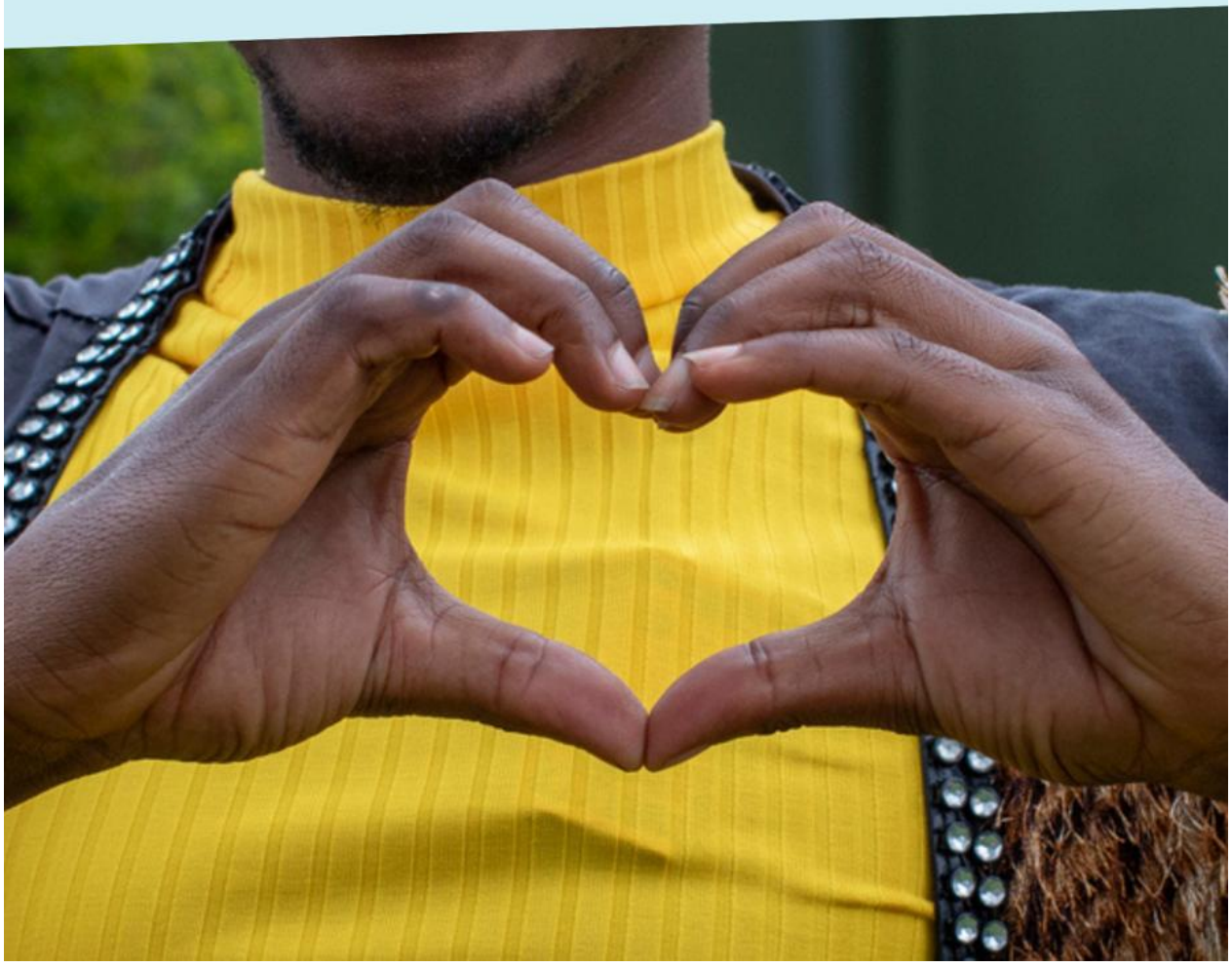
aidsfonds

ActHIVate Fund

Request for proposals 2027-2028



Request for Proposals

Aidsfonds is proud to launch the ActHIVate Fund, a new funding mechanism designed to strengthen community-led HIV responses by and for transgender people and men who have sex with men (MSM) in contexts where access to HIV-related healthcare remains severely restricted.

