



HUMANA
PEOPLE TO PEOPLE

HEALTH CAPACITY STATEMENT

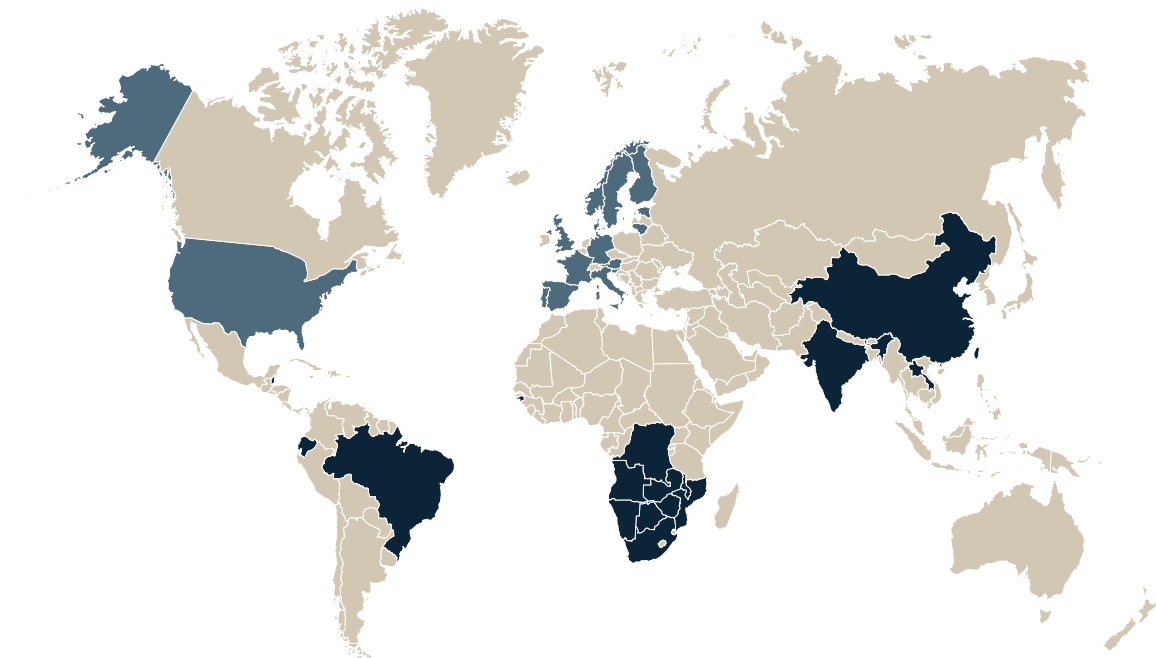


WHO ARE WE?

Humana People to People (Humana) is an **international network of 29 local NGOs** working for the sustainable development of underserved communities, particularly in **Sub-Saharan Africa**, the **Americas** and **Asia**.

In our unwavering commitment to tackling some of the world's major socioeconomic, environmental, and humanitarian challenges, we spearhead **community-driven holistic development programmes** that harness the power of **good health and wellbeing, education** and **collaboration**.

Moreover, our teams are comprised of people hailing from the very communities we serve, offering invaluable local insights and expertise.



You may know Humana member organisations by the names of:



OUR AREAS OF WORK

Climate Change and Agriculture

Education, Training and Economic Empowerment

Community Development

Health

OUR WORK IN HEALTH

Health inequities —unjust and avoidable disparities in health outcomes driven by factors like **poverty, limited access to quality healthcare, poor living conditions, and social marginalisation** act as barriers to achieving optimal health and meeting global and national goals and targets in **HIV, TB, and malaria** programmes.

Further, nearly half of deaths among children under 5 years are linked to undernutrition, with 148 million children under 5 chronically malnourished

(stunted), and safe drinking-water, sanitation and hygiene services, collectively referred to as WASH, are at the core of sustainable development, and are critical prerequisites to health and well-being.

In 2019, use of safe WASH services could have prevented the loss of at least 1.4 million lives. Gender inequality is a major challenge to global health, with women in the most disadvantaged populations facing barriers relating to gender equality, economic opportunity and a culture of violence.

2023 at a glance: HIV, TB & Malaria

39.9 M

people were living with HIV worldwide

10.8 M

people fell ill with tuberculosis

263 M

malaria cases were reported globally

2.4 M

deaths caused by these three diseases despite being preventable and treatable

The most alarming part:

These diseases continue to disproportionately affect chronically disadvantaged populations, causing avoidable suffering.

Humana's approach is community centred and people-led, ensuring that individuals are not just beneficiaries but active participants in shaping solutions that meet their needs.

We empower communities to take ownership of their health, building **prevention, treatment, care, and support services**, as well as working to create the social, political, legal and financial environment needed to effectively respond to epidemics and overcome barriers to healthcare.

