

Description of activities included in the grants

Capacity building.

Capacity building activities included training healthcare workers on integrated HIV, TB, and non-communicable disease (NCD) management, mental health screening and support, and harm reduction interventions. For instance, healthcare providers are trained on managing opioid overdose and opioid substitution therapy (OST), while peer educators are equipped with skills to provide psychosocial support and referral services to people who inject drugs (PWID) and people living with HIV (PLHIV). Capacity building activities also include training sessions on mental health management, therapeutic education, and psychosocial support for healthcare workers, peer educators, and community workers. Additionally, training programs focus on building the capacity of community-based organizations to deliver TB services, cervical cancer screening, and mental health support to key populations. These activities also involve mentoring and coaching healthcare workers to improve the quality of services, including HIV care and treatment, STI management, and NCD screening and management.

Mental Health Psychosocial support

Psychosocial activities were integral to supporting the mental health and well-being of key populations. These activities included providing individual and group counseling, peer support groups, and mental health services to address issues such as stigma, discrimination, and adherence to treatment. For instance, psychosocial support is offered to PLHIV through trained social workers and peer educators from NGOs and AIDS centers, both online and offline. Additionally, drop-in centers provide a safe space for PLHIV and key populations to access psychosocial support, HIV information, and counseling services. Examples of psychosocial activities also included support groups for adolescents living with HIV, mental health services for survivors of gender-based violence, and peer-led advocacy and support for PWID and MSM.

Harm reduction

Harm reduction activities included needle and syringe exchange programs, OST, overdose prevention and management, and distribution of harm reduction materials such as condoms and lubricants. For instance, outreach workers distribute needles and syringes to PWID, while also providing referrals to OST services and other health and social services. Additionally, harm reduction sites provide basic medical support, including wound care and treatment of skin infections, and some sites offer mental health services, including psychosocial counseling and support. Other examples of harm reduction activities included the provision of naloxone for overdose management, safe disposal of used needles and syringes, and peer-led support groups for PWID.

Screening and diagnosis

Screening and diagnosis activities included routine screening and management of hypertension, diabetes, and obesity, as well as bidirectional screening for TB and diabetes. For instance,

integrated HIV, STI, and TB testing services are provided, including cervical cancer/HPV screening and contraceptive services for female sex workers. Also, community-based screening campaigns were conducted to reach high-risk populations, such as people who use drugs and prisoners. Additional examples of these activities include screening for mental health conditions, provision of anal health care, including anal cancer screening, and referral to specialized care services.

Treatment, care and support

Treatment, care, and support activities included provision of mental health care, psychosocial support, and adherence counseling, as well as integrated management of co-infections and co-morbidities. For example, multidisciplinary teams provide comprehensive care and treatment to PLHIV, including mental health services, while community-based organizations offer psychosocial support to TB patients and their families. Peer navigators and case managers provide support to PLHIV, including mental health counseling and adherence support. Other activities included provision of special support packages to PLHIV, including food and hygiene supplies, and support for treatment adherence through digital adherence technologies and psychosocial support

Prevention and health promotion

Prevention and health promotion activities included conducting special health promotional multi-disease campaign weeks for screening and management of hypertension, diabetes, and obesity, as well as campaigns to increase uptake of the HPV vaccine among adolescents. Integrated HIV prevention services are provided, including counseling on safe sex, HIV infection, STIs, HCV, and HBV prevention, distribution of condoms and lubricants, and referral to health facilities for consultation and diagnosis. Additionally, peer educators and psychosocial assistants distribute condoms and lubricants during HIV education and awareness campaigns, and community-based organizations provide psychosocial support and peer-led mentoring and counseling services. Development of differentiated IEC materials and BCC approaches, covering harm reduction, HIV/HBV/HCV prevention strategies, and treatment literacy.

Community health and outreach

Community health and outreach activities included community-based outreach and support services, such as counseling, peer education, and referral to health facilities for consultation and diagnosis. Community health workers and peer educators provide psychosocial support, treatment literacy, and adherence management to PLHIV and those on antiretroviral therapy. Organizations offer a range of services, including medical, legal, social, and psychological support, to individuals affected by HIV and TB. Provision of naloxone for overdose prevention, training of peer educators and outreach workers on overdose management, and support for people who use drugs through community-led needle and syringe programs. Community-based initiatives provide mental health support, including individual and group counseling, and peer support groups.

Procurement and supply chain

Procurement and supply chain activities included the procurement and distribution of needles and syringes, OST medications, naloxone for overdose management, and testing kits for HIV, STIs, and hepatitis. Organizations will distribute mobile phone cards to facilitate communication with service providers and provide logistical support for decentralized care sites. Examples of these activities also include the procurement of low dead space syringes, cervical cancer screening equipment, and diagnostic reagents for NCDs. Furthermore, efforts will be made to strengthen systems for forecasting, quantification, procurement, and distribution of commodities, including OST medications and harm reduction supplies.