The ActHIVate fund has been established in response to growing challenges faced by community-led HIV service providers, including funding cuts, hostile political environments, criminalisation, and shrinking civic space.

To catalyse the ActHIVate Fund, Aidsfonds is committing €4 million over four years in flexible funding directly to community-led organisations, Aidsfonds' ambition is that ActHIVate will become a pooled fund with co-investments from other donors. Today we are accepting funding proposals for its first round of funding for €2 million.

ActHIVate seeks to support organisations that sustain HIV-related health services, advance strategic advocacy, and strengthen the integration of community-led approaches into existing health systems. The ActHIVate Fund invites eligible applicants to apply **before Sunday, 25 October 2026, 23:59 CET.**

A. Background and Rationale

Trans and MSM communities continue to experience disproportionately high rates of HIV infection and face significant barriers to accessing healthcare services. Historically, community-led organisations have played a critical role in delivering HIV prevention and treatment services, conducting peer outreach, and strengthening the capacity of healthcare providers to deliver inclusive and high-quality care.

Recent shifts in the funding landscape have placed increasing pressure on these organisations. Funding reductions, including cuts affecting HIV programmes globally, alongside declining official development assistance, have threatened the sustainability of essential community-led services.

The ActHIVate Fund has been developed through extensive consultations with trans and MSM community representatives, who consistently highlighted the urgent need for flexible funding directly to their communities to sustain HIV-related services, reach underserved populations, and advocate for inclusion within health systems.

About Aidsfonds

Aidsfonds - Soa Aids Nederland, based in Amsterdam, is a Dutch organisation that also works internationally. At Aidsfonds - Soa Aids Nederland, we strive for a world where there are no longer any deaths from AIDS and where people enjoy good sexual health. A world in which everyone can love freely and without fear.

Aidsfonds has 3 dream goals: 1) no more deaths from AIDS and no new HIV infections; 2) sexual health and rights for all; and 3) a cure available for everyone living with HIV. We build on the United Nations Sustainable Development Goals, the UNAIDS Global AIDS Strategy 2026-2031 and the existing policy frameworks of the Dutch Government.

At the heart of everything we do is working in partnership with communities and essential stakeholders - because they know best what is needed and what works. Together we are working to ensure accessible STI-, HIV and AIDS care for all. To have the most impact towards our strategic dream goals, Aidsfonds - Soa Aids Nederland aims for the highest possible level of co-decision making on all organisational levels.

As an involved funder and fundraiser, Aidsfonds funds and secures funding for community-led solutions and HIV cure research with long-term, flexible and core funding. We work with communities and professionals in preventing, detecting and treating HIV and other STIs. We advance scientific research into an HIV cure and call on other donors to help make this possible.

About the ActHIVate Grant Opportunity

The ActHIVate Fund will support trans and MSM led organisations with an established track record of delivering services and achieving results operating in restrictive and criminalised contexts that are implementing service delivery to improve HIV-related health outcomes and strengthen community resilience. We recognise that service delivery is an important entry point for strategic advocacy and will support the interrelation of the two.

The fund also recognises that community-led organisations require flexible resources not only to implement programmes, but also to strengthen their organisational capacity, sustain their operations, and respond rapidly to emerging needs and opportunities.

A Pooled Fund

The ActHIVate Fund is being launched by Aidsfonds with an initial investment from its unearmarked resources. Aidsfonds aims to grow the Fund into a pooled funding mechanism by attracting contributions from additional funders and exploring further investment opportunities. By bringing together resources from multiple partners, ActHIVate seeks to achieve greater impact through more coordinated, strategic, and far-reaching investments.

B. Summary of Key Information

- This call for proposals is aimed at community-led, not-for-profit civil society organisations that are led by and primarily serve men who have sex with men (MSM) and trans communities, with demonstrated experience in HIV-related health programming, advocacy, in Uganda, Nigeria, Morocco, Egypt, Lebanon, Kazakhstan, Kyrgyzstan, Moldova and Ukraine.
- The ActHIVate Fund seeks to support community-led solutions that strengthen HIV-related healthcare services, advance strategic advocacy, and promote the integration of community-led approaches within existing health systems. The fund particularly values approaches grounded in lived experience, community leadership, and meaningful participation of trans and MSM communities.
- The total amount under this call is €2,000,000. Applications from individual organisations can request an annual project budget ranging from €30,000 to €80,000[1]. Aidsfonds anticipates funding

[1] This amount should be pro-rated for partial years, see *Funding Amount and Budget* section.

