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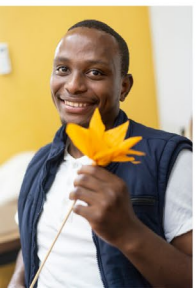
MPILONHLE
a good life





Global Fund Close-out Reporting Template

PROGRAMME SUMMARY

Project Name	Men who have Sex with Men (MSM) Project
Project Description	The MSM programme implemented in the King Cetshwayo District consists of three key components: the Biomedical Layer, the Behavioural Layer, and the Structural Layer. Each of these layers played a vital role in the programme's overall effectiveness. A detailed explanation of these layers is provided later in this report under **Programme Overview and Implementation Section.**
Agreement Timeline	01 April 2023 - 31 March 2025
Geographical locations	KwaZulu Natal, King Cetshwayo District Municipality, including all five local municipalities - namely uMhlathuze, uMfolozi, Nkandla, uMlalazi, Mthonjaneni
Budget	R 13,415,389

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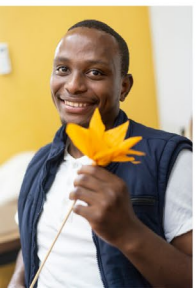



Organizational details	Non-Profit Organization Registration Number NPO-051-766
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PROGRAMME OVERVIEW AND IMPLEMENTATION

PROGRAMME BACKGROUND

Mpilonhle implemented the Men who have Sex with Men (MSM) Programme in King Cetshwayo District to address the elevated risk of HIV infection among MSM populations. The programme focused on a comprehensive prevention, treatment, and support approach, aligning with South Africa's National Strategic Plan (NSP) 2017–2022 (*Goal 3: Reach all key and vulnerable populations with customised and targeted interventions*), which prioritizes key populations in the national HIV response.

This programme played a critical role in reducing HIV prevalence, stigma, and health disparities in the district. Through targeted, community-based interventions, Mpilonhle ensured the programme had a lasting impact and contributed to improved health outcomes for MSM individuals.

The programme had key objectives that Mpilonhle aimed to achieve. These key objectives were:

- Expanding access to HIV testing, PrEP, PEP, and condom distribution for MSM.
- Ensuring early diagnosis, linkage to ART services, and adherence support.
- Addressing stigma, discrimination, and mental health challenges through counselling and peer support.
- Advocating for human rights and non-discriminatory healthcare services for MSM.
- Strengthening MSM-friendly health services and community-led interventions.

The Implementation Framework and Model of Service

Mpilonhle implemented the MSM programme using a three-prevention approach consisting of Biomedical**, Behavioural, and Structural** interventions which are outlined below.

A. Biomedical Services
- Expanded HIV self-testing, mobile testing units, and community-based testing.
- Increased PrEP and PEP awareness and accessibility.
- Distributed condoms and lubricants through targeted outreach programmes.
- Ensured effective linkage to ART services for MSM living with HIV.

B. Behavioural Interventions
- Provided emotional and psychosocial support, including adherence support for PrEP and ART.
- Established peer mentorship programmes to improve adherence and engagement in care.
- Offered mental health services, counselling, and substance use support, including harm reduction for MSM who use drugs.

C. Structural Interventions
- Developed mechanisms to report and address human rights violations.

- Engaged with traditional and civil society leaders, health officials, and policymakers to promote inclusive policies.
- Advocated for legal protections and improved healthcare access for MSM.
- Conducted stigma-reduction initiatives through media campaigns, community workshops, and public dialogues.

Expected Outcomes

Upon completing the MSM Programme, Mpilonhle aimed to achieve the following outcomes:

- Increased HIV testing and linkage to care among MSM.
- Reduction in new HIV infections through effective prevention strategies.
- Improved health-seeking behaviours and adherence to ART.
- Increased number of MSM taking PrEP and Condoms & lubes
- Strengthened community support systems for MSM individuals.
- Greater acceptance and inclusivity in healthcare services.

Stakeholders Involved

To ensure the successful implementation of the MSM Programme, Mpilonhle collaborated with various civil society organizations, government departments, traditional leaders, and church leaders within the King Cetshwayo District. These multi-sectoral partnerships strengthened the programme's impact, ensuring an integrated approach to MSM health and well-being.

Below is how the partnerships helped in implementing the programme successfully:

- **Civil society organisations:** This partnership facilitated the referral of MSM cases to Mpilonhle, ensuring that individuals received appropriate support and services.
- **Department of Health:** Provided training for Mpilonhle staff on the latest guidelines, supplied HTS registers, ART drugs, and HIV test kits to support service delivery.
- **South African Police Service (SAPS):** Assisted in handling SGBV cases involving MSM individuals and cases occurring within the MSM community.
- **Department of Social Development:** Supported SGBV cases and partnered in awareness campaigns to address stigma and promote inclusivity.
- **Traditional leaders:** Actively **supporting and endorsing** the MSM programme, thus **breaking cultural barriers, reduce stigma, and enhance access to life-saving services,** contributing to **better health outcomes and community inclusivity**.

