

Lessons From Community-Led Monitoring on Service Gaps for Key Populations in South Africa

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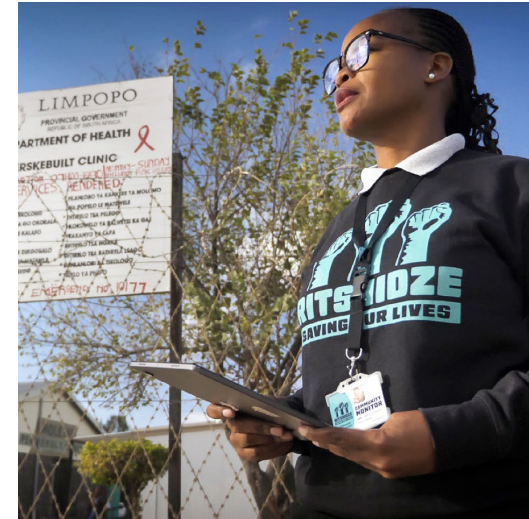
Ritshidze, South Africa

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Background

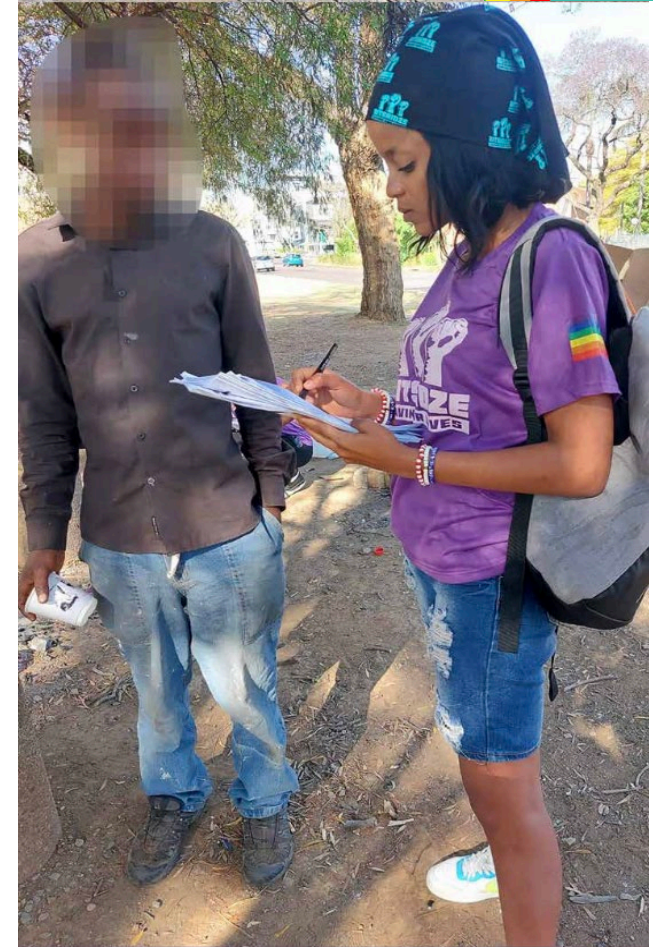
- Over the past decade, South Africa’s HIV response has come a long way, however, it is estimated that more than 2 million people living with HIV are still not on lifesaving HIV treatment — either never having known their HIV status, or more worryingly having started on treatment and then stopped.
- South Africa’s failure to make sufficient progress towards the UNAIDS 95-95-95 targets can be directly linked back to the crisis in our clinics.
- Ritshidze was developed and designed in response to this crisis. It gives communities the tools and techniques to monitor the quality of health services provided at clinics (including HIV and TB services, and services for members of key populations) and escalate challenges to duty bearers in order to advocate for change.



Developing The Report



- The report was developed using data collected through a large-scale data collection effort with a team of 175 Key Population data collectors.
- The quantitative data collection took place between July and September 2023 across 24 districts in 7 provinces in South Africa. Additional qualitative data collection took place throughout 2023.
- Key populations were identified through snowball sampling. Compared to a facility-based sample, this methodology allowed us to find more “hidden” KPs who may not use the facility as well as those more regularly accessing services.