16-20 grants forming a well-balanced portfolio across countries, grant types, populations, stakeholders and budgets.

- The proposed project must be implemented between 1 April 2027 and 31 December 2028
- Applications must be received in English through Aidsfonds' Good Grants Platform <https://aidsfonds.grantplatform.com/> before 25 October 2026 at 23:59 (CET time). Successful and unsuccessful applicants will be notified mid- December 2026.
- Funding decisions will be made by the ActHIVate Grantmaking Committee, comprised of community members external to Aidsfonds from the regions and communities which ActHIVate funds. Aidsfonds does not sit on the Grantmaking Committee but holds final approval to ensure fidelity to Aidsfonds policies.
- On Wednesday, 30 Sept 2026, 11:00-12:00 CEST, Aidsfonds will organise an online Q&A session in English, Arabic, and Russian to answer your questions about the application process and the funding cycle. You are invited to sign up and submit your questions beforehand through this link until Sunday, 27 Sept 2026. Questions can also be submitted to acthivate@aidsfonds.nl
- For any questions or clarifications, please email: acthivate@aidsfonds.nl

Key Concepts

- **'Organisation'**
  Throughout this document an organisation refers to a non-governmental, not-for-profit civil society organisation, which may include: community-led or based organisations (CBOs), non-governmental organisations (NGOs), networks, coalitions, or alliances that operate independently of government and whose work aligns with the mission of the fund.

- '**Community-Led project/organisation**'
  Consistent with the UNAIDS definition, community-led organisations are entities for which the majority of governance, leadership, staff, spokespeople, membership, and volunteers reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organisations, groups, and networks are self-determining and autonomous and are not influenced by government, commercial, or donor agendas. Projects and organisations are designed, implemented, monitored, and evaluated by local communities and populations that are the primary targets of such projects and organisations. Community members collectively identify problems and develop culturally appropriate solutions based on local knowledge and context.

- **'Trans-led organisation'**
  An organisation in which trans and gender-diverse people hold primary leadership and decision-making authority, and where the majority of governance, leadership, staff, spokespeople, and representatives are trans or gender-diverse people. The organisation's priorities, activities, and strategic direction are informed by the lived experiences of trans and gender-diverse communities, and it maintains clear mechanisms of accountability to the communities it serves.

- **'MSM-led organisation'**
  An organisation in which men who have sex with men (MSM) hold primary leadership and decision-making authority, and where the majority of governance, leadership, staff, spokespeople, and representatives are MSM. The organisation's priorities, activities, and strategic direction are informed by the lived experiences of MSM communities, and it maintains clear mechanisms of accountability to the communities it serves.

- **'Advocacy'**
  Advocacy/strategic advocacy refers to using community evidence, lived experience, and service-delivery data to influence and improve the policies, practices, systems, accountability mechanisms, funding decisions, and environments that affect access to HIV-related healthcare for trans and MSM communities. Advocacy may target governments, public institutions, healthcare providers and facilities, donors, professional bodies, or other actors that shape health outcomes. Advocacy can aim to influence laws and policies, but in contexts where this is not possible, may also focus on improving programmatic implementation, institutional practices, service quality, accountability, inclusion, and other social and structural determinants of health.

- **'Health System Integration'**
  ActHIVate recognises that an important path towards sustainability for trans and MSM health services is integration into existing health systems. We also recognise that national health system integration is not possible in many settings. Therefore, in this call we use a broad definition of integration which includes partnership with public and private healthcare and health financing solutions.

C. Details of the Request for Proposals

Through this call, Aidsfonds invites organisations led by members of the trans and MSM communities to submit proposals for how to address the urgent HIV-related healthcare needs of community members, linked to advocacy for the health and right to health and longer-term healthcare access. We will support projects in the following settings. Proposals must focus on work in a single country; projects for multi-country or global work are not eligible.

