RITSHIDZE

SAVING OUR LIVES

STATE OF HEALTHCARE FOR KEY POPULATIONS

JANUARY 2022

ABOUT RITSHIDZE

Ritshidze is a community-led monitoring system developed by organisations representing people living with HIV including the Treatment Action Campaign (TAC), the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network (PWN) and the South African Network of Religious Leaders Living with and affected by HIV/AIDS (SANERELA+).

For more information go to www.ritshidze.org.za or follow on facebook, twitter or instagram, or contact us on ritshidze-comms@tac.org.za

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KEY FINDINGS

+ 20% of KPs we interviewed were not receiving services anywhere
+ Most KPs we spoke to who are accessing healthcare use a public health facility instead of a drop-in centre or mobile clinic (86% of MSM, 85% of PWUD, 76% of sex workers, and 75% of trans* people)
+ The majority of KPs we interviewed were not aware of any drop-in centres (87% of MSM, 81% of PWUD, 74% of sex workers, and 83% of trans* people were not aware of a drop-in centre)
+ A significant proportion of KPs we spoke to had been refused access to services for being a KP (14% of MSM, 12% of PWUD, 13% of sex workers, and 11% of trans* people). In Limpopo, a huge 38% of PWUD had been refused access to services at facilities
+ Poor staff attitudes, lack of safety and lack of privacy were the main complaints at public health facilities (just 42% of respondents reported that facility staff are always friendly and professional towards MSM; 41% towards PWUD; 42% towards sex workers; and 46% towards trans* people)
+ Drop-in centres and mobile clinics had better overall service satisfaction and acceptability — but there is still clear room for improvement
+ There is limited availability of KP specific services, even at drop-in centres and mobile clinics. Only 24% of PWUD said methadone was available at drop-in centres and only 5% of trans* people said hormone therapy was available at drop-in centres
+ KPs often struggle to access basic prevention tools like condoms and lubricants, and are at times questioned for taking them or told they are not for them — only 26% of MSM, 19% of PWUD, 28% of sex workers, and 25% of trans* people reported that lube is available at the facility

CHIAWELO CHC

RITSHIDZE KP MONITORS AT WORK

AN EMPTY CONDOM DISPENSER AT BOITEKONG CLINIC, NORTH WEST IS USED AS A TRASH CAN

INTRODUCTION

> ***"I won't go back to the clinic because they make you explain yourself over and over again and it's at reception, in front of everyone. There is no trans* or queer literacy there, not enough lubricants or PrEP for sex workers and no methadone treatment if you are a drug user. You can't talk to anyone there about your health problems and with such ill-treatment I don't want to go back there ever again."***

For key populations (KPs), including men who have sex with men (MSM), people who use drugs (PWUD), sex workers, and trans* people, the experience at public health facilities is often untenable. Too often staff are insensitive and unprofessional. Many KPs say that they are humiliated and insulted by clinic staff and some say the ill-treatment has been off-putting enough for them to prefer to go without ARV treatment or other health services.

In order to document the challenges facing KPs, last year Ritshidze began a large-scale quantitative and qualitative data collection effort. Together with a team of more than 50 KP data collectors, we spoke to thousands of KPs across 18 districts in South Africa. What we found highlighted the extent of the crisis that sees KPs be ridiculed, abused, and even chased away from clinics.

During the data collection, many KPs told us they had been refused access to services at the clinic for being a KP – a complete violation of the Constitutional right to access health services. People using drugs reported being turned away for being 'too dirty'. Some spoke of clinic staff who shout out warnings to other patients to protect their belongings when they arrive in the queue. Many queer and trans* people spoke of feeling humiliated during medical consultations because more and more healthcare workers are brought in to look, mock or judge them.

While drop-in centres can offer better suited and more friendly services for KPs, there is limited awareness of them by the KPs they are aimed at. Most KPs we spoke to had never heard of a drop-in centre that catered to their specific needs. Where people did know about them, getting there was at times out of the question because of the distance and cost of transport. A number of people using drugs explained their desperation at wanting to enroll in the methadone programme that very day, but knowing even if they found a taxi fare to the methadone site, they couldn't get back home, would have to sleep on the streets likely with other people using drugs, and then be back to square one. We support KP friendly drop-in centres and think they should be scaled up, however they will never be a panacea for all the challenges KPs face. We must fix public clinics at the same time to ensure that those without access to drop-in centres have the same quality of services available.

KPs are worst burdened by HIV[1], and yet ironically, have the worst access to HIV services. Lubricants are often completely unavailable at the clinic. We've heard from sex workers who have been told to put condoms back because they have taken too many. PrEP is not always offered to those in need. So many people wanted to stop using drugs, yet methadone programmes are inaccessible to them — and needle exchange programmes are in extremely limited supply. Trans* people explained the difficulties of having to travel all the way to major cities to access hormone therapy and gender-affirming services.

Queer and trans* people as well as sex workers and people using drugs face high levels of harassment, violence and abuse every day in South Africa as a whole — and the healthcare system is clearly no exception to this. PEPFAR says that "*remarkable success*" has been shown in their KP programme[2], and while we find some positive indications of quality service delivery at certain sites, these success stories are far from universal. Sadly, in the majority of service delivery sites, our data show a different story, with high numbers of KPs suffering discrimination, lack of empathy from staff, and/or full denial of services.

PEPFAR says that part of their KP programme focuses *on "peer-led outreach and mobilization"* — yet huge numbers of KPs we spoke to were calling out for these types of outreach services. Where are PEPFAR's outreach services happening and why are so many KPs unaware of them? Without ensuring KPs can get quality services and care, the country will never meet UNAIDS's scaled up targets that aim for 95% of people living with HIV who know their HIV status; 95% of people who know their status on treatment; and 95% of people on treatment to have suppressed viral loads.

The reality is that public health facilities remain the entry point for most KPs to get the healthcare they need. 86% of MSM, 85% of PWUD, 76% of sex workers, and 75% of trans* people we spoke to were using public health facilities for their healthcare needs. Yet KPs are too often treated poorly by clinic staff who show a lack of compassion and professionalism. If KPs are shouted at, humiliated, scared, or even refused entry to the clinic, then why would they keep going back? The majority of people who had stopped going to the clinic altogether confirmed it was because of this poor treatment, a fear of exposure, the lack of privacy, and lack of safety. Without urgent intervention to ensure clinics provide friendly, dignified, confidential and safe services, KPs will continue to be pushed out of care.

1. Available data suggest that in 2018 the risk of HIV acquisition among gay men and other MSM was 22 times higher than among all adult men, 22 times higher for people who inject drugs than people who do not, 21 times higher for sex workers than adults aged 15–49 years and 12 times higher for transgender women than adults aged 15–49 years. Source: UNAIDS. Available at: https://www.unaids.org/en/resources/presscentre/featurestories/2019/november/20191105_key-populations
2. PEPFAR South Africa SDS 2020, page 35. Available at: https://www.state.gov/wp-content/uploads/2020/07/COP-2020-South-Africa-SDS-FINAL.pdf

ABOUT THE DATA

This report has been developed using a combination of qualitative and quantitative data collected through Ritshidze's community-led monitoring system. All tools/surveys used are available on the Ritshidze website[3].

KPs who took part were identified through snowball sampling where initial participants were asked to refer those they know, who in turn refer those they know, to participate in the survey. Compared to a facility-based sample, this methodology allowed us to find more "hidden" KPs who may not use the facility in addition to those more regularly accessing services. A team of more than 50 KP data collectors across the 18 districts were recruited to support the data collection effort, including mobilisation, implementation of tools, analysis, and reporting.

A total of 5,979 surveys were taken, combining 1,476 MSM, 2,397 PWUD, 1,344 sex workers, and 762 trans* people. Some individuals with multiple identities (*e.g. a trans* sex worker or a sex worker who also uses drugs)* engaged in more than one survey to reflect multiple identities. All demographics are outlined in figure 1.

The quantitative data collection took place between August and October 2021. Data collection took place across 18 PEPFAR supported districts in 7 provinces, as outlined in figure 2. Qualitative data collection took place from March 2021 to November 2021.

Fig. 1 Demographics

	MSM	PWUD	SEX WORKERS	TRANS*
Total consented to survey	**1,476**	**2,397**	**1,344**	**762**
AGE				
Under 18	6% (86)	6% (134)	2% (24)	5% (390)
18 - 25	41% (610)	38% (905)	32% (424)	38% (292)
Over 25	50% (731)	54% (1,297)	64% (865)	55% (418)
Prefer not to answer/don't know	3% (49)	3% (61)	2% (31)	2% (13)
GENDER				
Cis	51% (749)	52% (1,250)	57% (767)	0% (0)
Transgender	8% (112)	9% (206)	13% (181)	81% (616)
Non-binary	20% (299)	10% (244)	10% (138)	6% (45)
Other gender identity	16% (243)	10% (239)	19% (15)	10% (79)
Prefer not to answer	5% (73)	4% (91)	3% (46)	3% (22)
MULTIPLE KP IDENTITIES				
Identifies as 1 KP type	73% (1083)	72% (1,724)	73% (978)	63% (479)
Identifies as 2 KP type	21% (307)	17% (411)	19% (256)	23% (172)
Identifies as 3 KP type	1% (12)	1% (24)	1% (7)	2% (15)
Identifies as 4 KP type	>1% (1)	>1% (5)	>1% (1)	>1% (1)
DISTRICTS				
# of districts monitored with PEPFAR drop-in centres	3	1	9	1
# interviewed in districts with drop-in centres	241	267	599	14
Districts monitored without PEPFAR DICs	15	16	9	17
# interviewed in non-DIC districts	1,235	2,130	745	748
BREAKDOWN OF WHETHER KPS ACCESS SERVICES				
Yes somewhere	73% (1000)	68% (1501)	83% (1,065)	78% (548)
Facility	86% (859)	85% (1270)	76% (805)	75% (409)
Drop-in centre	6% (64)	2% (29)	2% (23)	10% (53)
Mobile clinic	8% (83)	7% (101)	21% (222)	12% (65)
Private doctor	7% (72)	8% (117)	5% (56)	10% (57)
No, nowhere	23% (319)	24% (534)	14% (173)	16% (113)
Prefer not to answer	4% (50)	8% (181)	3% (40)	6% (40)

3. Ritshidze tools available at: https://ritshidze.org.za/category/tools/

Fig. 2 Geographic scope of data collection

PROVINCE	DISTRICT	PEPFAR KEY POPULATION DROP-IN CENTRE	GLOBAL FUND KP SERVICES	NUMBER OF SURVEYS BY KP GROUP			
				MSM	PWUD	SEX WORKERS	TRANS*
EASTERN CAPE	OR Tambo	Female Sex Worker site	MSM services	62	89	27	1
	Amathole	/	Sex worker services	127	314	36	18
FREE STATE	Lejweleputswa	/		35	173	91	24
	Thabo Mofutsanyana	/	Sex worker services	35	148	171	30
GAUTENG	City of Johannesburg	Female Sex Worker site, Trans site	PWID services	33	134	91	14
	Ekurhuleni	Female Sex Worker site, MSM site	PWID services	21	157	94	16
	Sedibeng	/	Sex worker services, PWID services	77	81	66	39
KWAZULU-NATAL	eThekwini	Female Sex Worker site	PWID services	79	110	73	98
	Ugu	/	MSM services, Sex worker services	48	79	55	6
	Umgungundlovu	Female Sex Worker site, MSM site	PWID services	44	95	93	98
LIMPOPO	Capricorn	/	Trans* services, MSM services, Sex worker services	88	18	67	60
	Mopani	/	MSM services, Sex worker services	343	149	233	75
	Vhembe	Female Sex Worker site		5	0	0	0
MPUMALANGA	Ehlanzeni	Female Sex Worker site, MSM site, People who inject drugs site		176	267	100	178
	Gert Sibande	Female Sex Worker site	Trans* services, MSM services	31	243	73	35
NORTH WEST	Bojanala	/	MSM services, Sex worker services	48	28	5	0
	Dr Kenneth Kaunda	Female Sex Worker site		134	206	48	41
	Ngaka Modiri Molema	/		89	106	21	28


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PEOPLE NOT ACCESSING SERVICES

Overall 20% of KPs we interviewed were not receiving services anywhere. By province, the highest proportion of people not receiving services was in the Eastern Cape (43%) and the lowest proportion was in Mpumalanga (3%). In the Eastern Cape, these data could point to the fact that the province remains one of the poorest and most isolated in the country with many challenges plaguing the public health system. Community members often travel long distances, that are not always safe, to get to public health facilities that service multiple communities.

There are also ongoing challenges with road access and attracting and retaining nurses and doctors to these far-flung regions. It is likely that these challenges are also impacting the uptake of services in the province by KPs. Data collected in Mpumalanga focused more on urban communities of KPs. More urban sites could point to better sensitisation than deep rural communities and therefore a higher uptake of services.

KPs with more than one KP identity were the most likely to not be receiving services anywhere showing that overlapping marginalised identities are making it more difficult to get healthcare. During sensitisation trainings, healthcare workers need to also be trained on the intersectionality of KP identities and how these can combine to create different and additional discrimination and disadvantage, impacting access to quality care. Everyone has their own unique experiences of discrimination that must be considered to ensure that everyone's needs are being met at the site of health service delivery.

MSM

The proportion of MSM not getting services anywhere was highest in the Eastern Cape, where 47% of respondents replied they don't get services anywhere. In Free State, just 4% of respondents don't get services anywhere. The proportion of MSM who also identified as non-binary were most likely not to be receiving services (33%), followed by those who also identified as transgender men (31%). By comparison, 19% of cis MSM were not receiving services.

PWUD

The proportion of PWUD not getting services anywhere was highest in the Eastern Cape, where 41% of respondents replied they don't get services anywhere. In Mpumalanga, just 1% of respondents don't get services anywhere. The proportion of PWUD who also identified as transgender women were most likely not to be receiving services (36%), followed by PWUD who identify as transgender men (33%).

SEX WORKERS

The proportion of sex workers not getting services anywhere was highest in the Eastern Cape, where 40% of respondents replied they don't get services anywhere. In Mpumalanga, just 4% of respondents don't get services anywhere. The proportion of sex workers who also identified as transgender men were most likely not to be receiving services (45%), followed by cisgender men who sell sex (26%). Overall, 10% of transgender women who sell sex were not receiving services.

TRANS* PEOPLE

The proportion of trans* people not getting services anywhere was highest in the Eastern Cape, where 47% of respondents replied they don't get services anywhere. In Mpumalanga, just 2% of respondents don't get services anywhere. The proportion of trans* people who also identified as non-binary were most likely not to be receiving services (34%), followed by transgender men (26%).

KPs with more than one KP identity were the most likely to not be receiving services anywhere showing that overlapping marginalised identities are making it more difficult to get healthcare.

1. Public health facilities

The majority of KPs interviewed by Ritshidze use a public health facility to access their health services rather than a drop-in centre, mobile clinic or private doctor. In fact, many KPs we spoke to are not even aware of drop-in centres including 87% (840) of MSM, 81% (1123) of PWUD, 74% (718) of sex workers, and 83% (419) of trans* people. Those who are aware of them often live too far away and cannot afford the cost of transport to access them.

Of KPs who access services somewhere: proportion using facilities, drop-in centres mobile clinics, and private doctors

WHERE	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
Public health facility	86% (859)	85% (1,270)	76% (805)	75% (409)
Drop-in centre	6% (64)	10% (53)	2% (29)	2% (23)
Mobile clinic	8% (83)	12% (65)	7% (101)	21% (222)
Private doctor	7% (72)	10% (57)	8% (117)	5% (56)

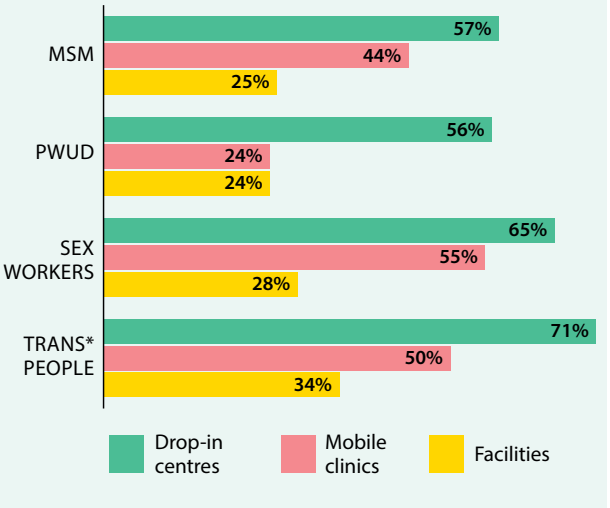
Satisfaction level of KPs interviewed using facilities

	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
Respondents who were "very satisfied"	25% (223)	24% (327)	28% (239)	34% (146)
Respondents who were "unsatisfied" or "very unsatisfied"	9% (85)	13% (185)	10% (85)	12% (x51

Yet at clinics, KPs are often treated very poorly by clinic staff who at times shout or verbally abuse people, questioning people's sexuality or gender, and how or why they engage in sex work or take drugs. Others report being humiliated in front of other healthcare users. KPs were concerned about ongoing privacy violations as clinic staff were known to disclose people's HIV status, or the fact that they are a KP, in front of other healthcare users, or to invite other clinicians into private consultations in order to mock or judge people's symptoms. Some KPs told us that they feared for their safety at the clinic. A significant number of KPs we spoke to had even been refused access to the clinic altogether.