All Ritshidze data collection tools, our data dashboard, and all raw data are available at: www.ritshidze.org.za

About the Data



A total of 13,832 surveys were taken combining:

- + 2,612 gay, bisexual, and other men who have sex with men (GBMSM)
- + 6,097 people who use drugs
- + 3,700 sex workers
- + 1,423 trans people

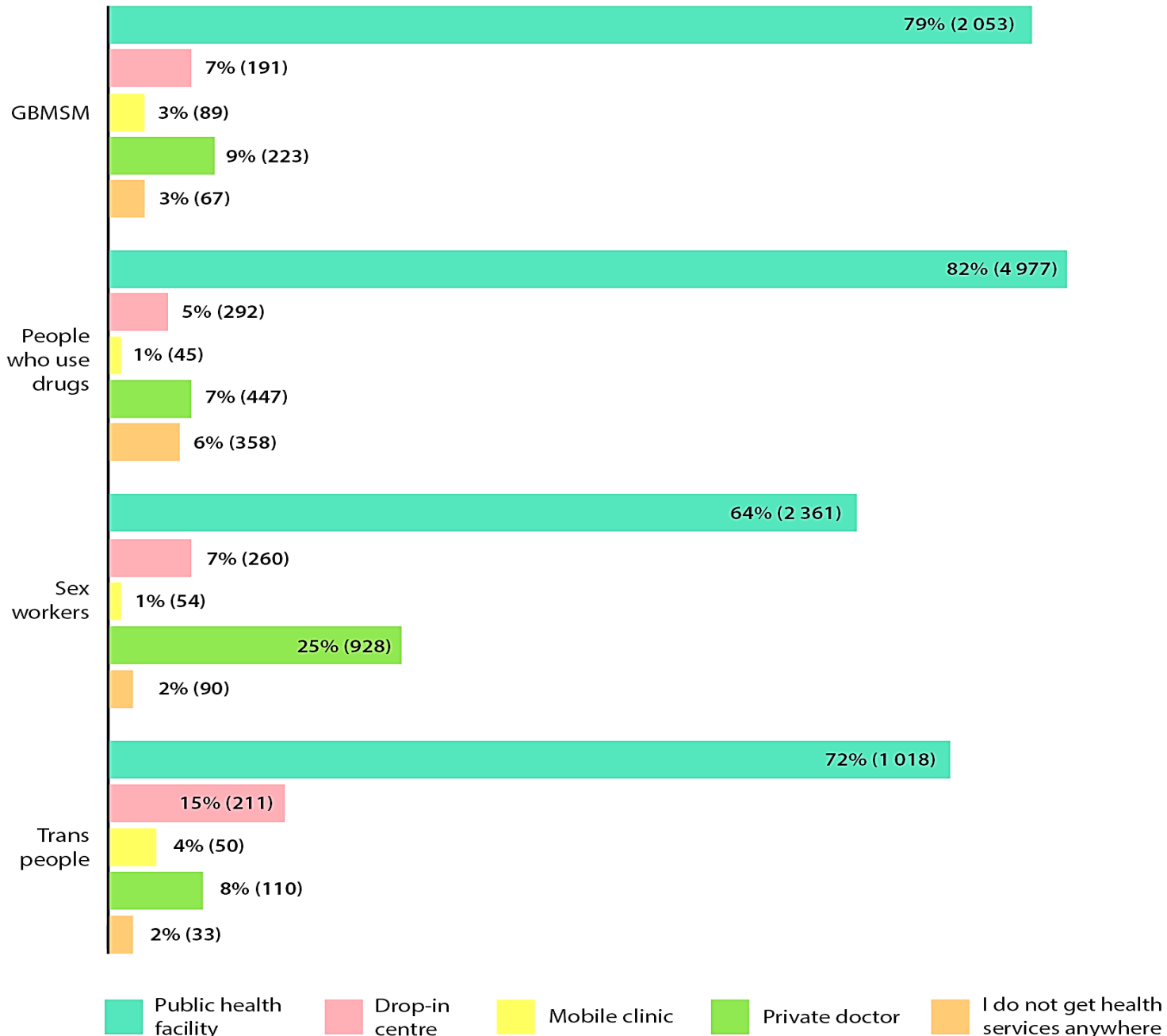
Trigger warning. *The State of Healthcare for Key Populations report contains stories from community members of the prejudice, abuse, discrimination, and hostile attitudes they have faced while trying to use the public healthcare system, including people who use drugs, sex workers, and LGBTQIA+ community members. These stories are upsetting.*



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Where do you go for your health services? (July to September 2023)



Where do KPs get health services?

Most people we interviewed get their health services at **public health facilities** (range 64% to 82% by KP group).

So it is critical to ensure services at public health facilities are friendly, safe, accessible, and appropriate.