Monitoring & Evaluation

Monitoring and Evaluation (M&E) activities included conducting Integrated Behavioral and Biological Surveillance (IBBS) studies, population size estimations, and surveys to assess the needs and behaviors of people who inject drugs, men who have sex with men, female sex workers, and other key populations. M&E activities involved monitoring the uptake of HIV testing and counseling services, antiretroviral therapy adherence, and the effectiveness of harm reduction interventions, such as needle and syringe programs and OST. Additionally, M&E activities include assessing the integration of NCDs and MH services into HIV care, as well as evaluating the impact of digital technologies on treatment literacy and adherence. Conducting rapid assessments of health services, mapping of private facilities providing HIV and NCD services, and documenting best practices in community-led research and service delivery.

Nutritional support

Nutritional support activities are essential for improving the health outcomes of PLHIV, TB and other comorbidities. These activities included providing food baskets and nutritional support to impoverished and vulnerable groups affected by TB, as well as cash transfers to support the educational and nutritional needs of children living with HIV. Nutritional support was provided to engage and retain HIV-positive pregnant women and mothers and their babies in care during the first 1000 days. Additionally, nutritional assessment and counseling are conducted for PLHIV, and therapeutic feeding is provided for patients with DR-TB. Providing nutritional support to patients undergoing treatment, including those with TB/HIV co-infection, and incentivizing and providing nutritional support to PLHIV to increase uptake of ART and retention in care.

Guidelines, SOPs and protocol development

Guideline, SOPs, and protocol development activities included developing technical guidelines for OST, overdose response management, and harm reduction services, as well as guidelines for healthcare providers working with substance-related patients. Guidelines have been developed for integrating SRH, STI, viral hepatitis, and MH services into HIV prevention programs for key populations, such as sex workers, transgender individuals, and PUD. Additionally, SOPs have been developed for overdose management, and protocols have been established for screening,

prevention, and provision of basic management of PLHIV with mental health conditions and NCDs, such as hypertension and diabetes. Developing national guidelines for the management of HIV infections and co-morbidities, including advanced disease management, and revising national essential drug lists to include OST and overdose management drugs.

Community engagement and empowerment

Community engagement and empowerment included conducting community-led thematic workshops and discussions, establishing support groups for PUDs, and providing psychosocial support services. Community-based organizations were engaged to provide a range of support services, including peer-led outreach, counseling, and linkage to clinical and social services. Additionally, community engagement activities were implemented to raise awareness about HIV, TB, and harm reduction services, as well as to promote social and economic empowerment among key populations. Establishing drop-in centers, conducting sensitization workshops with local authorities and law enforcement, and supporting community-led monitoring of stigma, discrimination, and human rights violations.

Gender-Based Violence (GBV) and Post-Violence Care

These activities included providing post-violence counseling, referral and linkage to post-exposure prophylaxis (PEP), clinical investigations, medical management, and psychosocial support, including mental health services and counseling. Organizations provided GBV response services, including medical, psychosocial, and legal support, and refer survivors to specialized services, such as Thuthuzela Care Centres or Designated Facilities. Additionally, activities include setting up psychological and mental health support units at MSM organizations for survivors of violence and providing temporary safe havens and psychosocial support services for survivors of GBV. Providing legal and psychosocial care for key and vulnerable populations, victims of violence, discrimination, and stigmatization, and supporting community-led initiatives to address GBV and promote mental health and well-being.

Human rights, Laws, regulations, policy reforms

Human rights, laws, regulations, and policy reforms activities included advocating for law reform, decriminalization, and depenalization of drug use, and developing policies and guidelines that support the provision of harm reduction services, including opioid substitution therapy. Countries have established national policies for outreach services by civil society organizations for harm reduction and OST delivery, and have developed frameworks for the coordination and provision of MAT services at community levels. Reviewing and updating national indicators and data collection tools to ensure that they are inclusive of key populations and that they capture the complexities of their experiences. Conducting policy advocacy workshops among government officials, lawmakers, and law enforcement agencies to ensure that key populations have access to public health services, and supporting the development of national strategies for people-centered services that integrate HIV, TB, and other health services.

Advocacy

Advocacy activities included conducting policy advocacy workshops, sensitizing stakeholders on harm reduction and mental health issues, and supporting community-led initiatives to promote human rights and social justice. Advocacy efforts focused on decriminalizing drug use and possession, increasing access to OST, and promoting the rights of PUDs. Supporting the development of policy briefs on community overdose management, advocating for increased availability and affordability of medication and commodities needed by PUDs, and strengthening collaboration with other health programs to ensure screening and testing of eligible individuals. Conducting advocacy with law enforcement agencies, policymakers, and other stakeholders to remove human rights barriers to access to comprehensive services for PUDs.

HRH-Salaries, remuneration, certification, protection and wellness

Human Resource for Health (HRH) activities included paying salaries and allowances to outreach workers, peer educators, psychosocial counselors, and other healthcare staff who provide essential services to key populations. Salaries are being paid to medical, paramedical, and management staff, including health mediators and psychologists, who work in OST sites, sexual health clinics, and other healthcare facilities. Providing compensation and incentives to peer educators and outreach workers who provide harm reduction services, including needle and syringe distribution, HIV testing, and counseling. Hiring psychologists to provide mental health support to field staff and clients, and recruiting and deploying Social Auxiliary Workers (SAWs) to provide adherence counseling, MH assessment, and socio-economic assessment and linkage to relevant social support services.