



# SOUTHERN HIV IMPACT FUND

Year 8 Annual Report

November 1, 2024 - October 30, 2025

# Introduction

During the Year 8 grant year (November 1st, 2024, to October 30th, 2025), grantees delivered HIV prevention, care, and advocacy in an environment shaped by accelerating policy disruption, rising fear across immigrant and LGBTQ communities, and increasing uncertainty about funding and service continuity. The interim reporting conducted in May 2025, and check-ins throughout the grant year surfaced early barriers tied to a shifting policy environment, persistent stigma, rural access constraints, and limited organizational capacity. By final reporting in December 2025, many of these pressures had intensified, with added disruption from policy changes, growing community fear and anxiety, and heightened funding uncertainty.

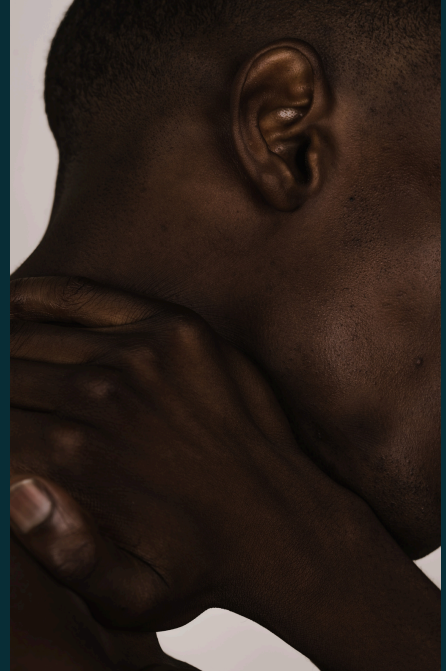
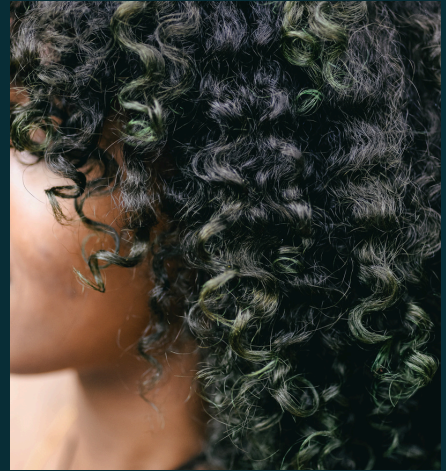
Grantees sustained impact by continuously adapting how they delivered services and protected community trust. Across the cohort, organizations reinforced confidentiality and affirmed culturally grounded spaces in response to rising fear and stigma. They also shifted delivery models to maintain impact through outreach and hybrid approaches. As resources tightened, grantees prioritized core services such as linkage to care, prevention, harm reduction, and wraparound supports. This cohort also leaned on partnerships and lived experience leadership to strengthen referral pathways, improve coordination, and keep communities engaged.

Despite persistent capacity strain and burnout risk, grantees maintained critical access points for Southern communities most impacted by HIV.



Against this backdrop, the **Southern HIV Impact Fund (SHIF)** distributed **\$1,172,500** to the Year 8 cohort through **33 general operations grants**, supporting organizations working across **9 Southern states**, with some operating regionally, beyond the 9 states. AIDS United (AU) made the decision to transition all Year 8 grants to general operating due to the changing sociopolitical and economic climate.

These grants supported grantees doing HIV prevention, care, advocacy, and intersectional justice work. They addressed both direct service delivery and HIV-related social determinants of health. Grantees used this flexible funding to sustain and adapt culturally responsive services grounded in lived experience, while maintaining critical access points for communities most impacted by HIV. Based on final reporting, Year 8 grantees collectively reported **servicing 25,910 unduplicated beneficiaries.**



# Beneficiary Demographics

## Who We Served

Grantees reported demographic information to describe who they reached during the 2024 to 2025 grant year. The charts and summaries below highlight participant characteristics across Southern states and multiple regions, age, sexual orientation, gender identity, race, ethnicity, and HIV status, offering a clearer picture of the communities engaged through SHIF supported services and outreach. These findings reflect both the breadth of engagement and the practical realities of demographic data collection in community-based settings, where some information was not consistently captured across activities or was reported as unknown.

### Geographic Growth

SHIF Year 8 grantees were concentrated across the South, with the strongest presence in **Texas (6 grantees)**, followed by **Georgia (5)** and **Louisiana (5)**. Additional state-based coverage included **Florida (3)** and **Mississippi (3)**, with smaller representation in **North Carolina (2)**, **Tennessee (2)**, **Alabama (1)**, and **South Carolina (1)**. In addition to these state-based placements, **5 grantees operated regionally across multiple states**, extending reach beyond a single state footprint.