Through **evidence-based approaches** at scale, we improve access, build resilience, and create systems of care that uphold dignity and make the **right to health** a lived reality. We use a **gender-sensitive approach**, recognising and responding to the unique health needs, challenges, and inequalities of individuals.

Humana projects align with international, regional and national strategies including:

- Sustainable Development Goal 3
- WHO Global Strategy to End TB
- UN Nutrition Strategy 2022–2030
- Global Technical Strategy for Malaria 2016–2030
- the UNAIDS Fast-Track Strategy to End AIDS by 2030
- ICPD Program of Action
- Every Woman Every Child Global Strategy
- Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030)
- Beijing Platform for Action (1995)

HOW DO WE WORK?

1

Community-Centered Health Solutions: Empowering People to Lead Change

Our programmes are grounded in the principles of inclusion, equity and gender equality, tackling barriers like social exclusion and cultural stigmas that limit health access.

Humana places communities at the heart of health initiatives, leveraging local strengths and capacities. We collaborate with communities to design health programs that fit their needs, ensuring those most at risk of poverty-related diseases are actively involved in planning and decision-making. This fosters trust, ownership and long-term impact.

Our approach creates sustainable solutions **throughout the continuum of care** for underserved and hard-to-reach areas, ensuring no one is left behind.

Central to this effort are **community health workers** (CHWs) and health champions, who are recruited and trained locally. As trusted members of their communities, they provide ongoing support, help people adhere to their treatment plans, and guide them to the right healthcare services also engaging those lost to follow-up. By **actively involving affected people** in their care and broader health initiatives, we drive sustainable reductions of major health burdens and foster long-term resilience.

2

Promoting Universal Health Coverage for All

Our programmes address critical barriers to healthcare, such as high costs, lack of information, stigma and discrimination, and long distances to health facilities.

Humana is dedicated to advancing universal health coverage (UHC) by promoting accessible, affordable, and equitable quality healthcare for all.

We work to bridge the gap between communities and health services by integrating preventive care, health education, and **affordable treatment options**, fostering inclusive and sustainable healthcare delivery without financial hardships.

Prevention and health literacy are at the core of our UHC approach. By educating communities, we empower people to take proactive steps to maintaining their health and reduce preventable diseases. These efforts improve healthcare access, equity, and resilience, reflecting our commitment to quality healthcare as a universal right.



INNOVATION

From pioneering **at-home HIV testing** and **mobile TB screening tools** such as **Truenat®** to utilizing cutting-edge **data collection** methods including **app-based Community-Led Monitoring**, Humana brings global innovations to local communities. Together with our partners, we invest in people, public health systems and national health programmes to promote equal access to prevention messages, screening, diagnosis, treatment, support and care.

3

Leveraging Community-Based Approaches for Sustainable Health System Strengthening

Our programmes integrate approaches that leverage existing structures to address the interrelated health needs of communities.



OUR MODEL IN ACTION

In DR Congo, the TCE Kinshasa project, funded by CDC/PEPFAR and led by Humana Congo, works hand-in-hand with government facilities across 70 health zones to deliver integrated HIV/TB services, manage data quality, and build capacity—serving 24,000 people living with HIV with a 98% ARV initiation rate.

DAPP Zambia under the Sungani Bana Initiative, provides technical assistance and training to the Ministry of Health at National, Provincial, District, and Facility Levels, including over 1,300 CHWs to improve care for children living with HIV. In 2024 alone, the program reached over 10,000 children, achieving 97% viral suppression among those tested for HIV, while also addressing treatment interruptions and integrating TB prevention.

Humana strengthens local health systems by enhancing the skills, resources, and infrastructure required for sustainable, high-quality healthcare. We decentralise health services by shifting care to **community-based healthcare models including door-to-door services, mobile outreach, health posts and service integration**, improving connections between public health systems and the communities they serve. This approach makes healthcare more accessible, responsive, and inclusive.

Our programmes integrate TB and HIV services to streamline coordinated care for both conditions, reduce stigma, and improve TB-HIV coinfection outcomes. Our teams collaborate with affected communities, leaders and healthcare providers to increase service uptake, while also providing training and capacity-building for both CHWs and local healthcare providers. This empowers them to deliver respectful, **patient-centred care** that addresses social and cultural barriers, improving overall health outcomes.

Humana utilises data-driven practices and continuous monitoring to improve health outcomes. In close collaboration with local health authorities, we align our interventions with national health goals, ensuring that our efforts not only strengthen local capacity but also promote long-term sustainability. **This approach integrates community-based responses with system-level strengthening, creating a resilient and cohesive impact on healthcare delivery.**



OUR WORK IN HEALTH

INFECTIOUS DISEASES

HIV & AIDS – Total Control of the Epidemic (TCE)

The model supports HIV prevention, testing, treatment and care while prioritising outreach to the most at-risk populations.

