



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Integrated Service Delivery for TG community in South Africa

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Wits RHI and S.H.E

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Overview

01 Wits RHI Transgender Programme Overview

02 Implementation Model

03 Multi-Disciplinary Approach

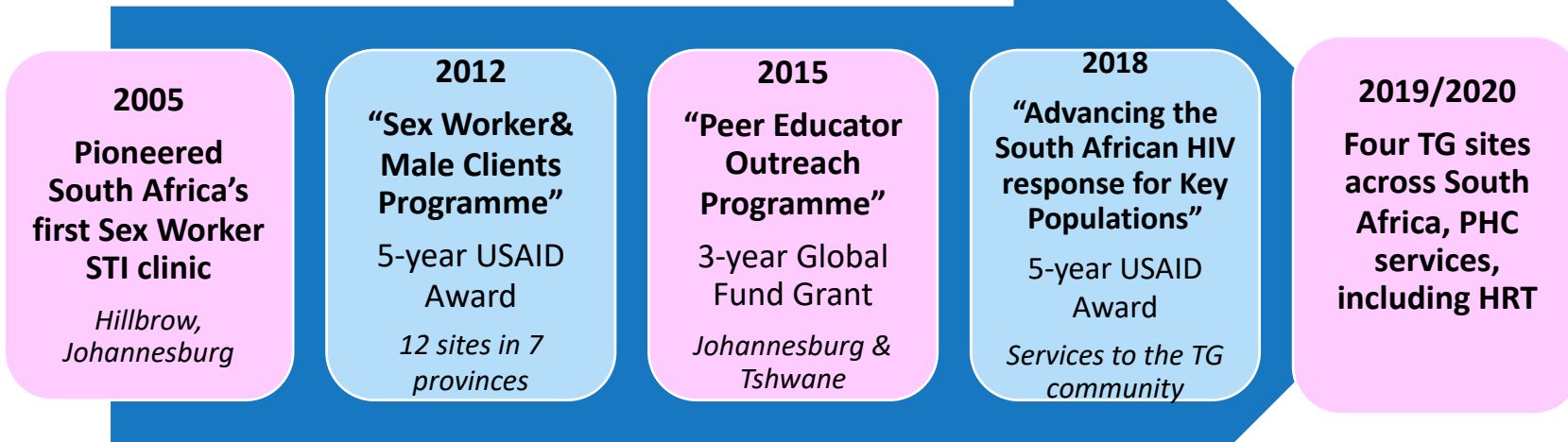
04 Data Review

05 Challenges and Lessons Learnt

06 S.H.E Community Empowerment



Our story



Trans healthcare and service provision

Transgender women are disproportionately burdened by HIV infection and are at heightened risk of contracting HIV, with a prevalence of 46% in South Africa (HSRC, 2019).

Transgender women in Sub-Saharan Africa are twice as likely to have HIV as men who have sex with men (Poteat et al, 2017).

73% of transgender and gender non-conforming people accessing healthcare in South Africa have been treated with less respect because of their gender identity, 48% have been insulted in health facilities, and 40% have been denied healthcare.” (Müller et al., 2019)





In December 2019, the National Department of Health added gender affirming hormone therapy to the essential medicines list.