Quality of Services



Refused Services



Percentage of people who had been refused access to services at the facility because they are a key population across provinces (July to September 2023)

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
Facility							
GBMSM	15% (62)	6% (14)	3% (10)	11% (31)	16% (24)	8% (1)	3% (7)
People who use drugs	14% (137)	23% (105)	62% (256)	37% (404)	35% (137)	40% (269)	31% (229)
Sex workers	7% (45)	12% (18)	18% (70)	6% (17)	21% (58)	20% (20)	1% (3)
Trans people	9% (20)	9% (11)	9% (9)	10% (14)	31% (34)	18% (17)	0% (1)

- + A major cause for concern is that people across all population groups had been refused health services at the facility in the last year because of being queer or trans, using drugs, or engaging in sex work. **This is a violation of people’s Constitutional right to health.**
- + In this reporting period 8% of GBMSM, 10% of trans people, 11% of sex workers, and a staggering 31% of people who use drugs had been denied services in the last year. Further 10% of people who use drugs had been denied ARVs because they use drugs.

Staff Attitudes Across Provinces



Percentage (n) of key populations reporting staff are always friendly at the facility across provinces (July to September 2023)

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
Facility							
GBMSM	18% (76)	55% (154)	37% (148)	18% (52)	21% (31)	37% (76)	44% (125)
People who use drugs	7% (65)	37% (182)	14% (95)	19% (214)	17% (65)	14% (94)	18% (130)
Sex workers	12% (77)	47% (80)	28% (110)	14% (40)	27% (75)	27% (27)	57% (144)
Trans people	15% (34)	48% (70)	32% (33)	20% (30)	27% (29)	39% (37)	60% (131)

People who use drugs faced the most unfriendly services across all key population groups in almost all provinces

All facility staff – including clinical staff, non-clinical staff, lay staff, and security guards who ill treat people, violate people’s privacy, or verbally or physically abuse or harass people must be held accountable and face consequences (not only in Centers of Excellence).



Privacy & Confidentiality

Percentage (n) of key populations reporting they feel privacy is not well respected at facilities (July to September 2023)

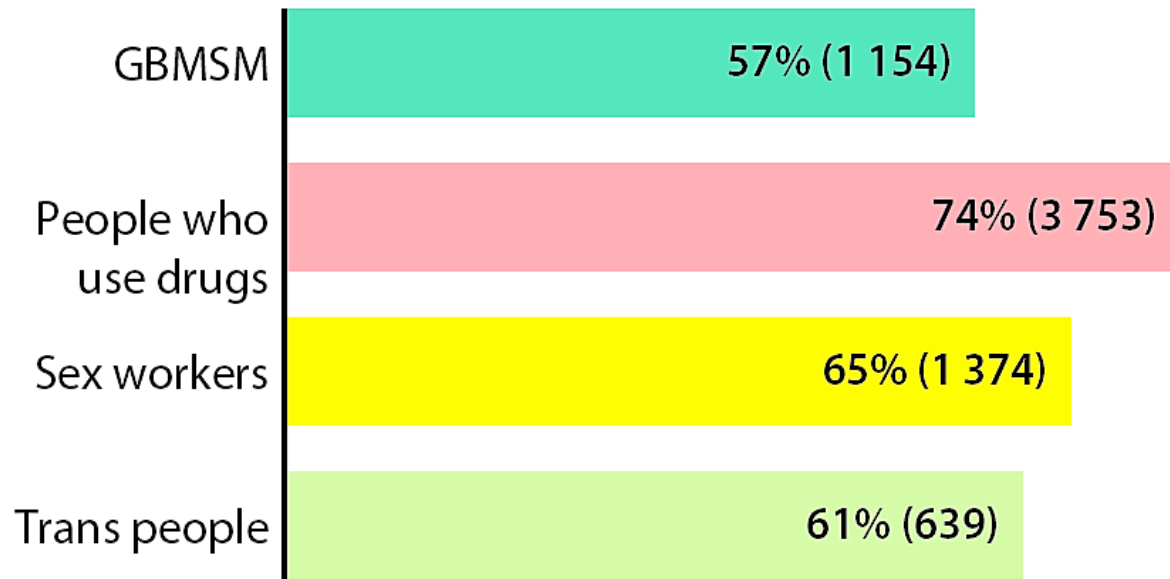


Table 5: Percentage of key populations reporting privacy is not well respected across years