These common challenges were echoed by KPs who have disengaged with the health system, or chosen not to use public health facilities. The most common reasons given for not going to the facility include: a lack of friendly services; fear of exposure; lack of privacy; waiting time being too long; and a lack of safety. Some people have been pushed to pay for health services that they should get for free, at private doctors. As expected based on the evidence collected, KPs using facilities had far lower satisfaction levels compared to those using drop-in centres and mobile clinics.

Percentage of respondents "very satisfied" with health services offered (percentage)



% (n) of respondents reporting they are very satisfied with the services offered at their facility

	EASTERN CAPE	FREE STATE	GAUTENG	KWAZULU-NATAL	LIMPOPO	MPUMALANGA	NORTH WEST
MSM	14% (9)	30% (17)	42% (42)	14% (14)	24% (79)	74% (59)	2% (3)
PWUD	7% (12)	18% (12)	27% (68)	9% (18)	16% (16)	69% (16)	2% (4)
Sex workers	16% (5)	28% (58)	60% (90)	14% (15)	17% (39)	45% (31)	2% (1)
Trans* people	14% (1)	34% (14)	33% (16)	32% (41)	14% (11)	72% (62)	2% (1)

While ideally all KPs would be aware of and able to access drop-in centres, this is not the reality for most KPs we interviewed. Given that public health facilities are the entry point for many KPs into the health system, it is critical to ensure a friendly, respectful, safe and confidential environment for all KPs with services that cater to KP specific needs. KPs who are treated badly, humiliated, fear their safety, or even refused entry, will inevitably not come back to the clinic, be it to collect ARVs, HIV prevention, or to uptake other health services. We cannot abandon KPs who are not able to get to a drop-in centre. In addition, in order for KPs to actually uptake KP specific services offered at the facility, spaces are needed that feel safe and comfortable enough to disclose you are a KP without fear of poor attitude, discrimination, or abuse. These issues must be addressed to ensure that KPs are not left behind in the prevention of HIV and reaching the UNAIDS 95-95-95 targets.

1.1 Attitudes, safety and confidentiality at public health facilities

15% **think clinic staff are never friendly and professional towards PWUD**

14% refused access **to services at the facility because they are MSM**

38% refused access **to services at the facility in Limpopo because they are PWUD**

28% **of sex workers thought that privacy is not well respected at facilities**

45% **of trans* people say unfriendly services is the reason they do not access healthcare at all**

RECOMMENDATIONS

+ From January 2022, **any reports of poor staff attitude, privacy violations, and/or verbal or physical abuse/ harassment should be urgently investigated by the Department of Health** and disciplinary action taken where appropriate. Facility Managers should be held responsible for unresolved issues. For facilities we report on here, the DoH should respond within 3 months with actions that have been taken.
+ From January 2022, **any reports of services being restricted or refused should be urgently investigated** by the Department of Health with disciplinary action taken where appropriate. Unfairly discriminating against KPs and restricting people's access to health services is unlawful under sections 9 and 27 of the Constitution. Facility Managers should be held responsible for unresolved issues regarding refusing KPs entry to sites. For facilities we report on here, the DoH should respond within 3 months with actions that have been taken to ensure discriminatory access and denials of services have been corrected.
+ In February 2022, the Department of Health should **issue a circular** outlining 1) that KPs should never be refused entry to public health facilities or refused access to health services; 2) that all KPs should be treated in a friendly, dignified and respectful manner; and 3) that privacy violations, ill-treatment, harassment and/or abuse will be met with consequences. This circular should be clearly explained to all clinical and non-clinical staff, including security guards. DoH should also communicate these messages directly with security companies utilised.
+ By February 2022, **PEPFAR should provide a full list of facilities where District Support Partners (DSPs) have trained and sensitised staff** on KP issues, including how many clinic staff have been trained per site. Importantly, as many instances of denial of services are instigated by security guards, training and sensitising of staff must include such cadres of workers.
+ Between February and May 2022, the Department of Health and PEPFAR should ensure that all clinical and non-clinical staff (including security guards) across public health facilities are **actually sensitised on provision of KP friendly services (and consequence management for failing to treat KPs respectfully)** to ensure a welcoming and safe environment for all KPs at all times. **KPs must be involved in the implementation of these training modules.**
+ Post sensitisation training, the Department of Health and PEPFAR should complete **follow up to assess the quality of KP service provision** at site level (to show the success of the sensitisation programme).
+ From February 2022, the Department of Health should ensure the **rollout of KP health talks at facilities led by KPs**. This will sensitise the general community on KP issues.
+ In COP22, PEPFAR should **scale-up support to 300 additional sites across the 27 PEPFAR supported districts for ongoing training and sensitisation** of clinic staff, including follow up. **KPs must be involved in the implementation of these training modules.**
+ In COP22, PEPFAR should fund KP peer navigators at all PEPFAR supported public health facilities to support KP service uptake, referral and improve long-term retention.
+ In COP22, PEPFAR should **fund KP-led community groups to carry out HIV and TB prevention and treatment literacy trainings and localised social mobilisation campaigns.**
+ By June 2022, Provincial Departments of Health should complete an assessment of all clinic committees in their provinces to assess representation of KPs on facility clinic committees and publish those results. By December 2022, a minimum of **75% of facility clinic committees in each province should have at least 1 member of a KP group on the clinic committee.**

Just 42% of respondents report that facility staff are always friendly and professional towards MSM; just 41% towards PWUD; just 42% towards sex workers; and just 46% towards trans* people.

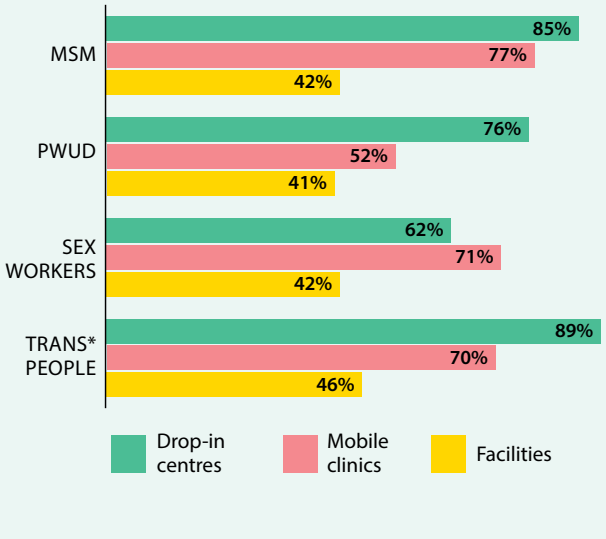
By and large Ritshidze data reveal that staff at public health facilities were less friendly and professional to KPs compared to drop-in centres and mobile clinics. This is consistent across all KP groups with just 42% of respondents reporting that facility staff are always friendly and professional towards MSM; just 41% towards PWUD; just 42% towards sex workers; and just 46% towards trans* people. Across provinces this did vary. Clinic staff in Mpumalanga provided the most friendly and professional services for all KPs. Again, this could point to a more urbanised data set. KwaZulu-Natal provided, on the whole, the worst services for KPs, alongside North West and the Eastern Cape (for MSM, PWUD and sex workers), Gauteng (for PWUD), and Limpopo (for sex workers and trans* people).

For those not getting health services anywhere, a lack of friendly services was the reason reported by 30% of MSM, 26% of PWUD, 32% of sex workers, and 45% of trans* people. For drop-in centre and mobile clinic users the most common reason for not using a public health facility is also because the care is not friendly (as reported by 66% of MSM (114), 61% of PWUD (151), 55% of sex workers (140), 64% of trans* people (104)). Clinical staff were most commonly reported as being unfriendly and unprofessional by all KP groups followed by security staff.

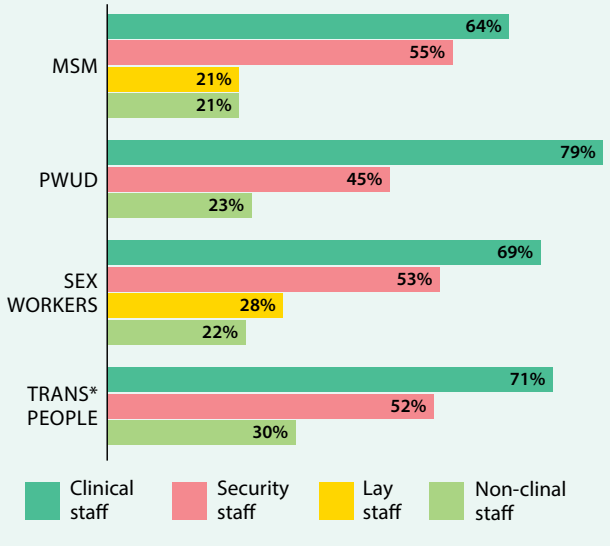
KPs should not have to suffer abuse and humiliation to access HIV, TB, STI and other health services. A transgender woman told us of the difficulties in trying to get circumcised – not so much because of the medical procedure she was seeking, but because of the demeaning manner in which she was treated. She said: "The nurses take it as a joke that I'm a woman with a penis". She added that at her clinic she's repeatedly referred to as "Mr", she believes it's a deliberate slight as she dresses as a woman. When she speaks to nurses about her sexual health they pry about her sex life and even challenge her choices.

Unfriendly services drive people away from care, affecting their own health, as well as broader HIV and public health outcomes in the country. Not only is this an issue of human dignity and respect, but keeping KPs in care is critically important given the disproportionate HIV burden faced. Without improving the attitudes of clinical and non-clinical staff at the facility, we cannot ensure long-term retention on ARVs, or reach the UNAIDS 95-95-95 targets.

Percentage of respondents reporting staff are always friendly and professional (percentage)



Percentage of respondents reporting staff as unfriendly and unprofessional (percentage)



% (n) of respondents reporting staff are always friendly and professional at facilities across provinces

	EASTERN CAPE	FREE STATE	GAUTENG	KWAZULU-NATAL	LIMPOPO	MPUMALANGA	NORTH WEST
MSM	28% (18)	48% (27)	61% (60)	28% (28)	39% (130)	74% (59)	33% (55)
PWUD	37% (61)	31% (71)	36% (90)	19% (38)	43% (43)	79% (191)	35% (66)
Sex workers	29% (9)	49% (101)	59% (89)	16% (17)	33% (75)	67% (46)	33% (17)
Trans* people	57% (4)	49% (20)	49% (24)	34% (43)	22% (17)	85% (73)	40% (73)

HERE ARE A NUMBER OF QUOTATIONS FROM KPS ABOUT POOR STAFF ATTITUDES AT THE FACILITY AND ITS IMPACT:

"I am also very much scared to talk about my sexuality because they just have a bad attitude towards homosexuality. I cannot even talk about my experience of when I got hurt and needed help from the clinic. It's too painful. I can't even talk about it."

– MSM, Mariveni Clinic, Limpopo, March 2021.

"Nurses should stop judging as they do not know why people are using drugs. They call us amaparah, and those names are not nice. They are discriminatory. This name refers to a dirty person, a thief, so when they call us these names it is not nice."

– PWUD, Motherwell Care Centre, Eastern Cape, August 2021.

"Thanduxolo Clinic is a clinic that has negligence, nurses are rude, and they don't have care for us MSM or any LGBTQI+ people. They do not have the right way of talking to us. They shout at us in public. We used to write complaints and put them in the complaints box, but we have never heard the results because we don't even know when they open the box. There is no confidentiality… I don't even feel comfortable because of their attitude."

– MSM, Thanduxolo Clinic, August 2021.

"Sometimes you will feel like oh no, I do not wish to come back because of how the staff sometimes treat you… With regard to staff attitude I would say some of them are very nice but those who know that you are sex worker they give you different and terrible attitude. Some of them will be like, I have seen her on the street, so they give you a bad attitude for that… As a sex worker, I won't receive immediate service because they say you are not rushing anywhere because you do not work… Clinic staff do not consider sex work as work."

– Sex worker, Greenfields Clinic, Eastern Cape, April 2021.

"Their services are poor, especially for MSM. There is no respect, more so by the security guard. The last time I went to the clinic… the way I was treated, the manner that the nurse addressed me, was discriminatory, and I ended up leaving the clinic and went to the chemist to buy medication."

— MSM, Thanduxolo Clinic, Eastern Cape, August 2021.

"The staff here in this clinic do not treat us people who use drugs as human beings. They are so judgemental towards us. They are calling us names that make us feel offended."

— PWUD, Illovo Ntsimbini Clinic, KZN, August 2021.

"The facility is not doing a good job serving transgender people. Like I did not come back to this same clinic again for my medication. I had to stop. I honestly don't feel comfortable because of the way they speak to us. They are very rude and almost feel like they hate us. The big challenge of being transgender here at Tongaat Clinic is that I find it difficult to speak openly about my gender because of the bad staff attitude… some laugh at me and some say negative things about me."

— Trans person, Tongaat Clinic, KZN, June 2021.*

"The staff at Chesterville Clinic have a very bad attitude and I suspect it's because I am a sex worker. For example, when I ask for my blood results, a nurse will rudely tell me that I am not a nurse, or sometimes she will send me to a clerk where I will, of course, not get my results. The very same clerk will send me back to the nurse again. This up and down does not assist me at all as I will end up not getting my results. I find this very frustrating, and that I am treated unfairly because I am a sex worker. The security guard is also rude at times, as she is the one who will tell me to wait for the nurse as she is always claiming to be busy. There is a deliberate way that the nurses behave towards sex workers to just frustrate us. Being at the clinic makes me feel very uncomfortable to talk about my work as a sex worker. This makes me feel even scared sometimes to mention to them that I had a condom burst and that I need the morning after pill. I honestly would rather go without than tell the nurses at this clinic."

— Sex worker, Chesterville Clinic, KZN, August 2021.

"It's difficult, very hard, if you tell them that you are using drugs, they stop taking you seriously, suddenly they don't treat you like a human being, but like an animal."

– PWUD, Harrismith Clinic, Free State, May 2021.

"The staff at the facility are not treating us well, starting from the security guard. They will shout at us starting right at the gate by the security officers. They look at us like we are not people. If I did not get my medication on the appointment day, I normally have to come back the following day, and the security guard will not allow me to go inside even after explaining that (the Sister) was the one who asked me to come back. The attitude is bad, some nurses are shouting at people who use drugs in the passages of the facility calling us names, and they even say we will smoke ARVs. They don't want to listen to our issues."

— PWUD, Phoenix CHC, June 2021.

"After the surgery things changed… they are so mean to gay and trans people"

— MSM, Mantosia Clinic, North West, May 2021

"They know me as a transgender (person) but not as a sex worker. They don't really do a good job for trans people per se, and I don't feel comfortable because I don't think they will treat me well if they know I am also a sex worker."*

— Trans woman, Lonely Park Clinic, North West, May 2021*

"I told her to address me as Miss, and yet she wrote Mr. The nurses are very terrible when it comes to transgender issues. I remember when I needed some help with regards to transitioning… I had hoped to be taken seriously, and all of a sudden, I was mocked in this facility."

— Trans person, Umlazi U Clinic, KZN, August 2021.*

"it's better if I am sick to stay at home rather than going to the clinic… the help that I get as a person who injects drugs is not help… I need them to show some care and ask me how I am doing, where and how I am staying and with whom I am staying with. They can ask general questions to show support to me."

– PWUD, Harrismith Clinic, Free State, May 2021.

"The security will make a lot of negative remarks about MSM… Going inside the facility to see the health professional becomes another problem on its own, your file will be missing, and you will be asked by the receptionist… the purpose of your visit. Should you try to explain yourself to her, she will raise her voice and start labelling you for being an MSM."