Where we work



4 sites

Community Partners

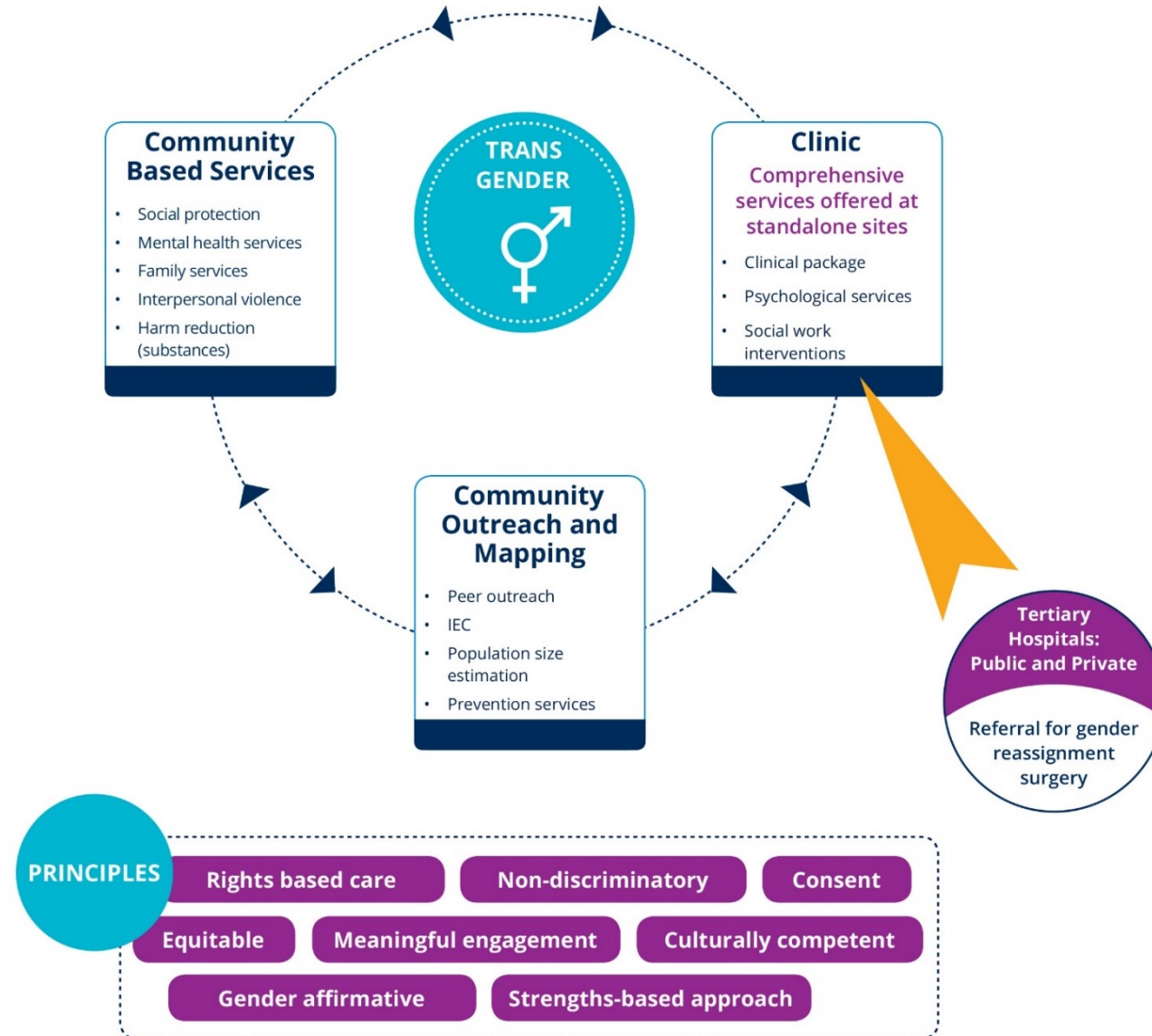
	Braamfontein, Johannesburg	CAB
	Quigney, East London	S.H.E
	PE CHC Port Elizabeth	S.H.E CAB