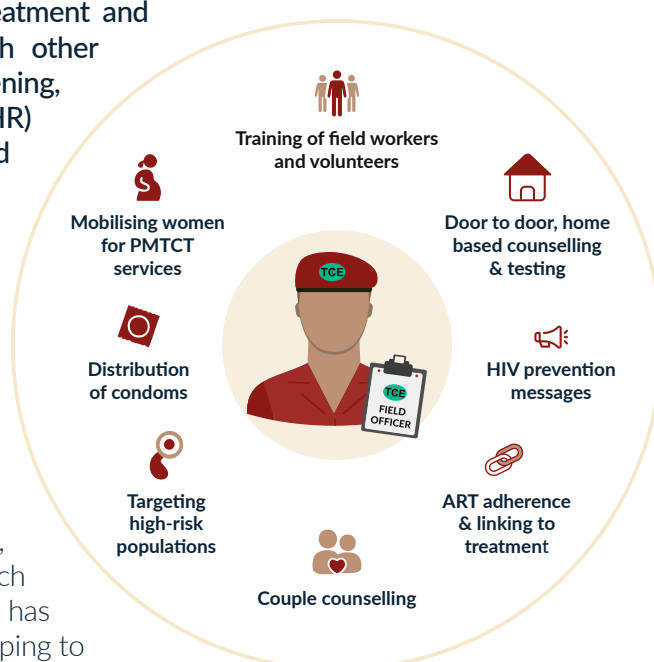
In 2000, Humana People to People launched the ‘**Total Control of the Epidemic**’ (TCE) in direct response to the needs of the communities Humana was working with. Grounded on the principle that “**Only the people can liberate themselves from the AIDS epidemic**”, TCE empowers individuals to take control of their health while addressing stigma and discrimination at the community level.

The TCE model is based on **person-to-person mobilisation and counselling**, with the goal of building the knowledge and agency needed for persons living with HIV (PLHIV) to take charge of their own health, **linking them to prevention, treatment, care and support**, while also working at the community level more widely, to **break down stigma and discrimination**. Our teams of **community-based project staff and volunteers** provide access to HIV testing, often in the privacy of people’s own homes.

The TCE programme has continuously evolved to meet the changing needs of the communities we serve, aligning with global goals such as the **UNAIDS 95-95-95 strategy**. This approach ensures that people know their HIV status, access treatment, and stay on treatment to achieve viral suppression. TCE evolved into a flexible, adaptable model that addressed the specific needs of each community.

The model supports HIV prevention, testing, treatment and care through activities such as integration with other health initiatives, such as tuberculosis screening, sexual and reproductive health services (SRHR) and gender-based violence (GBV) services, and targeted interventions for key and at-risk groups, such as orphans and vulnerable children (OVC), adolescent girls and young women (AGYW), sex workers, men who have sex with men, and truck drivers.

Through a community-driven approach, dedicated field officers build trust and break down stigma while connecting people to vital HIV services. This model has **reached over 22 million people across 12 countries** in Africa and Asia, delivering significant impact. In some countries, such as Namibia, local Humana member DAPP Namibia has been widely recognised for playing a key role in helping to achieve epidemic control¹.



¹BBC Africa (Vauldi Carelse), 30 November 2018, Namibia's success in the fight against HIV, accessed on-line July 8, 2024 here: www.bbc.com/news/world-africa-46397877

The TCE model begins with a strong focus on preventing HIV infection and extends to address three key areas of activities:

1

ACTIVE CASE FINDING AND EARLY DETECTION

Through targeted door-to-door outreach, contact tracing, and community-led initiatives, we undertake widespread targeted screening to find people at risk of contracting HIV. We use index partner testing² to identify people potentially living with HIV without their knowledge, and the latest data-led tracking methods.

2

COMMUNITY-BASED HIV TESTING

Humana provides community and home-based HIV testing. By meeting people in their homes and at times or places convenient for them, we overcome financial, time and confidentiality barriers that often block people from seeking care. Our CHWs and health champions are recruited and trained from the local community so they are ideally placed to build the relationships required to engage in sensitive and personal discussions.

3

SUPPORTING TREATMENT ADHERENCE

Our members create family and friend-led support groups (called “TRIOs”, made up of three people: the person with HIV and two supporters) for people who have tested positive, to help their loved ones stay on ART and address stigma and discrimination. We follow up and actively manage every person referred for treatment, identify adverse effects and health needs -physical, emotional, or mental. People who are defaulting on their treatment are tracked and brought back on treatment. Community support groups like savings and lending clubs, nutrition gardens, and HIV-positive youth clubs provide psychosocial and mental health benefits, accountability, and a sense of community for PLHIV, which helps improve viral load suppression among individuals on ART.

²“Index partner testing” is the testing of sexual partners, family members, or close contacts of someone who has tested positive for HIV. The goal is to locate individuals who may be unaware of their HIV status and offer them testing and counseling.