— MSM, Nsimbini Clinic, KZN, August 2021.

"The attitude towards most people is bad. Because of the bad attitude, I will always hide the fact that I am a sex worker. I have seen people (sex workers) getting shouted at, so I don't want to be shouted at. Sex workers are always complaining that they are attended to last, and they are told your job is at night, so there is no hurry. This makes me so mad because we have customers even in the morning or afternoon, but the day you go to the clinic, you know that it's an off day. Most sex workers have decided to not go to the clinic anymore. They also refuse to call sex workers by names, but they use "Magosha" as a name for all sex workers. It's very embarrassing. They will never know that I am a sex worker."

– Sex worker, Phutatijhaba Clinic, Free State, August 2021.

"I am not taken seriously, and they don't care, and they don't treat me correctly because anything that I am sick of is not taken seriously. It's always blamed on my drug use."

– PWUD, Harrismith Clinic, Free State, May 2021.

> **"All I want is for them to do their jobs – be professional, give us medical assistance and advice. They don't need to know that I am trans or anything, they must stay out of our personal lives,**

COMMUNITY STORY

An infection that wouldn't heal sent Lolo to the Thanduxolo Clinic in Motherwell this winter.

It's the clinic closest to her home and she needed medical assistance. Instead all she got, as a transwoman, was ridicule and insults.

"The nurse was asking we why am I wearing these clothes when I am a male, why do you have a manicure – am I gay or lesbian. It's very, very disturbing – I don't take it well at all because I don't expect to be judged. This is my life, my decision, my choice," Lolo says.

Lolo says the nurse she saw that day took her to a room where there were three other nurses. The nurse referred to Lolo as "another one of those who don't know what they are" to her colleagues.

Humiliated Lolo left the clinic without getting any medication or any further help. She said she felt that there was no point in complaining or trying to have the issue addressed.

"They just make fun of you if you are LGBTQI – even the suggestion box is useless," she says. She ended up having to travel to another clinic that is run by the Wits Rural Health Initiative, where she also receives her hormone treatment.

"The nurses need to be educated and trained and we need to see more trans people involved, be it at clinics or the police station or even on posters and such so that we are represented," she says.

Lolo has vowed never to return to Thanduxolo Clinic because of her traumatising experience there.

"It is my friends and family who have been supporting me through my trans journey since 2019. But the clinics and the nurses should be people who have compassion and who listen to patients.

"All I want is for them to do their jobs – be professional, give us medical assistance and advice. They don't need to know that I am trans or anything, they must stay out of our personal lives," she says.

TREATMENT INTERRUPTIONS AND DISENGAGING FROM CARE

Where the attitudes of clinic staff have become unbearable, some KPs have stopped going to the clinic altogether, including for HIV, TB and STI testing and treatment. Public health facilities should welcome all healthcare users including KPs to access these critical services, ensure rapid initiation of treatment and the prevention of onward transmission. KPs should be able to access HIV prevention including PrEP, condoms and lubricants from the facility.

For KPs who are also living with HIV, just like all people living with HIV, it is critical to be supported to start, and importantly, to stay on ARVs. Where KPs do miss an appointment or a few pills, supporting them when they return to the clinic is essential to support long-term adherence. The revised National Adherence Guidelines SOPs include a new SOP, "SOP 9 Re-engagement in care". The guiding principles of this SOP describe how staff should be friendly and welcoming and acknowledge the challenge for life-long adherence.

Yet Ritshidze data show major gaps in friendly "welcome back" services at public health facilities, with many people living with HIV who report being shouted at for missing appointments or sent to the back of the queue. A result of this lack of support after a treatment interruption, means people living with HIV at times are worried about returning to the clinic, or even disengage from care altogether rather than face being shouted at upon return. This is completely counterintuitive to ensuring long-term retention. Below are a number of quotations from KPs who have stopped going to the clinic altogether due to poor treatment.

> ***"The attitude of the staff is extremely bad. I am also HIV positive but since they kicked me out and I end up not getting my treatment, I don't bother going to the clinic anymore. Being returned home because you are a drug user, being insulted like you are a nobody is really unfair and wrong. Most drug users die because they don't get access to services."***
>
> *– PWUD, Levai Mbatha Clinic, Gauteng, July 2021.*

> ***"There is a high rate of rape cases among sex workers, and the clinic doesn't help at all… The nurses have such a bad attitude and make funny comments, like why are you selling your bodies? They criticise and judge us once you mention that you are a sex worker, and you receive very slow or no treatment for your injuries. The nurses have an attitude that sex workers are looking for trouble and it is their fault that they are being raped. There are a few sex workers who have decided to stop taking treatment because of the ill-treatment of the nurses."***
>
> *– Sex worker, Lizongcane Clinic, Eastern Cape, August 2021.*

"I am a sex worker, and when I went to consult during lockdown, maybe just having flu, they will tell me there is no medication. But you find that the person behind me who consulted about the same problem received medication. They always oppose giving us sex workers medication. They rather give you just tablets for pain even if you didn't need them. I ended up not going there anymore. I have been treated badly at all times… it is just too much to take at times."

– Sex worker, Mariveni Clinic, Limpopo, April 2021.

"I had swollen lumps under my armpits and my friend actually convinced me to go and consult because, on my own, I would be very scared to go to this clinic because I know how they treat trans and gay people. They have such a bad attitude. My friend, who is also a trans* person accompanied me, and we went to consult at the clinic, and I was very uncomfortable. First thing they asked is, 'are you a girl or a boy?' The thing is, they are laughing away as they are asking these questions. All the attention is now on us from all the patients, and you can see everyone is now talking about us and laughing at us. I did not like it as they were judging us instead of helping me. I felt discriminated against as I expected and left without being assisted and never went there for consultation again. They don't like us, and they don't understand how to treat transgender people and gay people. I have stopped going there."*

– Trans person, Buitestraat Clinic, Limpopo, August 2021.*

"I went to the clinic to collect my medication, although it was not my appointment. When I got there, the nurse told me that she would not assist me as I had missed my appointment and therefore I must come back in the following week. I sat and explained myself, but all went to people who had no interest in listening to me as MSM. I was left with no choice but to go home without getting my medication. This is when I made a decision not to collect my medication from this facility any longer but make use of the service provider which is MSM friendly."

– MSM, Nsimbini Clinic, KZN, August 2021.

"They were calling me aButi (meaning brother). Why would they call me Buti when I am wearing a dress? I felt embarrassed because everyone was now looking at me and making fun of me. I really felt offended… after that experience, I completely stopped going to that clinic, I have since moved and collect my medication elsewhere"

– Trans person, Empilisweni Clinic, North West, March 2021.*

"As men who have sex with men, we are always treated unfairly. My friend openly mentioned that he's an MSM, and he was treated differently after that to a point that he doesn't come to the clinic anymore. Because of this experience with my friend, I cannot mention that I am also MSM because I will not allow myself to be laughed at and made fun of by these nurses right in front of other patients like they did to my friend. This is a clinic close to me, and I need to collect my ARVs. Telling them will mean I will stop coming here because of the terrible and very degrading attitude they have given to my friend… It's a sin to be an MSM here at this clinic."

– MSM, Phoenix CHC, KZN, August 2021.

"The big thing for me is the way they talk to us MSM, or you can call us gay people. It is like a sin for you to go and consult. We are harassed so much, with funny questions and attitude, that you will feel uncomfortable and unwanted at the clinic. I don't usually go to consult anymore, only when I have a serious condition and most of the time you find that there is no medication anyway."

– MSM, Giyani Health Centre, Limpopo, March 2021.

"Their attitude is very bad. Last time I was at the facility, I was told to go home and bathe first, no one is going to risk their health by touching me, and I told them that I am homeless. I started taking drugs three years ago, and that is when I stopped taking my HIV treatment. I have tried a couple times to access services at the facility with no luck."

– PWUD, Levai Mbatha Clinic, July 2021.

"I have never gone back to the clinic again due to my experience, and I will never recommend MSM or LGBTIQI people to use that clinic. If I knew other clinics, I could have gone to them, but I was new in the area. As I was leaving, there was a nurse who offered to assist me because she saw that I was angry, but I told her I wanted nothing but to leave. The clinic needs to change nurses and put new nurses who will do the work and have respect."

– MSM, Thanduxolo Clinic, Eastern Cape, August 2021.

NTUZUMA CLINIC, KWAZULU-NATAL

COMMUNITY STORY

When nurses are the very people standing as barriers in the campaign to get more patients to adopt good health-seeking practices, it's a recipe for disaster.

It's how Brian and his partner Tshepo feel about the nursing staff they encountered at the Lichtenburg Clinic in North West in October 2021 when they went to the clinic hoping to get help for itchy rashes in their genital area.

"We thought we had an STI so we went together to the clinic – I couldn't believe how we were treated. The nurses were offensive and insulting; they asked what we did to get the rashes and it was in front of other people, even the cleaner was in the consulting room," says Brian.

Brian says the nurse also saw the couple together and treated them as one patient even though Tshepo's symptoms were slightly different. They were also told to undress in front of all the people in the room.

"While I was sitting there half-naked they told me to go to the next room to get an HIV test done and they refused to treat me if I didn't get a test done," says Brian.

He says he wasn't comfortable being forced to test, but the nurses threatened that they would not examine him if he didn't get an HIV test first. And even as he reluctantly went to get tested there was no counselling given.

Back in the examining room, he says nurses had no interest in respecting his or Tshepo's confidentiality or dignity as patients.

"The nurse who was with us called over another nurse and said to her 'doesn't this look like someone who is HIV positive? Doesn't this look like someone who has anal sex?'"

Both Brian and Tshepo were given an injection, also an allergy medicine and painkillers. Tshepo's rash got worse days later and Brian says he still has questions about whether or not they got the right treatment. But he says they have vowed never to return to the Lichtenburg Clinic.

"I'm back home in the Free State now and I will find a clinic here for any follow-up; I don't ever want to go back to that clinic. They didn't respect us or give us any confidentiality and I still don't know what I was supposed to do with my treatment. I know that they asked us such rude questions just because we are gay men," Brian says.

Brian did try to lay a formal complaint with the facility manager but was told to put his written complaint into the suggestions/complaints box in the clinic. He says he didn't bother at that point "because nobody even reads what is in there".

"I just wish these nurses could act like professionals and to do their jobs properly. We are patients just like everyone else and they should see that it's them who are making it difficult for people to come forward to get help. They are the problem," he says.

> **"I just wish these nurses could act like professionals and to do their jobs properly. We are patients just like everyone else and they should see that it's them who are making it difficult for people to come forward to get help. They are the problem."**

REFUSED ACCESS TO SERVICES

Shockingly, significant numbers of KPs reported being **refused access to services** because of being a KP. This is absolutely unacceptable and goes against section 27 of the Constitution that states "*everyone has the right to have access to health care services*". The highest reports of KPs being refused services were found in Limpopo, with PWUD in KwaZulu-Natal also reporting high rates of being refused entry.

For KPs trying to access much needed healthcare, including HIV services, being chased away can make it more likely to deter future attempts. While some KPs are aware of drop-in centres and can find the taxi fare to travel to them, many are not so lucky. Being refused entry to the only source of healthcare for you can leave you with no other option than disengaging altogether, or attempting to be given a transfer letter to another clinic (from the very clinic that refused you services), often meaning an additional travel cost to a clinic further away from you. This is a complete violation. All reports of KPs being refused entry to clinics or that services are restricted should be urgently investigated with swift corrective action taken to resolve the situation.

Percentage of respondents who had been refused access to services at the facility because they are a KP (percentage)

Percentage (n) of respondents reporting they were refused access to services at a facility in the last year because they are a KP

	EASTERN CAPE	FREE STATE	GAUTENG	KWAZULU-NATAL	LIMPOPO	MPUMALANGA	NORTH WEST
MSM	2% (1)	11% (6)	9% (9)	8% (8)	29% (97)	1% (1)	1% (1)
PWUD	9% (16)	14% (32)	9% (23)	25% (50)	38% (38)	2% (4)	3% (6)
Sex workers	10% (3)	11% (22)	4% (6)	13% (6)	27% (61)	9% (6)	2% (1)
Trans* people	14% (1)	7% (3)	4% (2)	13% (17)	28% (22)	1% (1)	-

BELOW ARE A NUMBER OF QUOTATIONS FROM KPS WHO HAVE BEEN REFUSED ACCESS, CHASED AWAY, OR HAD TO FIGHT FOR ENTRY INTO A CLINIC:

"I don't feel comfortable and safe using the facility because I am not treated like other patients… I got to the clinic. I wasn't allowed to get in because I am a drug user, and I was smelly. The other staff member asked me what do you want? I told her I had been referred by the hospital to get stomos. Looking at me in a very disgusted way, she said they didn't have any for me."

– PWUD, Levai Mbatha Clinic, Gauteng, July 2021.

"We are not served well at all as people using drugs at the facility as we are not treated equally like any other patients. Firstly, when you get to the facility, the security will tell you to wait outside and say you are not allowed to get in. This is while everyone else is walking past you going into the clinic. Already you will lose interest because everyone is allowed to get in, and you must wait outside. The waiting can be very long, and most of the time, I end up going back home."

– PWUD, Levai Mbatha Clinic, July 2021.

"They are very judgmental to gay people, more especially if they identify you. For an example, today they did the same thing at Letsitele Clinic where the security guard refused to allow us in because he knows we are MSM or gay and we did not register until we had to force our way in."

– MSM, Mariveni Clinic, Limpopo, March 2021.

"I have tried to get service at Phenduka Clinic, and access was denied, meaning every three months I have to go to Thohoyandou in Limpopo to get my HIV treatment. They said to me I am a sex worker, and I should be able to afford it. It's very expensive, and I cannot afford it, and it's really a struggle."

— Sex worker, Phenduka Clinic, Gauteng, July 2021.

"At some point, I was chased away because, on the day of my visit I was dirty; the nurse told me clearly that they will not assist "amaphara" which is a label for a thug. In some days they will assist all the people who came to the facility after my arrival, and when I asked them they said "shut up, who are you to tell us what to do and who to see first". I stopped using this facility."

– PWUD, Illovo Ntsimbini Clinic, KZN, August 2021.

NSELENI CHC, KWAZULU-NATAL

"Inanda Clinic has a major challenge… the staff in this clinic has a tendency of starting to render health services to the people who arrived later than me as someone who uses drugs. If I start to panic and question them about this conduct, they will tell me that it is up to them to start with whoever they feel like. As long as I am still using drugs, I will be the last to be serviced, and sometimes they do call me "Iphara". I decided to stop using this facility because when I get there, they have an attitude towards me. I have endured discrimination in this facility to an extent that, at some point, I had to go home without getting my medication. It is very bad, and they are arrogant to an extent that I stopped visiting this particular clinic. We are called "amaphara" or "izidakwa" and other names. They go as far as to say we must go and wash if we need services because we are dirty. At one time, the nurse said to other nurses, kindly hide your bags "amaphara" are in the house."

– PWUD, Inanda CHC, KZN, August 2021.

"While an MSM is standing in the queue waiting for services, the nurse and security will go as far as to start with people who arrived late to the facility because they don't want to even deal with us as MSM."

– MSM, Ntsimbini Clinic, KZN, August 2021

"If you go to the clinic, they will say 'you are crazy, just go home and they kick us out… People I know personally are about 60-70 youths that are doing drugs with no help at all. Besides, there is only one clinic in this community, so we have no choices. Maybe a different clinic would be better."

– PWUD, Thusa Bophelo Clinic, Free State, May 2021.

"The day I went to the facility, I got to the gate, and the security guard asked me what I was there for. I kept quiet and silent for a minute, with him looking at me up and down. I could tell he was trying to figure out my gender. I told him I want prevention pills, and they all laughed at me. The one guy said we are closed. I asked what time the clinic closes, and the response was, its Friday, we close early. I had to argue with them, and I spoke about the opening policy, and it was then that they allowed me. As I walked in the door one security guard said abafana, amantombazane amanje (boys, girls of today) are strange"

– Trans person, Hulga Kuhn Clinic, Gauteng, July 2021.*

> **"We need something like a meeting between sex workers, the clinic nurses and also the top nurses and top police so that we can hear each other's stories – maybe then we can understand and maybe then things can be better."**

COMMUNITY STORY

Being treated like "someone who doesn't have a brain" is the dehumanising reality for many sex workers, including someone like Fezile*.

Her treatment at the hands of nurses at the Nelspruit Community Health Clinic in Mbombela during two past visits left her infuriated and frustrated; it also left her health and wellbeing severely compromised.