	Bellville, Cape Town	GDX

Referral network

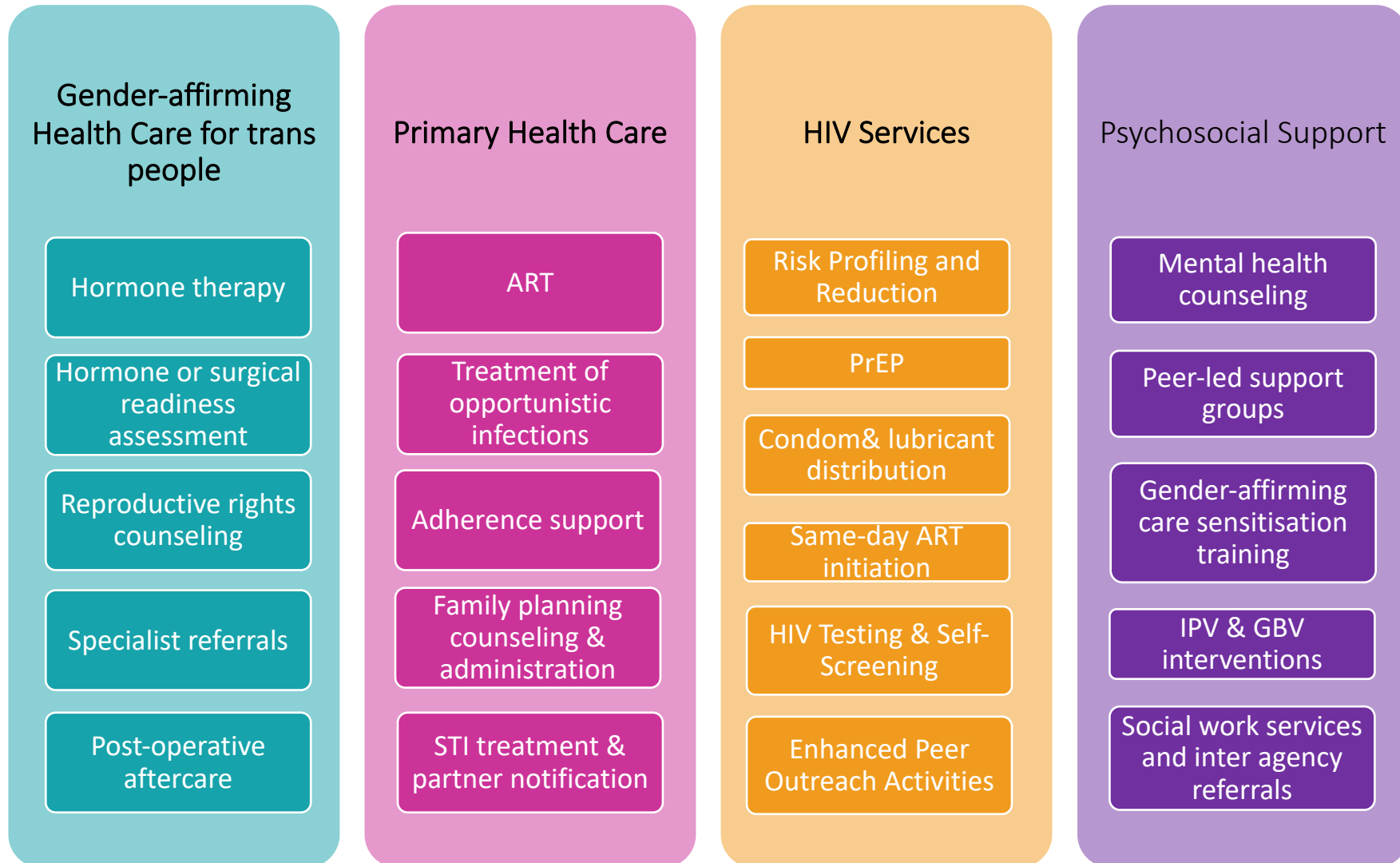
HTA community partners
NGOs & CBOs addressing social &
structural drivers