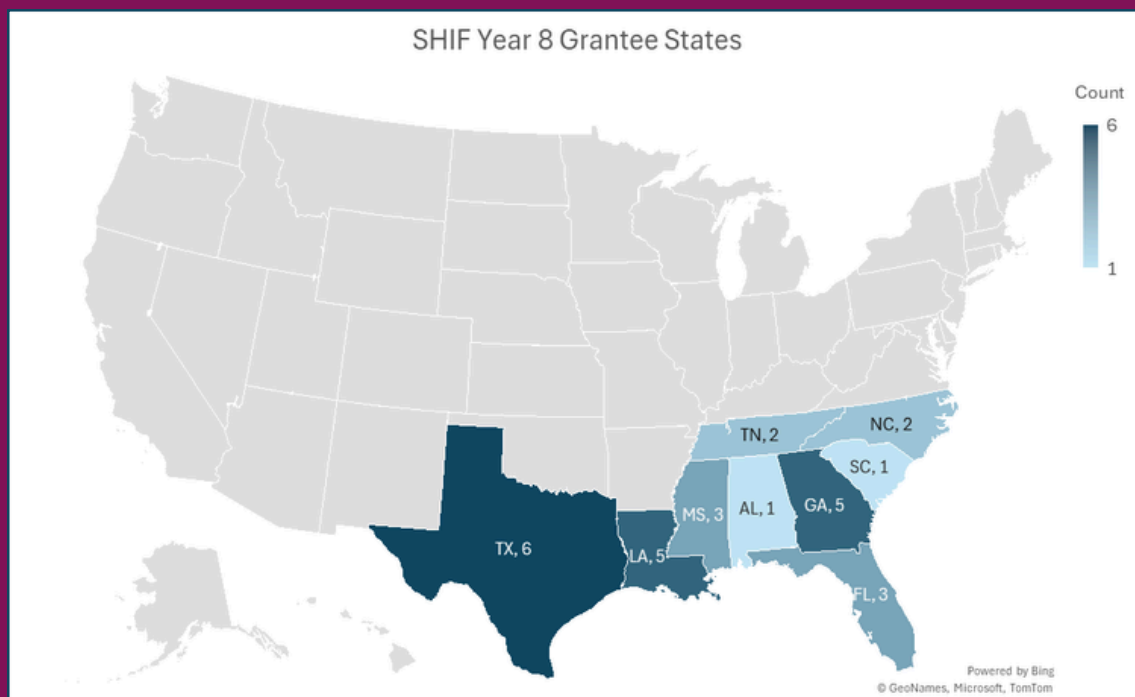
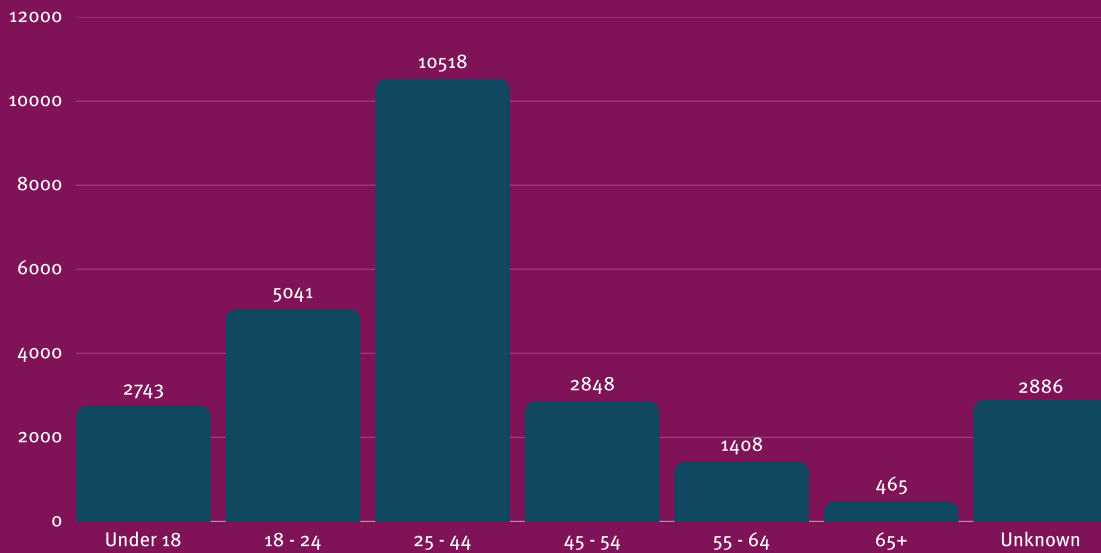


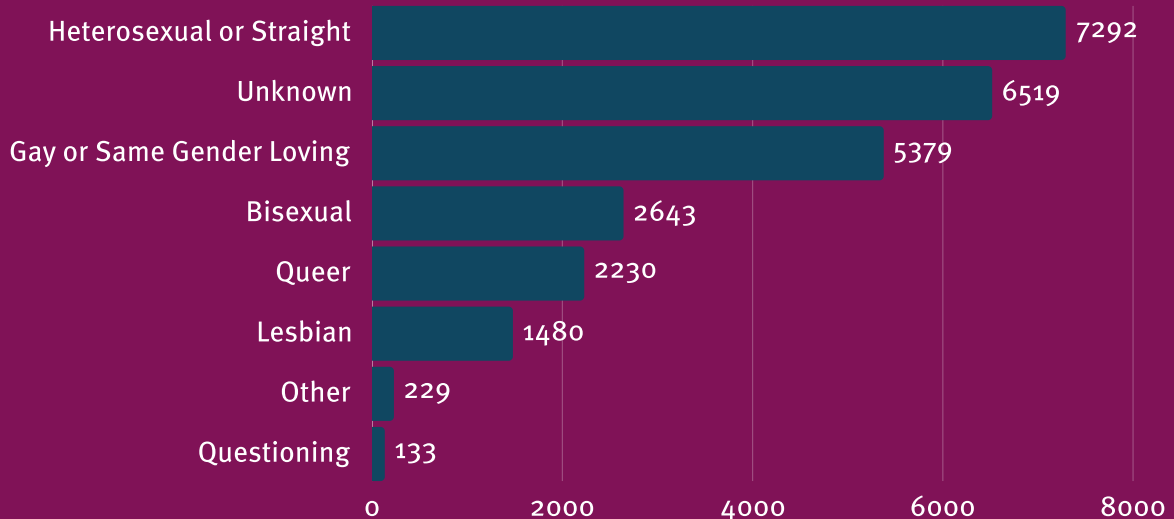
Figure 1

## Age: Engagement From Youth Through Older Adulthood

This cohort's reach reflected service delivery across the lifespan, with the largest number of beneficiaries ages **25 to 44 (10,518)**. Grantees also reached younger age groups, including **18 to 24 (5,041)** and **under 18 (2,743)**, demonstrating engagement with adolescents and young adults alongside adult focused services. Older adults were reached as well, including beneficiaries ages **45 to 54 (2,848)**, **55 to 64 (1,408)**, and **65 and older (465)**. Age was reported as **unknown for 2,886** beneficiaries.



## Sexual Orientation: Reaching Diverse Communities



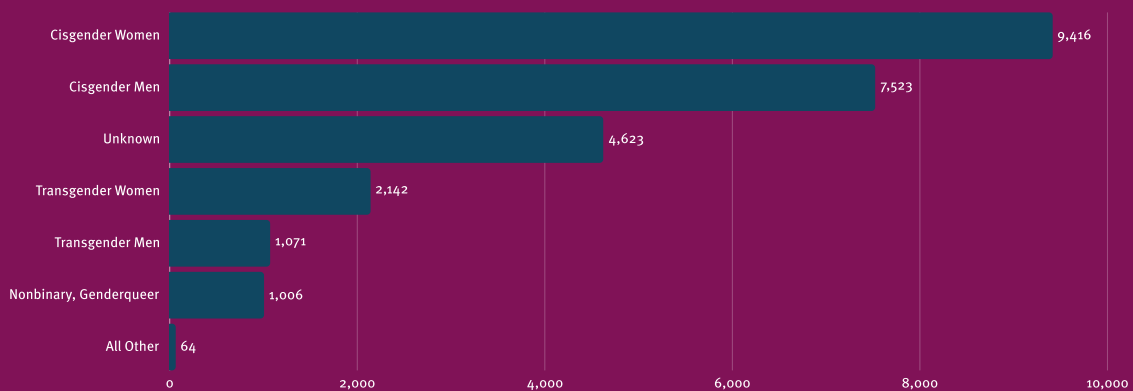
## Sexual Orientation: Reaching Diverse Communities

SHIF Year 8 grantees reached beneficiaries across a wide range of sexual orientations. The largest reported categories was **Heterosexual or Straight (7,292)**, followed by **Gay or Same Gender Loving (5,379)** and **Bisexual (2,643)**. Grantees also reached **Lesbian (1,480)** and **Queer (2,230)** beneficiaries, with smaller counts reported for **Other (229)** and **Questioning (133)**. The high number of beneficiaries reported as **Unknown (6,519)** demonstrate the reality that sexual orientation data is not consistently captured, particularly when privacy, safety, and trust considerations shape what participants choose to disclose.