Total Control of the Epidemic, Namibia

Donor: CDC, HPP Partners | Timeframe: 2006-2025

DAPP Namibia's history of firsts includes: 1st to implement community-based HIV testing (2012) and index contact testing (ICT) for HIV, including a critical new component in which eligible people testing HIV negative are linked to Pre-exposure Prophylaxis (PrEP) (2017); early pioneers in community-level tracing and reengagement of people on ART experiencing interruption in treatment (IIT) (2016); and the 1st to implement community-based adherence groups (CAGs) to support adherence to treatment (2017). The evidence-based MenStar approach (2023), a peer-

to peer strategy to meet the unique counselling and treatment adherence and retention needs of unique categories of men living with HIV, including those who are newly engaged in treatment, have had their treatment interrupted, or have a high viral load. Namibia has made significant strides in its Prevention of Mother-to-Child Transmission (PMTCT) programming, becoming the first African country to achieve a key milestone in eliminating mother-to-child transmission of HIV and hepatitis B, with the support of organizations like DAPP.



Community HIV/AIDS and Tuberculosis Project in Angola

Donor: The Global Fund via UNDP | Timeframe: 2024-2027

The project targets all 31 municipalities in three provinces to curb the spread of HIV/AIDS and TB. It focuses on high-risk groups, including **adolescent girls, pregnant women, and key populations**-female sex workers, men who have sex with men-while promoting treatment adherence among people living with HIV. ADPP leads the project,

managing six local NGO sub-recipients and engaging 986 Community Health Agents. Key activities include HIV prevention through Girls' Clubs, risk screening, PMTCT services, index case testing, and peer education, community-based TB case finding, stigma reduction, and Community-DOT treatment adherence.



HOPE

Since the mid-90's, Humana's HOPE project has provided comprehensive HIV prevention, care, and support services to communities through action groups and centers. It aims to reduce HIV transmission, improve access to healthcare, and support individuals living with HIV through education, testing, counselling, and treatment adherence programs. The project emphasizes community engagement, empowering local people to take an active role in combating HIV, raising awareness and reducing stigma, and improving health outcomes while providing opportunities for skill development and economic development.

Tuberculosis - Total Control of TB

Our community-driven TB response combines prevention, early detection, diagnosis and treatment with stigma reduction, improved access, and support through locally led, integrated care.

In response to the heavy burden of TB in many of the communities where Humana operates, we have built on the success of the TCE model to mobilise community members affected by TB, ensuring a community-centered, comprehensive response to end the TB epidemic.

Since 2018, we have **reached over 18.5 million people across 12 countries**, working closely with communities to support the **World Health Organization's End TB Strategy**. The model integrates the full complement of TB services with a focus on marginalised and at-risk populations.

We work at the community level to empower individuals to take charge of their health, ensuring that people affected by TB receive early diagnosis, effective treatment, and the necessary support to complete their recovery. Projects take a comprehensive approach that supports at-risk populations with everything they need to live a healthy life.

The model integrates adult and paediatric TB preventive treatment (TPT), TB screening of PLHIV and TB contacts, sputum collection and diagnosis, referral and escorting for TB diagnostics and treatment, adherence support to ensure treatment completion, nutrition support to ensure effectiveness of treatment, and the tracing and reengagement in care of people with TB who have experienced an interruption in treatment (IIT).

Humana recruits and trains local networks of volunteers to be a “community-driven united front”, raising awareness, identifying presumptive cases and supporting treatment adherence. We engage TB survivors, mobilise, train and engage community actors to raise awareness and built sustainable local TB response networks. Our members' community-based health workers and TB field officers play a vital role locally in identifying people with TB, encouraging up-take of diagnostic testing, helping patients to complete treatment, and gaining the participation of the wider community.



The TC-TB model empowers communities and decentralises TB services by:

1

ACTIVE TB CASE FINDING AND EARLY DETECTION

Early diagnosis is essential in reducing TB transmission and improving treatment outcomes. Our approach focuses on **door-to-door outreach and targeted hotspot screening** often using portable digital X-ray and rapid molecular tests to identify people at risk of TB, particularly in high-prevalence areas, including urban slums, mining communities, and overcrowded settlements and with high-risk populations – **former and current mine workers, prisons, slums, homeless and migrant populations and those living in poorly ventilated family dwellings**. Index partner testing, where household members and close contacts of confirmed TB patients are screened to detect additional cases early and provide TPT to close contacts. Sputum collection and transport services or assistance in getting people to the nearest testing facility ensures samples reach diagnostic facilities without delay, reducing the burden on patients.