How do we work?

A comprehensive community-led approach



Comprehensive Health Service Provision



Model of Care: client centred approach

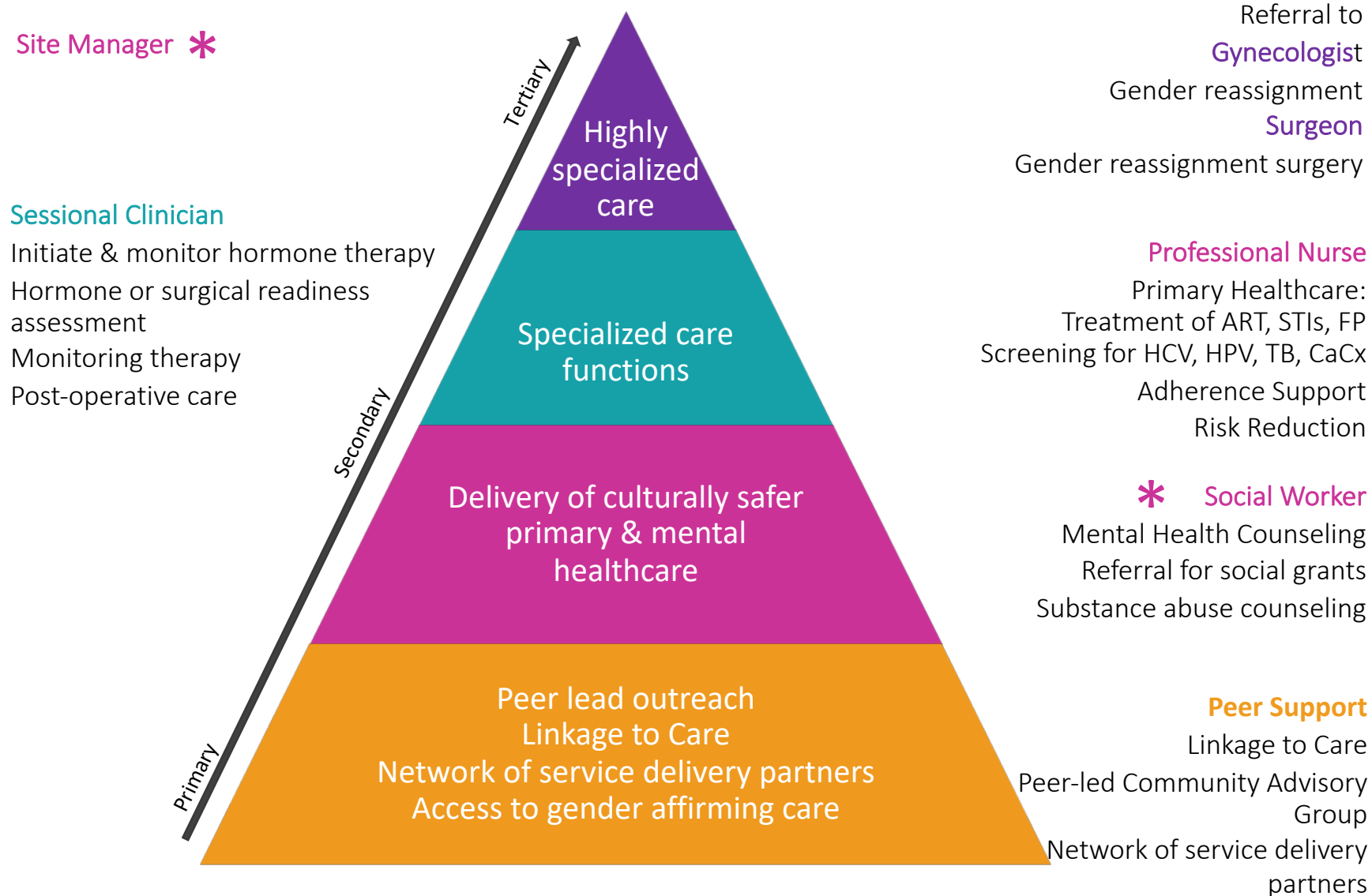
- **A person centred, affirmative and participatory model of care** . The trans and gender diverse person is acknowledged as a key member of the team working towards gender-affirming healthcare.
- The trans and gender diverse person is the expert on their own life and gender identity. Our role as health care providers is to **support** a client who wishes to affirm their gender through HRT, in their journey.