1. Eligible countries

- Nigeria
- Uganda
- The following selected countries in South West Asia and North Africa (SWANA):
  - Egypt
  - Lebanon
  - Morocco
- The following selected countries in Eastern Europe and Central Asia (EECA):
  - Kazakhstan
  - Kyrgyzstan
  - Moldova
  - Ukraine

2. Outcome Areas

Outcome Area 1 **More MSM and trans people access sensitised HIV services.**	**Outcome Area 2** **Increased accountability from health systems towards the HIV needs of MSM and trans people.**

Please refer to the Annex at the end of this document for more information on the Fund's Theory of Change.

3. Priorities for This Call

- Proposed initiatives under this call should address <u>both</u> outcome areas of the ActHIVate Fund: HIV-related service delivery and strategic advocacy. The emphasis on service delivery vs. advocacy may vary according to the organisation's context, strategy, and expertise. One outcome area may be the primary focus of the proposal, provided that applicants include clear and meaningful contributions to the other outcome area. Applicants should explain how their service delivery and advocacy approaches reinforce one another and contribute to longer-term improvements in access to HIV-related health services for trans and MSM communities.

- Proposed initiatives should address the current and urgent HIV-related healthcare needs of trans and MSM community members, and advocate for improving their access to quality healthcare.
- Proposals are invited from organisations that are best positioned in the provision of critical services to and conducting advocacy for the health of trans and MSM communities. Applicant organisations should highlight the importance of the continuation of their work at this juncture in their contexts.
- Proposals should demonstrate the use of evidence generated from service delivery provision to trans and MSM communities to inform the advocacy being conducted.
- Proposals can address local (community- or city-level), district level, and/or national contexts.
- Proposals should demonstrate a strong understanding of local/provincial/national landscape for access to HIV-related healthcare for trans and MSM communities, including e.g. policy and legal environment, access gaps and/or opportunities, impacts of cuts to service delivery and funding, etc.
- Proposals should not duplicate services and advocacy activities supported within other initiatives including those funded by the Global Fund, PEPFAR, other bilateral donors.
- While building on gaps and opportunities, proposals are to show a clear need and strategy on how they will contribute to improving access to HIV-related services for trans and MSM communities in that context
- Proposals should showcase a continuation of existing organisational plans and strategy, highlighting how the proposed work builds on the past and current work of the organisation (that may or may not have suffered from funding cuts or de-prioritisation), and how the work proposed in the application is part of a longer term strategy towards meeting the needs of and a better future for the health and right to health of trans and MSM communities, including a pathway to integration of services in health systems, where possible.
- Proposals may allocate up to 60% of budget towards core operational costs and organisational strengthening to ensure the continuation of related critical work.
- A note on intersectionality: We recognise that trans and MSM communities are highly diverse in nature and have intersections with other key populations (sex workers, people who use drugs), age (youth, older communities), HIV status, migration status, social strata, amongst others. We encourage you to look at these intersectional lived realities for trans and MSM communities as you plan your proposal.

4. What work can be done under this call?

- **Community-led HIV-related healthcare service delivery:** Provision of direct HIV and allied health service delivery to trans and MSM communities through community-led initiatives that are most critical for communities in your contexts. This may include improving access to or direct provision of HIV prevention options to trans and MSM communities, linkages to treatment options, follow ups on adherence, support for mental health of trans and MSM communities facing stigma, violence, and criminalisation, and other allied health services for trans and MSM communities that show a direct impact on improving access to HIV prevention, treatment, and adherence. This can also include interventions addressing the intersectional realities of trans and MSM communities who are also sex workers, or people who use drugs.