GEOGRAPHICAL COVERAGE FOR GLOBAL FUND PROGRAMME

Table showing areas of implementation (Province, district and sub-district)

Province	District	Sub-districts
KwaZulu Natal	King Cetshwayo	uMhlathuze
		uMfolozi
		Mthonjaneni
		Nkandla
		uMlalazi

PROGRAMME ACHIEVEMENTS (2022 – 2025)

OUTLINE THE PROGRAMME GOALS AND STATUS OF COMPLETION

The MSM Programme in King Cetshwayo District was implemented to tackle the distinct health and social challenges faced by men who have sex with men (MSM). Below is an overview of the programme's key objectives and their progress:

1. **Enhancing Access to HIV Prevention and Treatment**

Objective: Expand HIV testing services, increase PrEP/PEP uptake, and ensure MSM individuals are linked to ART services.

Progress: Mobile HIV testing units were introduced, and PrEP/PEP distribution was expanded. However, stigma and limited accessibility in rural areas continue to pose challenges.

2. **Reducing Stigma and Discrimination in Healthcare Settings**

Objective: Train healthcare providers to deliver inclusive, MSM-friendly services.

Progress: Sensitization workshops and community dialogues were conducted for healthcare workers, traditional leaders, healthcare workers, SAPS Officials, Department of Social Development Officials. However, ongoing training and stronger policy implementation are still required.

3. **Providing Psychosocial Support for MSM**

Objective: Offer mental health counselling, peer support, and assistance for substance abuse issues.

Progress: Peer mentorship programmes and psychosocial support services were successfully introduced in all 5 sub-districts. However, limited access to mental health professionals remains a concern.

The picture below shows an Mpilonhle Peer Educator and Counsellor providing support to a client.

4. **Encouraging Safer Sexual Practices and Risk Reduction**

Objective: Raise awareness and improve access to condoms, lubricants, and harm reduction strategies.

Progress: Resources were widely distributed (condoms, lubes and IEC materials). Over 15400 condoms and lubricants distributed to MSM community within the period of two years. Continued efforts are necessary to reinforce behaviour change.

5. **Advocating for Policy Reform and Community Acceptance**

Objective: Work with traditional leaders, policymakers, and law enforcement to create a supportive environment for MSM individuals.

Progress: Community dialogues and advocacy efforts were initiated, yet resistance in conservative areas continues to limit full societal acceptance. Mpilonhle is part of KCD key population Human Right Forum.

The picture below illustrates Mpilonhle's outreach efforts with traditional authorities, showing a meeting at the regular traditional authority council meeting.

WHAT DID THE PROGRAMME SEEK TO MEASURE AND HOW WAS THIS DONE?

This MSM Programme sought to measure its effectiveness in improving healthcare access, reducing HIV prevalence, addressing stigma, and enhancing overall well-being among MSM individuals. This is achieved through a structured monitoring and evaluation framework that assesses key indicators.

Below are the key areas of measurement (in accordance with programme objectives and indicators):

1. **HIV Prevention and Treatment Uptake**

- Number of MSM individuals tested for HIV.
- Number of MSM accessing Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).
- Linkage-to-care rates for HIV-positive individuals, including ART initiation and adherence.

2. **Service Utilization and Accessibility**
- Attendance rates at MSM-friendly health services.
- Distribution of condoms and lubricants.
- Utilization of mobile clinics and community-based healthcare services.

3. **Behavioural and Psychosocial Impact**
- Level of knowledge about HIV prevention methods among MSM individuals.
- Changes in risky sexual behaviour and adherence to preventive measures.
- Access to and effectiveness of mental health and psychosocial support services.

4. **Stigma and Discrimination Reduction**
- Reported cases of stigma and discrimination in healthcare settings.
- Engagement of MSM individuals in community dialogues and sensitization programmes.

5. **Community Engagement and Support Networks**

- Participation rates in peer support programmes.
- Involvement of traditional leaders and stakeholders in promoting MSM rights and healthcare access.
- Impact of media campaigns and awareness programmes on community attitudes.

The measurement of the above was done by systematically collecting and analysing the data by using the following methods:

- **Health Facility Records:** Tracking HIV testing, PrEP/PEP usage, ART enrolment, and clinic visits.
- **Surveys and Interviews:** Collecting feedback from MSM individuals on service accessibility, stigma experiences, and programme impact.
- **Focus Group Discussions:** Engaging MSM individuals, healthcare workers, and community leaders to assess programme effectiveness.
- **Monitoring Tools:** Using digital and paper-based systems to track service delivery and behavioural changes over time.
- **Case Reporting:** Documenting human rights violations, stigma cases, and challenges faced by MSM individuals in accessing healthcare.

WHAT WAS THE QUALITY ASSURANCE SYSTEM PUT IN PLACE? COMMENT ON M&E PROCESSES.