She had to use the Nelspruit CHC during hard COVID-19 lockdown to pick up ARVs after she had gone three days without treatment. It isn't her usual pick-up point and it's not where her patient file is held.

"I went there at 5am in the morning and got inside the clinic at 7.30am but then they told me that because I don't have a file I must go to one side and wait. By lunchtime I was still waiting. The nurses asked me what work I do and why I was coming to them to get my ARVs. When I told them that I am a sex worker they started talking about me and laughing at me," Fezile says.

By 6pm she was still in the clinic. Only when the Facility Manager walked by did she finally get assistance. But the nurses told her they could only give her one tablet for the night and that she'd have to return the following day.

"I had to find taxi money for the next day and I had to wait again to get one box of ARVs. They have no respect for you when they find out you are sex worker, they don't care," she says.

In another incident in 2018 she ended up at the clinic after she was attacked by a client who refused to wear a condom. He pulled out a gun and beat her with it, leaving her with severe head wounds. She managed to run away and other sex workers helped to get her to the Nelspruit CHC in the early hours of the morning.

"The nurses refused me because they said I need to have a police report first – the blood was covering my whole body and they didn't care," she says.

One nurse also quipped: "You prostitutes are always giving us trouble", Fezile remembers of how demeaning and cruel they were.

She left the clinic and waited till the morning to get to a private doctor who cleaned and dressed her wounds.

In the months of November and December two sex workers have been found raped and murdered in the area. It worries Fezile that she is an easy target but has little protection and is written off easily by nurses and police.

Fezile believes interventions like dialogue sessions and community meetings need to take place urgently.

"We need something like a meeting between sex workers, the clinic nurses and also the top nurses and top police so that we can hear each other's stories – maybe then we can understand and maybe then things can be better."

** Not her real name*

SAFETY AND COMFORT

The majority of KPs interviewed did not feel safe and protected from verbal or physical abuse, verbal or physical harassment, or risk of arrest at public health facilities used. Only 35% of MSM, 34% of PWUD, 50% of sex workers, and 42% of trans* people felt "very safe" using the facility. One sex worker told us that at her clinic they "**refuse to treat foreigners**" and end up with "**no access to information whatsoever**". They cannot ask questions as the clinic staff say they "**have no time to waste with a magosha**" — a derogatory name for a sex worker. She told us that she "**can never feel safe in a place where you are called bad names at the clinic.**" At other sites, PWUD told us that they feared going to the clinic because of the risk of police being called and them being arrested.

Similarly, only 33% of MSM, 32% of PWUD, 38% of sex workers and 36% of trans* people felt comfortable at the facility. For those not getting health services anywhere, a lack of safety was one of the major reasons given by 20% of MSM, 17% of sex workers, and 20% of trans* people. Of respondents using drop-in centres and mobile clinics, 26% of MSM, 20% of PWUD, 22% of sex workers, and 13% of trans* people reported unsafe conditions as one of the main reasons for not using a public health facility. Feeling unsafe and uncomfortable at the clinic discourages KPs from going to access services, impacting the uptake of testing and prevention services, as well as undermining long-term adherence. KPs must not face verbal or physical abuse, verbal or physical harassment, or risk of arrest when using the public health facility. Any reports should be urgently investigated and disciplinary action taken where appropriate.

> **"I understand that the nurses can lose patience when they are seeing so many patients a day but they still need to be doing their jobs and treating everybody the same. Sometimes you don't even tell them that you have some other problem because you know they don't have time to attend to you."**

COMMUNITY STORY

Taking a stand against bad staff attitude is not easy, but Lungi* learnt the hard way that holding public healthcare workers to account matters when treatment of patients has gone from bad to downright shocking over the past 20-odd years.

Lungi is a sex worker and has been on ARVs since 2010, it was some years after she was first diagnosed with HIV. She started out collecting her medicines from Inanda C Clinic, which she still uses for general healthcare services and has since it opened its doors in the late 1980s.

She retells the incident about how during the few months of starting ARV treatment she was arrested. Jailed without her ARVs, the prison warden had to make special arrangements with the clinic for Lungi's medicines to be delivered to the prison.

"When I came out of prison a few months later and I went back to the clinic they shouted at me – right there in the passage because they said I was defaulting because I had not come to the clinic. When I told them I was in prison, they said they wouldn't help me until I could prove that I had been in prison. I just left because I couldn't believe how they were treating me," she says.

The following week Lungi returned and asked to speak to the matron. The matron did gather the nurses around to be addressed about Dudu's complaint.

"They denied everything, but they apologised – I had to fight for that respect," she says.

Since then Lungi has asked for a transfer to pick up her ARVs at TB HIV Care in Morningside.

"It's very bad still at Inanda; I know because I still have to use it for other emergencies. The queues are so long – there are just too many new cases and they don't attend to HIV and TB patients properly because these aren't patients who are critical. There is never toilet paper in the toilets and the toilets are just a mess."

"I understand that the nurses can lose patience when they are seeing so many patients a day but they still need to be doing their jobs and treating everybody the same. Sometimes you don't even tell them that you have some other problem because you know they don't have time to attend to you," she says.

While Lungi says getting treatment at TB/ HIV Care has made it less of a nightmare to stay on treatment but she worries that the NGO, like many other NGOs, may have their funding dry up. She says the people in the city will then be left without services that are committed to giving more compassionate and thorough care to people who are easily stigmatised and forgotten. "How will we survive if they go away one day?" she asks.

Lungi says more staff need to be hired by government but patients too need to start to organise better, to act as volunteers and peer counsellors even. They also need to be ready to take a stand when it becomes necessary. "It is how we can start making sure that nurses are not judging people or discriminating against them".

** Not her real name*

CONFIDENTIALITY + PRIVACY

> ***"The attitude is not good, how they look at us, how they talk to us, they even call their friends to come see you once you say you are a sex worker."***

Service provision must respect the privacy of patients, as enshrined in the Patients' Rights Charter that states, "*information concerning one's health, including information concerning treatment, may only be disclosed with informed consent, except when required in terms of any law or an order of the court.*"

However, Ritshidze data highlight that significant numbers of KPs do not think that privacy is respected at the clinic.

One trans* woman told us that in the past, nurses have made her something of a show, a spectacle. "***One time when I asked for lubricants, the nurse asked me why I needed it, and I had to say it's for one, two, three and then she called other nurses to come and listen like this is something new***," she said of being treated with no respect for her confidentiality.

	Respondents who think privacy is not well respected at facilities, % (n)	Most common privacy violations
MSM	19% (167)	Disclosure of HIV status (identified by 55% [92] of those asked), disclosure as MSM (52%,87), and counselling patients together (25%, 42)
PWUD	26% (357)	Disclosing someone was a PWUD (identified by 66% [234] of those asked) and disclosing HIV status (46%, 164).
Sex workers	28% (232)	Disclosure of HIV status (identified by 45% [105] of those asked), disclosure as a sex worker (44%, 102), and counselling patients together (33%, 76).
Trans* people	21% (93)	Disclosing a person was trans (identified by 55% [51] of those asked) and disclosing HIV status (46%, 43).

For those not getting health services anywhere, a fear of exposure was one of the major reasons given by 27% of MSM, 18% of PWUD, 23% of sex workers, and 21% of trans* people, and a lack of privacy was the reason given by 26% of MSM, 19% of PWUD, 28% of sex workers, and 35% of trans* people. Of respondents using drop-in centres and mobile clinics, 49% of MSM, 53% of PWUD, 40% of sex workers, and 54% of trans* people reported the lack of privacy as one of the main reasons for not using a public health facility.

In order to reach the UNAIDS 95-95-95 targets, people living with HIV who are currently not engaged in care or interacting with the healthcare system need to be encouraged to uptake HIV services including starting or restarting ARVs. This will definitely require fixing the many privacy concerns that have been reported by a significant number of KPs, including the disclosure of people's HIV status or the fact that they are a KP. We will not reach national HIV targets without addressing this. Below are a number of quotations from KPs who have faced privacy violations at a clinic.

"So apparently, this clinic does not have secrets. After testing positive, they talk about it to anyone, and yet they are not supposed to. This is the one thing I hate about this clinic"

– MSM, Empilisweni Clinic, North West, March 2021

"There is no privacy in the facility because the door was not closed, and there were people outside just next to the door, waiting to come also, and they could hear everything about my condition. It was really embarrassing. I could never recommend MSM to use that clinic because there is no privacy and no respect."

– MSM, Thanduxolo Clinic, Eastern Cape, August 2021.

"While in the consulting room, the doctor had called three other staff members to the room and said come and see what anal sex can do to your health. They went on to argue about warts in front of me. This was so embarrassing, and I felt that my privacy was violated."

– MSM, Imbalenhle Clinic, Gauteng, July 2021.

"One would even find it difficult to tell them that he is having warts or an STI because we know that will be a business of the day as all users of the facility will be told of your situation. I remember on the day where I tested for HIV, in a space of no time, my status was known by hawkers in the facility, and they were all pointing at me as if I had committed a crime. I would not recommend this facility to anyone as this facility does not respect the person's confidentiality."

– MSM, Nsimbini Clinic, KZN, August 2021

"I was embarrassed the last time I went to the clinic. The nurse who was supposed to consult me told me in front of other patients that I should retire as a sex worker. They do not respect our privacy. I practically stopped to go to the facility when I was exposed in front of other patients who did not know that am a sex worker. Talking about my profession and sexual partners, it made my life a living hell at the facility, and they are treating me worse now than before."

– Sex worker, Phola Park Clinic, Gauteng, July 2021

"What I feel is they don't have any respect for us sex workers. For example, there is no privacy for us. Other people can walk in while you are getting help, and they act like you are not even there. This is one thing I actually don't like. When you are busy talking to the doctor or nurse, anyone can just walk in and act like you are not even there. A visit to this clinic is very frustrating, and now people know that we are sex workers because the clinic staff are the ones, they spread these rumours. Even our clients are complaining that maybe we should stop going to this clinic because they are also scared of being known that they are our clients. All the gossip comes from the clinic. People will know that you are a sex worker, and if you are HIV positive, the whole community will know as well."

– Sex worker, Muhlokweni Clinic, Free State, August 2021.

"We got to the consultation room, and the nurse called the other staff and said to them, 'oh come and see, I am with a gay couple'… she went on to ask, 'who is the woman in your relationship?' I wanted to leave"

– Trans person, Evaton Main Clinic, Gauteng, July 2021*

"Our privacy is not respected at the facility. This one time, I was pressed and rushed to the male toilet. The nurse was passing by and said to me, why are you not going to the other toilet pointing to the female toilets, and everyone looked at me with a confused face. I just ignored her. She went to say, 'if you decide to be a woman, then be a woman all the way!'"

– Trans person, Evaton Main Clinic, Gauteng, July 2021*

"Whenever I go to the clinic, there are two or more nurses in the consulting room. I really hate this as there is no privacy when I'm being attended to. I think they do this on purpose to just make fun of us trans people. I had to look for another clinic."

– Trans person, Tongaat Clinic, KZN, June 2021.*

"I really don't feel comfortable at the clinic. I am a trans woman... (at the clinic). They called each other and started talking about me. The nurse who was treating me was saying. I am having piles because I have sex from the anal and sex is never meant to happen from the anal"

– Trans person, Empilisweni Clinic, North West, March 2021*

"I went to a friend of mine who advised me to do VMMC. On our arrival, an administrator at the MMC unit started to ask me a lot of nasty questions like why do I want to do MMC while I am a girl. I explained to her, and finally she then gave me a form to complete it and while I was busy with such, she went out to speak to the nurses and all the nurses came, and they were pointing and saying all sorts of funny things about my (gender) identity assuming things that never existed… I went to their theatre, and a nurse explained to me that they are not doing MMC for females; therefore, they cannot assist me. I had to tell her that I am a transgender even though I have not yet transitioned. You can tell by the look that she was not comfortable at all, and the attitude became a problem. During the process, she had to call almost ten more nurses to come and witness... and there was name labelling."

– Trans person, Umlazi U Clinic, KZN, August 2021.*

"As a trans person, I don't feel comfortable at this facility. I am not accepted, and it makes me feel threatened or unsafe by just being myself. Right now, I am even trying to go to Mothiba Clinic, where they don't know me as a trans* person. At Nobody Clinic, they say everything in front of everyone, there is no confidentiality whatsoever, and I then have problems in the community because now everyone stigmatises me. They only shout at us trans people, gay people and sex workers too".*

– Trans person, Nobody Clinic, Limpopo, August 2021.*

Poor staff attitudes towards KPs, in addition to safety issues and privacy violations, are seen widely across provinces. Through the People's COPs and Ritshidze State of Health reports, we have been calling continually for the training and sensitisation of clinic staff to ensure friendly and professional services and ensure KPs are treated with dignity and respect.

PEPFAR's response has primarily been on the development and rollout of a "*robust KP sensitization toolkit*" that "*has been adopted by the NDoH to be incorporated as a part of standard in-service training for all facility staff*"[4]. However, despite that rollout, disrespect, ill-treatment, and dehumanisation of KPs remain a widespread challenge that needs to be urgently fixed — with consequences for clinic staff who commit privacy violations. Given that the challenge remains, at which facilities has PEPFAR and the Department of Health trained and sensitised staff? What measures are put in place to assess the success of this training? At what point do follow up trainings take place? Are KPs involved in the implementation of this training? Community-led monitoring should be used as one mechanism to assess if attitudes have improved, and further strategies must be employed, including repeat trainings and holding clinic staff to account, to ensure actual improvement.

"As KPs we must be part of the sensitisation training. We must give the facts about our own lives. There is no way you can talk about trans people without trans* people present, or the needs of sex workers without sex workers present."*

— Ritshidze KP data collector

4. PEPFAR SDS 2021, page 38. Available at: https://www.state.gov/wp-content/uploads/2021/09/South-Africa_SDS_Final-Public_Aug-13-2021.pdf

MANZINI CLINIC, MPUMALANGA

COMMUNITY STORY

Tebogo's grandmother and aunt were both nurses before they retired. He remembers that in their time nurses were passionate about serving – it wasn't just the means to get a job.

"I just hate clinics – it's the queues, it's also the nurses that are rude and nasty and they don't treat you with confidentiality or professionalism," he says. Tebogo who lives in Magogoe, in Mahikeng says he's relieved that his mother put him on her medical aid recently. He's unemployed but with her help he's able to see a private doctor. He says it's lifted a big weight of stress of seeking help at a clinic where he's not "treated like any other human being".

Tebogo is a trans-man in his early 30s and used to use the Magogoe Clinic for all his usual ailments but when he wanted to undergo hormone treatment two years ago he knew he would hit a brick wall going to the clinic.

"They are not sensitised about patients' needs or being professional and I knew they would not be able to help me. These nurses there will give you an allergy medicine for a headache because they just want to write something in your file and send you away – they don't even want to hear your problem or to write a referral letter," he says.

He experienced this when his girlfriend arrived at the clinic with a badly injured leg just over two months ago.

"We found the nurses sitting outside chilling in the sun. They didn't even treat it like it was urgent even though she was in a lot of pain. One of the nurses came out with bandages, bandaged her leg and gave her painkillers. Another nurse said the leg looked really bad, but even then they didn't want to write a referral letter for the hospital. My girlfriend, even now, is in a lot of pain," he says.

Tebogo is undergoing hormone treatment through a doctor in Johannesburg. He has to take bi-weekly injections and has consultations every three months.

"Hormone treatment should be something that is available at our clinics and the nurses should be sensitised to be able to help patients and to be confidential about patient's care, whether you are walking in there for a headache, for your ARVs, or hormone therapy," he says.

Tebogo remembers too that when he needed to go to a public clinic he had to be extra friendly and deliberately subservient even to the nurses to receive some level of reasonable care. He says that having to act this way demeans the profession, the nurses and the patients.

"I would have to go there and make friends with the nurses, crack jokes, make them loosen up and then only did they help – one even let me cut the queue," he says of how it was clear there was no efficient system in place to manage patient load.

"These days it feels like the nurses don't have passion for what they do, they see it as the only job they can get. And because they don't have respect for nursing, patients don't have respect for nurses anymore," he says.

> "Hormone treatment should be something that is available at our clinics and the nurses should be sensitised to be able to help patients and to be confidential about patient's care, whether you are walking in there for a headache, for your ARVs, or hormone therapy."