- **Advocacy and policy influence:** Utilising evidence from community-led service delivery to improve laws, policies, guidelines, and budgets to make access to HIV-related healthcare — including all modes of prevention, treatment, adherence — accessible and available to trans and MSM communities. This may include bringing the voices of trans and MSM communities into decision-making spaces, advocating against punitive laws and policies and their implementation at various levels within the country, challenging stigma against trans and MSM communities in health settings, influencing budgets and frameworks, and strengthening accountability. Cross-sectoral linkages that are critical to advance the health and right to health of trans and MSM communities in your contexts can also be covered under this grant, such as joint advocacy and strategising with other relevant stakeholders.
- **Integration of trans and MSM friendly services in existing health systems:** Activities that aim to embed HIV-related healthcare services in health systems at the community, city, district, or national level, that are accessible and responsive to the needs of trans and MSM communities. Examples include sensitisation of healthcare providers to the needs of trans and MSM communities, strengthening of community-led health systems and health service provision models, creating MoUs with public or private health facilities to improve access to HIV-related services for trans and MSM communities, integrating best practices from community-led service delivery models into existing health systems, and influencing local and national HIV/AIDS policies and frameworks to be more inclusive of the specific needs of trans and MSM communities, amongst many other diverse interventions.
- **Core strengthening of organisations**: We recognise that critical work is done by organisations that are struggling financially due to shifts in funding priorities and budget cuts in development aid, and that has disproportionately impacted trans and MSM led organisations. Core strengthening of organisations is therefore also prioritised under this grant. This can include core operational funding such as staff costs, rent, overhead, registration, audits, and other critical line items necessary for your organisation to continue your service delivery and advocacy work with communities.

5. What work cannot be done under this call?

- Multi-country/regional work in more than one country
- Purchase of pharmaceuticals such as PrEP, long-acting HIV prevention products, ARVs, vaccines, and laboratory test equipment.
- Large scale health system improvements such as setting up health information technology, clinical software, digital databases, laboratory systems, managing or building supply chains, facilitating task shifting.
- Clinical trials
- Advocacy that addresses structural barriers but does not have a clear and credible pathway to improving access to, availability of, uptake of, or quality of HIV-related health services for trans and MSM communities.
- Research without a clear advocacy or service-delivery purpose
- Large-scale national campaigns managed by external actors (e.g., media agencies or consultancies)

rather than the applicant organisation itself
- Conference attendance and conference hosting
- Economic empowerment activities, even if linked to prevention of HIV
- Large capital purchases such as buildings, large equipment, or facilities

6. Eligibility criteria: Who can and cannot apply?

Only applications that are received before the deadline are eligible to be assessed. To be eligible for funding, your organisation must meet the following criteria:

- [updated on 29 Sept 2026] {Your organisation is registered in the country of implementation. If restrictive laws or operating conditions make local registration or banking arrangements impossible, your organisation may still be eligible, provided that the proposed project will be implemented in an eligible country and the organisation can demonstrate a strong track record of work there. Any registration or banking arrangements outside the country of implementation must be clearly justified in the application and shown to be a necessary response to the local context.} Unregistered organisations can also apply through a fiscal host (preferably in the geographic region that your country is in).
- Your organisation is led by MSM and/or trans community members and is non-profit and non-governmental. This means that the MSM and/or trans community members have significant decision-making authority and meaningful control over programme and budget decisions in the organisation, as reflected in representation within senior leadership and/or governing bodies.
- The organisations' mission and vision must be aligned to supporting the health and right to health of communities most impacted by HIV.
- Your organisation has a proven substantial track record in HIV related healthcare service delivery to MSM and/or trans communities, conducting advocacy at local/city, district, or national level for the health and right to health of MSM and/or trans communities, or engaging with governments and health systems in the country of proposed implementation.
- Applications may be submitted by partnerships of up to two organisations with an established track record of working together and complementary expertise, if such a partnership is best placed to work on the priorities of the ActHIVate fund. One organisation must serve as the lead applicant, holding the grant agreement and assuming full financial and programmatic accountability. [Updated 29 Sept 2026] {The lead applicant must meet all eligibility criteria including community leadership and budget threshold.} Both partner organisations in such a partnership will undergo due diligence assessments.
- Organisations must demonstrate a prior annual organisational budget of at least €30,000 in one of the years 2024, 2025, or 2026.
- The requested budget cannot be higher than the average of your organisation's annual budgets from 2024, 2025, and 2026. In case of partnerships of two organisations, the requested budget maximum can be based on the higher of the average 2024-2026 budgets of the two organisations.
- Your application is submitted in English through Aidsfonds' online Good Grants application system, and includes all requested information and supporting documentation.