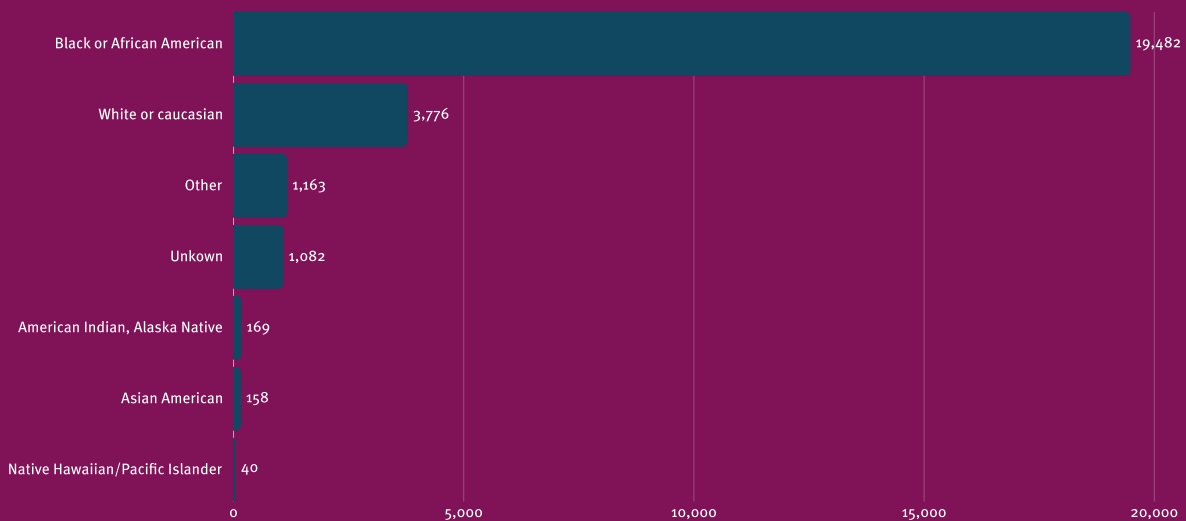
## Gender Identity: Affirming All Identities

Grantees served beneficiaries across diverse gender identities, with the largest counts reported among **Cisgender women (9,416)** and **Cisgender men (7,523)**. Grantees also reached **Transgender women (2,142)**, **Transgender men (1,071)**, and **Nonbinary or Genderqueer beneficiaries (1,006)**, reflecting engagement with communities that often face heightened barriers to affirming care and stigma free services. Gender identity was reported as **Unknown for 4,623** beneficiaries, showing that this information is not always collected or disclosed, particularly in contexts where privacy and safety shape what participants choose to share.



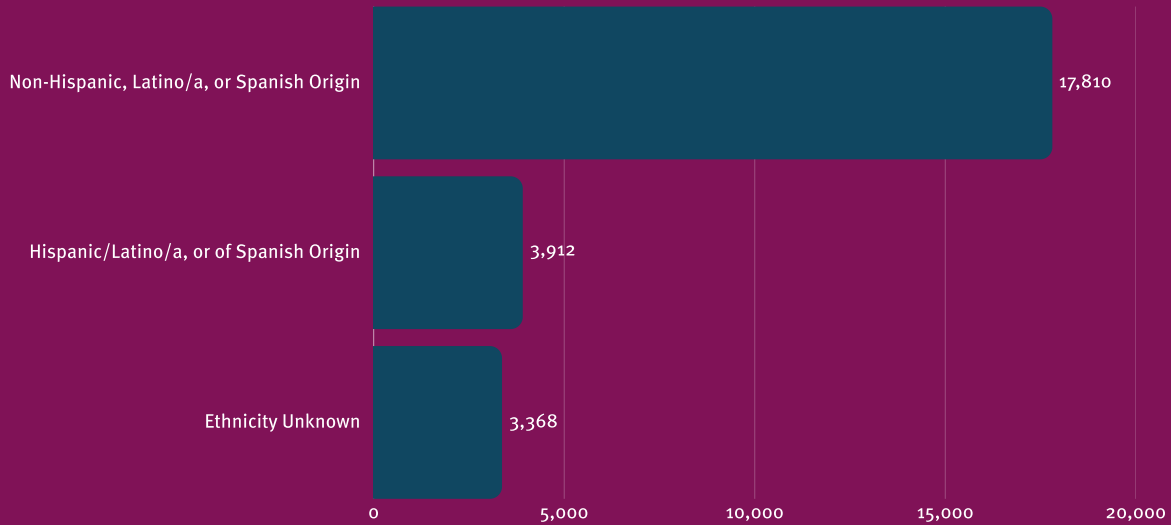
## Race: Addressing Racial Disparities in HIV

Grantees reached beneficiaries across racial groups, with the largest reported reach among **Black or African American beneficiaries (19,482)**. Additional reach included **White or Caucasian (3,776)** and **Other (1,163)**, with **Unknown (1,082)** reported for beneficiaries whose race was not captured or not disclosed. Smaller counts were reported for **American Indian or Alaska Native (169)**, **Asian American (158)**, and **Native Hawaiian or Pacific Islander (40)** beneficiaries. Overall, the distribution reflects this cohort's engagement with communities that experience disproportionate HIV burden in the South, alongside the reality that some demographic information is not consistently collected across all community-based settings.