1.2 KP specific services at the facility

Only 9% of PWUD report access to methadone at facilities **compared to 24%** of drop-in centre users

Only 26% of MSM say lubricant is available at the facility

58% of trans* people want hormone therapy to be available at facilities

Only 38% of eligible sex workers reported having been offered PrEP

RECOMMENDATIONS

+ From February 2022, the Department of Health should begin a process to be completed by April 2022 of **designating at least 2 public health facilities per population per district to serve as KP designated service delivery centres**. Site selection should take into account local context and facilities may serve more than one population, but may not always be appropriate to combine all KPs into single settings given differential needs between KP groups. These sites must be allocated additional staff and resources to provide comprehensive health services to the specific KP population being served.
+ By April 2022, the Department of Health and PEPFAR should ensure that **condom compatible lubricants and both male and female condoms are easily available** at all public health facilities (not only upon request or in public spaces that make it difficult to pick them up).
+ By April 2022, the Department of Health and PEPFAR should ensure that **harm reduction services — including medically assisted treatment such as methadone and other drug dependence treatment — are made available at public health facilities**. Where PWUD need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including planned patient transport/money for transport) to uptake those services.
+ By April 2022, the Department of Health and PEPFAR should ensure that **trans* people are able to access hormone therapy and gender affirming services closer to home**. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including planned patient transport/money for transport) to uptake those services.
+ By April 2022, the Department of Health and PEPFAR should ensure that **KPs are being offered voluntary hepatitis testing**, including for reinfections, when accessing HIV prevention, treatment, or other harm reduction services — and the **preventative HBV vaccine should be offered at the time of return of HIV results**, depending on other health conditions, previous treatment experience, and potential drug-drug interactions. All people diagnosed with HBV and/or HCV should be offered treatment, care, and linked to wraparound services.
+ In COP22, to improve psycho-social support and counselling for KPs, PEPFAR should fund **KPs to be employed as counsellors**.

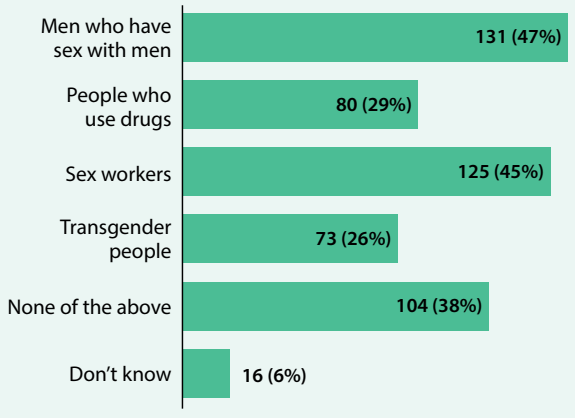
> **"I feel that the facility staff is not knowledgeable about MSM. I went to the facility because I had anal warts and pain in stomach. When I got to the consultation room, I told the doctor what my problem was. I was given a flu pack (allergex and panado). Why give a person who has warts such medication?"**

KPs require specific services to meet specific and differing needs. Catering to the specific needs of each KP can increase service acceptability, quality and coverage. However, often specific services are not available at public health facilities.

Ritshidze data collected at 351 facilities between October and January 2021* reveal that the majority of facilities do not claim to provide services for KPs when asked generally — with the following number of facilities reporting to provide services for MSM (131), PWUD (80), sex workers (125), and trans* people (73). 104 of the facilities monitored do not offer services for any KPs.[5]

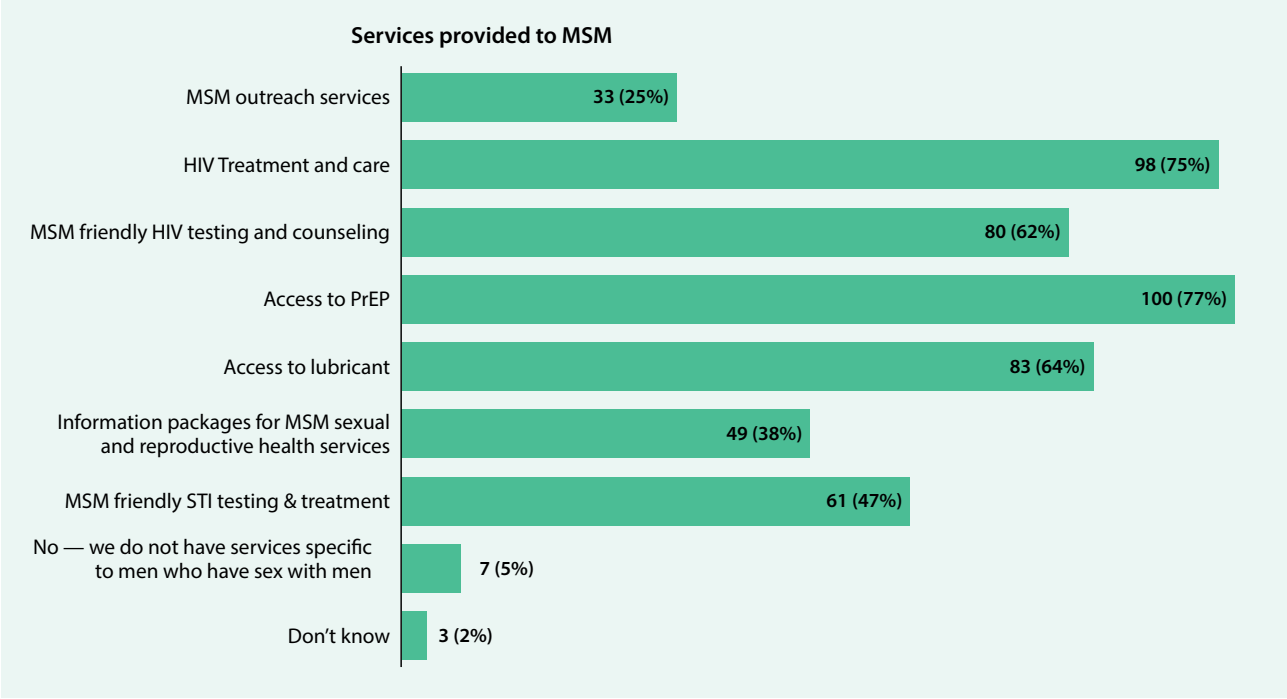
When probed further into the specifics of what services are provided, it is apparent that very few facilities provide comprehensive KP services – as revealed by the graphs below that show the number of facilities reporting various specific services.

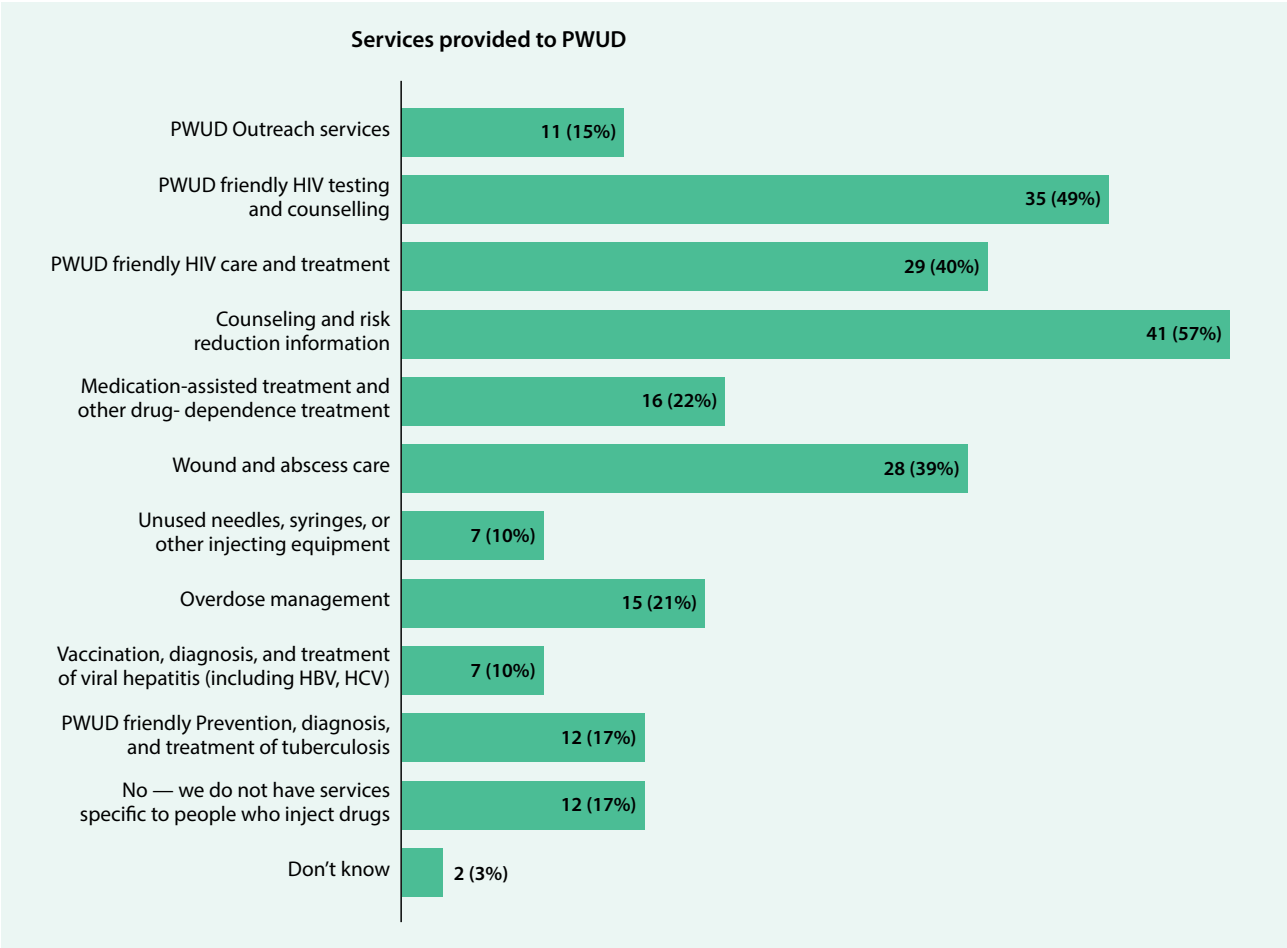
Are there specific services of any of the following populations?

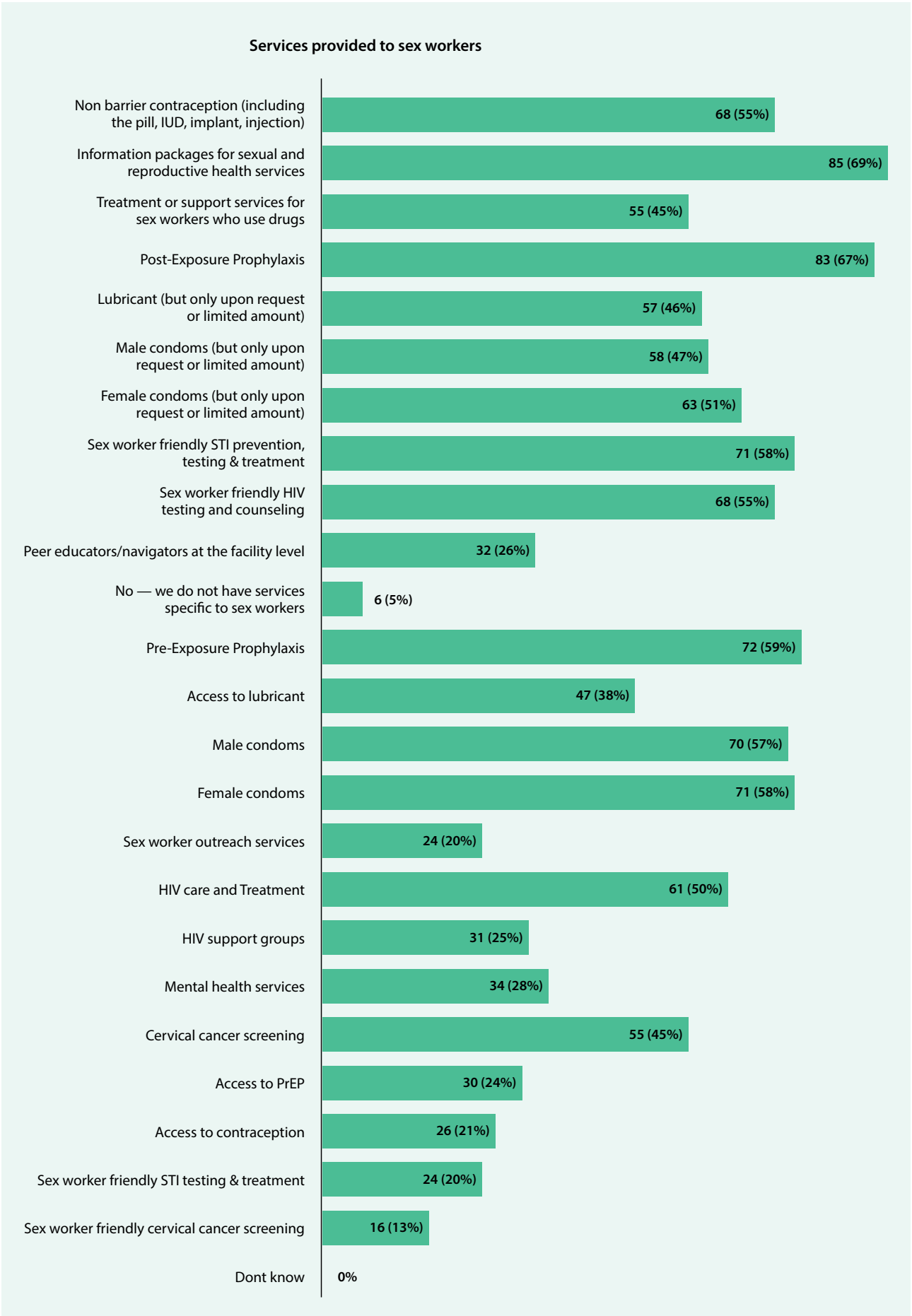


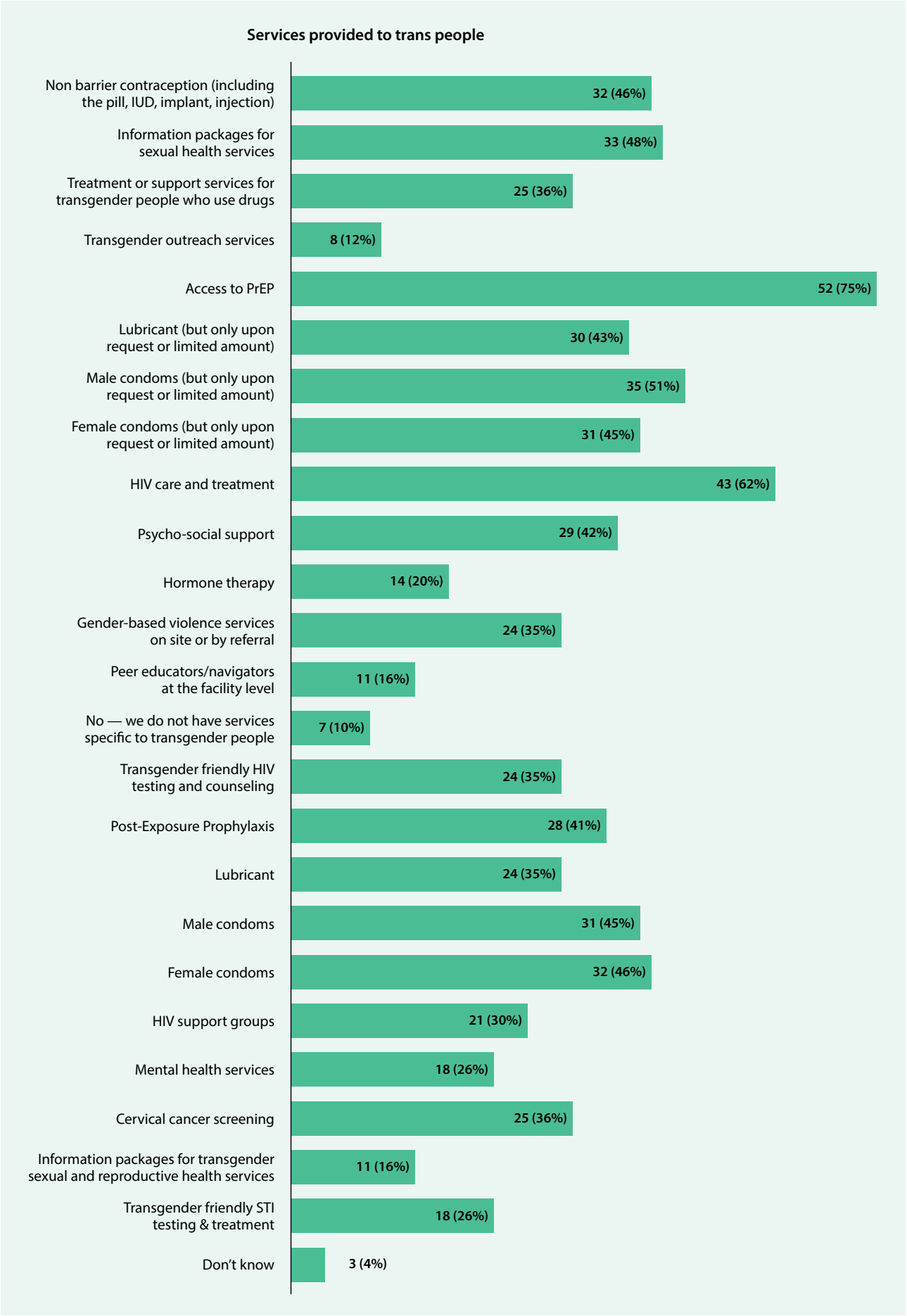
5. This data collection is still ongoing, having been delayed due to suspension of activities during the 4th wave of COVID-19. Data can be viewed on http://data.ritshidze.org.za/

For example, out of 131 sites that say they offer MSM services, only 88 sites offer lubricant to MSM. Out of 80 sites that say they offer services for PWUD only 16 sites offer methadone and only 7 offer new needles. Out of 125 sites that say they offer sex worker services, only 70 sites offer male condoms for sex workers and only 24 offer sex worker outreach services. Out of 73 sites that say they offer trans* services, only 14 offer hormone therapy.





