice that there were some changes regarding opening of the sites, and that they would be temporarily closed again until further notice. Clients need to access their refills at local City Council clinics...."

"All funded USAID programmes, activities and services have been suspended, including disbursement of shelved ARVs procured with US funds that are not to be distributed until further notice. Implementing partners have been ordered to stop work. It's very dark. It has affected a lot of people."

"We have our Key and Vulnerable Populations (KVP) Forum that was being funded from USAID. We meet after every three months. When that fund was frozen we can no longer have those meetings. There was some suggestion that we have them online, but that's not very effective, and not many people would have that data to come online for the meeting. The people that we had called our allies, the people we had thought of as our allies, are just quiet. Like the National AIDS Council is just quiet. They are not offering any support. They don't want anything to do with us, so we don't know where they stand. Since the KVP Forum was hosted under the NAC, we thought maybe they would have some funds at least for us to have those meetings, but they are just quiet. We don't know what their position is."

"There's a lot of fear in the communities where people just don't know what's coming. As much as government is promising they have enough supply of HIV medications and other medication, people have the fear about how long they are going to last because when this USAID funding was there, there were already shortages of medications and staff in the facilities."

"Now the facilities we have been working with to sensitise the healthcare workers to our communities are closed, and the communities are afraid of going to other healthcare facilities where there are nurses that are not sensitised. It's like we are starting all over again. You don't know who you

are going to meet at the facility, their mindset, or what they are going to think when you go there. Our people are afraid of going to the new environment."

"CeSHHAR only has one clinic that is funded through the Global Fund money and that is the only facility that is open in the CBD. I don't know if they will now be overwhelmed with the number of clients they are going to be seeing a day."

"Our monitoring and accountability programmes are affected because those clinics that are closed are the ones we have been monitoring. So now they are closed and it means we have to do our monitoring from outside the new facilities where our people might be going, but we don't have any relationships with. We will get fewer responses through our suggestion boxes."

"There's too much disinformation that is flowing. People are just creating these groups. You don't know if the information that is being shared is true or false. There's no way to verify the information and only a few people have the correct information about what is going on in the country, or even information about the service providers and what services are available to the community. We wish our own media would share information for our communities to know what to do, both in the country but also what is happening at the global level."

"This freeze also disturbed other services, not only HIV testing and treatment. STI screening and treatment has stopped. Counselling services are not available. Family planning services are not there. This poses a huge threat especially to the key and vulnerable population who can't bear to go to public facilities because there are no sensitised healthcare professionals who can assist the LGBTIQ community without judging them"

"CeSHHAR has reopened; but they are only giving what they call a Visitors' Pack for ART. It's enough for a week or two."



"This is a tough time for us as a community. We had eleven transgender persons who were working as Enhanced Peer Mobilisers (EPMs) under PSH. Most of them have been chased away from home and were now living alone being able to pay their rental and buy own food. Now they have nothing. We had to terminate their contracts after we were instructed not to touch or withdraw the money that was in our account after the 24th of January. We've tried to group them so some of them can stay together in the meantime while we think about a strategy. In Zimbabwe our economy has gone down, big shops are closing down and rentals have also gone up and our community is stranded. On top of that every day they are facing hate speech, people calling them all sorts of names and laughing, and now to say '...now even the white persons have seen that you are worse than pigs and dogs...'"

"some of us grantees have been asked to sign a certification that we will denounce diversity, inclusion and equity if we get future funding we need to write on our letterhead and sign that any DEIA-related activities have completely ceased. And then document what activities we were doing that were DEIA and what we have done or how we plan to terminate it. But no one describes what is included or what we must consider to be DEIA. we are still pondering on a way forward."

"The current situation has caused panic especially to all the recipients of care who are on ART treatment and TB treatment. The closure, without any notice, of the places where they used to get their refills without being stigmatised or discriminated against caused so many to panic and some to even default medication for a few days until they figured out where else to go to get these services. Some were due for viral load testing and didn't access those services even in public clinics because there's no one there to