Multidisciplinary Approach



Site based implementation team

Spectrum of Healthcare Service to the Transgender key population



Outreach to the community

- Health information, counselling, HIV testing and referrals
- Social network mapping
- EPOA
- Online Outreach
- Mapping of 'hotspots'
- Door-to-Door Outreach



MDT Case Management

Viral load suppression

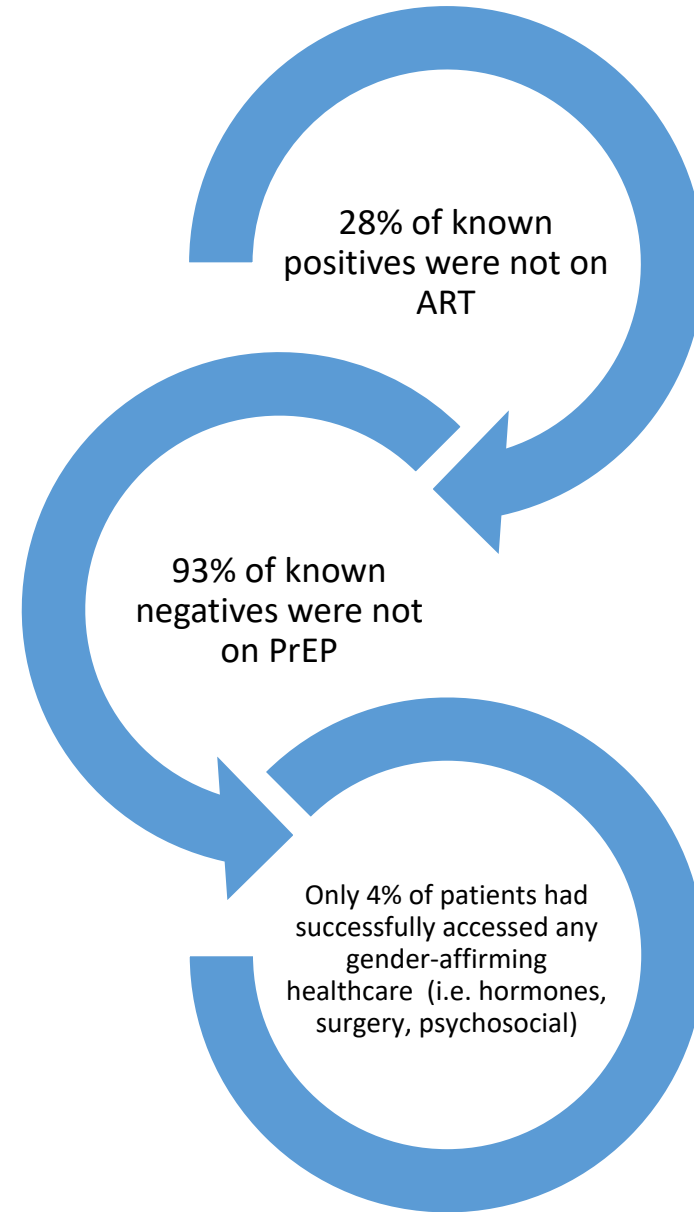
HRT

Social and structural interventions
- *23 Creative Spaces conducted*

Bio-psychosocial interventions
- *52 support groups conducted*

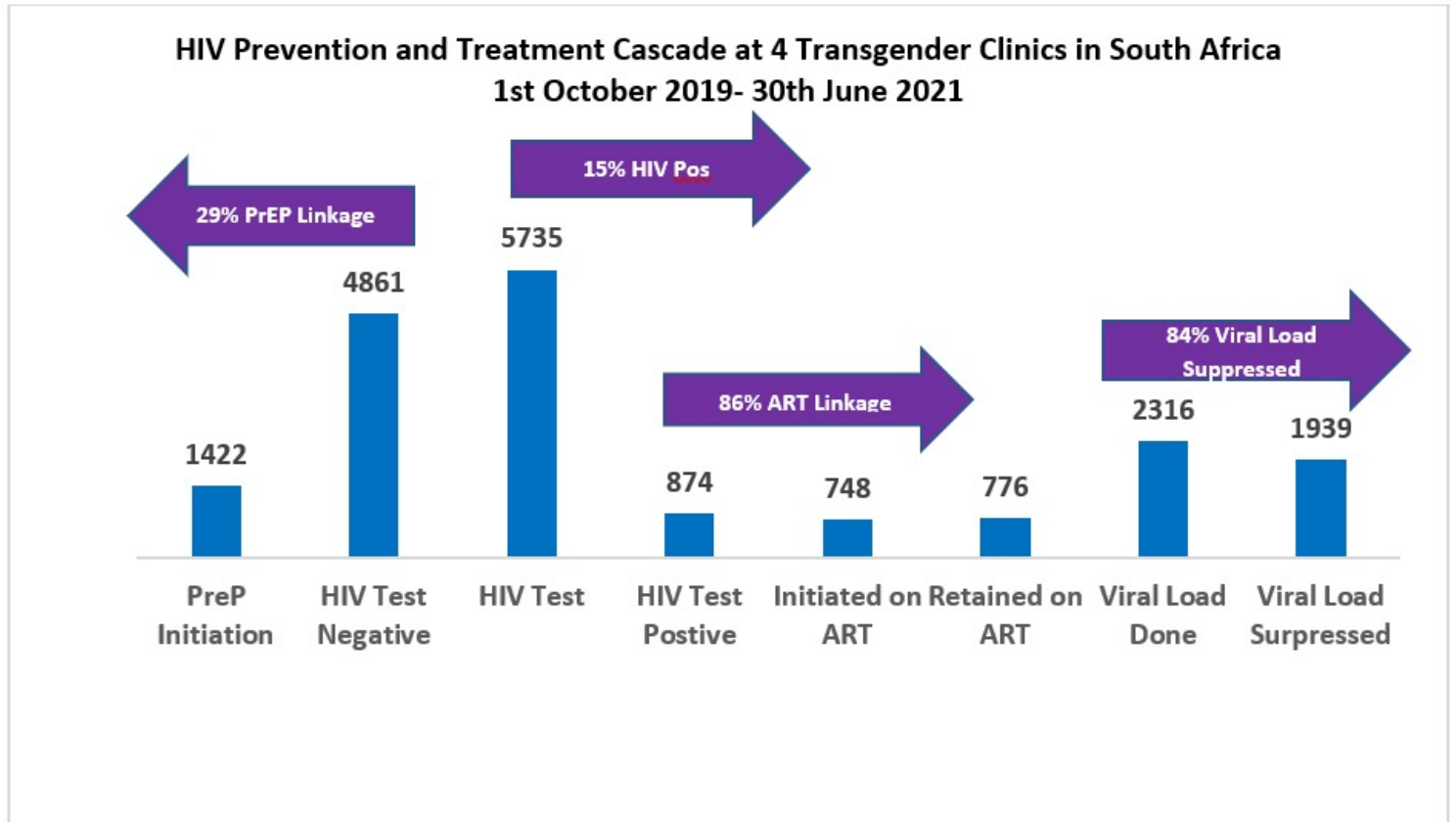
Gender-marker changes

What have we learned so far?