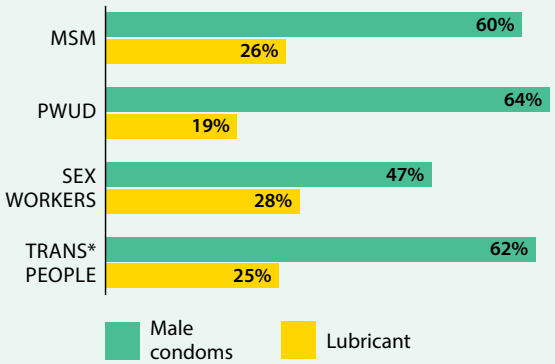

Services provided to sex workers
Non barrier contraception (including the pill, IUD, implant, injection)
68 (55%)
Information packages for sexual and reproductive health services
85 (69%)
Treatment or support services for sex workers who use drugs
55 (45%)
Post-Exposure Prophylaxis
83 (67%)
Lubricant (but only upon request or limited amount)
57 (46%)
Male condoms (but only upon request or limited amount)
58 (47%)
Female condoms (but only upon request or limited amount)
63 (51%)
Sex worker friendly STI prevention, testing & treatment
71 (58%)
Sex worker friendly HIV testing and counseling
68 (55%)
Peer educators/navigators at the facility level
32 (26%)
No — we do not have services specific to sex workers
6 (5%)
Pre-Exposure Prophylaxis
72 (59%)
Access to lubricant
47 (38%)
Male condoms
70 (57%)
Female condoms
71 (58%)
Sex worker outreach services
24 (20%)
HIV care and Treatment
61 (50%)
HIV support groups
31 (25%)
Mental health services
34 (28%)
Cervical cancer screening
55 (45%)
Access to PrEP
30 (24%)
Access to contraception
26 (21%)
Sex worker friendly STI testing & treatment
24 (20%)
Sex worker friendly cervical cancer screening
16 (13%)
Dont know
0%


Services provided to trans people
Non barrier contraception (including the pill, IUD, implant, injection)
32 (46%)
Information packages for sexual health services
33 (48%)
Treatment or support services for transgender people who use drugs
25 (36%)
Transgender outreach services
8 (12%)
Access to PrEP
52 (75%)
Lubricant (but only upon request or limited amount)
30 (43%)
Male condoms (but only upon request or limited amount)
35 (51%)
Female condoms (but only upon request or limited amount)
31 (45%)
HIV care and treatment
43 (62%)
Psycho-social support
29 (42%)
Hormone therapy
14 (20%)
Gender-based violence services on site or by referral
24 (35%)
Peer educators/navigators at the facility level
11 (16%)
No — we do not have services specific to transgender people
7 (10%)
Transgender friendly HIV testing and counseling
24 (35%)
Post-Exposure Prophylaxis
28 (41%)
Lubricant
24 (35%)
Male condoms
31 (45%)
Female condoms
32 (46%)
HIV support groups
21 (30%)
Mental health services
18 (26%)
Cervical cancer screening
25 (36%)
Information packages for transgender sexual and reproductive health services
11 (16%)
Transgender friendly STI testing & treatment
18 (26%)
Don't know
3 (4%)

CONDOMS AND LUBRICANT

KPs often struggle to access basic prevention tools like male and female condoms and especially lubricants, either because those commodities are simply not available at all, or KPs are questioned for taking them or refused access.

Percentage of respondents reporting male condoms and lubricant available at facilities (percentage)



One sex worker explained how she has been shouted at and embarrassed for taking too many condoms and another explained how she was told to put them back as they were 'not all for sex workers to take'. Another person told us he was humiliated by questions about his sex life as a gay man. When he asked a nurse for lubricants, he was told, "**why do you need lubricants if you are not a woman?".** He told the nurse, "**as a gay I am playing a women's role, but I was very angry and even then she didn't give me the lubricants**". Other KPs explain the embarrassment or anxiety of having to ask clinic staff for condoms or lubricant that are only available upon request, or having to pick them up in front of other public healthcare users at the reception or in other public areas.

In addition, sometimes condoms and lubricants are just not available. Ritshidze data gathered in 362 clinics show that lubricants were only available in 29% of sites between October 2021 and January 2022. 63% of MSM and 43% of sex workers we spoke to who could not access any lubricant at facilities, wanted lubricant to be easily available.

% (n) of respondents reporting lubricants are available at their facility

	EASTERN CAPE	FREE STATE	GAUTENG	KWAZULU-NATAL	LIMPOPO	MPUMALANGA	NORTH WEST
MSM	41% (26)	50% (28)	33% (33)	38% (38)	28% (94)	2.5% (2)	9% (15)
PWUD	18% (30)	34% (79)	31% (78)	19% (37)	6% (6)	2% (4)	12% (22)
Sex workers	26% (8)	40% (83)	53% (80)	13% (14)	19% (43)	3% (2)	4% (2)
Trans* people	29% (2)	41% (17)	47% (23)	34% (43)	22% (17)	3% (3)	5% (2)

Condoms and lubricants could easily be placed in the toilets or other areas of the clinic where people could take them without the fear of being seen by others. The quotations below show the reality for KPs at the clinic:

"There are no services for MSM in this clinic at all as we also need counselling. We also desperately need lubricants because I have never seen them in the facility, but they won't give them to us. Condoms are available, and you can access them by the gate, but can we have lubes, please."

– MSM, Thanduxolo Clinic, Eastern Cape, August 2021.

"They don't know I am a sex worker. I don't want them to know because the treatment will be bad for me. They are not treating other sex workers well, for example, they are shouted at if they take many condoms. It's embarrassing to be shouted at for taking more condoms… there is no STI screening or treatment done."

– Sex worker, Bloemspruit Clinic, Free State, March 2021.

"Clinic staff have a negative attitude. They did not assist me when I asked for lubricants. They refused to give me and said they are used for and by women only. In reality, they must also give us, as we need them as well."

– MSM, Mariveni Clinic, Limpopo, March 2021

> **"They will ask me things like why am I selling my body and why didn't I take care of myself. I can't explain to them that maybe the condom broke or anything because they don't want to hear that."**

COMMUNITY STORY

Finding her inner activist has given Noxolo the courage to demand respectful treatment from the nurses at Lizongcane Clinic in Queenstown.

Noxolo receives her ARVs from the clinic and is now on a three-month multi-script. It's worked smoothly so far and importantly, she says, it's helped to reduce her interaction with the facility that she says is run by nurses who "can have a bad attitude" that seems to have deteriorated over the past two to three years.

As a sex worker Noxolo says at the clinic she's always asked why she needs to take so many condoms with each clinic visit. Then when she has presented with sexually transmitted infections on several occasions over the years she says she's judged – including being asked why she didn't use a condom.

"They will ask me things like why am I selling my body and why didn't I take care of myself. I can't explain to them that maybe the condom broke or anything because they don't want to hear that," she says of suffering the same kind of judgemental and insulting comments over and over.

Eventually Noxolo decided to speak to the matron and to call out the nurses for their behaviour.

"After I went to talk to her things got better and we even had a meeting with a clinic committee and now I think things will be better.

"Sometimes no one knows why you are doing this; no one knows your life, or what you are going through. I don't expect anyone to judge me because tomorrow it could be your child or your sister - so don't judge," she says.

She recognises that still more needs to be done to build better relationships between the nurses and patients because clinic visits at Lizongcane remain a challenge.

"You can wait at 8am and you only go out at 3.30pm. Our clinic is too small for all the people, that is why the queues are so long.

"You can also see that the clinic is too dirty – the toilets, even the waiting area they don't sweep there or mop and that's not right when there are sick people coming to the clinic," she says.

But it's having more peer educators at the clinics that is an issue closest to her heart. She says it's the way to educate the community themselves about sex workers – to see them as patients too, equally in need of medical attention, not judgement.

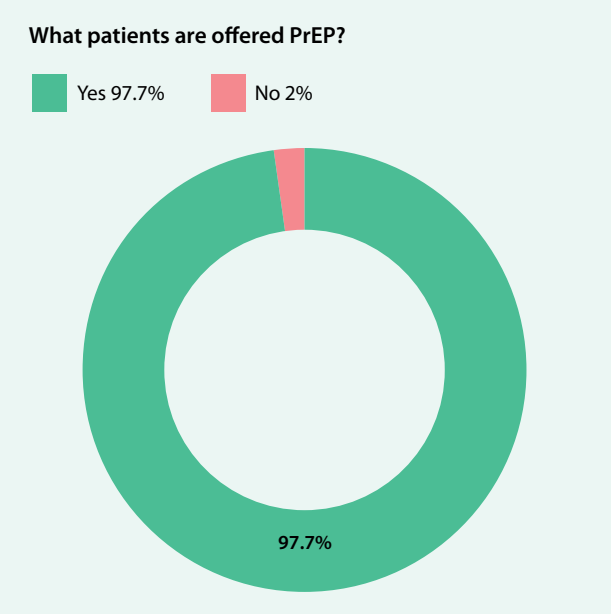
Noxolo has informally reached out to other sex workers in Queenstown, hoping that others don't have to go through the treatment she had to suffer. She says: "I am always telling them that they need to stand up for themselves, because nobody else will do it. We are sex workers, this is our work."

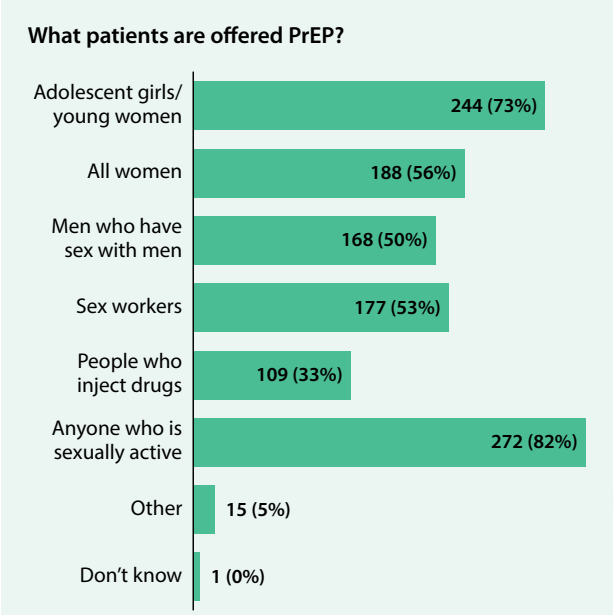
PREP AND PEP

It is well known that oral PrEP is highly effective for preventing HIV transmission, as it allows people who are HIV negative to be in control of their HIV status. As such it is a vital tool to support HIV prevention — especially among KPs at higher risk of getting HIV. However, despite this, Ritshidze data show that PrEP is not always made available to KPs in the facility. PEPFAR has committed to ensure that KPs who test for HIV are either linked to HIV treatment services or PrEP[6], however our data show challenges in the implementation of this commitment.

Positively, interviews with Facility Managers reveal that PrEP is available at nearly all of the 400 facilities regularly monitored by Ritshidze. However availability differed for each KP group and was lowest for PWUD. While covering a wider and differing set of sites, KPs interviewed reported between 11% and 31% PrEP coverage depending on the KP group. This could point to the fact that PrEP has been made available at the Siyenza/Operation Phuthuma sites, but not more widely, as well as that KPs are not always made aware of and offered PrEP services. Interestingly, awareness of PrEP availability in facilities was around the same level as in drop-in centres. However, across KP groups, about half as many people we spoke to were offered PrEP in facilities compared to drop-in centres.

6. PEPFAR SDS 2021, page 50, page 55. Available at: https://www.state.gov/wp-content/uploads/2021/09/South-Africa_SDS_Final-Public_Aug-13-2021.pdf





PrEP and PEP services at facilities reported by KPs

	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
% of respondents who report that PrEP is available	31% (279)	11% (155)	29% (242)	28% (123)
% of eligible respondents who have been offered PrEP	39% (248)	24% (249)	38% (199)	54% (160)
% of respondents who have ever gotten PrEP at the facility	57% (149)	33% (102)	53% (114)	40% (68)
% of respondents taking PrEP who were "very satisfied" with PrEP service	51% (76)	48% (39)	68% (239)	46% (146)
% of respondents who report that PEP is available	25% (223)	8% (105)	22% (187)	26% (113)

HARM REDUCTION SERVICES

Harm reduction services are critically important to support PWUD to stay alive and protect their health — including ensuring the accessibility of methadone and unused needles, overdose treatment such as naloxone, as well as psycho-social support and information on safer drug use. Importantly PWUD must be met without judgement. However, on the whole these services are not available, and as shown in the previous section, PWUD are often judged and treated in a hostile manner.

In terms of the accessibility of harm reduction services, Ritshidze data show that on-site drug dependence initiation and treatment (e.g. methadone) was reported to be available by only 9% of PWUD using facilities compared to 24% of drop-in centre users and 12.5% of mobile clinic users. Unused needles were reported to be available by 3% of PWUD using facilities compared to 10% of drop-in centre users and 8% of mobile clinic users. Among facility users, 58% reported to not be getting enough needles at the facility, but 100% indicated that the needles they received were of good quality.

Yet PWUD are calling out for services. Many PWUD we spoke to during data collection told us they wanted to start methadone that very day, but those services were completely out of reach. In one district, parents of PWUD initially misunderstood that Ritshidze was not a PWUD service provider, crying out for us to provide drug-dependence treatment, counselling and support. It shows the desperation many PWUD and their families feel without accessible services. 61% of PWUD we spoke to would like on site drug dependence initiation and treatment (e.g. methadone), 55% would like referrals for drug dependence initiation and treatment (e.g. methadone), and 45% would like on site drug-dependence counselling and support.

Service accessibility must be improved these to ensure that PWUD needs are met and no additional barriers are created to being able to take drugs safely, or be supported to stop.

> ***"I don't trust these clinics. There are no programs for PWUD in our clinics, there is nothing that draws you to the clinic as a PWUD because the focus is for people who are on treatment and sick people. As PWUD we are not important and not in their schedule."***
>
> *— PWUD, Zwide Clinic, Eastern Cape, August 2021.*

> ***"I wish the clinics could have someone who has experience with dealing with drugs who will be able to raise awareness to issues of drugs, and overdose."***
>
> *– PWUD, Motherwell Care Centre, Eastern Cape, August 2021.*

> ***"I have stopped going to this clinic. We can't go there to ask for help, because they won't give it to us. If I go there for injections, they don't give us new syringes. Injections are shared by all of us. We want you to know that this thing we are smoking is not easy to say tomorrow, I am giving up without any help. I can't do that, if you ask for help you don't get it, that's why I stopped going there. I just want help to stop these drugs"***
>
> *– PWUD, Thusa Bophelo Clinic, Free State, May 2021.*

> **"Sometimes other people think that because you are homeless or because you are smoker [of heroin] that you don't care about your health, but that's not true. People should know this, also the nurses – we also want to get better."**

COMMUNITY STORY

Harm reduction for Thuthu* isn't just about the methadone treatment she's been on for the past 10 months – getting better also comes down to how healthcare workers make patients feel.