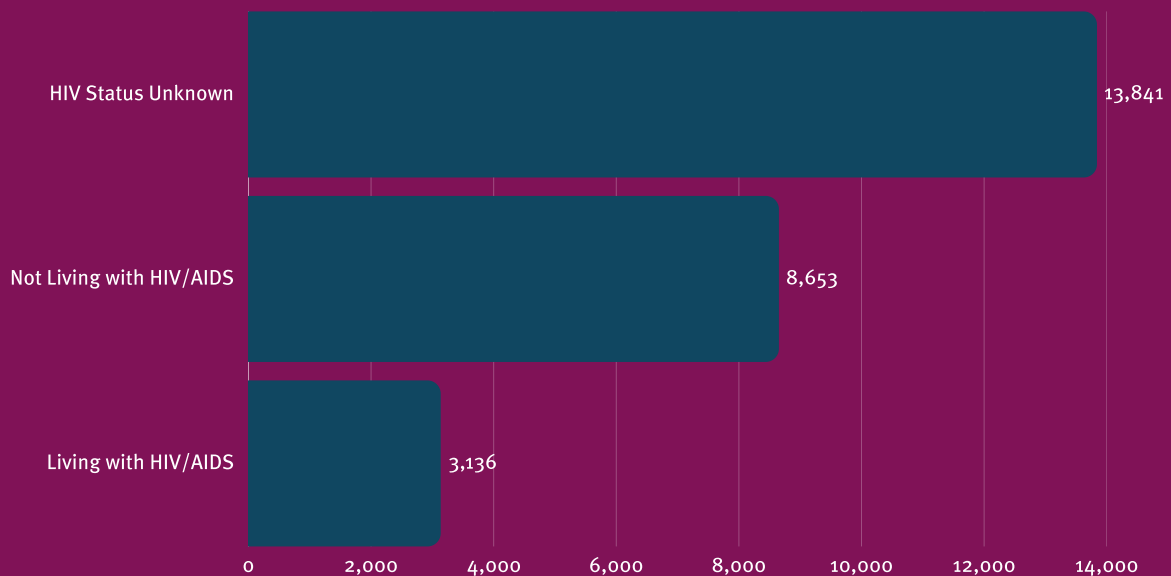


## Ethnicity: Understanding Cultural Impact in Health Access

Grantees reported ethnicity for a substantial portion of beneficiaries served. Most beneficiaries were reported as **Non-Hispanic, Latino or of Spanish origin (17,810)**, followed by **Hispanic or Latino or of Spanish origin (3,912)**. Ethnicity was reported as **unknown for 3,368 beneficiaries**, reflecting common limitations in demographic data collection in community-based settings, including varied intake processes and participant choice about what to disclose.



## HIV Status: Supporting Those Living with and Vulnerable to HIV



## HIV Status: Supporting Those Living with and Vulnerable to HIV

Grantees served both people living with HIV (PLWH) and people not living with HIV, reflecting a mix of HIV specific services and broader prevention, outreach, and support activities. Of beneficiaries whose HIV status was reported, **3,136** were **living with HIV**, and **8,653** were **not living with HIV**. HIV status was reported as **unknown for 13,841** beneficiaries, reflecting the practical realities of community-based data reporting, where HIV status is not always collected, not always relevant to the service provided, or not always information that participants choose to disclose.

## Community Voice and Meaningful Involvement of PLWH (MIPA)

**Grantees strengthened MIPA by creating multiple pathways for community voice and input.** Across the cohort, grantees reported **679 focus groups** with **5,987 participants** from impacted communities engaged through surveys, and **1,367 larger input sessions** such as town halls. Collectively, these **engagement activities reinforced community centered planning, accountability, and real time feedback loops to inform program design and service delivery.**

In addition to formal focus groups, surveys, and town hall style input sessions, grantees described several other approaches to MIPA that reflected relationship based, culturally responsive practice. **They emphasized meeting people where they are, building trust over time, and engaging participants as partners in planning services, setting goals, and shaping program decisions, which supported stronger follow through and client empowerment.** Several organizations embedded MIPA throughout

implementation and evaluation, including peer led facilitation, peer staffing models, and leadership roles within advisory boards, community advisory bodies, and HIV advisory councils. Grantees also elevated community voice through culturally relevant storytelling approaches, including video testimonials and dialogue spaces, and through ongoing structures such as leadership councils, community roundtables, and biweekly planning meetings that incorporated real time community feedback. **Collectively, these methods strengthened accountability to impacted communities and ensured that programming remained responsive, affirming, and aligned with lived experience.**

4,685 participants



537  
focus  
groups



1,157  
larger  
input  
sessions

## Partnership Development

Grantees reported strong partnership building as a core strategy for expanding reach, strengthening referral pathways, and sustaining services. Collectively, they reported **186 new partnerships and 100 expanded partnerships**. These span health systems and clinics, community-based organizations, legal and policy partners, public health agencies, universities and HBCU partners, faith and cultural institutions, local businesses, and digital platforms that supported outreach and engagement.

Partnerships were described as critical for increasing visibility, deepening community trust, coordinating HIV prevention and care linkages, supporting harm reduction and wellness services, and improving shared capacity through joint planning, co-hosted events, and resource sharing. Several organizations also noted that, even when new partnerships were not developed, existing collaborations remained essential to delivering services and maintaining continuity for communities served.

# Technical Assistance Support (TA)

## Leadership Development Program and Service-Learning Projects

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From February through October 2025, SHIF delivered a **Leadership Development Program (LDP)** to strengthen grantee leadership, support peer learning, and translate learning into action through **Service-Learning Projects (SLPs)**. The LDP paired leadership seminars and coaching with structured reflection, creating space for leaders to build skills, adapt to a volatile policy environment, and stay grounded in community centered practice.

Across eight SLPs implemented during the grant period, **grantees reported directly reaching 452 people** through a mix of in-person sessions, virtual workshops, support groups, and targeted outreach. **Participants described audiences that included Black or African American community members, LGBTQ communities, cisgender and TGNC BIPOC women, formerly incarcerated people, unhoused and underserved community members, parents and caregivers, advocates, and faith-based leaders.**



Across SLP reflections, leaders consistently described the following areas of focus and community impact:

### Themes

- **Reducing stigma and misinformation** through culturally relevant education, including HIV criminalization education and HIV prevention information in trusted spaces.
- **Strengthening community support** systems through peer led groups and training, including Master Peer Specialist certification and ongoing support groups.
- **Creating healing centered spaces** for reflection and connection, including storytelling circles and trauma informed facilitation practices.
- **Building advocacy capacity** through SHIF grantee convenings, planning council engagement, and coalition building that supported policy change strategies.
- **Equipping parents, guardians, and mentors** with practical tools for age-appropriate sexual health conversations and resource navigation.
- **Expanding HIV justice and public health engagement** in campus and community settings, including distribution of harm reduction and sexual health supplies.
- **Integrating faith, wellness, and dignity centered outreach** to meet immediate needs while connecting community members to HIV and wellness resources.

**LDP leaders were also invited to attend AIDSWatch 2025 to support their engagement through facilitated networking with cohort peers and other Southern advocates, advocacy training, and opportunities to meet with congressional representatives.** Collectively, these experiences strengthened inclusive program design, deepened equity driven leadership practice, and improved facilitation across sensitive topics including HIV criminalization, stigma, sexual health, homelessness, and trauma.