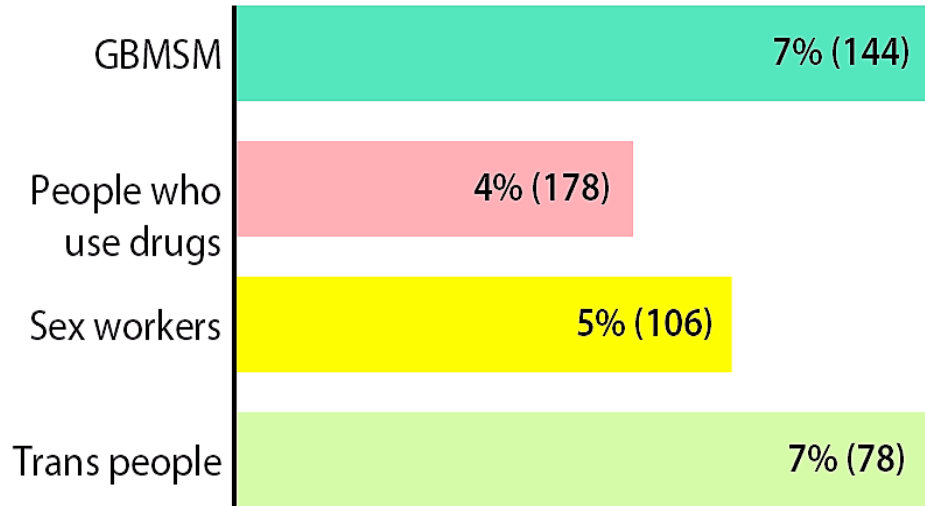
	2021	2022	2023
GBMSM	19%	42%	57%
People who use drugs	26%	45%	74%
Sex workers	28%	38%	65%
Trans people	21%	35%	61%

Privacy violations are alarmingly common. The majority did not think privacy was well respected at the facility (range 57% to 74% by group). These results are substantially worse than our prior findings in 2021 (range 19% to 28%) and 2022 (range 35% to 48%).

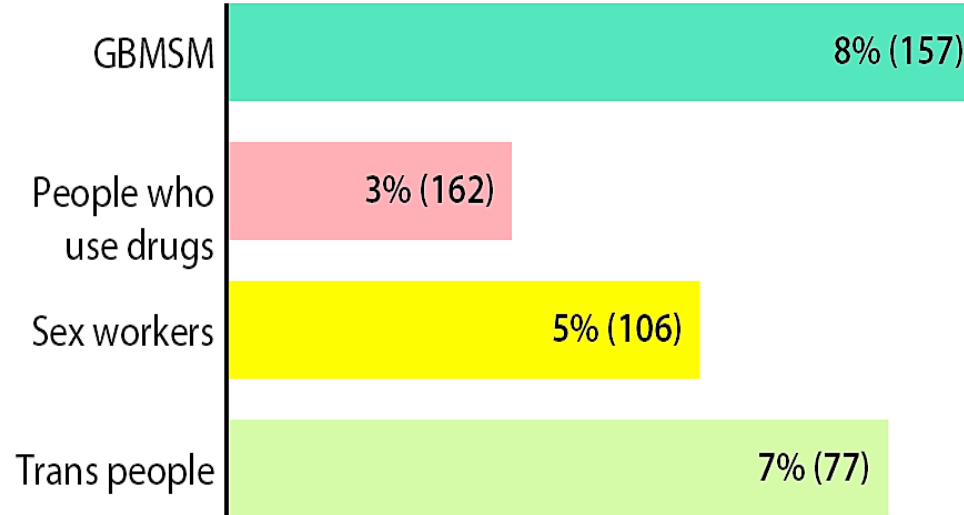
Safety & Comfort



Percentage (n) of key populations reporting they feel very safe accessing services at the facility (July to September 2023)



Percentage (n) of key populations reporting they feel very comfortable accessing services at the facility (July to September 2023)



In this context safe means safe and protected from verbal/physical abuse, verbal/physical harassment, or even the risk of arrest; and comfortable means feeling at ease, like you will be treated well, and get what you need.

The implications of poor treatment, abuse, and violations of confidentiality are that very few people felt truly safe and comfortable accessing services at public health facilities.