Data Review

6431
TGs
reached

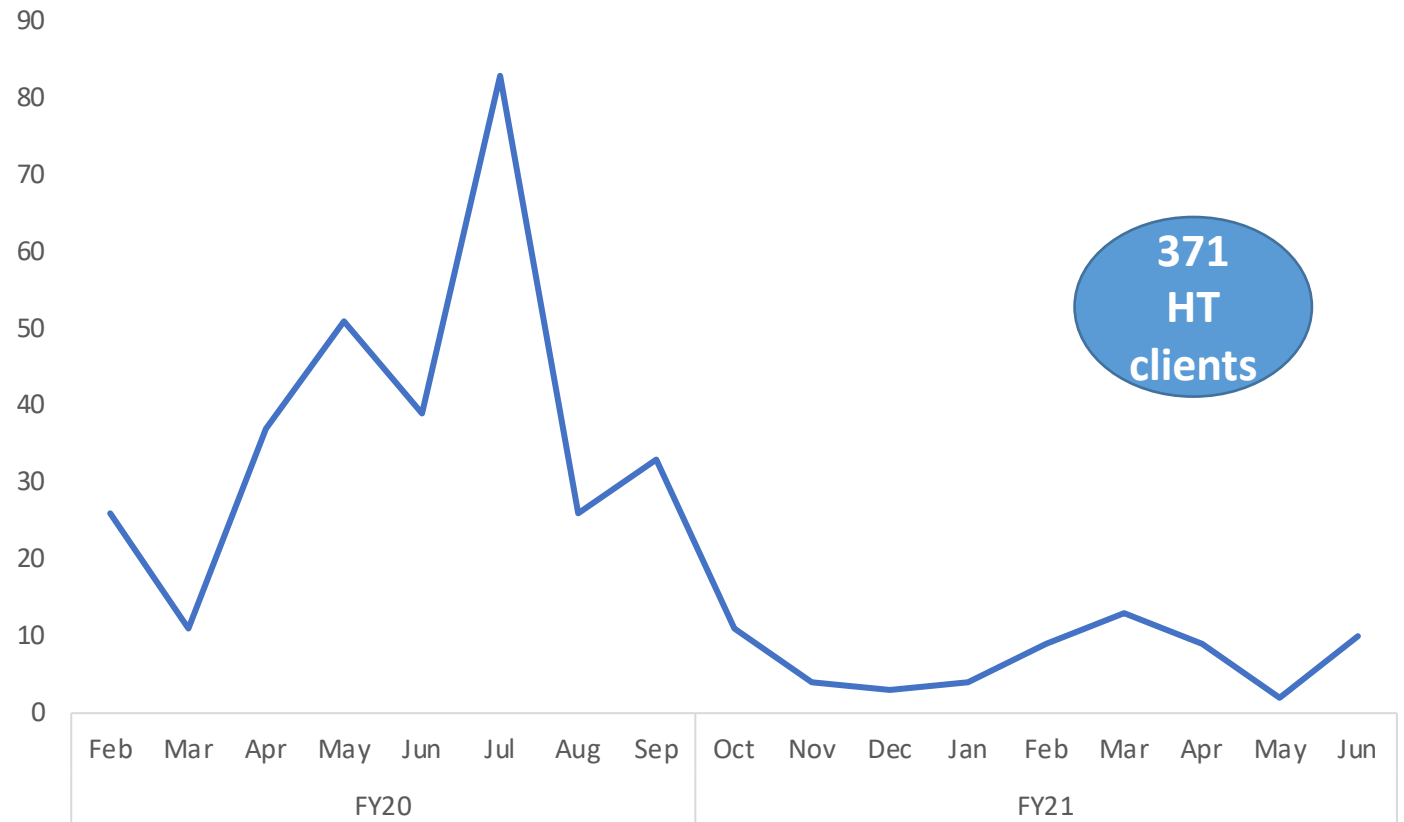


Gender-affirming HT provision

Among HT Clients
40% are HIV+ with 99% ART coverage

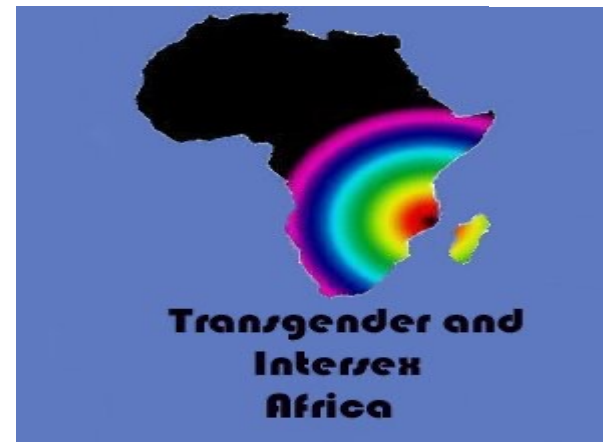
60% are HIV- with approx. 57% PrEP uptake