2

TREATMENT ADHERENCE AND PSYCHOSOCIAL SUPPORT

Our community-based approach focuses on supporting people affected by TB to successfully complete treatment including DS-TB, DR-TB, MDR-TB and TB/HIV coinfection through tailored, home-based support services. **Community Directly Observed Therapy (C-DOT)** is utilised to monitor treatment adherence, and trained CHWs monitor for side effects and support people affected by TB at all stages of the care cascade, tracking those who interrupt treatment and reengage them to care. Our 'TRIO' support system encourages people affected by TB to adhere to their treatment as well as providing emotional and practical support. Recognizing the importance of nutrition in TB recovery, we promote community-based nutrition gardens to improve nutritional status as well as provide economic opportunity and support through savings and loans groups.

3

STRENGTHENING SERVICE DELIVERY AND REDUCING BARRIERS TO CARE

Humana addresses stigma and discrimination and gender-related barriers that act as barriers to seeking and completing care. **Digital Community-led monitoring (CLM)** helps empower local communities to collect and analyse data on barriers to TB services, enabling evidence-based advocacy for improved health policies. We also collaborate closely with national TB programs to enhance diagnostic capacity, train health workers, and deploy advanced tools for multi-drug resistant TB (MDR-TB) and paediatric detection. By integrating TB and HIV services, we ensure PLHIV receive routine TB screenings, and TB patients are offered HIV testing and care. We strengthen the overall health system by promoting the use of mobile apps for health workers, allowing for real-time patient tracking, better data management, and improving service delivery. Additionally, through our community-based initiatives, we help improve nutrition and health literacy, which contributes to better health outcomes for TB patients and reduces stigma.

OnImpact Community - Led Monitoring – Empowering people affected by TB to improve TB Response, Mozambique

Donor: Stop TB Partnership, UKAID/GIZ Health BACK-UP | Timeframe: 2019-2024

ADPP Mozambique adopted and piloted the use of the people-centred OnImpact digital platform to record barriers faced by PLwTB.

The implementation of OnImpact Community Led Monitoring was progressively scaled up to support quality, people-centred, and rights-based TB services and to engage TB-affected communities and health services in improving the TB response.

By the end of October 2024, more than 19,000 people affected by TB had engaged with the platform, with more than 30% reporting barriers, and 77% of these barriers were resolved through community engagement and with health providers.



TB intervention among hard-to-reach homeless, slums and migratory populations in Delhi, Howrah, Hyderabad, and peri-urban Mumbai

Donor: USAID/TIFA | Timeframe: 2023-2024

HPP's innovative TB project for key and vulnerable populations in megacities³ of India uses an AI-enabled screening application, (Cough Against TB, by Wadhvani Ai), mass X-ray screening at Medanta hospital, and working with four state TB offices, public health systems, and the private sector - to build a collaborative and supportive ecosystem for TB elimination. The evidence-based model can be scaled up across the country with concrete, documented learning from the metropolitan areas. By April 2024, 530,365 people had been educated about and screened for TB and 2,810 PWTB were identified, including 77 with MDR-TB.



³Large cities or urban areas with significant populations, often over 10 million people.

Malaria

We work together with communities to build a strong malaria-driven response using inclusive and sustainable community health structures that strengthen community involvement in malaria prevention.

For more than 30 years, Humana has contributed positively to the elimination of malaria through our malaria control and elimination programmes.

We support ministries of health to facilitate and improve malaria prevention and treatment targeting high risk communities, pregnant mothers and children under the age of five.

Community volunteers promote early health-seeking behaviour through raising awareness, screening and referring people to get a malaria test and ensure those that test positive are enrolled for treatment and complete their treatment course.

Humana members have extensive technical experience in **enhancing integrated community case management (ICCM) and malaria in pregnancy initiatives**. This includes supporting net distribution, promoting community-led vector control, and scaling up malaria social and behaviour change (SBC) efforts at the individual, household, and community levels.

Additionally, **we build the capacity of district authorities, health facility managers and staff, and community structures** to effectively manage, monitor, and strengthen malaria control programmes.



Towards Malaria Elimination (TOME), Malawi

Donor: USAID | Timeline: 2022 -2025



DAPP Malawi, in partnership with CHAM, implements the TOME project in two districts, supporting 72 health facilities and 235 village health clinics to provide ICCM.

Community-based SBC activities improve the adoption and uptake of malaria-prevention related behaviors, increase care-seeking practices, and capacitate community structures; this includes revamping and training 18 Community Health Action Groups (CHAG) to prepare them to take the lead on all local SBC efforts.

The project has developed scalable approaches to improve ICCM, expand the quality and reach of SBC activities, improve capacity of community structures (especially CHAGs) to lead malaria control efforts, and support health facilities to improve data management and data-driven decision-making.



Elimination 8 (E8) Initiative SADC, South Africa

Donor: The Global Fund | Timeline:2017-2024



In response to malaria cases increasing every year in South Africa, HPP SA's malaria project is implemented in the context of the Southern African Malaria Elimination 8 (E8) Initiative.

The project targets under-served communities, including migrants and transient populations in Limpopo, the Lowveld of Mpumalanga along the borders of Mozambique and Zimbabwe, and the far northern parts of KwaZulu-Natal.