Looking ahead, leaders planned to sustain and expand their SLP work by integrating activities into ongoing coalitions and organizational programming, continuing education sessions on a quarterly basis, expanding outreach to additional counties and states where feasible, and maintaining partnerships with local organizations, reentry programs, campus partners, and faith communities. Several leaders described plans to replicate or institutionalize activities as recurring offerings, such as annual storytelling circles tied to key HIV awareness observances, multi campus rollouts, and follow up trainings that extend advocacy skills and peer support.

**To ensure SHIF programming remained grounded in lived experience and responsive to community priorities, SHIF partnered with the Southern Community Advocacy Council (SCAC).**

SCAC included seven individuals from the South who were living with HIV or disproportionately impacted by HIV and supported SHIF through ongoing feedback and strategic guidance. SCAC members also attended AIDSWatch 2025 alongside LDP leaders, strengthening collective advocacy and federal engagement.



## Ongoing Grantee Engagement and Learning

Throughout the grant year, grantees participated in check-ins to share implementation progress, surface emerging challenges, and identify TA needs in real time. Grantees also engaged in cohort connection and peer learning spaces that supported strategy sharing and collective reflection on adaptation, resilience, and sustainability.



Voices of PLWH were elevated during the 2025 SHIF annual convening in Houston, TX, which served as both a celebration of grantee leadership and a platform for shared learning and honest dialogue. The convening featured panel discussions, storytelling spaces, and community driven sessions where grantees led conversations on impact, healing, and systems change.

Participants shared personal and organizational narratives that informed collective strategies for advancing equity in HIV care and advocacy. The agenda included grantee led sessions on sustainable coalition building, lasting community impact, and shifting narratives in hostile political climates, reinforcing lived experience as evidence and peer expertise as central to responsive solutions.

Feedback from the convening reflected that attendees felt seen, affirmed, and energized by the opportunity to lead. Grantees reported increased confidence in public speaking, policy engagement, and fundraising, tied to a convening structure that prioritized community expertise over institutional hierarchy. Participants also noted that the experience strengthened leadership identity, renewed purpose, and expanded visibility across the field.

## Trainings, Webinars, and Capacity Building

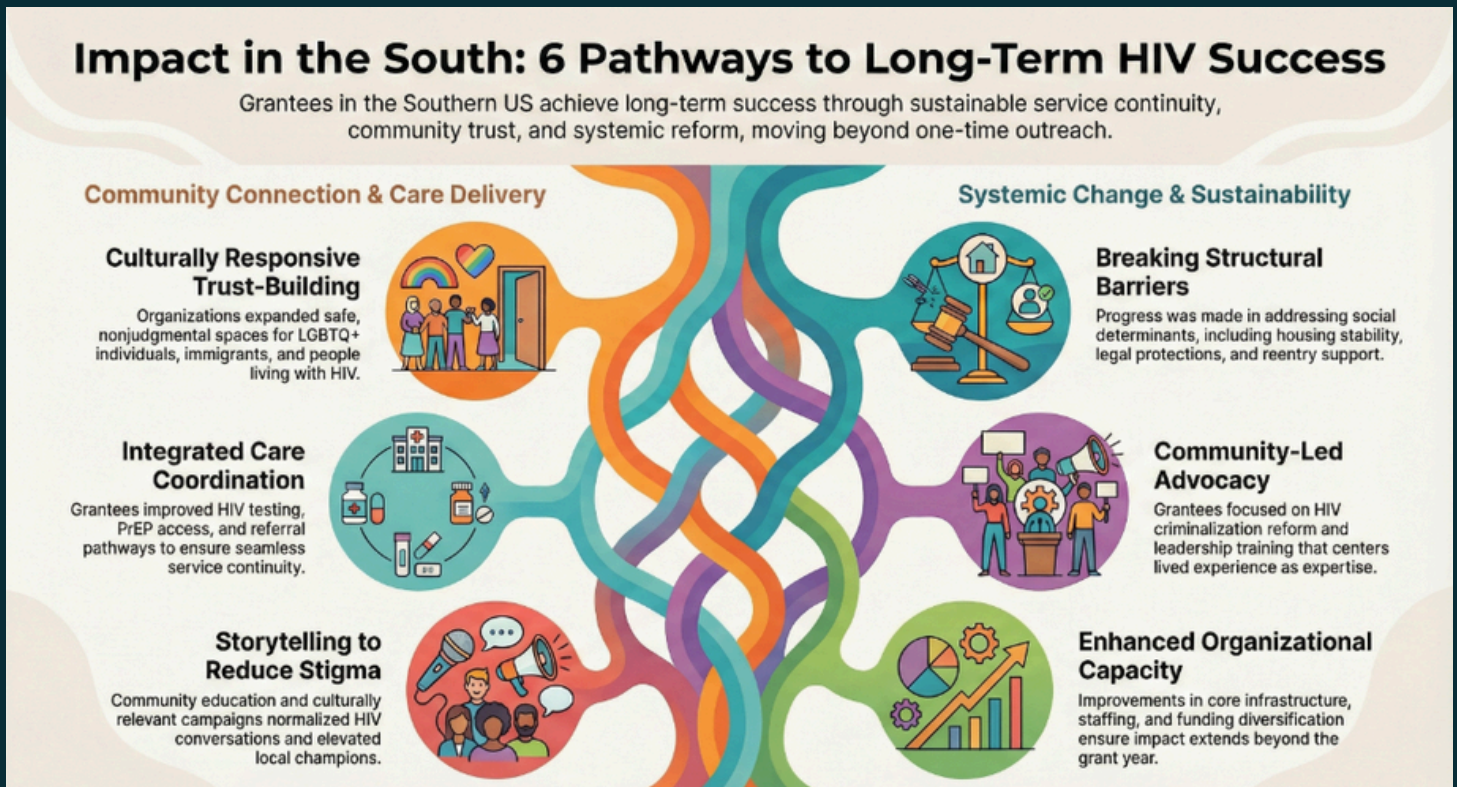
Grantees also participated in trainings and webinars that strengthened organizational capacity, supported program delivery, and improved the use of data for decision making and storytelling. Learning opportunities were selected and applied in ways that aligned with operational needs, including navigating funding uncertainty, sustaining services, and strengthening partnerships.

## TA and Responsive Support

Finally, grantees accessed tailored TA, coaching, and resource navigation to support priorities related to evaluation,

program implementation, partnerships, and organizational development. This support reinforced practical tools and problem solving that strengthened organizational readiness and responsiveness during a rapidly shifting policy and funding environment.

## Achieved Long-Term Goals



Grantees reported progress on long term goals that strengthened service continuity, expanded community trust, and advanced HIV prevention, care, and advocacy in the South. While strategies varied by community and setting, successes clustered around a set of shared impact pathways.