HT Initiations



**371
HT
clients**

Collaboration with trans-led organisations to improve services



Linking the MDT with Community Representatives



Optimising service accessibility

Differentiated testing modalities

72% of all tests are in community-based settings

HIV testing yield

18% Mobile/ community

18% PITC in fixed clinics

11% Index testing

Community ART Initiation

89% of all ART initiations in community settings

Same Day Initiation

87% of all ART initiations on the same day as the diagnosis



Challenges

Dearth of professionals skilled in GAHC to bring into MDT

TG representation in a MDT model

DoH buy-in of MDT at a primary healthcare level

Donor requirements



Working in “real-world” settings not always easy for every member of the MDT

Lessons Learnt

Ongoing community engagement

Ongoing NDOH engagement

Accurate messaging around services

Good communication and updating of clients if any changes

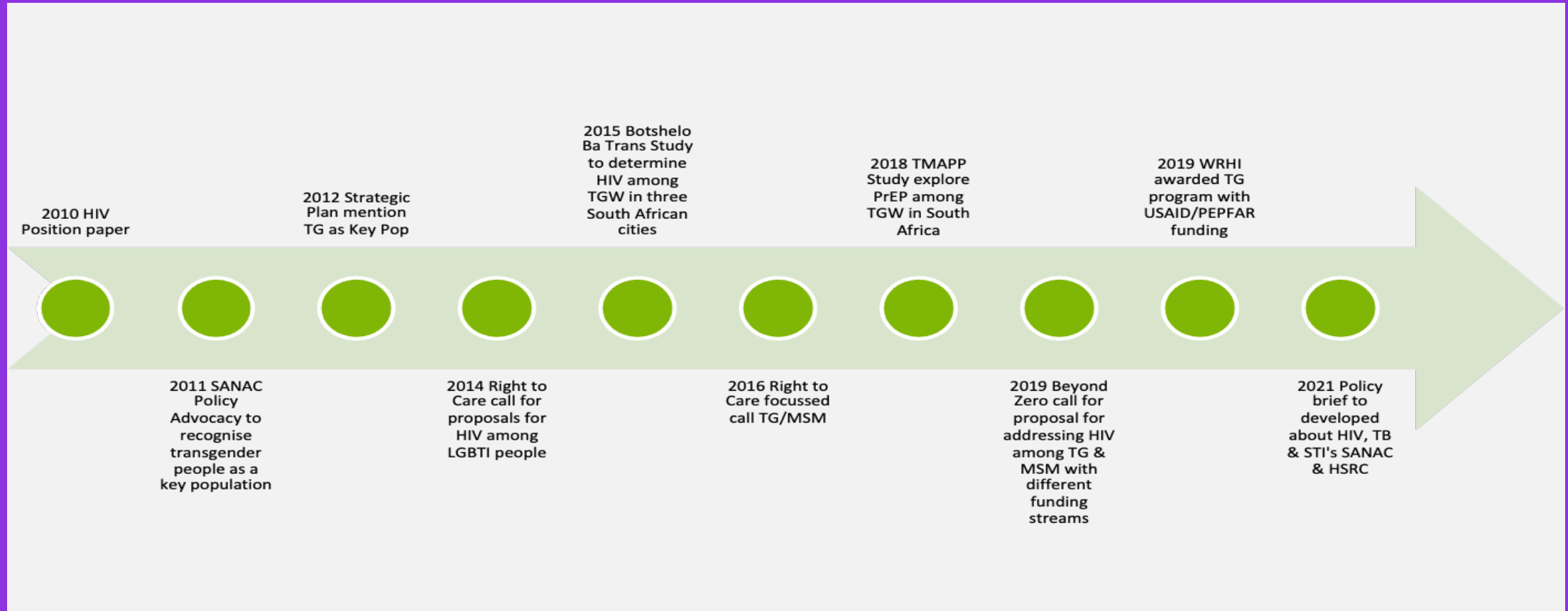
Utilise group work and support

Ongoing client case conferencing between disciplines for best outcomes

Psychoeducational groups to support informed consent regarding HRT

Health promotion workshops (Creative Space)

Timeline for HIV Activism among TGW in South Africa



Transgender context in South Africa

- Movement founded in 2000
- 2005 – first trans org registered on the African continent – Gender Dynamix
- 2010 establishment of Transgender & Intersex Africa, and S.H.E
- Since then few other orgs been registered – TWP, Uthingo, TransHope etc.