- An organisation may participate in only one application, either as a lead application or partner applicant.
- Applicants and their applications that do not meet these criteria are not eligible for funding, and will receive notification of this by Aidsfonds.

The following organisations and institutions are ***not*** eligible to apply

- Organisations that are not led by MSM or trans community members
- Consortia and partnerships comprised of more than two organisations
- International NGOs (International Non-governmental Organisations)
- Local branches of International NGOs in the countries/regions this call covers
- Multilateral organisations, e.g. UN bodies or equivalent international organisations
- Individuals, or educational, political, governmental, or religious institutions.
- Private or profitable organisations or companies
- Research institutions

External communications to highlight ActHIVate grantees and their impact

Aidsfonds raises funds in the Netherlands through donations from individual donors from the Dutch public. Their solidarity to support the fight against HIV enables us to invest in initiatives like ActHIVate.

Selected partners in partnerships with Aidsfonds, including through the ActHIVate Fund, will be asked to contribute to fundraising efforts and raising awareness, for example, by sharing stories of impact, participating in communication efforts, or highlighting community achievements that demonstrate the value of public investment in HIV prevention, treatment, and the health and right to health of trans and MSM communities. This work will always be done in consultation with partners, keeping in mind the safety of individuals, communities and movements represented in these stories, following a strict "Do no harm" principle.

7. Funding amount, budgeting and workplanning

Under this first call for proposals, a maximum of €2,000,000 is available for all grants. Eligible organisations are invited to submit proposals for up to **1 year and 9 months of funding:** April 2027 – December 2028.

- For the full grant period (2027-2028), organisations should provide a total budget for the period April 2027 – December 2028 that is between **€52,500 to €140,000** (for 1 year 9 months).
- This corresponds to an annual (12 months) budget minimum of €30,000 and a budget maximum of €80,000
- The requested budget per year cannot be higher than the average of your annual organisational budgets from 2024, 2025, and 2026.
- In case of partnerships of two organisations, the requested budget maximum can be based on the higher of the average 2024-2026 budgets of the two organisations, but the lead applicant must independently satisfy the organisational budget eligibility requirement set out in Section 6.

- We recognise that funding cuts have severely impacted trans and MSM led organisations, and due to recent cuts some organisations might have an average yearly budget (over 2024-2026) less than €30,000. In such cases, if in any of those years (2024, 2025, or 2026) your organisation has had an annual budget of over €30,000, you may apply for a grant budget of up to €30,000 per year.
- If your organisation has never had an annual budget over €30,000, you are ineligible to apply for this grant.

Some examples:

	Annual organisational budget				
Organisation	2024	2025	2026	Average	Assessment
A	€100,000	€100,000	€100,000	€100,000	You can apply for a yearly budget of a maximum of €80,000 (fund ceiling)
B	€80,000	€50,000	€20,000	€50,000	You can apply for a yearly budget of a maximum of €50,000 (average of 3 years)
C	€35,000	€25,000	€15,000	€25,000	Since the 3 year average is less than €30,000, but you have had one year with >€30,000 organisational budget, you can apply for a grant with a yearly budget of a maximum of €30,000
D	€25,000	€20,000	€24,000	€23,000	Ineligible to apply, since you have not had an annual budget >€30,000 in the last 3 years
Partnership of orgs E and F	€20,000	€20,000	€20,000	€20,000	Since Org F has the higher average budget, the partnership can apply for a grant with a yearly budget of a maximum of €45,000. Org E's annual project budget cannot exceed €20,000.
	€55,000	€45,000	€35,000	€45,000	

- The activities budget submitted will be divided in calendar year one (nine months, April-December 2027) and year two (twelve months, January-December 2028).
- The budget should be allocated to the outcome areas, as presented in the online budget format.
- Sub-granting is not allowed. Only in the case of a partnership of two organisations, funds can be transferred between the two partners.

Successful applicants will be asked to provide a more detailed budget and workplan before contracting.

Project & core funding

The budget includes project and core operational funding. You may allocate **up to 60%** of your total requested budget towards core operational funding. Core operational funding includes staff costs, rent, overhead, registration, audits, organisational strengthening, and other critical line items necessary for your organisation to continue your service delivery and advocacy work with communities. It also

includes staff costs allocated to conducting advocacy.