In 2023, HPPSA reached nearly 130,000 people, established nine malaria clinic/ border posts, tested over 103,500 people for malaria, treated 1,152 people for malaria out of the 1,165 who tested positive (99%), and identified and treated 98 breeding sites.



PREVENTION AND HOLISTIC APPROACHES

Nutrition

Our programmes use holistic approaches to tackle both epidemics and nutrition challenges, engaging communities to lead actions of change to improve food security and dietary diversity.

CHILD AID

Since 1990 – in response to UNICEF’s State of the World’s Children report– Humana has been working through our Child Aid model to address global inequality and ensure access to basic needs like education, healthcare, and nutrition. It focuses on **providing children with opportunities for a better future through comprehensive interventions in health, education, and child protection.**

Expanding across multiple countries, the program works with local communities, governments, and organizations to create sustainable, child-focused solutions. It empowers caregivers and educators to provide long-term support through initiatives in nutrition programs, HIV prevention, school support, and efforts to protect children from abuse and exploitation.

Today, the Child Aid program continues to impact thousands of children globally, breaking the cycle of poverty and improving future prospects.

Approximately **2.4 billion individuals**, largely women and residents of rural areas, **do not have consistent access to nutritious**, safe, and sufficient food⁴. Humana recognises the vital role of nutrition in breaking cycles of poverty and disease. We leverage our experiences and presence in non-health sectors to achieve long-lasting impact across all thematic project areas.

We integrate nutrition in our TB and HIV programmes to improve treatment adherence and health outcomes. Small-scale farmers are trained in sustainable agriculture techniques, and families and the wider community are supported and trained to establish nutrition gardens using sustainable, and often **climate resilient practises.**

These efforts not only enhance food availability but also serve as income-generating opportunities, enabling families to afford education, healthcare, and other necessities. By addressing the root causes of malnutrition, our programs contribute to healthier, self-reliant communities.

In 2023, our nutrition projects reached above 750,000 people with nutrition messages, provided nutrition packs and farming inputs to strengthen their nutrition outcomes.

⁴<https://data.unicef.org/resources/sofi-2023/>



Transform Nutrition - To improve the nutritional status of pregnant and lactating women, adolescent girls and children under two years of age, Mozambique

Donor: USAID | Timeline: 2019 -2025



In partnership with GAIN, h2n, Uni Lurio, and VIAMO – ADPP Mozambique leads implementation of project Transform Nutrition in 12 districts in Nampula Province.

The project addresses the complex interactions between food, health, water, sanitation and hygiene, while raising awareness and understanding of the relationship between nutrition and health.

Transform Nutrition combines this multidimensional approach with a strategy to influence positive behaviour change among pregnant and lactating women, adolescent girls, and caregivers of children under 2 years, while enlisting support from key influencers in the community such as husbands, fathers, religious leaders, and elders.

The project aims to improve the nutritional status of 260,000 adolescent girls, 118,000 pregnant and lactating women, and 165,000 children under the age of 2.



Partnership for increased resilience and improved food and nutrition security of vulnerable communities in Khammuane Province, Lao PDR

Donor: EU | Timeline: 2017-2021



According to UNICEF, malnutrition is linked to over half of the deaths of children under 5 in Laos. To address this, HPP Laos partnered with Health Poverty Action to holistically improve nutrition among 5,000 families in hard-to-reach communities by increasing access to nutrition services, and family capacity in agriculture and horticulture to increase access to a complete, health diet.

The joint approach has been highly successful, increasing the percentage of participants reporting intake of a complete healthy diet from 60% at baseline to 91% in the final evaluation. By project's end, 84% of women had increased food knowledge, 84% of women attended ANC and PNC, and 84% of children under 2 were receiving complementary foods.



Community-driven WASH Solutions - WASH

Our efforts enhance hygiene practices across households, schools, and agricultural settings by developing water supply infrastructure, building community capacity for efficient water use, and training volunteers to repair and maintain water pumps.

Across Humana development projects, we work together with the communities to ensure sustainable access to clean water, sanitation and good hygiene.

Hundreds of children under the age of 5 die every day from diarrhoeal diseases that could have been prevented by basic WASH services in their homes, health centres and schools.

We establish **community-based structures** to raise awareness and support initiatives to improve access to clean water.

Most water-driven projects integrate horticulture production activities as part of water management and nutrition awareness among the most affected communities. Interventions utilise effective low-cost technology and environmentally friendly initiatives. These approaches have resulted in a reduction in water-related communicable diseases, **increase in water utilisation efficiency, including in drought prone areas.**

Furthermore, they have created greater knowledge and awareness of climate change and inspired an increased uptake of climate change adaptation techniques.

Freedom Park Water, Sanitation, and Hygiene (WASH) programme, South Africa

Donor: The Coca Cola Foundation | Timeline: 2023-2024

Humana People to People in South Africa launched the WASH program in partnership with the Coca Cola Foundation, targeting informal settlements of Johannesburg, including Zandspruit and Freedom Park.