### **01** *Strengthening community trust through culturally responsive, affirming spaces*

Grantees sustained and expanded safe, nonjudgmental spaces where LGBTQ+ communities, immigrants, and PLWH could gather, access support, and inform program design. **Several organizations emphasized relationship-based engagement, meeting people where they are, and building consistent presence in trusted community settings.**

## **02** *Expanding linkage to care and improving care coordination*

Grantees effectively strengthened HIV testing, PrEP access, rapid linkage, and follow-up systems, including improved referral pathways and coordinated workflows with partners. **Multiple organizations described stronger internal systems that increased responsiveness and continuity of care beyond one-time outreach.**

## **03** *Addressing structural barriers that shape HIV vulnerability*

Grantees advanced longer-term goals tied to social determinants of health, including housing stability, reentry support, and access to benefits and legal protections. Examples included transitional housing and wraparound supports, legal clinics and navigation for people impacted by incarceration, and services designed to reduce stigma and discrimination that can deter care engagement.

## **04** *Building leadership and advocacy power in impacted communities*

Many grantees reported strengthened leadership development and advocacy capacity, including training convenings, community education, and policy focused coalition work. **Several organizations highlighted progress on stigma reduction and HIV criminalization reform efforts, with community-led models that centered lived experience as expertise.**

## **05** *Deepening prevention and stigma reduction through storytelling and community education*

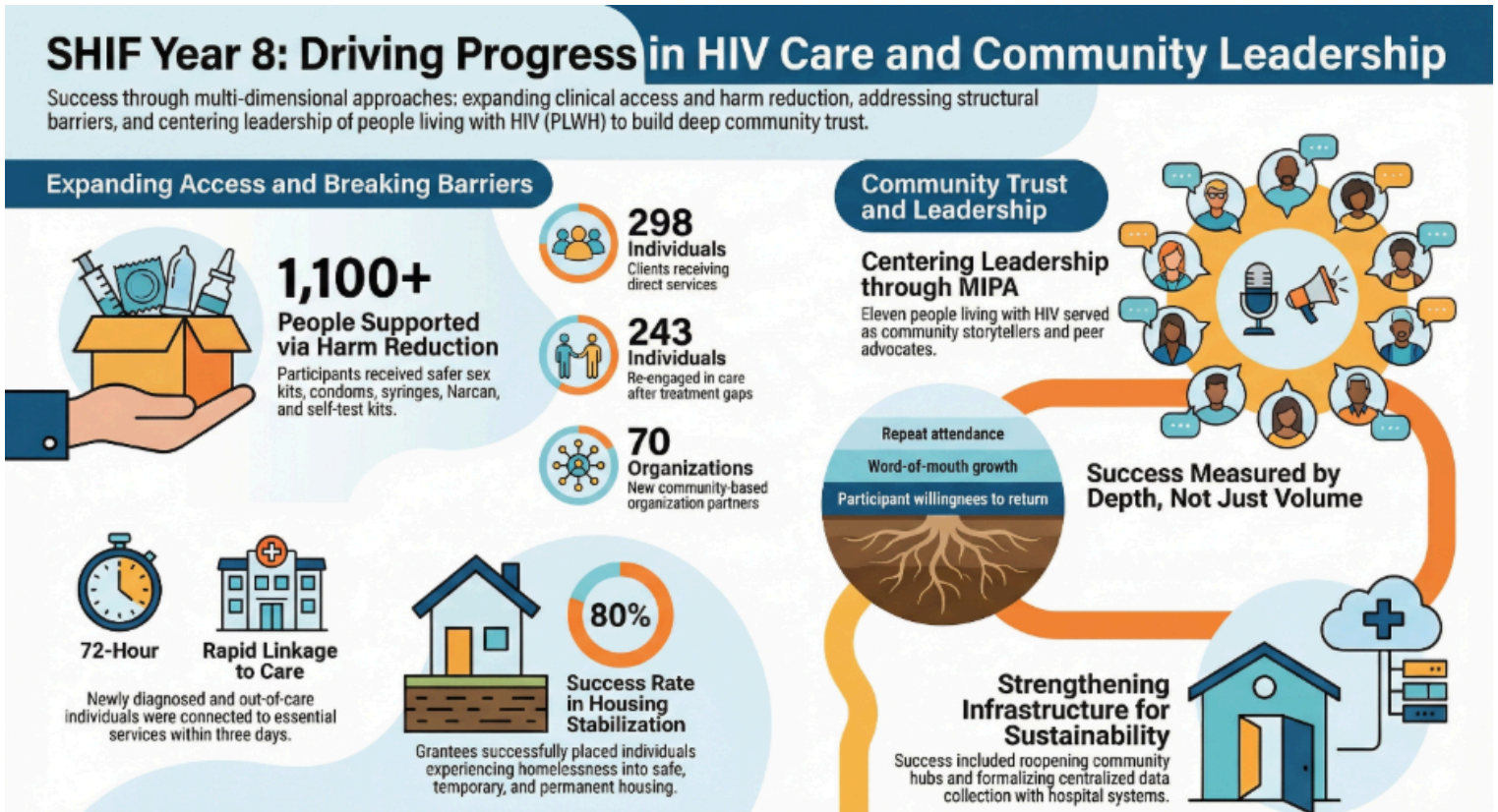
Grantees described increased visibility and community engagement through campaigns, community forums, and culturally relevant messaging. **Some reported strong participation in events that normalized HIV conversations, elevated community champions, and promoted care, dignity, and rights.**

## **06** *Growing organizational capacity and sustainability*

Grantees reported progress on core infrastructure goals such as reopening or securing community hubs, improving staffing capacity, formalizing peer leadership models, strengthening communications, and diversifying funding through new sponsors, earned revenue, or new funding applications. **In several cases, these capacity gains were framed as lasting changes that would extend impact beyond the grant year.**

## Successes, Outcomes, and Community Impact

Grantees described success as both measurable outcomes and deeper indicators of trust, stability, and community-led change. Across responses, several themes surfaced consistently.



### 1. Access To HIV Prevention, Linkage, And Retention in Care

Many organizations pointed to increased HIV testing, PrEP navigation, rapid linkage to care, re-engagement of people who were out of care, and stronger follow up systems as core markers of success. Some also highlighted improved viral suppression outcomes and stronger care coordination across partners.

*“298 [clients] received direct services such as HIV testing, linkage to care, and wellness support. We[also] successfully helped 243 individuals re-engage in HIV care after being out of treatment. Our harm reduction work expanded significantly, where over 1,100 people received materials including safer sex kits, condoms, syringes, Narcan, and self-test kits”-SHIF Year 8 Grantee*

### 2. Meeting Basic Needs and Reducing Structural Barriers

Grantees described success through progress on housing stability, benefits navigation, workforce pathways, and reentry-related legal and social service support. These efforts were framed as essential to improving health outcomes and reducing barriers to care.