Planning, monitoring, evaluation, and learning

The ActHIVate Theory of Change is attached in the Annex (see end of document), which can guide you in planning your submission and workplan. Grantees do not develop their own Theory of Change, however, their own outcomes and indicators will feed into the overall fund impact strategy.

Decision-making and budget adjustments

Aidsfonds ensures communities play a central part in decision-making processes and investments. They know best what is needed and what works. The ActHIVate Fund final grant decisions are made by the ActHIVate Grantmaking Committee. The aim is to create a well-balanced portfolio in terms of objectives, countries/regions, populations, and budgets. To ensure this, applicants should note that the amount of funding requested may not be fully granted and revisions to project plans, activities, and budgets may be requested by the Grantmaking Committee or Aidsfonds.

8. Application process

Summary timeline

21 September 2026	Request for Proposals is launched
30 September 2026, 11:00-12:00 CEST	Online Q&A for interested applicants (sign up here)
25 October 2026, 23:59 CET	Application deadline
November 2026	Eligibility screening and review of proposals
Early-December 2026	Decisions on shortlisted proposals
Before 23 December 2026	Funding decision shared with applicants
January-March 2027	Due diligence, workplan and budget finalisation, contracting of successful applicants. Once contracting is completed, the first tranche will be disbursed.
1 April 2027	Contract and implementation start date

Detailed process for applications

The process for this call for proposals is as follows:

- This call is published on 21 September 2026.
- On Wednesday, 30 Sept 2026, 11:00-12:00 CEST, Aidsfonds will organise an online Q&A session (in English, Arabic, and Russian) to answer your questions about the application process and the funding cycle. You are invited to sign up and submit your questions beforehand through this link until Sunday, 27 Sept 2026. Questions can also be submitted to acthivate@aidsfonds.nl
- After the Q&A session, the list of Frequently Asked Questions will be available here, which will be updated weekly based on any additional questions we receive via email.
- The **deadline for all applications is 25 October 2026, 23:59 CET**. Applications must be received in

English through Aidsfonds Good Grants Platform.

- The application questions from the Good Grants system are available for review in a PDF, which can be downloaded from Aidsfonds' ActHIVate RFP webpage.
- Full proposals will be reviewed and scored, first by Aidsfonds and then by the ActHIVate Grantmaking Committee. This review is based on:
  a) The overall quality of the proposal, feasibility of the proposed initiative within the suggested timeline and budget, alignment to local context and adherence towards the ActHIVate Fund goals.
  b) Relevance and expected impact of the proposed initiative on HIV related health care service access
  c) Experience with advocacy related to HIV, and the health and right to health of trans and MSM communities
  d) Alignment with in-country HIV-related gaps and opportunities
  e) The organisational capacity to implement and monitor outcomes of proposed initiative (M&E systems in place or to be developed), appropriate governance, accountability and financial management systems in place to manage the grant
  f) Quality of the budget, cost-benefit indications (financial investment versus expected impact)
  g) The suitability of the application in ensuring a balanced ActHIVate Fund portfolio.
- Aidsfonds aims to inform all applicants of the status of their application before 23 December 2026.
- Due to the anticipated high volume of applications, individual feedback on proposals will not be provided. Administrative decisions regarding the assessment and selection of applications are final and cannot be formally challenged.
- Aidsfonds or the Grantmaking Committee might request clarification from the applicant in case of fundamental questions. Applicants may also be asked to revise their proposed budget. The applicant has the opportunity to respond to this within 1 week.
- The selected organisations will be subjected to a due diligence review which will include a review of organisational documents, including:
  - Governance documents:
    - Organisation details
    - Registration certificate
    - Website and social media links
    - Constitution/ Bylaws
    - Governance structure including names of key staff
    - Signed minutes of recent board meetings
    - Annual programmatic reports from the last 2 years
    - Organisational policies: Integrity policy, Whistle blower policy, Code of conduct, Human Resource manual
    - Strategy document
    - Fundraising strategy
  - Finance documents:
    - Official document showing legal representation (who is legally authorised to represent and sign contracts for the organisation)

    - Bank details
    - Audited financial statements for the last two years
    - Auditor's management letter
    - organisational budget for 2024, 2025, 2026
    - List of donors/ income sources of past 2 years and duration of project
    - Financial manual and Procurement policy
  - Please note: in case of an existing fiscal hosting arrangement, most of the above documents will be requested from your fiscal host, and the applicant will also have to submit the signed agreement/MoU between the applicant and the fiscal host
  - If the documents are not in English, please upload the document in the original language accompanied by a machine translation in English.
- Selected organisations may be required to adjust their project plans and budgets based on the outcomes of the due diligence to comply with risk assessments.