The program reached 4,509 beneficiaries (2,631 females, 1,854 males), drilled 3 solar-powered boreholes at Freedom Park Secondary, Masakhane Tshwelelopele, and Zandspruit Primary Schools, refurbished 30 school toilets; donated an ablution container (8 toilets, 4 basins), improving sanitation for 2,901 learners.

The project also improved food security by building 2 greenhouses and gardening tools supplies, installed a bio-gas digester, trained 14 users, reducing electricity dependency while training 198 individuals (150 females, 48 males) in agriculture and entrepreneurship.



Diabetes

Community-based diabetes awareness, control, care and support in five administrative blocks of Jodhpur, Rajasthan (Phase I and II)

Donor: Bristol-Myers Squibb Foundation, World Diabetes Foundation | Timeline: 2012-2018



Almost **10% of adults across India have diabetes**, of which only 47% are diagnosed. To support increased awareness of diabetes and increase diagnosis, HPP India implemented two phases of **community-based outreach, awareness, case identification and support for care**.

Over the two phases, the project trained 3,364 frontline health workers, including nurses, midwives and health outreach workers on diabetes care and control. A further 43,800 students and teachers participated in diabetes awareness sessions and activities.

Project staff verbally screened 322,000 people for diabetes and supported 147,000 to receive blood-sugar tests. In total, 6,540 people with diabetes were diagnosed, 2,650 were supported to set up TRIOs, and 2,190 people with diabetes established vegetable gardens. A KAP study conducted after the first phase of implementation showed significant improvements in attitudes and behaviours, and people with diabetes reported increased capacity to control their blood-sugar levels through home-based efforts.

Sexual Reproductive Health and Rights (SRHR)

We are committed to ensuring that all women and men know and understand their sexual health status and have access to quality, appropriate health services.

Humana take a **holistic approach** that addresses the **interconnected aspects of sexual and reproductive health and rights (SRHR)**, including comprehensive sexual education, family planning, maternal and newborn health, prevention and treatment of HIV/AIDS and other sexually transmitted infections, post-test counselling and support structures, and gender-based violence support and linkages to care.

By working closely with peer educators and councilors, local leaders, local organisations and health systems, **we aim to reduce barriers to SRHR services, combat harmful practices and promote gender equality.**



SRHR Project Guinea-Bissau

Donor: EU | Timeline: 2022-2025

Supported by the EU and in partnership with Plan International, ADPP Guinea-Bissau mobilises adolescents and young people in schools and in communities in the regions of Cacheu and Oio.

They engage youth, teachers, Clinics, and community health workers, with focus of Comprehensive sexual education including Sexual Reproductive Health, Family Planning, Sexual transmitted diseases, Female Genital Mutilation, HIV, GBV and TB.



Bancadas Project Angola

Donor: Global Fund / UNDP | Timeline: 2018-2025

ADPP Angola's Bancadas sessions in collaboration with the Global Fund and UNDP take place in informal, accessible settings and include lessons, storytelling, music and role models— to provide comprehensive sexuality education, including HIV prevention, and offer safe spaces for SRHR discussions.

237,165 AGYW reached and 36,646 girls trained as peer educators. All Bancadas participants were risk screened, 70,489 tested for HIV; 299 tested positive and all initiated Antiretroviral Therapy.



Project Niramaya India

Donor: Indian Government | Timeline: 2024-2027



Humana People to People India (HPPI) Project Niramaya in collaboration with the District Health Department organised cervical cancer screening camps in Aurangabad and Maharashtra Districts, using the Visual Inspection with Acetic Acid (VIA) method.



HEALTH IN MULTISECTORAL INTEGRATION

Health Emergencies

Our flexible, rapid response approach helps mitigate the impact of these health emergencies while strengthening local health systems for future challenges.

Humana is capable and prepared to respond quickly and effectively to health emergencies, such as COVID-19, Ebola, and cholera. We do this by **mobilizing resources and adapting our programs to meet urgent needs.**

We work closely with **local health authorities and partners to provide critical care**, promote prevention measures, and ensure the delivery of essential services.

During such crises, we focus on community-based interventions, including awareness campaigns, distribution of protective equipment, and ensuring access to healthcare and sanitation.

Containing the spread of COVID-19 epidemic and decrease morbidity and mortality among vulnerable people in Makoni District in Manicaland Province in Zimbabwe

Donor: Danish Emergency Relief Fund | Timeline: 2020

In close partnership with the Ministry of Health and Child Care, DAPP Zimbabwe conducted ongoing campaigns in Makoni District to address misinformation about COVID-19, promote household prevention measures and early case identification, and ensure social protections for vulnerable families.