*“[Our] attorneys have been able to stave off eviction processes for several clients, and our Peer Program has been able to then assist clients with rental payments through a housing assistance program. [Our] housing assistance program can pay for rent and hotels for PLWH returning to their communities in the Southeast Louisiana area until our clients are able to gain more stable housing”-SHIF Year 8 Grantee*

### 3. Depth Of Engagement and Community Trust

Several grantees emphasized that success was not just about volume, but also about repeat attendance, word of mouth growth, and participants willingness to return, share feedback, and engage in difficult conversations about HIV, safety, pleasure, stigma, and wellness. Trust, safety, and culturally responsive spaces were repeatedly cited as key indicators.

*“Success was measured less by volume and more by depth. Repeat attendance, word of mouth growth, and the willingness of community members to engage in conversation about safety, pleasure, HIV prevention, and wellness were key indicators. Participants returned, brought friends, and trusted the space enough to share feedback and shape future events.”- SHIF Year 8 Grantee*

### 4. MIPA and Leadership from Impacted Communities

Grantees reported success when PLWH and directly impacted communities were engaged as peer leaders, ambassadors, facilitators, advisors, and co-creators of messaging and events. Some highlighted strong participation in surveys, focus groups, advisory councils, and community planning sessions as evidence of shared ownership.

*“We successfully recruited 22 campaign ambassadors representing diverse gender identities, including 11 people living with HIV who serve as community storytellers and peer advocates. These PLWH ambassadors are directly involved in shaping campaign messaging and content creation, sharing their personal narratives to inform outreach materials and events. This approach centers the voices of those with lived experience in HIV prevention efforts, exemplifying*

*meaningful leadership and input from PLHIV in the project.”-SHIF Year 8 Grantee*

### 5. Partnership Growth and Community Integration

Many grantees referenced new and expanded partnerships as a sign of relevance and sustainability, including collaborations with community-based organizations, clinics, universities and HBCUs, faith institutions, local businesses, and digital or cultural platforms that supported outreach and service delivery.

*“[Our organization] expanded its network of community and healthcare partners to strengthen outreach, linkage to care, and supportive services. These partnerships increased access to HIV prevention services, broadened community engagement, and improved the coordination of care for LGBTQ+ individuals, young adults, and underserved populations across Fulton County and the metro Atlanta area.”-SHIF Year 8 Grantee*

### 6. Organizational Capacity and Long-Term Sustainability

Grantees described success through strengthened infrastructure such as reopening or securing community hubs, improving internal systems and data processes, expanding staffing, retaining skilled teams, and diversifying funding through sponsors, earned revenue, or new grant opportunities.

*“We formalized a centralized data collection and communication process through, which we now use collaboratively with several departments within our hospital systems and Ryan White Program, and Breast & Cervical Cancer Services, as well as their Behavioral Health Department.”-SHIF Year 8 Grantee*

## Challenges Amid Policy Shifts and Funding Uncertainty

Reflections from the interim and final surveys illustrated how this cohort navigated compounding challenges across the grant year. **Interim check ins conducted in May 2025 surfaced early barriers tied to a shifting policy environment, persistent stigma, rural access constraints, and limited organizational capacity. By the time of final reporting in December 2025, many of these pressures had intensified, with additional disruption from policy changes, growing community fear and anxiety, and heightened funding uncertainty.** Together, these two data points captured both the consistency of long-standing implementation barriers and the ways grantees adapted in real time to sustain services and protect affirming, community-grounded work.

### 1. Policy Shifts, DEI Backlash, and a Hostile Operating Environment

Grantees described an increasingly restrictive and politicized environment for HIV, DEI, and LGBTQ-inclusive work. Early challenges included local backlash, venue denial, partner hesitancy, and growing safety concerns. By final reporting, rapid policy and executive order changes further increased uncertainty, requiring operational adjustments to protect affirming services, maintain compliance, and sustain community trust.

*“The return of the Trump administration has intensified uncertainty across the HIV and LGBTQ funding landscape, particularly for organizations led by and serving Black LGBTQ communities. Shifts in federal priorities, increased stigma, and growing hostility toward harm reduction and LGBTQ inclusive work have made planning beyond the short term more difficult.”- SHIF Year 8 Grantee*

### 2. Funding Instability and Organizational Sustainability

Across both time points, grantees cited funding losses and unpredictability as a central constraint. Examples included loss of federal grants or partners, philanthropic pullbacks, delayed disbursements, and reduced Ryan White or program budgets. These pressures contributed to staffing limits, slower growth, consolidated offices, heavier reliance on volunteer labor, and difficulty braiding funds to retain key positions.

*“We expected this administration to be brutal, but we did not expect it to be as quick and with as much vitriol and vengeance as it brought. As a result, we lost half of our funding in January and had to separate from many of our team members over the last few months. We are resolute that we will be a sustaining organization, but it is currently hard to forecast how long.”- SHIF Year 8 Grantee*

### 3. Rural and Structural Access Barriers

Many grantees reported persistent infrastructure challenges, especially in rural areas. Transportation barriers, limited broadband, long travel distances, and shortages of wraparound services limited participation and slowed service delivery. Several organizations noted that safe, affirming, and accessible venues were difficult and costly to secure, affecting event turnout and outreach logistics.

*“Transportation and accessibility also presented challenges. While the new minivan enhanced our mobile outreach, poor road conditions and long travel distances in rural parts of the Mississippi Delta occasionally delayed services or limited how many clients we could reach in a day.”-SHIF Year 8 Grantee*

#### 4. Stigma, Misinformation, and Medical Distrust

Stigma remained a cross-cutting challenge in both interim and final responses, shaping participant visibility, service uptake, and community engagement. Grantees also referenced misinformation about HIV, PrEP, U = U (Undetectable equals Untransmittable), and trans health, particularly in rural or faith-based settings. These dynamics reinforced fear, avoidance, and hesitancy to engage with systems or disclose needs.

*“We also faced challenges related to the political and social climate, including increased stigma, misinformation, and policy hostility toward trans communities in the South. These conditions sometimes affected participant safety, outreach logistics, and partner capacity, requiring additional time and resources to maintain engagement and trust.”-SHIF Year 8 Grantee*

#### 5. Rising Community Need, Limited Safety Nets

Grantees observed rising anxiety, fear, and stress among participants as political and social conditions worsened. Several organizations highlighted increasing behavioral health needs, limited housing availability, and reduced emergency support, which placed additional demand on already stretched programs.