Mpilonhle implemented a robust quality assurance system to ensure effective service delivery and impact of the MSM Programme. This included:

- **Standard Operating Procedures (SOPs):**
  Guidelines were developed for HIV testing, PrEP/PEP provision, psychosocial support, and community engagement to maintain service consistency.

- **Staff Training:**
  Regular capacity-building sessions were conducted to equip field workers (Peer educators, Professional Nurses, and M&E team) with MSM-sensitive and non-discriminatory service delivery skills.

- **Client Feedback Mechanisms:**
  Surveys, focus group discussions, and anonymous reporting channels were used to assess service quality and address concerns.

- **Data Verification and Audits:**
  Weekly and Quarterly reviews of programme data ensured accuracy, compliance with BZ reporting requirements, and identification of service gaps. This is done by checking clients tested for HIV against the health facilities' HTS registers.

M&E Processes:

- Weekly data collection and reporting to track programme performance and beneficiary reach.
- Routine site visits and spot-checks to assess adherence to protocols.
- Analysis of trends in HIV testing, ART linkage, and PrEP uptake to inform programme adjustments.
- Stakeholder meetings to review progress and address emerging challenges.

STATE THE INDICATORS SET FOR THE PROGRAMME

The programme had four key indicators which are:

- Number of men who have sex with men reached with HIV prevention programmes
- Number of men who have sex with men that have received an HIV test during the reporting period and know their results
- Number of men who have sex with men initiated on PrEP
- MSM linked to ART

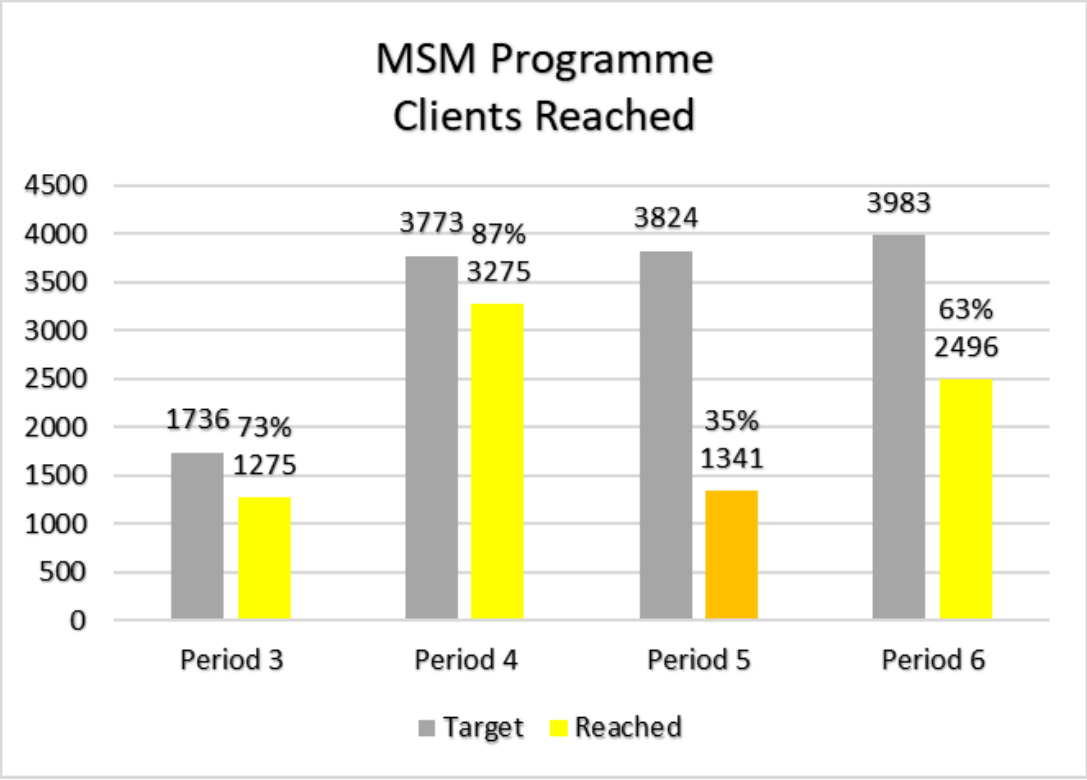
PROGRAMME PERFORMANCE

- Programme performance against targets is indicated in the graphs and table below.
- The colours in the performance graphs reflect the performance indicators provided as part of the GF MSM project as shown in the graph below.