She says she's experienced how bad staff attitude remains the key reason why people who use drugs and are homeless are discouraged from seeking help at clinics and it's also why people end up defaulting on their chronic medications and their ARV and TB treatments.

Thuthu who is a dependent on heroin tells how a year ago, in the middle of 2020, "when she was still chasing" (smoking heroin) and was homeless, she and a friend were treated like lepers when they arrived at the Richards Bay Clinic looking for help for their flu-like symptoms.

"It was COVID-19 so we all had to wait outside. We understood this but the thing is other people who also said they had the same symptoms as us were let inside and were helped before us. The nurses just forgot about us; they wanted to forget about us because they could see that we smoke and our clothes weren't nice. We waited the whole day and they only saw us when everybody was gone."

"It makes you feel bad when they are like that to you. I want to say to nurses that they should not judge us by how we look or look down on us because we are homeless; we also have a right to come to the clinic for help," the 30-year-old says.

In the past year Thuthu has relocated from Richards Bay to live in Durban. She's no longer homeless and is working on recovering from her drug dependency by committing to her daily methadone treatment. She is enrolled in the opioid substitute therapy programme run by the Belhaven Harm Reduction Centre in Greyville. For other healthcare services she goes to the Denis Hurley Centre in Cathedral Street in the city centre. Both facilities are run by NGOs and are dedicated to helping the city's poorest and most vulnerable.

For Thuthu both of these facilities she says have been excellent to her. What has made all the difference is that she says she's treated with dignity and her patient rights are respected.

"The people there are so good to me and to everyone who comes there. The nurses are always coming to check that we are okay and there's no stigma because you are a drug user or because you are homeless or whatever. They help people who have defaulted to restart their treatment and they don't judge or shout. All clinics should be like this – they treat us all equal.

"I've seen too many people who are living on the streets suffering but they don't want to go to the clinic because they don't want to be treated by these rude nurses.

Thuthu adds: "Sometimes other people think that because you are homeless or because you are a smoker [of heroin] that you don't care about your health, but that's not true. People should know this, also the nurses – we also want to get better."

** Not her real name*

HORMONE THERAPY AND GENDER AFFIRMING CARE

The availability of gender affirming services for those who need them is critically important. In addition to the psychological impact of gender dysphoria, in the context of South Africa, a country rife with transphobia and attacks on trans* individuals, access to hormone therapy could mean life or death. However, gender affirming care is mostly only available in big cities in Gauteng, Western Cape, KwaZulu-Natal and Eastern Cape. Ritshidze data show that most trans* people interviewed who reported access to hormone therapy were in Gauteng and KwaZulu-Natal. Trans* people who live in rural areas or provinces without any gender affirming care, must travel long distances to these cities to get these services. This keeps it out of reach for those without access to transport money and places to stay.

Ritshidze data show that 10% of mobile clinic users, 7% of facility users, and just 5% of drop-in centre users said hormone therapy was available. However, the demand is there – 58% of respondents would like hormone therapy at facilities. One transwoman told us that not only has it been difficult to access hormone treatment in the North West province, meaning she has to travel to Gauteng to get these services, but the real challenge is having to deal with insensitive nurses who have no respect for patients' privacy or dignity. The quotations below give an example of the challenges trans* people who seek gender affirming services face.

"My biggest problem is that I had to stop my hormonal therapy because they told me, due to COVID-19, we can't give hormonal treatment. I started my hormonal treatment in Kimberly and had to stop since I came here. If I need them I would need to go to Bloemfontein, which is expensive for me and again I would have to sleep over, but I don't know anyone in Bloemfontein who can accommodate me. So, I am frustrated because I have to stop. What confuses me is that I don't see why I can't have my hormonal treatment because of COVID-19. On my first visit to the clinic, I realised that the sisters here in the Free State are not like in Kimberly. They don't know anything about transgender people. They know nothing! I told them to refer to me as "she" and they were shocked. I was also shocked by their reaction. I told them I am not MSM or gay but transgender and they said, "ah we didn't know of such a thing." I asked them, you really work for the Department of Health and you don't know about trans people? They are really clueless."

— Trans person, Harrismith Clinic, Free State, August 2021.*

"I don't get full services that I need as a transgender woman. The way we are looked at and treated as substandard people, it makes me nervous to even ask for services that we need as trans people. I get access to condoms but lubricants are not available at all. The most important thing for me however, is that we don't get any information on hormonal therapy, let alone the actual hormonal treatment. This clinic does not serve us as trans people at all."

— Trans person, J Dumane CHC, Gauteng, July 2021.*

> **"They need to know that being gay or trans or being queer or being intersex is not something you choose to be, it is who you are. It is who I am."**

COMMUNITY STORY

Each new chin hair is a setback, so is each change in her voice when it sounds "harsher" – more like a man's.

Sharne is a patient on ARVs and she is a transwoman. She started her hormone treatment in 2018 in Kimberley but since relocating to QwaQwa from Kimberley and having to use the Harrismith Clinic she hasn't been able to access treatment.

Each passing month without treatment she says is "just terrible and I try not to think about it because it makes me feel so bad", she says of slipping further from her journey to transition and to the full feminisation of her body.

Worse than fighting unsuccessfully to have the treatment made available to her is having to deal with the attitudes of the nurses, she says. "These nurses give me such a headache. They shout at you in front of everyone and they are so arrogant, just because I am transgender."

She says that even with getting her ARVs there have been challenges at the Harrismith Clinic, which is about 20 minutes' drive from her home.

"I gave them my script for my ARVs from my doctor in Kimberley but they gave me other medicines that are causing my skin rashes and sometimes also nausea. But when I tell them this, they just say that other people also have the same problems and I have to carry on.

"It isn't right because as a peer counsellor I tell other people to come forward if they have problems with medication so that doctors can change it and so it's easier for them to stay on treatment. Now I find myself facing the same thing and the nurses don't want to help me," she says.

As a counsellor and as someone who is committed to standing up for the rights of the transgender and LGBTQIA+ community, Sharne says she will not back down though to get nurses more sensitised to the needs of the key populations groups and to get training and information if they need. She has also continued to make contact with more people within the provincial Department of Health because she says it's important to find more platforms and opportunities to make people aware of what people in key population groups' health needs are.

"What I wish I could say to them is that they should take the time to get to know me and others who are like me. And I also will make the time to go to the clinics in Harrismith, QwaQwa and Warden to speak to the nurses. I know that sometimes they just don't know what it is like for a transgender person to go through this journey and not have treatment," she says.

Ultimately though she says nurses should be professionals who serve their communities.

"They need to know that being gay or trans or being queer or being intersex is not something you choose to be, it is who you are. It is who I am."

KOKSTAD CLINIC, EASTERN CAPE


MOUNT FRERE GATEWAY CLINIC, EASTERN CAPE

CONTRACEPTION

> ***"We only get condoms and some contraceptives which are forced on us. You cannot choose the type you prefer or the type that works better for you. They can force a loop on you or whatever they have that day. Foreigners are not given contraceptives at all. If we ask for other services they say because we are sex workers, we have money and therefore we can afford to go find any other services from private doctors."***

A significant number of KPs who wanted to access contraceptives were unable to get them at the facility. As with general population healthcare users, KPs also at times faced stockouts and shortages of contraceptives at the facility, where their first option was not available. These challenges, as documented in Ritshidze provincial State of Health reports, also need to be addressed to ensure that all people in need of contraceptives can access their preferred option.

In addition, KPs are at times refused access to contraceptives specifically because they are KPs. This is of particular concern and an additional abuse facing KPs. A challenge also facing adolescent girls and young women. This needs to be immediately resolved.

Access contraception for KPs

	PWUD	SEX WORKERS	TRANS* PEOPLE
% of respondents who wanted contraception but were unable to access it	19% (117)	25% (148)	15% (41)
The reasons cited most frequently for why the respondents were unable to access contraception	They were told they couldn't have it because they are a PWUD (29%, 43) They had to come back another time (24%, 35) There was a stockout (16%, 23)	Their first choice was not available (21%, 50) They were told they couldn't have it because they are a sex worker (20%, 47) There was a stockout (17%, 40)	They were told they couldn't have it because their first choice was not available (26%, 15) They couldn't have it because they are transgender (21%, 12) There was a stockout (16%, 9)

OUTREACH SERVICES

PEPFAR says that part of their KP programme focuses *on "peer-led outreach and mobilization"* — yet huge numbers of KPs we spoke to were calling out for these types of outreach services. 69% of MSM, 58% of PWUD, 52% of sex workers, and 57% of trans* people would like outreach services at facilities. Where are PEPFAR and Global Fund supported outreach services happening and why are so many KPs we spoke to unaware of them?

MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT SERVICES

Psychosocial support and other mental health services are critical — especially for KPs who experience additional discrimination, abuse, homophobia, transphobia, criminalisation and even hate crimes. For KPs living with HIV, psycho-social support is important to support long-term retention and viral suppression and to prevent treatment interruptions. As we know, there continues to be a high number of people living with HIV, within both general and key populations, who disengage from care either due to treatment fatigue or challenges in the healthcare system. 50% of MSM, 39% of sex workers, and 51% of trans* people told us that they would like access to psychosocial services at facilities.

MINIMUM PACKAGE OF SERVICES

A minimum package of KP specific services should be made available to meet KP specific needs at public health facilities. Where KPs need specialised care from a drop-in centre, or public health facility providing specialised care, easy referral and adequate resources (including transport or transport costs) should be provided to ensure to uptake of those services. Below we outline the package of KP services.

PACKAGE OF KP SPECIFIC SERVICE PROVISION:

MEN WHO HAVE SEX WITH MEN

+ MSM outreach services
+ Pre-Exposure Prophylaxis (PrEP)
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ Male condoms
+ MSM friendly HIV testing and counselling
+ HIV care and treatment
+ HIV support groups
+ Psycho-social support
+ Mental health services
+ Information packages for sexual health services
+ MSM friendly STI prevention, testing & treatment
+ Treatment or support services for MSM who use drugs

PEOPLE WHO USE DRUGS

+ Outreach services for people who use drugs
+ On site or referral to drug dependence initiation and treatment (e.g. methadone)
+ On site or referral to drug-dependence counselling and support
+ Resources to take up referred services (e.g. taxi fare)
+ Risk reduction information
+ Wound and abscess care
+ Unused needles, syringes, or other injecting equipment
+ Overdose management and treatment (e.g. naloxone)
+ Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV)
+ Pre-Exposure Prophylaxis (PrEP)
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ Male condoms
+ Female condoms
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Gender-based violence services on site or by referral
+ PWUD friendly HIV testing and counselling
+ HIV care and treatment
+ HIV support groups
+ Drug dependence support groups
+ Psycho-social support
+ Mental health services
+ Information packages for sexual and reproductive health services
+ PWUD friendly STI prevention, testing & treatment
+ Cervical cancer screening

SEX WORKERS

+ Sex worker outreach services
+ Pre-Exposure Prophylaxis (PrEP)
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ Male and female condoms
+ Sex worker friendly HIV testing and counselling
+ HIV care and treatment
+ HIV support groups
+ Psycho-social support
+ Mental health services
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Information packages for sexual and reproductive health services
+ Gender-based violence services on site or by referral
+ Sex worker friendly STI prevention, testing & treatment
+ Cervical cancer screening
+ Treatment or support services for sex workers who use drugs

TRANS* PEOPLE

+ Transgender outreach services
+ Pre-Exposure Prophylaxis (PrEP)
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ Male condoms
+ Female condoms
+ Trans friendly HIV testing and counselling
+ HIV care and treatment
+ HIV support groups
+ Psycho-social support
+ Mental health services
+ Hormone therapy
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Information packages for sexual and reproductive health services
+ Gender-based violence services on site or by referral
+ Trans friendly STI prevention, testing & treatment
+ Cervical cancer screening
+ Treatment or support services for transgender people who use drugs

ALL KPS

+ Peer educators/navigators at the facility level

UNIT 9 CHC, NORTH WEST

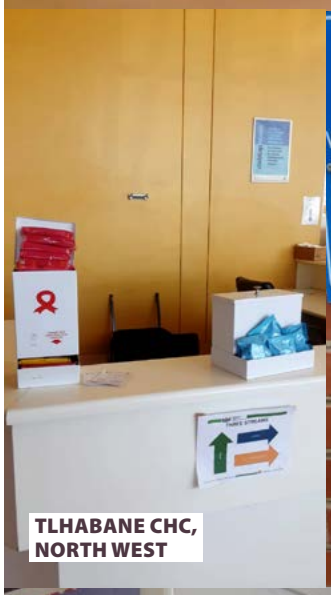
INANDA SEMINARY CHC, KZN


INZAME ZABANTU CLINIC, WESTERN CAPE


PHOLELA CHC, KZN

QADI CLINIC, KZN

HARRISMITH CLINIC, FREE STATE


TLHABANE CHC, NORTH WEST

GOODWINS CLINIC, KZN

LONELY PARK CLINIC, NORTH WEST

LANGERWARCH EXT 4 CLINIC, MPUMALANGA

NOBODY CLINIC, LIMPOPO

HAVILAND CLINIC, KZN

MONTSHIOA STADT CHC, NORTH WEST

2. Drop-in centres & mobile clinics

83% of trans* people
not aware of any drop-in centres

65% of sex workers
were "very satisfied" with drop-in centres

85% of MSM
thought staff at drop-in centres are always friendly and professional – compared to
71% of sex workers

Only 51% of PWUD
thought staff at mobile clinics are always friendly and professional

93% of MSM
thought that privacy is well respected at drop-in centres

88% of eligible sex workers
reported having been offered PrEP at the drop-in centre

24% of PWUD
said methadone was available at drop-in centres

Only 5% of trans* people
said hormone therapy was available at drop-in centres – yet
76% of trans* people
would like it to be available there

RECOMMENDATIONS:

+ From January 2022, **any reports of poor staff attitude, privacy violations, and/or verbal or physical abuse/ harassment at drop-in centres, mobile clinics, or other KP service delivery points, should be urgently investigated** by PEPFAR and the Global Fund and disciplinary action taken where appropriate. For sites we report on here, PEPFAR/GF should respond within 3 months with actions that have been taken.
+ By March 2022, an assessment of service quality for **mobile clinics servicing PWUD should be undertaken given the low service acceptability and satisfaction found during the data collection**.
+ From February 2022, PEPFAR/Global Fund should ensure the rollout of **health talks at drop-in centres led by KPs**. This should include information on prevention and treatment literacy as well as service availability at the drop-in centre.
+ By April 2022, PEPFAR and Global Fund should ensure that a **minimum package of services is provided** for each KP group at all drop-in centres. Site assessment should be carried out to ensure that all sites are equipped with the essential services for KPs. Linkage of KPs from mobile clinics to drop-in centres should occur where mobile clinics do not offer a particular minimum service.
+ By April 2022, PEPFAR and Global Fund should ensure that **condom compatible lubricants and both male and female condoms are easily available** at all drop-in centres (not only upon request or in spaces that make it difficult to pick them up) as well as mobile clinics and other KP service delivery points.
+ By April 2022, PEPFAR and Global Fund should ensure that **harm reduction services — including medically assisted treatment such as methadone and other drug dependence treatment — are made available** at all PWUD drop-in centres. Where PWUD live far from these services, adequate resources (including transport/money for transport) should be provided to ensure they can uptake those services.
+ By April 2022, PEPFAR and Global Fund should ensure that **trans* people are able to access hormone therapy and gender affirming services closer to home**. Where trans* people live far from these services, adequate resources (including transport/money for transport) should be provided to ensure they can uptake those services.
+ From April 2022, PEPFAR and Global Fund should ensure that **all KPs are offered voluntary hepatitis testing at drop-in centres**, including for reinfections, when accessing HIV prevention, treatment, or other harm reduction services — and the **preventative HBV vaccine should be offered at the time of return of HIV results**, depending on other health conditions, previous treatment experience, and potential drug-drug interactions. All people diagnosed with HBV and/ or HCV should be offered treatment, care, and linked to wraparound services.
+ In COP22, PEPFAR should **scale-up an additional mobile clinic per PEPFAR supported district** to ensure mobile and outreach services in areas not served by a clinic and/ or rural areas.
+ In COP22, PEPFAR should **hire KPs to support the provision of mobile clinic services and outreach services** — acting as a bridge between the community and healthcare workers. This can support the better provision of services closer to where KPs are.
+ In COP22, PEPFAR should increase KP programming to **at least $28,400,489 (matching COP20 and KPIF funding levels)** to improve the reach, consistency and availability of KP services.