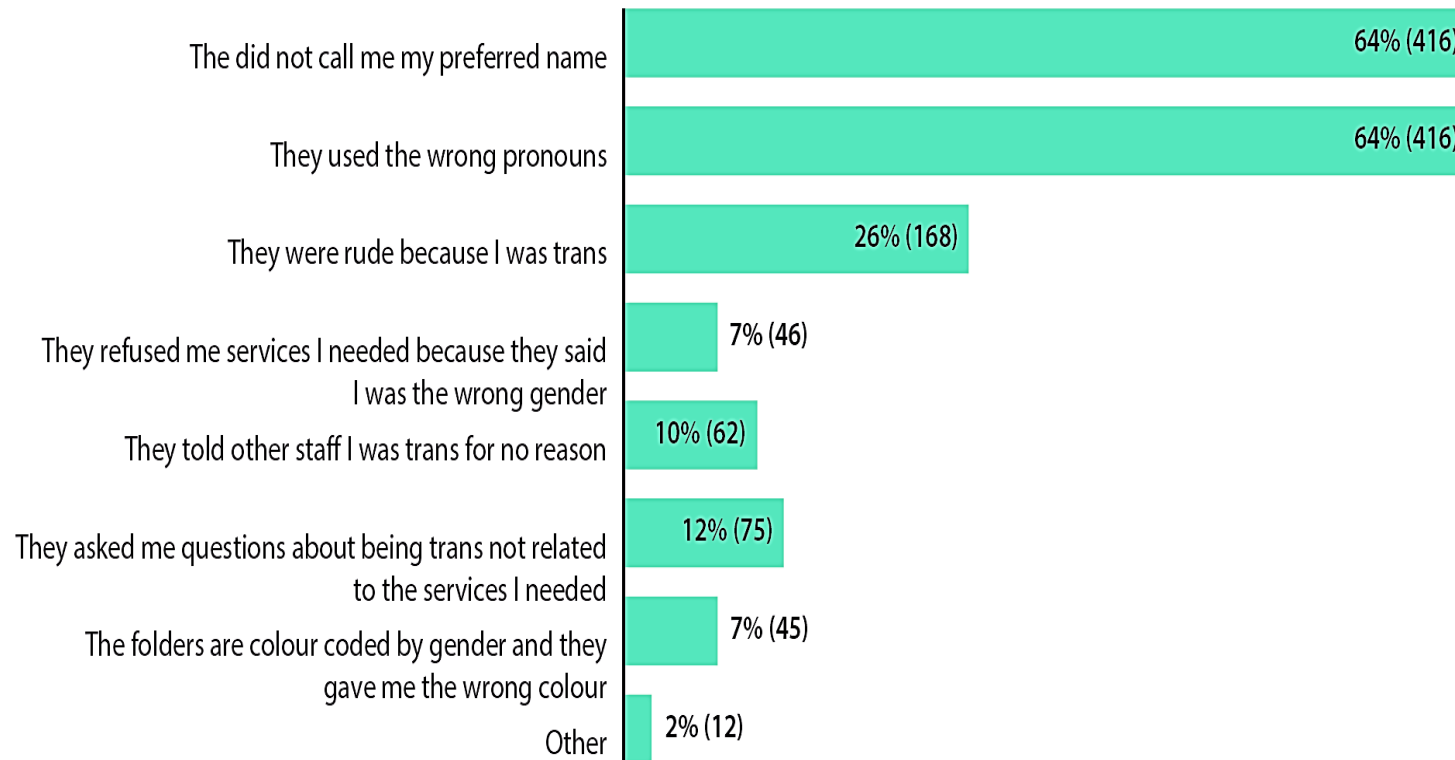
These results are considerably worse than previous reporting periods.

Gender Affirming Care



How were staff disrespectful? (July to September 2023)

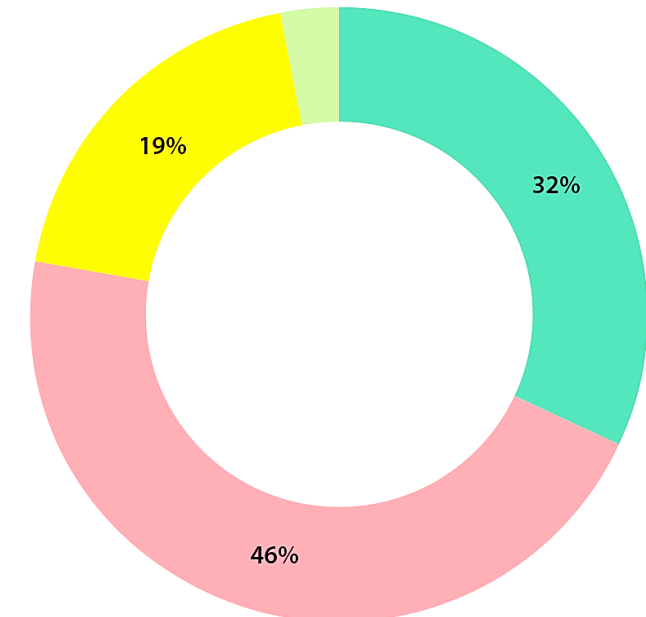
Trans people interviewed: 647



Are the staff respectful of your gender identity, for example using your preferred name and using your correct gender? (July to September 2023)

Trans people interviewed: 1 030

Always Sometimes Never Don't know



+64% of trans people said they used their wrong name and 64% said they use their wrong pronouns.