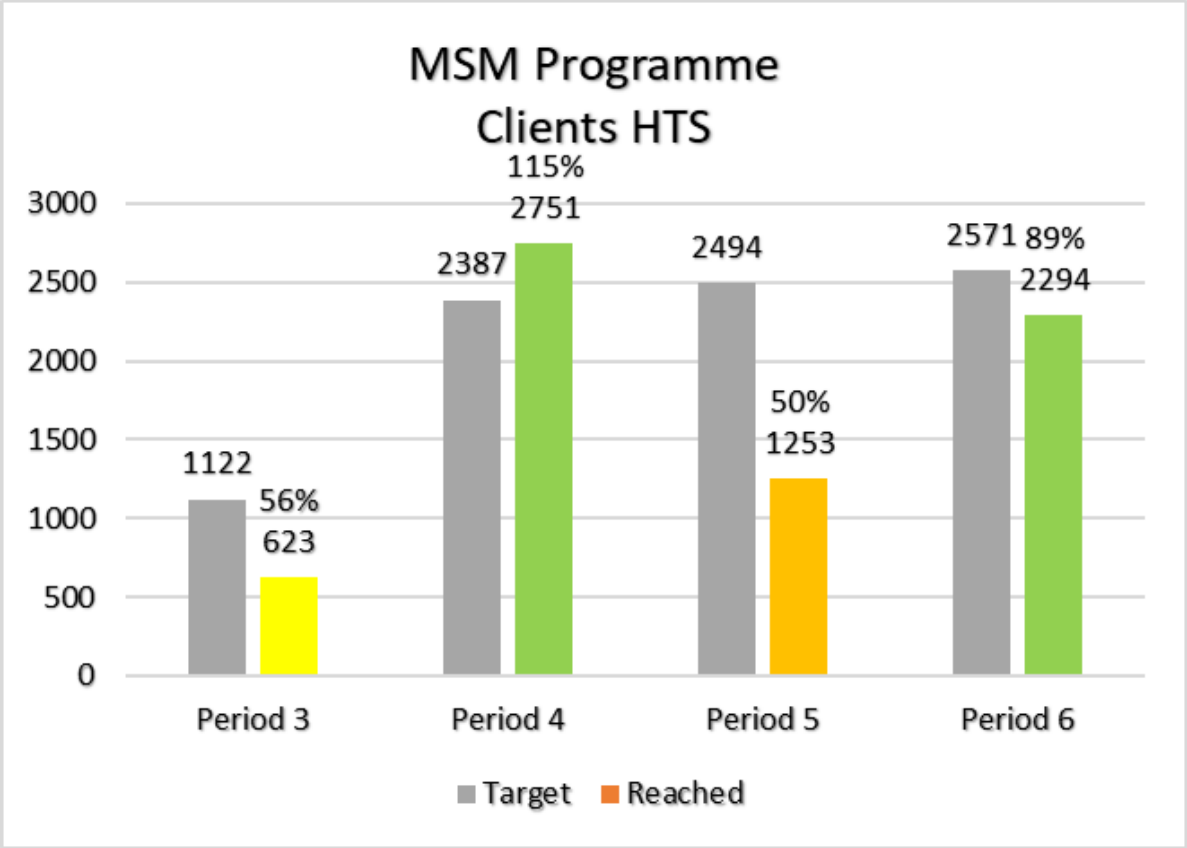
A	>=100%
B	90-99%
C	60-89%
D	30-59%
E	<30%

As can be seen from the graphs, which are current to mid-March, Mpilonhle was in the yellow or green categories of performance for most indicators for most semi-annual periods. Performance increased as time progressed, systems were established, and community relations favourably entrenched.

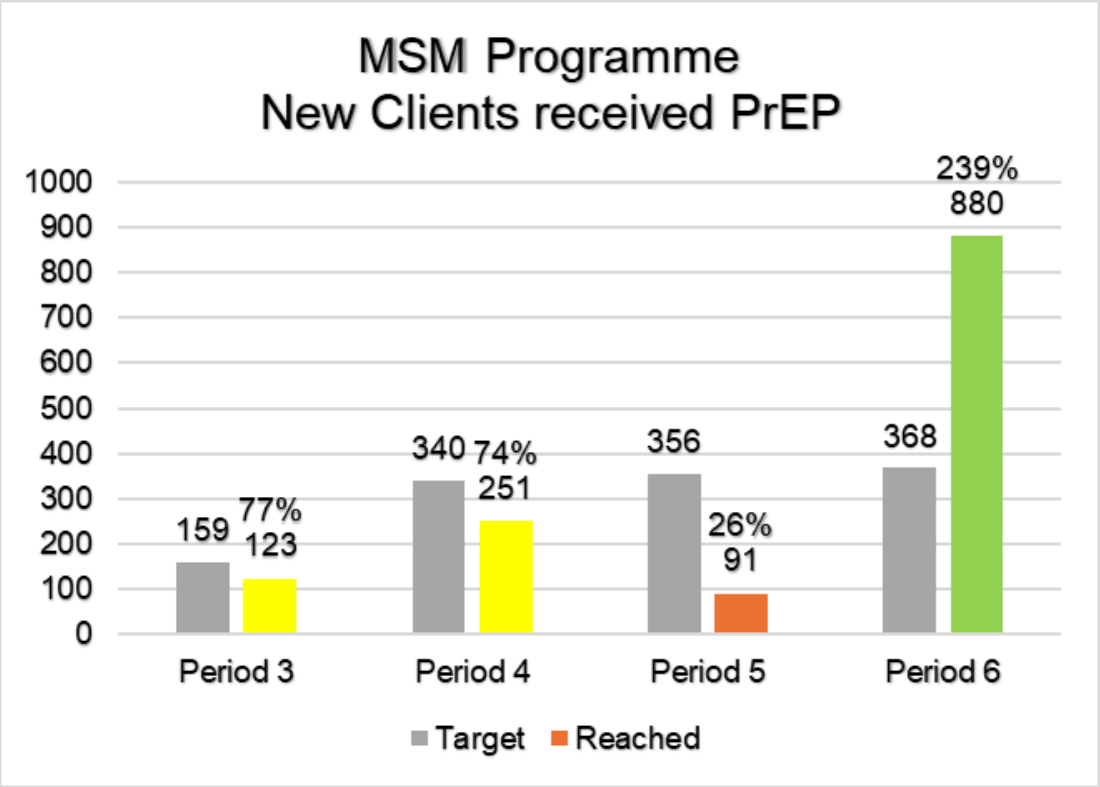
The first graph - clients reached consisted of two components – FUP with previous MSM clients, defined as follow-up with an established client after a six-month interval – and new MSM clients reached. In several of the semi-annual periods Mpilonhle exceeded the target for returning clients reached. But fell short in the new clients reached. This was because we were under the misapprehension that focus should primarily be on returning clients. This was especially true for period 5. This also affected HTS number. But overall, it as a strong performance. And Mpilonhle worked hard to establish rapport and contact systems with clients. This resulted in the high rate of returning clients. Which was probably the most challenging component. New clients reached in later periods may also reflect an exhaustion of the available pool of MSMs in the community.