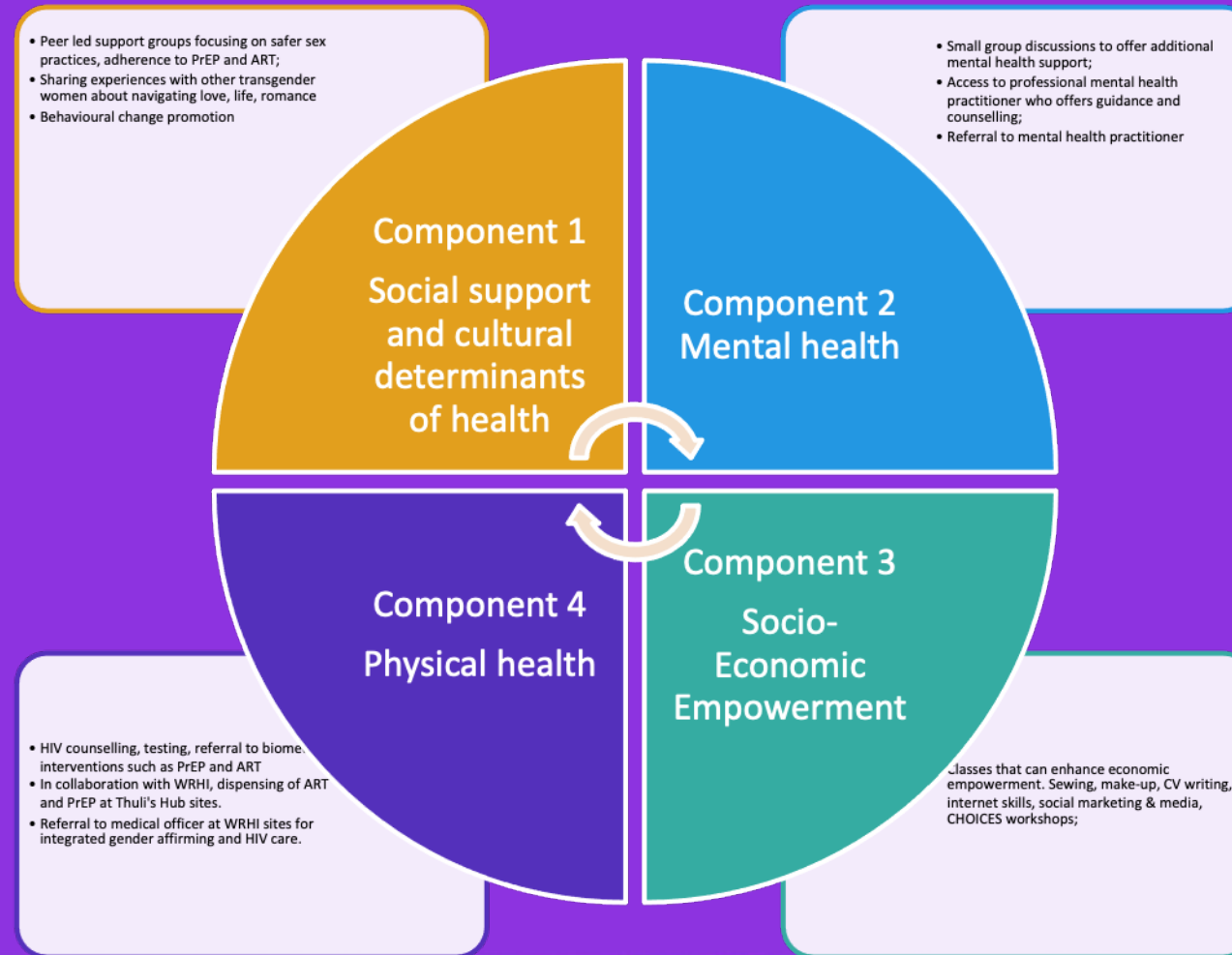


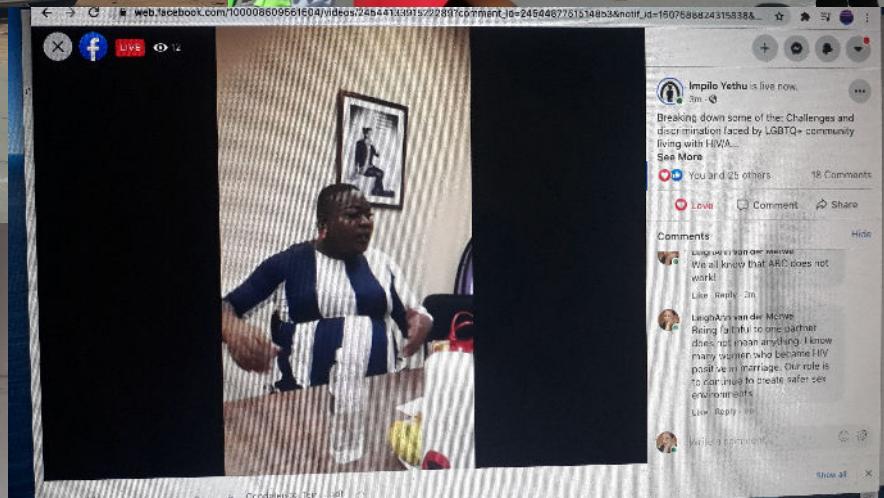
Transgender context HIV

- Globally and locally, data show that TGW bear a disproportionate HIV risk;
- TGW contend a complex mixture of socio-economic and cultural factors that shape their HIV risk;
 - Diminished self-efficacy to get onto and remain adherent on HIV, STI & TB treatment;
 - Violence, social & economic exclusion;
 - Cultural barriers to HIV prevention, treatment, care and support
 - Despite a progressive legal framework, TGW face policy barriers Health facility challenges: discriminative policies & practices
- Intersectional oppression – where one form of oppression cannot be disentangled from other other forms of oppression



Socio-behavioural interventions: Thuli's Hub & CHOICES





325 TG
individuals
reached

Between Oct
2020 –June
2021

	No. of sessions	No. participated
Creative Space	9	186
Health Education Group/ Gender Affirming Health Care	1	12
Training	3	23
CHOICES/ THULI'S HUB	6	74
PrEP Marketing Workshop	3	47
Community Dialogues	2	32
Sensitisation Workshops (service providers/Police/Peers)	4	51
Stakeholder Meeting	2	6
GBV/PSS/Support Group	6	69
Adherence Club	1	8

A Dedication
To
Miss Siya Makiva

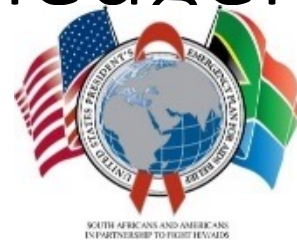


Thank you

S.H.E Founder and Director
Leigh-Ann van der Merwe

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Rutendo Bothma

Acknowledgements



health

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Questions?