+Moreover 26% of people said staff were rude because they were trans.

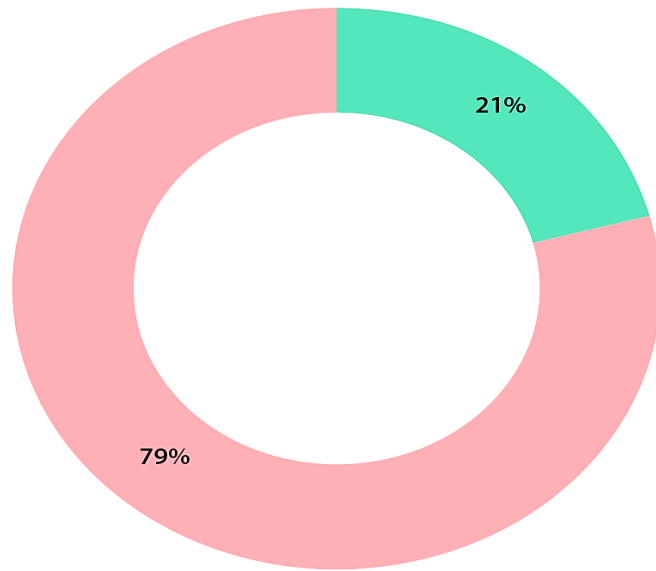
Gender Affirming Care: Service Points for Men



Have you ever been told to use a Men's Corner or men only clinic day? (July to September 2023)

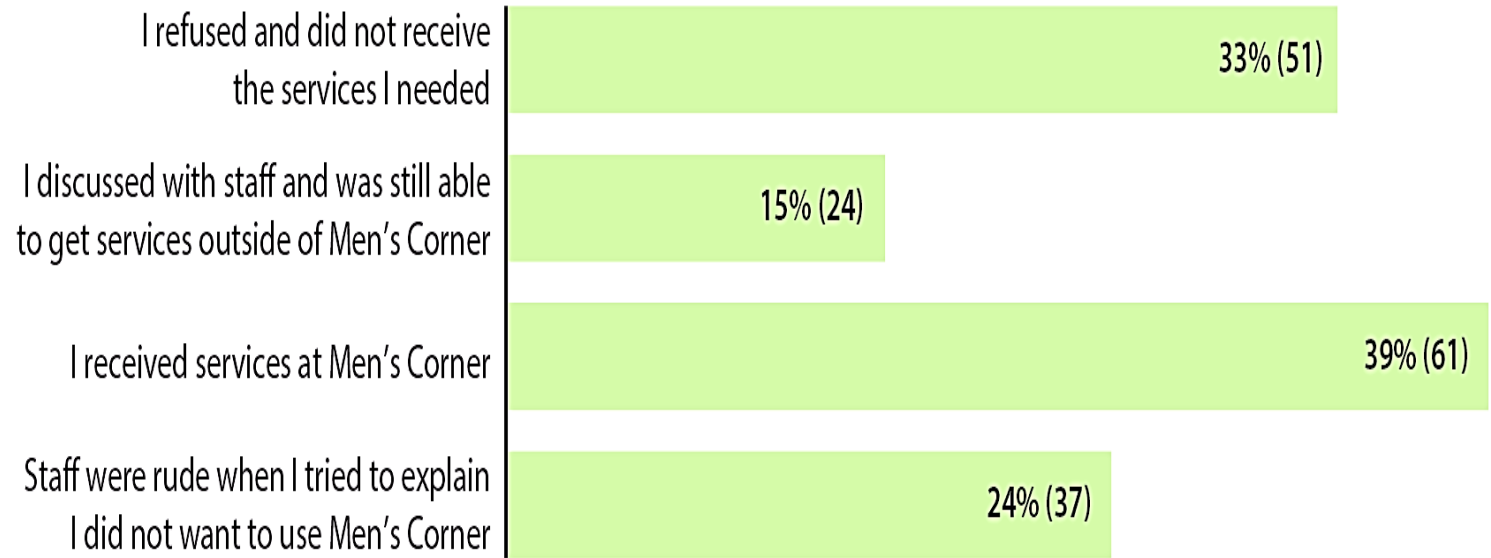
Trans women interviewed: 761

Yes No Prefer not to answer



What happened when you were told to use a Men's Corner or men only clinic day? (July to September 2023)

Trans women interviewed: 156



+Being forced to use service delivery points for men can be at best, immensely uncomfortable, and at worst, extremely unsafe. It outs trans women as trans, and puts them in the line of fire to face transphobic verbal or physical abuse or attacks.