The HTS numbers reached exceeded targets in period 4 and are likely to exceed the target in period 6 after the final numbers are tabulated. The numbers in period 5 were low because of the inadvertent focus on only returning clients.



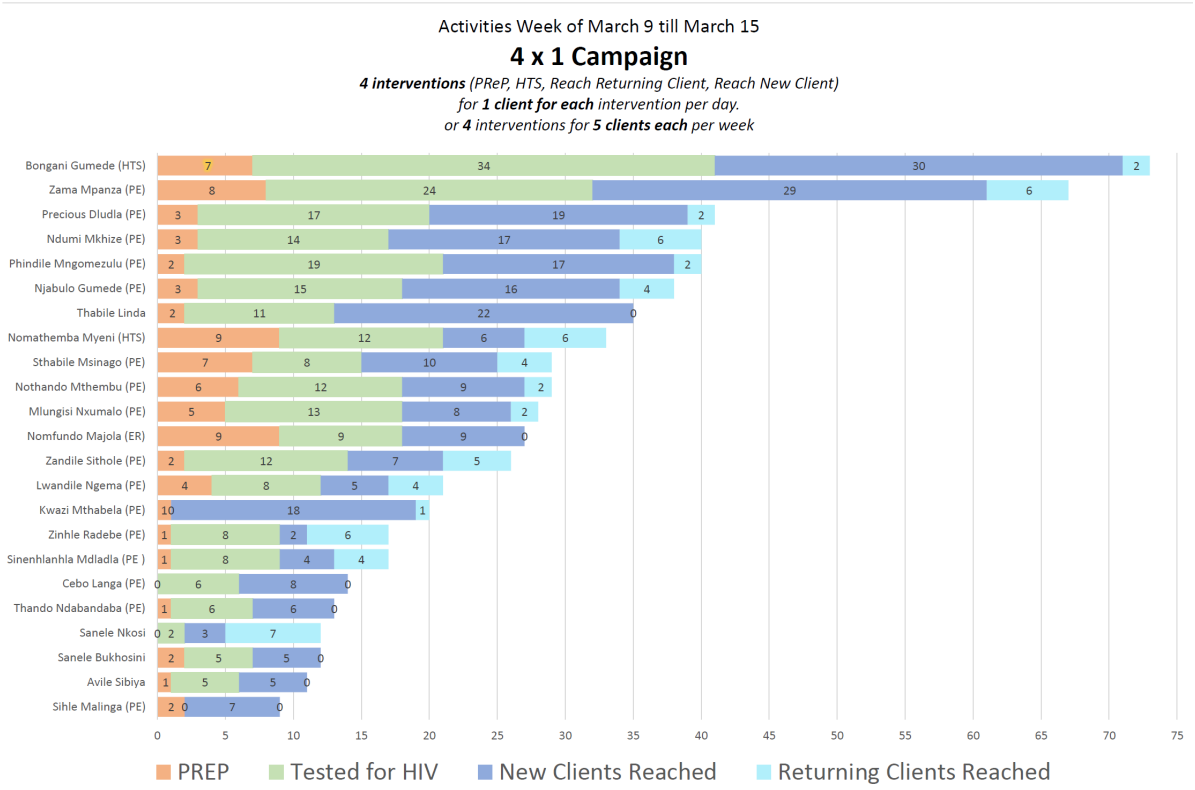
The PrEP numbers were especially impressive, especially in the last period. Where those clients accepting PrEP were more than double the target number. This reflected increasing confidence by clients, and acceptance within the community, in what Mpilonhle was doing. This reflected the educational and outreach efforts that Mpilonhle had painstakingly implemented during the grant. And its longer standing involvement within the community and community structures.