*“Our Ryan White budget has been cut so that we have had to limit services such as Housing Assistance, Emergency Financial Aid, and other direct services to clients, due to the current administration.”-SHIF Year 8 Grantee*

#### 6. Capacity Strain, Staffing Challenges, and Burnout Risk

Organizations reported limited staffing, leadership turnover, onboarding delays, and administrative burden, including added time for compliance, training, and systems alignment. Grantees also flagged burnout and emotional fatigue, especially where staff and peer workers were carrying both professional responsibility and lived experience impacts.

*“Finding funding opportunities to sustain programming has been challenging. We have had to work tirelessly to network, do outreach, create a PrEP clinic at our agency, and hire intern staff for operations. This means working uncompensated hours and extended work schedules. These efforts pose a risk for burnout, and we hope our work will balance out soon.”-SHIF Year 8 Grantee*

#### 7. Data Collection Constraints and Privacy Concerns

Multiple grantees described barriers to collecting complete demographic data, especially for more sensitive indicators such as HIV status, gender identity, and sexual orientation.

*“As the demographic information requested becomes more intimate, participants are more reluctant/hesitant to provide this information. Participants have identified the lengthiness of these questions, literacy, and discomfort with providing the information as barriers to collecting demographic information.”-SHIF Year 8 Grantee*

## **Cohort Impact and Adaptation**

Year 8 grantees sustained HIV prevention, care, and advocacy work through a year defined by policy disruption, funding instability, and rising fear among immigrant, LGBTQ+, and HIV impacted communities. Adaptation was not occasional, it was continuous. Grantees protected access points, adjusted delivery models, and made hard operational decisions to keep people connected to care, support, and safety.

### **1. Protecting Access and Trust in a High Fear Climate**

Grantees described intensified fear about visibility, disclosure, and accessing services. Many responded by reinforcing confidentiality, peer support, and trauma informed practices, while reaffirming that services remained affirming and culturally responsive. Several noted that trust itself became a core outcome, especially in communities navigating stigma, misinformation, and uncertainty.

### **2. Shifting Delivery Models to Maintain Reach**

To stay connected to communities, grantees adjusted how and where services were delivered. Some increased outreach and digital engagement when in person turnout dropped or when physical spaces became harder to sustain. Others strengthened hybrid approaches to reach rural communities with limited transportation or broadband. Several improved internal coordination by adopting shared communication and workflow systems to reduce gaps in follow up.

### **3. Prioritizing Core Services When Resources Tightened**

As funding became less predictable and demand remained high, grantees protected the services people needed most, often by narrowing focus and reallocating effort. Many continued linkage to care, PrEP navigation, harm reduction, and essential wraparound support. Others invested in strategies that addressed structural drivers of HIV vulnerability, especially housing instability, reentry barriers, and behavioral health needs.

### **4. Strengthening Partnerships and Community Leadership**

Grantees leaned on partnerships to extend reach, streamline referrals, and maintain continuity of care. Many also emphasized the role of impacted communities in guiding program decisions, strengthening relevance and trust. In several cases, peer leadership, advisory bodies, ambassadors, and community-led planning improved participation and helped refine messaging and approaches.

### **5. Sustaining Operations Through Constraints**

Across the cohort, grantees described the operational strain of doing more with less. Responses included pacing growth, strengthening internal systems, diversifying fundraising, relying on volunteers, and making consolidation decisions to keep core work going. Several also described the emotional burden on staff and peers, particularly when teams carried both professional responsibility and lived experience impacts.

## Lessons Learned

Across the grant year, grantees surfaced clear lessons about what it takes to deliver effective, culturally responsive HIV work in the South when external conditions change quickly. These lessons reflect implementation realities and what is required to sustain impact over time.

### 1. Trust and Safety Are Prerequisites for Engagement

Grantees reinforced that participation depends on whether people feel safe to show up, share information, and return. In 2024 to 2025, fear and stigma increased the importance of confidentiality, peer models, and culturally grounded spaces.

When trust deepened, engagement became more consistent and meaningful.

*Takeaway: Trust building is not an add on. It is core program infrastructure.*

### 2. Flexible Funding Enables Timely Pivots

Grantees repeatedly demonstrated that general operations support allowed rapid adaptation without shutting down core services. Flexibility supported shifts in programming approach, outreach strategy, staffing decisions, and operational compliance adjustments when policy conditions changed.

*Takeaway: Flexibility protects continuity in volatile environments.*

### 3. Staff Wellbeing Is a Sustainability Strategy

Grantees described heavy emotional labor, burnout risk, and the strain of working through compounding crises. Several noted the need for stronger support for staff and peers, including wellness practices reasonable pacing, and resources that reduce chronic overload.

*Takeaway: Burnout prevention is directly linked to service continuity.*

### 4. Partnerships Protect Continuity of Care and Expand Reach

Grantees described partnerships as essential for referrals, community trust, coalition response, and coordinated delivery. In many cases, partnership networks helped maintain access even when systems shifted and helped strengthen the ability to respond quickly to emerging threats.

*Takeaway: Partnerships function as a protective net for access and response.*

### 5. Data Collection Must Match Context, Consent, and Capacity

Grantees reported that as questions became more sensitive, participants were more hesitant to share, especially under heightened fear and stigma. Barriers included privacy concerns, literacy, survey length, and distrust. These realities reinforced the need for low burden, and trauma informed data collection approaches that prioritize consent and safety.

*Takeaway: Data quality improves when collection methods respect risk, privacy, and participant readiness.*

### 6. Transportation and Rural Infrastructure Continue to Shape Reach

Transportation and rural access barriers remained persistent throughout the year. Grantees noted that even strong programming can underperform when participants cannot physically reach services or when broadband limits hybrid options.

*Takeaway: Reach is constrained by infrastructure, not only by program design.*

## Looking Forward

This Year 8 cohort demonstrated that community-grounded organizations can sustain HIV prevention, care, and advocacy even in destabilizing conditions, when resources are flexible and leadership is rooted in lived experience. At the same time, grantees made clear that adaptation has limits. When funding shrinks, policy threats escalate, and fear suppresses participation, the work becomes harder to sustain without added investment in staffing stability, safe access points, transportation solutions, and wraparound supports. Continued support for Southern organizations will determine whether these trusted community anchors can deepen their impact, strengthen continuity of care, and protect affirming services. Without it, critical access points may shrink precisely when communities need them most.

## Acknowledgments

This report reflects the leadership, resilience, and everyday work of the Year 8 cohort. AIDS United extends deep gratitude to the 33 grantee organizations whose teams, peers, and community leaders sustained HIV prevention, care, and advocacy through a year marked by policy disruption, rising fear, and funding uncertainty. Grantees continued to show up as trusted anchors, protecting affirming access points, strengthening partnerships, and keeping people connected to care, safety, and dignity, even when conditions made visibility and participation harder.

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