+Forcing trans women to use spaces for men is not gender affirming care — it is reckless, dangerous, and unconstitutional in South Africa.

Integration of Services



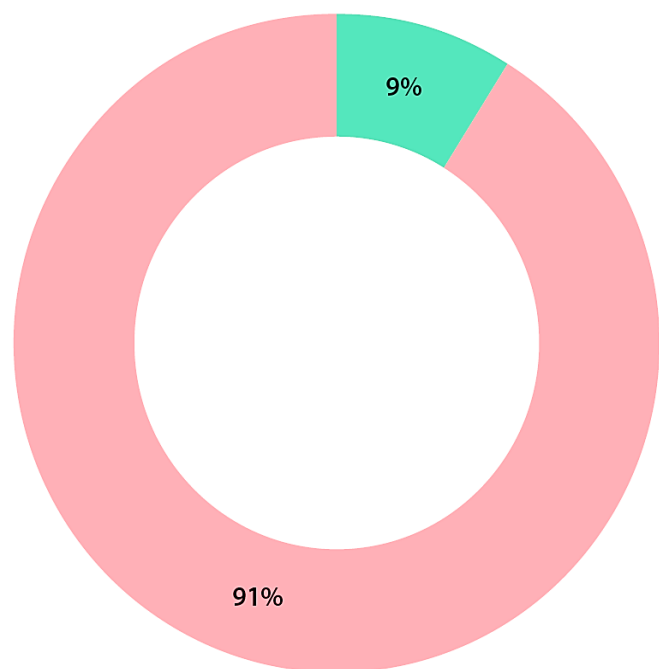
Harm Reduction Services



Did the facility give you any information about where you could get new/unused needles? (July to September 2023)

People using drugs interviewed: 5 004

Yes No



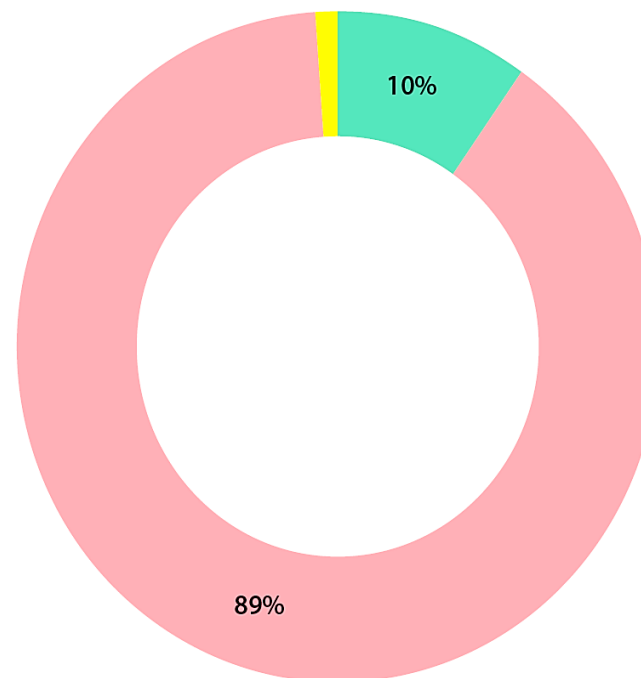
Only 9% of people who use drugs told us they could get information on where to get new needles from.

This despite the benefits of not reusing or sharing needles on reducing wounds, the risk of endocarditis, or transmitting HIV or hepatitis.

Has the facility given you any information about where you could get methadone in the last year? (July to September 2023)

People using drugs interviewed: 5 083

Yes No Prefer not to answer



Methadone, an important treatment to help people safely reduce or stop taking opioids, is unavailable at the facility level. **Only 10% of people who use drugs interviewed were even given any information about where they could get it.**

Sexual Violence Services



Post violence services access at facilities (July to September 2023)

	GBMSM	Sex workers	Trans people
% who feel staff are well trained to care for those who experience violence from a sexual partner	52% (1,027/1,990)	50% (1,060/2,118)	52% (542/1,038)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	62% (1,197/1,940)	58% (1,221/2,094)	67% (680/1,012)
Among those who needed them, % reporting they were able to access post violence services	56% (86/155)	47% (91/192)	56% (49/88)
Among those who needed them, % reporting staff were always respectful when seeking post violence services	40% (61/152)	31% (60/195)	31% (28/89)

Sex workers (as well as all key populations and the general population) should be able to access respectful & dignified sexual violence services including on-site counselling, STI screening and treatment, emergency contraception, HIV testing, PEP, rape kit and legal reporting, as well as referral to shelter.

