Highlights

- Due diligence conducted by visiting 42 grantee partners
- People engaged through the peer grants webinar
- Opportunity Grants in 7 countries
- New Organisations resourced

42
41
6
930
8
13
41 organisations awarded for a total of $584,937 for round 13 PGC cycle.

Organisations per Country
- Rwanda: 1
- Burundi: 1
- Uganda: 7
- Kenya: 22
- Tanzania: 3
- Ethiopia: 2
- DRC: 4

PGC grants to marginalised populations:
- LBQ funding – 8 ($ 100,000)
- Trans funding – 3 ($ 50,000)
- Rural organising – 4 ($ 40,000)
Strategic Grants

9 Opportunity grants totalling $37,086 awarded

30 Capacity Support grants totalling $73,185 awarded

8 strategic grants (includes 1 Pan-African Grant) totalling $122,831 awarded

Organisations per Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>NIL</td>
</tr>
<tr>
<td>Burundi</td>
<td>$37,300</td>
</tr>
<tr>
<td>Uganda</td>
<td>$50,430</td>
</tr>
<tr>
<td>Kenya</td>
<td>$93,626</td>
</tr>
<tr>
<td>Tanzania</td>
<td>$20,621</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>$1,917</td>
</tr>
<tr>
<td>DRC</td>
<td>$9,208</td>
</tr>
<tr>
<td>PanAfrican</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

SGC grants to marginalised populations:

- LBQ funding – 3 ($43,095)
- Trans funding – 8 ($34,349)
- Rural organising – 3 ($9,451)
We accompany grants with capacity support to ensure our partners have the technical assistance essential to build strong institutions, accountable to their constituents, and sustainable enough to effect long term change.

Our Method is focused on peer learning and exchange manifested through Activist in Residence programme and capacity support grants wherein we facilitate our community partners to identify learning needs and link them up to peers with complementary strengths and weaknesses for mutual learning and sharing.

We supported capacity building in MEL, advocacy and partnership building and HIV treatment programming among different activists through AiR.

Fourteen (14) sets of Activists in Residences nurtured and facilitated:

<table>
<thead>
<tr>
<th>Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM organisations</td>
<td>7</td>
</tr>
<tr>
<td>FSW organisations</td>
<td>3</td>
</tr>
<tr>
<td>LBQ organisations</td>
<td>2</td>
</tr>
<tr>
<td>TRANS organisations</td>
<td>2</td>
</tr>
</tbody>
</table>

13 Uwezeshaji (capacity) grants made to facilitate organisation representatives participate in various self-identified leadership and advocacy learning spaces.

5 Uwezeshaji grants facilitate institutional development areas such as financial management, decision making and membership engagement, monitoring and evaluation and external relations.
UHAI is the proud host of a biennial Pan African LGBTIQ and sex worker convening called Changing Faces Changing Spaces. In 2019, the selected dates for the 7th edition of CFCS are 19th – 21st June.

Bye-bye Wanja:
After 9 years of leading and nurturing the growth of the first indigenous African participatory fund, our Founding ED, Wanja Muguongo retired. Thank you for all your amazing work Wanja!

We have appointed a pair of Co-Executive Directors:

Mukami Marete, a queer feminist, with a long and broad activist career of 18 years, working at the intersection of financial management, human rights, and social justice. Her career has particularly concerned the human rights of LGBTI people, and sex workers; and reproductive justice, and environmental justice. Mukami has served UHAI since 2011, as Finance and Administration Manager, and then Director of Operations, and most recently, as the Deputy Executive Director. She is a mother of two, and believes that love makes a family. She is raising her children to be resilient for the patriarchal, racist, imperialist, and sexist world she finds herself in.

Dr. Stellah Wairimu Bosire also a queer feminist, and medical doctor with extensive experience in patient care, medical operations and management in the public and private sectors, and public health advocacy. She has since 2013 been Vice Chair of the HIV/AIDS Tribunal of Kenya, and was most recently Chief Executive Officer of the Kenya Medical Association. She was a consultant in the development of the East Africa Community HIV/AIDS Management Act, and led the Kenya Medical Association in providing expert witnesses to support a recent challenge to forced anal examination and HIV testing to confirm same-sex sexual activity, and to the ongoing constitutional petition to decriminalise homosexuality in Kenya. Stellah has engaged as a consultant for various NGOs such as Palladium, the Network for People Living with HIV in Kenya, Jinsiangu, Coalition on Violence Against Women, Federation of Women Lawyers (FIDA Kenya), International Planned Parenthood Federation, and the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN).

UHAI turns 10 in 2019!

In 2019 we celebrate the 10th anniversary of a participatory approach to grant-making to support movement building in the region, investing over $8 million in more than 500 grants to nearly 200 Eastern African LGBTI and sex worker organizations in seven countries across Eastern and Central Africa—Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Rwanda, Tanzania and Uganda. We also partner with and fund pan-African organisations and networks allied to our movements. We have been the first funder to most LGBTI and sex worker organizations in our region and have sustained the majority of them with successive support over the years—building considerable expertise in grant-making and nurturing deep relationships with organisations capable of achieving results.
We Supported...


Uganda - multi-stakeholder public engagement and advocacy in response to violence against LBQT and sex worker communities in post war Northern Uganda, the utility of evidence based advocacy to inform and build credibility among community influencers and public officials, and sustain dialogue with local council and cultural leaders.

In Burundi we also supported safety and security trainings and advocacy capacities skills strengthening for emerging organising across the country. We also supported a critical resource space for movement building, core support to organisations doing critical work at national and sub-regional level in Francophone Central Africa, the creation of safe spaces for LBQ women which will strengthen community engagement in terms of collecting data which would then inform policy engagement and change whilst facilitating the creation of partnerships and allies.

In Rwanda we supported research on, and documentation of, targeted human rights violations towards building evidence for advocacy with public officials and also for use in a public education campaign on radio.

In DRC, we supported the establishment of a data collection system for better documentation and for an efficient advocacy, HIV education and awareness raising and development of strategies to mitigate SOGI based violence. Collaborative efforts by a collective of Congolese LGBT organizations, to produce a Joint communique on the situation of human rights violations based on real or perceived SOGIE to inform DRC’s Universal Peer Review.
Kenya - multi-sector dialogue within key government departments at the local and county levels, to strengthen commitments to the constitutional protections of human rights and promote health access for all without discrimination; An ongoing consolidated constitutional petition to decriminalise homosexuality, LGBTIQ and sex worker communities pushback against experiences of violence, Strategic interventions against the enactment of a discriminatory county bill seeking to deregister LGBTIQ organisations in Western Kenya on arbitrary grounds, improved healthcare access for LBQ women and enhanced economic empowerment and resilience of LGBTIQ refugees by supporting vocational training and a micro-finance project.

Ethiopia. Empowerment through knowledge building on sexual rights and health by launching alternative information technology modalities, training on HIV/STIs and Mental health issues.

In Tanzania, we supported organising to leverage public health advocacy in building alliances and collaborations between government agencies and officials and communities, against a backdrop of volatility and arbitrary government sanctions on civil society.