Although there were no defined performance measures for linkage to care, it was a performance indicator. As pert the table below, Mpilonhle had a very high rate (97%) of linking newly identified HIV-infected individuals, or individuals who knew that they were HIV infected but not on ART, to ART.

Indicator	P3	P4	P5	P6
# tested for HIV	616	3148	1253	2139
# positive for HIV	7	156	28	39
# who tested positive linked to ART per working definition	7	151	28	37
# who did not test but knew their status and were already on ART	36	74	40	73
# who did not test but knew their status and were not on ART	5	7	1	1

Part of the success of the programme was from close monitoring of performance of individual staff members, and of individual implementation sites. The graph below is an example of the performance indicators that we generated weekly. This close monitoring of performance lets us adjust where we provided services. And to identify staff members that required support.



NARRATIVE ON FACTORS THAT LED TO THE ATTAINMENT OR NON-ATTAINMENT OF PERIOD RESULTS

Below are factors that played a crucial role in our achievements:

1. **Regular Feedback from the M&E Team:**
   The Monitoring and Evaluation team provided consistent weekly updates on our progress, highlighting areas where we were excelling and identifying gaps in real-time. This feedback loop helped us stay on track and adjust our efforts to meet our targets.

2. **Effective Communication:**
   There was continuous communication between Managers, Field Supervisors, and Field Workers, ensuring that all team members were aligned in their goals and activities. This synergy was vital in maintaining a coordinated effort throughout the month.

3. **Team Meetings:**
   Both monthly staff meetings and weekly team meetings ensured that all stakeholders were informed and actively involved in the decision-making process. These meetings facilitated problem-solving and the sharing of best practices.

4. **Re-Mapping of Microsites:**
   We conducted a thorough re-mapping of the microsites to assess their effectiveness and identify potential areas for improvement. This exercise allowed us to optimize our outreach strategies and ensure that we were targeting the right areas.

6. **Additional Resources:**
   The CEO of Mpilonhle secured alternative funding to employ a professional nurse, which played a crucial role in the programme's success. This additional staff member enabled better management of increasing client numbers and enhanced service delivery. Additionally, Mpilonhle allocated a budget for airtime to support field workers in contacting clients for appointment scheduling. Since neither the nurse's salary nor the airtime costs were covered by BZ's budget, Mpilonhle sourced external funds to ensure these essential services were maintained.

6. **Weekend Outreach:**
   To accommodate clients who are unavailable during the week, the team made the decision to work on weekends, ensuring that our services were accessible to a broader population.

7. **Men's Clinic at a Microsite:**
   The establishment of a dedicated Men's Clinic at one of our busiest microsites was a strategic move that allowed us to concentrate our efforts in an area with high client demand. This initiative showed positive results in client engagement and retention. In addition to establishing our own men's clinic, we also supported existing men's clinics set up by the Department of Health in the King Cetshwayo District. As part of our efforts, we provided the Department of Health with two mobile units to be used as men's clinics. These mobile clinics improved access to healthcare services for our MSM clients, allowing them to receive care without enduring long queues at traditional health facilities.

The picture below shows a client testing and receiving services including condoms at a men's clinic.

The MSM Program in King Cetshwayo District made significant strides in improving the health and well-being of men who have sex with men (MSM). Through a multi-layered approach incorporating biomedical, behavioural, and structural interventions, the program created a meaningful impact on beneficiaries' lives. Below are key qualitative achievements and milestones:

- Many MSM beneficiaries previously avoided healthcare facilities due to stigma and discrimination. The program's establishment of MSM-friendly clinics, mobile health services, and partnerships with healthcare providers ensured that beneficiaries received non-judgmental, comprehensive healthcare. Through targeted outreach, many MSM individuals accessed HIV testing, PrEP, PEP, ART, and mental health services for the first time.

The picture below shows clients being counselled at one of the sites established by Mpilonhle.

- One of the program's greatest achievements was shifting perceptions within communities and healthcare institutions. Sensitization training for healthcare workers and law enforcement officials improved attitudes towards MSM individuals, resulting in more inclusive service delivery. Beneficiaries reported feeling safer and more accepted when accessing healthcare, which contributed to better health-seeking behaviours.

- Many MSM individuals struggle with isolation, mental health issues, and substance use due to social exclusion. The program introduced peer-led support groups where MSM individuals could share experiences, receive counselling, and develop coping

mechanisms. Beneficiaries expressed that these safe spaces provided emotional relief, self-acceptance, and confidence to seek necessary healthcare services.

The picture below shows a peer support group conducted by Mpilonhle.