Once the proposal is approved and the due diligence completed successfully, the organisation will be contracted to start implementation. Contracts can start from 1 April 2027 onwards.

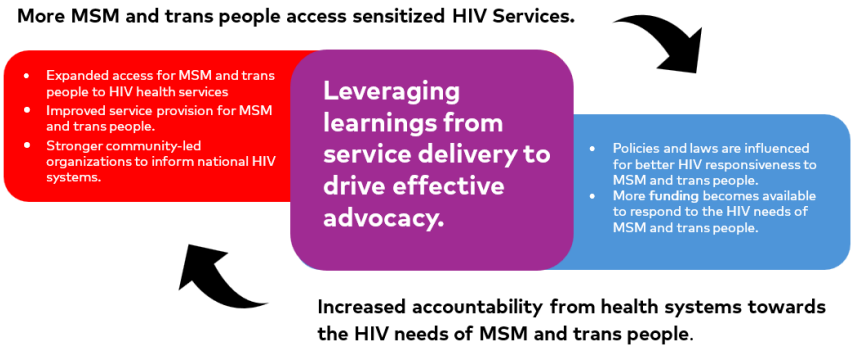
For any questions about this call for proposals or the application form, please contact us at: acthivate@aidsfonds.nl

Aidsfonds is looking forward to receiving your application.

ANNEX: ActHIVate Theory of Change

ActHIVate's theory of change follows a generic outcome-areas approach. This is responding to previous learnings when engaging with funds that stretch across the domains of service delivery and advocacy. It also builds up on the latest literature[2] for working across multiple contexts.

Fund's problem statement: MSM and trans communities in restrictive environments face significant barriers to HIV-related healthcare access, while criminalisation makes them more vulnerable to poorer HIV health outcomes. Community-led organisations are often the most trusted and effective providers reaching these populations, yet funding cuts, restrictions in civic space, and weak integration into health systems threaten the sustainability of these services. While service delivery addresses urgent health needs, lasting impact requires the integration and sustainable financing of effective key population healthcare service models.



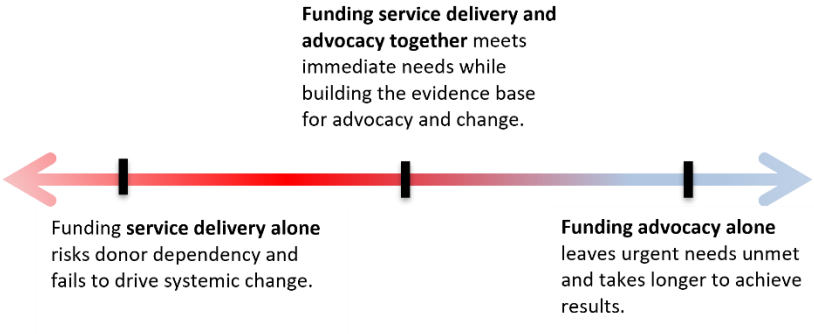
Fund's goal:

Effective service models for MSM and trans people are sustainably available, accessible, and financed within national health ecosystems.

Outcome Area 1: More MSM and trans people access sensitised HIV services.
Outcome Area 2: Increased accountability from health systems towards the HIV needs of MSM and trans people.

Central approach:

The fund relies heavily on the evidence generated from communities over the last decade on how change happens. This has been translated into prioritising the intersection of both service delivery and advocacy to drive systemic change.



[2] Theory of Change in Multi-country Advocacy Programmes: Usage, Relevance and Implications for Local Ownership - Margit van Wessel, Wenny Ho, Peter A. Tamas, 2025