Hormonal Care



Hormone access at facilities (July to September 2023)

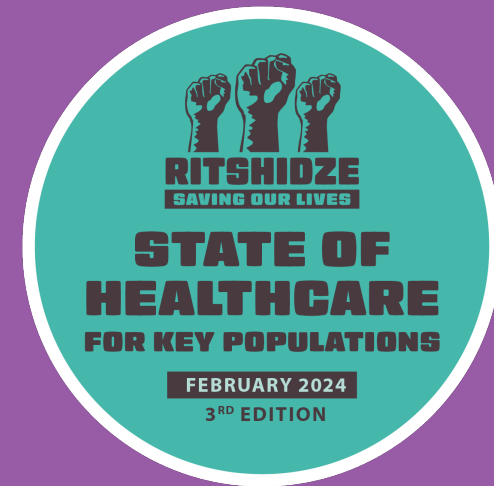
	%
% asked staff at the facility about hormones	41% (430/1040)
Among those who asked about hormones in the last year, % said staff referred them to another facility	40% (170/430)
Among those who asked about hormones in the last year, % said staff told them they could pay a doctor for a referral	31% (134/430)
Among those who asked about hormones in the last year, % said staff did not know about hormones or where to get them	24% (105/430)

In addition to the standard primary health package, trans and other gender diverse people may also want information and access to hormone therapy.

The majority (56%) of trans people said they would have wanted to access hormone therapy at the facility in the last year.

The availability of gender affirming services for those who need them is critically important. Gender dysphoria can be extremely distressing, can lead to broader mental health issues and the rates of suicide are also extremely high. This is also in the context of living in a country rife with transphobia and attacks on trans people. **Access to hormonal care could mean life or death.**

What Do We Need?



Advocacy with SA's National Department of Health



- Services specific to the needs of people who use drugs, sex workers, and LGBTQIA+ communities must be made available in public health facilities, beginning with the **expansion of the Centres of Excellence (CoE) model.**
- A minimum package of services must be made available at facilities serving as CoE, as well as drop-in centres, so that they can provide comprehensive health services to people who use drugs, sex workers, and LGBTQIA+ communities. PEPFAR must commit additional resources to make this a reality.
- People who use drugs must be able to access life-saving harm reduction tools like new needles/syringes, safe disposal of injecting equipment, methadone, naloxone, and drug dependence support, closer to home. Harm reduction services must also be made available to sex workers and LGBTQIA+ community members who use drugs.

Advocacy with SA's National Department of Health-2



- Methadone programmes should be made available in public health facilities, beginning with the expansion of CoE. The Department of Health should social contract this work to organisations competent in providing these services already.
- For trans and gender diverse people:
 - Clinicians must understand their health needs and be able to offer appropriate services e.g. appropriate sexual and reproductive health services, or cancer screening.
 - All facilities must provide gender affirming services (correct name/pronouns, gender neutral toilet, removing colour folders to mark perceived gender, no trans women forced to use Men's Corners etc.).
 - National Department of Health guidelines and policies must be amended to ensure that trans people are able to access hormone therapy from doctors in public health facilities locally.

Advocacy for Centres of Excellence Model



- To be impactful, CoE must be more accessible than drop-in centres, known/advertised to the community, and offer the clinical services, expertise, transport, and referral pathways that key populations need.
- We need at least two CoE per district, per population group (*this means up to 8 sites per district*).
- The sites must not be exclusive to one population group, but rather must have additional concentrated expertise, training, and recruitment strategies, based on the population group the site is most likely to be working with.
- These sites must remain sites primarily accessed by the general population, but with a culture, staffing, services, and clinical expertise available to support members of key populations within that facility. No separation of the populations.
- Where people live too far away still to access services, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.

Advocacy for Centres of Excellence Model -2



- A comprehensive minimum package must be developed, including HIV testing, treatment and prevention services.
- PEPFAR must commit to additional resources through re-deployment of existing staff and training to make this a reality.
- Clinicians must understand the unique health needs and concerns of GBMSM, sex workers, and trans and gender diverse people and be able to offer appropriate services, including hormone therapy.
- Harm reduction services should also be available for all members of key populations who use drugs, such as new needles/syringes and safe places to dispose of used needles/syringes or other injecting equipment, overdose treatment, and methadone.
- CoE need additional staffing so that they can function effectively and to support and instil culture change within the facility.

Thank You!



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