- The program played a vital role in ensuring that MSM individuals understood HIV prevention and treatment options. Through targeted education and outreach, beneficiaries became more aware of the importance of consistent condom use, PrEP adherence, and early ART initiation. Many reported feeling empowered to take control of their sexual health, and those living with HIV experienced improved adherence to treatment due to the program's ongoing support.

- The engagement of traditional leaders, civil society organizations, and policymakers in program activities contributed to gradual shifts in community attitudes. While challenges remain in conservative areas, the program's advocacy efforts ensured that MSM rights and health needs were discussed in community dialogues. Some traditional leaders became key allies, facilitating safer spaces for MSM individuals.

- Through collaboration with law enforcement and social services, the program empowered MSM individuals to report cases of violence and discrimination. Several beneficiaries received legal support and access to GBV services, which previously felt

inaccessible to them. This milestone demonstrated the program's role in improving protection and justice for MSM individuals facing violence.

- The program's strong partnerships with the Department of Health, SAPS, and civil society organizations ensured that beneficiaries could access holistic services beyond the program's direct offerings. Beneficiaries who needed mental health support, substance rehabilitation, or legal assistance were successfully referred to relevant service providers.

OVERALL IMPACT ON BENEFICIARIES

The MSM Program significantly improved beneficiaries' health outcomes, emotional well-being, and social acceptance. By fostering trust between MSM individuals and healthcare providers, it created a foundation for sustainable, stigma-free healthcare access. Many beneficiaries reported feeling more confident in seeking medical care, adhering to treatment, and advocating for their rights.

While financial and structural challenges remain, the program's qualitative impact demonstrates its critical role in improving the lives of MSM individuals. Continued investment, strengthened community engagement, and expanded mental health services will further enhance the program's long-term success.

CHALLENGES ENCOUNTERED IN THE PROGRAMME AND MITIGATION MEASURES

IMPLEMENTATION CHALLENGES – SOLVED AND UNSOLVED

LESSONS LEARNED

What worked:

- **Tailoring HIV Prevention Messaging:**
  Messaging for HIV prevention such as the benefits of PrEP, condom use, and regular testing, needed to be adapted for rural MSM. It became clear that a one-size-fits-all approach was not effective; instead, educational materials and outreach efforts needed to be culturally and contextually relevant to the MSM community in rural settings.

- **Use of Technology and Social Media:**
  While rural areas are perceived as remote, social medial have changed the sense of isolation. Many MSM in these regions have access to mobile phones and internet services. The programme learned that using digital platforms, including encrypted messaging apps and social media, could help reach and engage MSM who might otherwise be isolated or reluctant to attend in-person services.

- **Collaborating with Local Health Workers:**
  Local health workers who understand the unique challenges of rural populations were essential in bridging the gap between MSM and healthcare services. The programme discovered that training and involving these local workers helped improve the quality of services and ensured that the MSM community felt more comfortable accessing care.

- **Long-Term Engagement and Continuity of Care**
  One challenge encountered in rural areas was maintaining long-term engagement with MSM participants. Rural populations can be more transient or difficult to reach, which sometimes resulted in discontinuity of care. The lesson learned was the importance of follow-up systems and providing ongoing support to ensure participants stay connected to services.

- **Peer Support and Mobilization**
  MSM communities in rural areas often have limited access to peer networks, which are crucial for support and information sharing. It was learned that developing peer mobilization strategies, including training peer navigators or community-based advocates, played a key role in encouraging MSM individuals to seek care and adhere to treatment or prevention strategies.

- **Involvement of Traditional leaders:**
  MSM individuals often encounter heightened hostility and resistance in the more conservative areas of the King Cetshwayo District. However, the active involvement of traditional leaders in the programme played a crucial role in creating safe spaces where MSM individuals could connect and receive support. Their participation also helped shift community perspectives and foster more accepting attitudes toward MSM individuals.

What didn't work:

- **Branding of Vehicles with LGBTQIA+ Images and Logos:**
  While advocating for the MSM programme is crucial, branding vehicles with LGBTQIA+ images and logos proved to be a challenge. In rural and conservative areas, Mpilonhle employees faced difficulties driving a vehicle displaying images of MSM couples, as it attracted unwanted attention and resistance. Additionally, some MSM individuals, particularly those who had not openly disclosed their identities, were reluctant to be seen near the branded vehicle, fearing stigma or discrimination.

- **Uncompetitive Employee Salaries:**
  Mpilonhle experienced some staff turnover due to low salaries compared to other NGOs operating in the area funded by other donor agencies. This was especially true for professional nurses. With the salaries that we could offer being 30% or more lower than similar positions in other NGOs. Similarly, peer educators also moved to other NGOs that provided better remuneration, affecting programme continuity and effectiveness. With the virtual elimination of USAID in recent weeks, this is likely to be less of a

problem going forward. Though we would not want to see that used to provide unfairly low salaries.

RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

Mpilonhle recommends the following for future implementation of the Programme:

1. **Strengthened Focus on Sensitization and Human Rights Education**
   There is a need for increased awareness and education on human rights, as many community members have limited knowledge in this area. Due to this lack of awareness, human rights violations often go unreported. A stronger focus on sensitization and rights education will empower individuals to recognize and report violations while fostering a more inclusive environment for MSM individuals. We did a great deal of this during the current grant. But we see even more opportunity for expansion.

2. **Certification for Peer Educators in HIV Prevention**
   Given that the program is centred on HIV prevention for MSM, it is recommended that all Peer Educators obtain an HIV/AIDS certification. This certification will equip them with the necessary knowledge and skills to effectively reach, educate, and test clients while ensuring that fewer clients are lost to follow-up.

3. **Interactive and Engaging Modules for Client Retention**
   To improve client retention and engagement, the program should incorporate more interactive sessions. The Human Rights Awareness (HRA) program demonstrated that even brief interactive sessions encouraged clients to return. Implementing structured, engaging sessions will enhance program buy-in and ensure sustained participation.

4. **Budget & Resource Allocation:**
   Budgeting and resource allocation should consider key factors such as the district's size and the geographical distribution of communities. For instance, the King Cetshwayo District is extensive, comprising five sub-districts. Adequate funding for fuel, transportation, and staffing is essential to ensure efficient program implementation and service delivery across all areas.

SUSTAINABILITY STRATEGY FOR MPILONHLE IN RELATION TO THE MSM PROGRAMME IMPLEMENTATION

Amid global financial challenges, Mpilonhle remains dedicated to maintaining and enhancing the MSM programme by leveraging strategic partnerships, optimizing resources, and exploring alternative funding opportunities. Mpilonhle aims to ensure the sustainability of the MSM programme, guarantees continued access to essential services for MSM individuals in the King Cetshwayo District.

Below is the organization's sustainability approach:

1. Expanding Funding Opportunities

- Pursue grants from international agencies, private donors, and corporate social responsibility programmes.
- Initiate fundraising efforts, including community-led campaigns and crowdfunding initiatives.
- Develop income-generating activities aligned with the organization's objectives.

2. Strengthening Collaborations and Partnerships

- Partner with government entities such as the Department of Health, Social Development, and SAPS to secure training, in-kind support, and medical supplies.
- Enhance collaboration with civil society organizations for shared resources and joint programme execution.
- Involve traditional leaders and community influencers to promote acceptance and support for the programme.

3. Implementing Cost-Effective Strategies

- Utilize a community-driven model by training peer educators and volunteers to minimize operational expenses.
- Integrate MSM services into broader HIV prevention and healthcare programmes to optimize resources.
- Use digital platforms for awareness campaigns, counselling, and training to cut logistical costs.

4. Policy Advocacy and Government Support

- Lobby for the inclusion of MSM health services in national and provincial health budgets.
- Engage policymakers to secure long-term governmental backing for MSM-friendly healthcare services.

CONCLUSION -OVERALL SUMMARY OF PROGRAMME PERFORMANCE

The MSM Programme implemented in King Cetshwayo District aimed to address the unique health and social challenges faced by men who have sex with men (MSM), with a focus on HIV prevention, treatment, psychosocial support and stigma reduction. The programme successfully reached its key objectives through a combination of biomedical, behavioural, and structural interventions.

Key Achievements:

- **Increased Access to HIV Prevention and Treatment:** The programme expanded HIV testing, PrEP/PEP distribution, and linkage to ART services, ensuring that MSM individuals received essential healthcare.

- **Community Engagement and Stigma Reduction:** Through sensitization workshops and advocacy efforts, healthcare providers and community leaders became more informed about the needs of MSM individuals, leading to improved service delivery.

- **Psychosocial and Mental Health Support:** The programme introduced peer-led support structures, counselling services, and substance abuse interventions, addressing the broader well-being of MSM individuals.

- **Policy Advocacy and System Strengthening:** Mpilonhle actively engaged with policymakers, traditional leaders, and law enforcement agencies to create a more supportive environment for MSM individuals in the district.

Challenges and Areas for Improvement:

- **Persistent Stigma and Discrimination-** MSM individuals in rural and conservative areas still face significant barriers to accessing healthcare services.
- **Retention and Staffing Issues-** Limited financial resources led to the loss of trained professionals, impacting service continuity.
- **Limited Mental Health Resources-** Despite efforts to provide psychosocial support, access to specialized mental health professionals remains a challenge.
- **Financial Constraints-** The programme faced funding limitations, requiring Mpilonhle to source additional resources to sustain critical services.

Despite these challenges, the MSM programme played a crucial role in improving health outcomes, reducing HIV transmission, and fostering a more inclusive environment. The programme's strategic approach to community engagement, advocacy, and service provision laid a strong foundation for future interventions. Moving forward, sustainable funding mechanisms, deeper community integration, and enhanced mental health support are key to ensuring continued success and impact. And providing essential services to clients as are shown below.