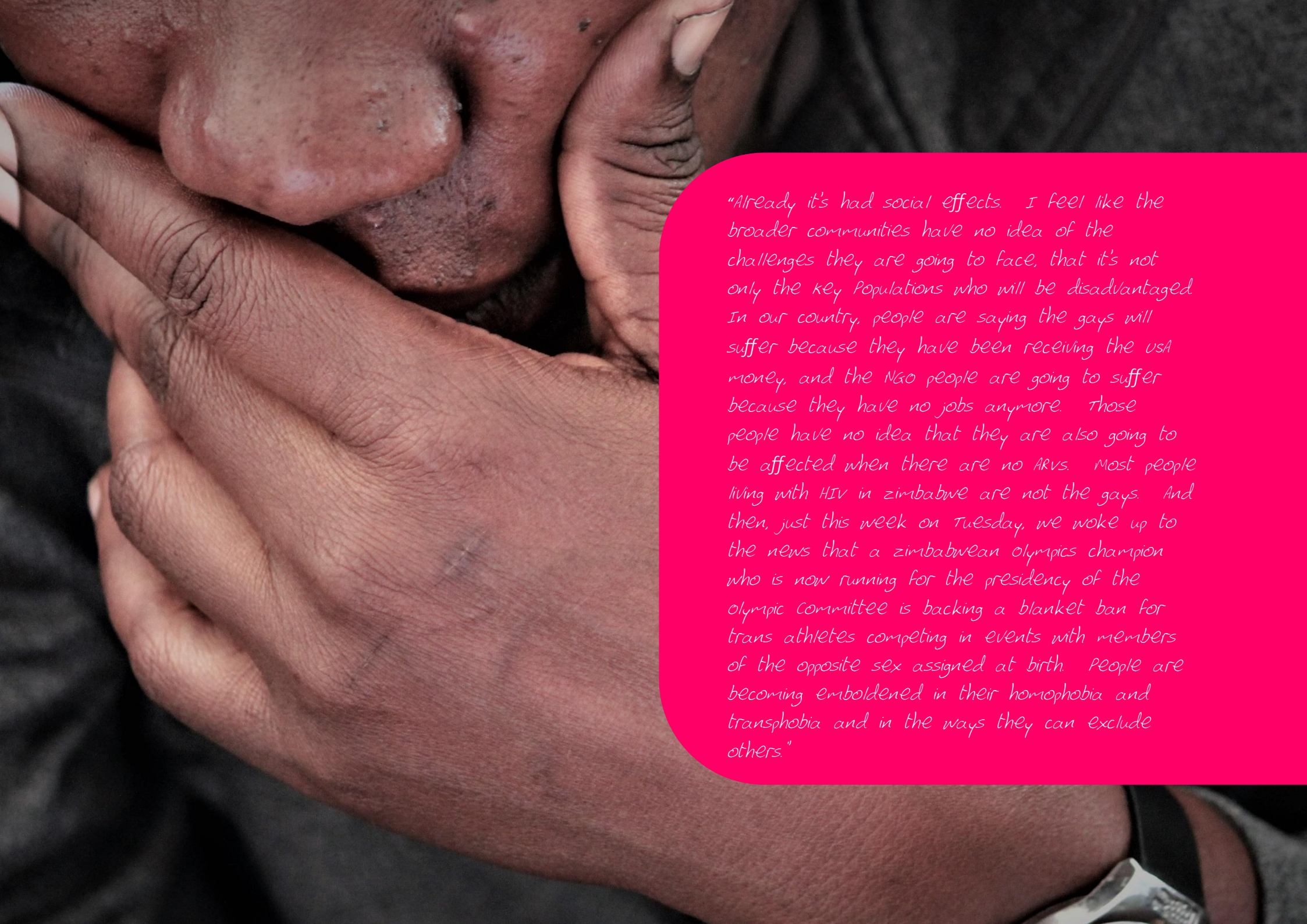
assist them. Some were due for cervical cancer screening and they also couldn't get those tests done."

"Things are not well. At all. They are very hectic. I was working in seven provinces, and we needed to close our work in three of those provinces. We needed to let go of some of our community members. We need to think of something to do that is permanent because, as far as we are concerned, we are not coming back. Even if the funding through USAID returns, we will not be part of it. Trans and intersex, we have acknowledged that, and that we're not needed."

"We have been so severely affected in our operation and workplan. There have been job losses for 35 micro planners, 6 peer counsellors, M&E and finance staff members. We have had to close two of our established Drop-In Centres and one that was just new. We don't have the resources to continue operating, including paying the rent for our office that was partly covered by USAID."

"We are concerned about clinical services for our community because transgender persons were accessing services from PSH, other PZAT clinics, and USAID sites for CeSHHAR...and now those safe programmes for us have stopped..."

"We had got a grant through the USAID fund called The Rainbow Fund that was for LBQ women, trans men and intersex persons. We had just started implementing. The money was being hosted by PSH, and we had a consultant who was helping us with the implementing processes. But when the funds were frozen, we cannot access that money now, and we are not sure if we are ever going to get that money after the 90 days. This was our first time to get a grant as LBQ women and we can probably now as well just forget about that programming that was going to happen."



"Already it's had social effects. I feel like the broader communities have no idea of the challenges they are going to face, that it's not only the key Populations who will be disadvantaged. In our country, people are saying the gays will suffer because they have been receiving the USA money, and the NGO people are going to suffer because they have no jobs anymore. Those people have no idea that they are also going to be affected when there are no ARVs. Most people living with HIV in Zimbabwe are not the gays. And then, just this week on Tuesday, we woke up to the news that a Zimbabwean olympics champion who is now running for the presidency of the olympic committee is backing a blanket ban for trans athletes competing in events with members of the opposite sex assigned at birth. People are becoming emboldened in their homophobia and transphobia and in the ways they can exclude others."

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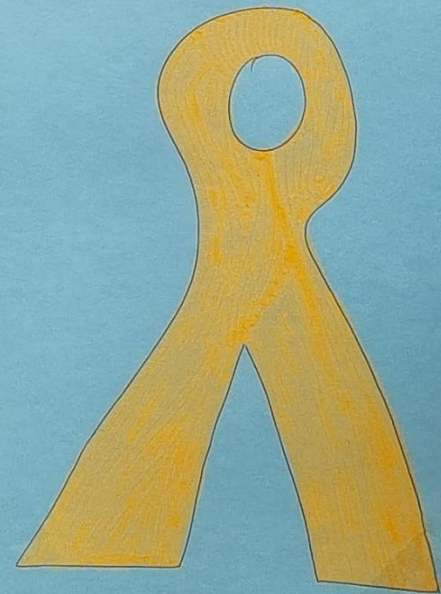
VIOLENCE

SOLVES

NOTHING

CARE

DOES



COMMUNITIES IN **CRISIS**

effects and impacts of the **UNITED STATES FREEZE** on foreign assistance on communities living with and affected by HIV in Africa

Walters, R. (2025) "Communities in Crisis: effects and impacts of the United States Freeze on foreign assistance on communities living with and affected by HIV in Africa". Positive Vibes Trust.