Project Field Officers and Community Volunteers provided awareness and ongoing support for risk reduction to 10,000 households, and partnered with local telecom provider Econet Wireless to provide weekly SMS messages with WHO and Government-authorised COVID-19 information.

In partnership with local leaders and the Departments of Social Welfare and Environmental Health, and following safety guidelines to reduce the impact of lockdowns on family food security, the project identified 500 vulnerable households for distribution of food hampers and established 25 community gardens for an additional 500 rural households.

Furthermore, DAPP procured personal protective equipment for staff, an oxygen system and ambulance for the Rusape General Hospital, and a 5,000 litre reservoir tank to support the hospital's COVID-19 response capacity.

Climate and Health

By integrating climate action with health initiatives, Humana contributes to reducing health disparities and improving overall community well-being, recognising the connection between physical and emotional health and the state of the environment.

Humana recognises climate change as the biggest threat to global health. Focusing on community-driven approaches that empower people to build capacity in areas such as water security, climate-smart agriculture and food security, and access to health services.

Humana works to strengthen local structures, enhance adaptation capabilities, and foster climate-resilient communities and livelihoods.

In Guinea-Bissau, ADPP is implementing the **Environmental Health Education Centre project, funded by the Sanofi Foundation**, to strengthen climate resilience and environmental health awareness.

The project has already **trained 600 individuals** —including teachers, community health workers, and young community leaders— on climate adaptation and health, benefiting 180 communities. A key outcome is the development of a **serial album as an educational tool for field trios, formed by a teacher, a community health agent and an influential young man from the community ensuring knowledge is effectively shared.**

With support from national institutions, this initiative reinforces the role of education in addressing climate-related health challenges.



Community Development Parenhos – Saúde Indígena/Indigenous Project, Brazil

Donor: Ministry of Social Development (MDS) | Timeline: 2020-2024

The project promotes understanding and respect for indigenous culture, traditions and beliefs, which includes recognising traditional practices, belief systems and social structures.

The project promoted the inclusion of 122 indigenous women and young people, mothers and pregnant women, for the rights to health and basic medical care, activities specifically aimed at supporting women include wellness afternoons that focused on health education, social well-being, and practical workshops such as natural soap production, crochet, and handicrafts. Indigenous leaders are also trained so that the communities become represented on the Municipal Health Council.

In 2024, 120 food baskets were distributed to families and PAIS Systems established (Integrated and Sustainable Agro-ecological Production) to improve nutrition.



By integrating gender perspectives into our health programs and initiatives, we aim to reduce gender-based disparities, empower women and girls, boys and men and promote the overall well-being of communities.

Achieving optimal health outcomes requires a gender-responsive approach that addresses the unique health needs and challenges faced by individuals.

[FIG] TOGETHER TO END FEMALE
GENITAL SCHISTOSOMIASIS

Humana People to People is a member of the FGS Integration Group, an innovative coalition of organisations joint in action across SRHR, HIV, HPV/cervical cancer, neglected tropical disease (NTD) and WASH sectors to tackle the neglected issue of Female Genital Schistosomiasis.

Empowering indigenous communities and community-based organizations in Hukuntsi and Mabutsane, Botswana, districts to promote gender equality and fight gender-based violence

Donor: EU | Timeline: 2024-2025

This EU-funded project empowers indigenous communities and community-based organizations in Hukuntsi and Mabutsane, Botswana, to promote gender equality and combat gender-based violence (GBV).

Targeting over 900 individuals directly—including women, girls, men, boys, CBOs, NGOs, and Village Development Committees—the project has strengthened GBV prevention, response, and support systems through community

training, awareness campaigns, and stakeholder collaboration.

Increased GBV reporting, active referrals, and strong engagement from local leaders and service providers demonstrate growing community awareness and commitment.

With over 3,900 people reached and systems reinforced, the project is on track to achieve its goals.



TCE Maputo – VIVA+ HIV, TB, and advocacy to guarantee the human rights of girls and women, including GBV, in Southern Mozambique

Donor: Global Fund | Timeline: 2022-2025



The VIVA+ project addresses gender inequalities in health by promoting inclusive, rights-based service delivery for adolescents and young adults aged 10–24 in Maputo City and Province.

The project actively involves both girls and boys—in and out of school—in education sessions on sexual and reproductive health, gender-based violence, early marriage, and human rights, while also strengthening community support systems.

To date, 75,277 girls and 103,117 boys (10–19) in schools and 98,069 high-risk adolescent girls and 7,965 boys (15–24) out of school have been reached. Over 11,000 girls have accessed

HIV testing, 499 tested positive, and 107 have achieved viral suppression. In addition, 2,286 educational sessions on human rights were conducted with providers and communities, and 5,404 cases of human rights violations were identified among girls.

By integrating 20,172 legal literacy and empowerment sessions, GBV screening, and referrals into health outreach, VIVA+ helps break down social and structural barriers to care, advancing gender equity and empowering youth to access the services they need safely and confidently.

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