Compared to public health facilities, drop-in centres and mobile clinics generally performed better from the perspective of all KP groups in terms of service acceptability and service availability. As expected, KPs using drop-in centres and mobile clinics had far higher satisfaction levels compared to those using public health facilities. Mobile clinics had slightly lower satisfaction levels than drop-in centres. KPs report that mobile services are inconsistent and are not always accessible close to where they are staying, particularly those in rural areas or staying in areas that mobile clinics feel unsafe entering.

Satisfaction level of KPs interviewed using drop-in centres and mobile clinics

	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
Respondents who were "very satisfied" with drop-in centres	57% (43)	56% (23)	65% (19)	71% (47)
Respondents who were "unsatisfied" or "very unsatisfied" with drop-in centres	3% (2)	5% (2)	0% (0)	3% (2)
Respondents who were "very satisfied" with mobile clinics	44% (38)	24% (25)	55% (127)	50% (34)
Respondents who were "unsatisfied" or "very unsatisfied" with mobile clinics	3% (3)	4% (4)	1% (3)	6% (4)

% (n) of respondents reporting they are very satisfied with the services offered at their drop-in centre, % (n)

	EASTERN CAPE	FREE STATE	GAUTENG	KWAZULU-NATAL	LIMPOPO	MPUMALANGA	NORTH WEST
MSM	0% (0)	-	44% (14)	60% (3)	-	92% (24)	22% (2)
PWUD	-	-	80% (4)	29% (2)	-	84% (16)	25% (1)
Sex workers	0% (0)	100% (1)	50% (3)	100% (5)	0% (0)	82% (9)	25% (1)
Trans* people	50% (1)	-	36% (4)	75% (6)	-	87% (34)	33% (2)

However, most KPs we interviewed are not using either a drop-in centre or mobile clinic to access services. In fact, Ritshidze data show that a very high proportion of KPs are not even aware of any drop-in centres and overall use of drop-in centres is limited by this lack of awareness. This lack of awareness is consistent across KP groups. For those who are aware of drop-in centres, the distance and cost to get to them can be prohibitive and mean KPs are unable to use them. For example, some PWUD we spoke to around eThekwini (who lived not as far away from a methadone site compared to those in rural areas of KZN) still said that the services were out of reach as they could not afford the taxi fare to get there and back on a daily basis. This evidence cannot be ignored.

Percentage of respondents not aware of any drop-in centres (percentage)

Of KPs accessing services, proportion interviewed using drop-in centres and mobile clinics

	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
Drop-in centre	6% (64)	10% (53)	2% (29)	2% (23)
Mobile clinic	8% (83)	12% (65)	7% (101)	21% (222)

We support drop-in centres and advocate for them to be scaled up, however they are not a panacea to the challenge of improving services for KPs. Public health facilities must also be drastically improved to ensure KPs can access the services they need in a friendly, safe and welcoming way.

In addition, while Ritshidze data show higher satisfaction and better services available at drop-in centres, there is still room for improvement to ensure friendly, safe and confidential services — and to ensure that KP specific services are available.

MOFOLO CLINIC, GAUTENG

COMMUNITY STORY

"How can you be calling me a man when I walk into a clinic wearing a dress and high heels? You can do that because you don't want to understand my feelings." That's how Sihle* says she felt every time she had to deal with nurses at the Gateway Clinic in Addington.

Sihle was diagnosed with HIV in 2019, when she was 20 years old. As a transgender woman who is also a sex worker she says nurses would shout out to each other "Is this one a boy or a girl?" every time she had to be in the facility to pick up her ARVs.

Their relentless mocking of Sihle made clinic visits tense and traumatising for her, she says. But then the tensions turned to abuse and violence one day, Sihle says. She tells how she had defaulted on her treatment at that time but had returned to the clinic hoping to get some assistance to restart treatment.

"It was around 2.30pm that day and the nurses said they weren't going to help me because I had defaulted and they said they were going to lock up for the day, even though there were other people in the clinic.

"I just sat down and didn't leave. That's when the nurses called the security and the guards came and dragged me out, and then they beat me outside," she says.

Sihle was reluctant to report the case to the police because "they just laugh at you because you are trans – they don't take you serious".

Since that incident Sihle has managed to get a transfer to the TB/HIV Care Addington to pick up her ARVs.

Since being at the NGO, she says she's seen the difference it makes in having better trained nurses who are also more committed to keeping and supporting people to stay on treatment.

"When someone has defaulted you can't just shout at them, you have to go deeper and do counselling so that you understand what is going on in that person's life and their home that is making them default then you know how to help them," she says.

Sihle says it comes down to nurses wanting to understand and wanting to be professional and show some common decency.

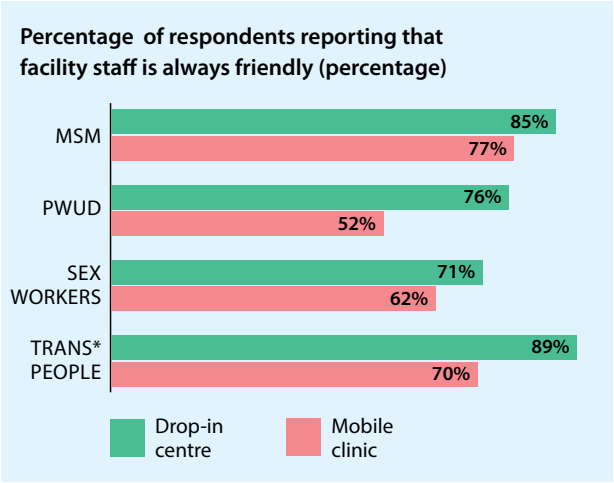
"Right now, I can't get my hormone therapy to transition unless I have money to go to a private doctor. My wish is that we could get therapy and support at all the public clinics. But even if we don't have that, we just need the nurses not to judge us, or to put this stigma on us – they don't understand all the 'bads' that we are going through, but I am a human being like any other human being," she says.

** Not her real name*

> **"Right now, I can't get my hormone therapy to transition unless I have money to go to a private doctor. My wish is that we could get therapy and support at all the public clinics. But even if we don't have that, we just need the nurses not to judge us, or to put this stigma on us – they don't understand all the 'bads' that we are going through, but I am a human being like any other human being."**

2.1 Attitudes, safety and confidentiality at drop-in centres and mobile clinics

Ritshidze data reveal that significantly more respondents found that staff were always friendly and professional at drop-in centres and mobile clinics, compared to health facilities. This is consistent across all KP groups.



Given that drop-in centres and mobile clinics are specifically set up to meet the needs of KPs, a more friendly and professional attitude is to be expected. However, there are still improvements that should be made to ensure that all KPs have a positive experience at a drop-in centre, a mobile clinic, or other KP service delivery point. For instance only half of PWUD think that mobile clinic staff are always friendly and professional, and only 71% of sex workers think drop-in centre staff are always friendly and professional. All allegations of poor attitude should be investigated and corrective action taken. KP specific service delivery models should be especially friendly and welcoming to KPs given that they specifically cater to KP needs.

SAFETY AND COMFORT

In general, most KPs felt safer and more comfortable at drop-in centres and mobile clinics. However, many KPs interviewed still did not feel safe (i.e. safe and protected from verbal or physical abuse, verbal or physical harassment, risk of arrest) or comfortable even at the drop-in centres or mobile clinics they use. PWUD in particular felt more unsafe and more uncomfortable using a mobile clinic than the public health facility — and some told us this was due to a fear of being arrested.

At the drop-in centre, only 64% of MSM, 59% of PWUD, 62% of sex workers, and 76% of trans* people felt "very safe". At the mobile clinic, only 51% of MSM, 30% of PWUD (less than at the health facility), 61% of sex workers, and 61% of trans* people felt "very safe". Further only 65% of MSM, 58% of PWUD, 59% of sex workers and 77% of trans* people felt comfortable at the drop-in centre. Similarly, only 49% of MSM, 29% of PWUD (less than at the health facility), 61% of sex workers and 61% of trans* people felt comfortable at the mobile clinic.

We acknowledge this is, on the whole, better than the data from public facility users, however again there is much room for improvement to ensure that KPs able to access these sites feel safe and comfortable to actually use them.

CONFIDENTIALITY + PRIVACY

Again, drop-in centres and mobile clinics performed much better than public health facilities at respecting people's privacy. However, again this was lower for PWUD who use mobile clinics. There should be an investigation into mobile clinics serving PWUD to understand this challenge. Where privacy violations did occur in drop-in centres, these included four reports of HIV status disclosure and two of sharing medical issues. In mobile clinics 16 respondents reported disclosure of HIV status, 2 reported disclosure as MSM, 4 reported disclosure as a PWUD, 4 reported disclosure as a sex worker, 5 reported disclosure as being trans*, and 6 reported the sharing of medical issues.

	Respondents who think privacy is well respected at drop-in centres	Respondents who think privacy is well respected at mobile clinics
MSM	93% (70)	83% (72)
PWUD	90% (37)	55% (57)
Sex workers	83% (24)	84% (193)
Trans* people	94% (62)	78% (54)

Again, drop-in centres and mobile clinics performed much better than public health facilities at respecting people's privacy, however again this was lower for PWUD who use mobile clinics. There should be an investigation into mobile clinics servicing PWUD to understand this challenge.

> **"We need to start normalising treatment for transgender people and the way to start this is to have people from the LGBTQIA community employed in clinics and seen in the community. "**

COMMUNITY STORY

If clinic nurses could just ask Millicent Tebatso for the pronoun she prefers, it would be a huge leap forward.

"I have to fight being mis-gendered every time I go to the clinic. I am a trans-woman and even though I dress like a woman I will be addressed by "mister"," she says.

Millicent has used the Empilisweni Clinic in Klerksdorp for the past four years and she says that for years the nurses would still ask her unacceptably prying questions about her sex life or they would start to preach to her about her life.

"The nurses there want to know how I have sex with my partner or those that are very Christian are judgemental instead of giving me information or medical guidance," she says.

Millicent came out as a trans-woman in 2010 and over the last decade it's been a journey of having to fight for being accepted, for treatment and also some respect. But she says patients need to push back and she refuses "to run to another clinic".

She has managed to win many battles as an activist — though she says there's still many more to overcome. Last year with COVID-19 disruptions and having to always be in fight mode at her local clinic, she did default on her ARVs.

Restarting treatment in February this year has not been easy. She's suffering from sores – "the size of baby's fists" – on her buttocks and inner thighs. They make it painful for her to sit and to walk. But instead of putting up with the judgements and the unhelpful, unprofessional attitudes of nurses, Millicent involved the AIDS Council, the Department of Health and her peers and allies to make her protest about the service at the clinic a priority.

"They help me now because they know I will be full of drama," she says of her experiences these past few months at Empilisweni Clinic. It's encouraged others transgender people and men who have sex with men to come forward to be tested, to start ARV treatment or re-start ARV treatment even if they've travelled from other parts of Klerksdorp," she says.

Taking up the fight has strengthened networks of support with other non-profits working with the LGBTQIA community in the North West. For Millicent being able to organise and mobilise is key to transforming clinics and services.

Currently Millicent is undergoing hormone treatment but she has to travel from Klerksdorp to Chiawelo in Soweto because the services aren't available in the North West province. It costs her R150 in taxi fare each round trip. She says many people who approach the clinic nurses for help or information about hormone treatment are dismissed or just told they need to go to Krugersdorp Hospital, where people are lost in the system. She says many people simply give up at that point.

"We need to have these treatments for transgender people in our own province. Hormone treatment is important to make someone like me feel comfortable in my body.

"We need to start normalising treatment for transgender people and the way to start this is to have people from the LGBTQIA community employed in clinics and seen in the community. People need to see posters of two men or two women in a relationship in a government office or a clinic, otherwise they believe this is something they only see on TV," she says.

More education, more visible messaging in clinics and deep sensitisation are the starting point and for Millicent. There isn't a moment to waste to get started.

BOIKETLO CLINIC, FREE STATE

2.2 KP specific services at drop-in centres and mobile clinics

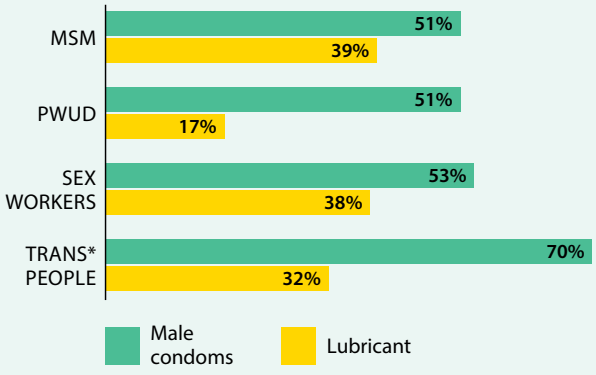
The sites used by respondents included a combination of PEPFAR sites and NGOs supported under the Global Fund grant. Overall while more KP specific services were accessible at these sites, there are key service provision gaps at both drop-in centres and mobile clinics.

PEPFAR supported drop-in centres are meant to provide "*prevention services, HIV testing and treatment; STI screening and treatment; TB screening and referral; PrEP; PEP; and other primary health services, including sexual and reproductive health and psychosocial support. Additional targeted services, including hormone replacement therapy for transgender people and opioid substitution therapy for people who inject drugs*"[7]. However, this range of services is not always reported by respondents as being available.

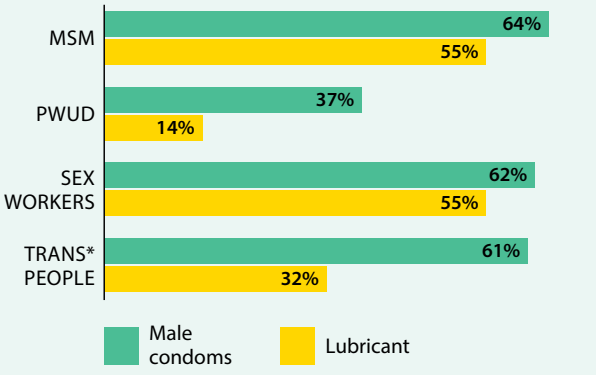
CONDOMS AND LUBRICANT

There is surprisingly low availability of condoms and lubricants at drop-in centres and mobile clinics. These are key prevention services that should be fully available at sites specifically servicing KPs. 59% of MSM and 55% of sex workers wanted better access to lubricant in drop-in centres.

Percentage of respondents reporting male condoms and lubricant available at drop-in centres (percentage)



Percentage of respondents reporting male condoms and lubricant available at mobile clinics (percentage)



7. PEPFAR SDS 2021, page 55. Available at: https://www.state.gov/wp-content/uploads/2021/09/South-Africa_SDS_Final-Public_Aug-13-2021.pdf

PREP AND PEP

Far more eligible KPs were offered PrEP at a drop-in centre as compared to a public health facility. This is positive, however a significant number of KPs had still not been offered PrEP at all. KPs who test negative for HIV should be given information regarding PrEP and offered it to allow for improved HIV prevention. On a positive note, KPs were more satisfied with PrEP services at drop-in centres compared to facilities.

At mobile clinics, KPs had around the same or slightly higher satisfaction levels compared to facilities, except for PWUD. Again, the challenge of satisfaction with mobile clinics is being highlighted that needs to be addressed. Concerningly, PEP was not reported as being widely available at either drop-in centres or mobile clinics, with worse coverage reported by some KP groups than at facilities.

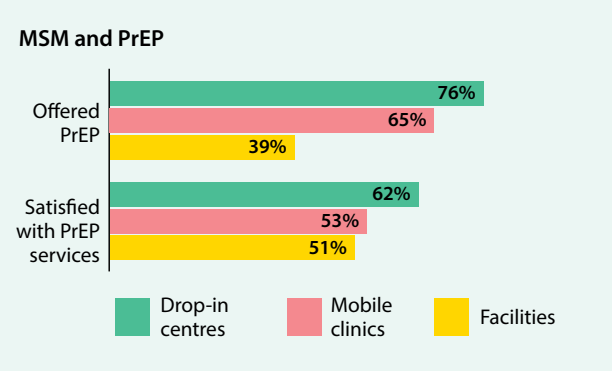
PrEP and PEP services at drop-in centres reported by KPs

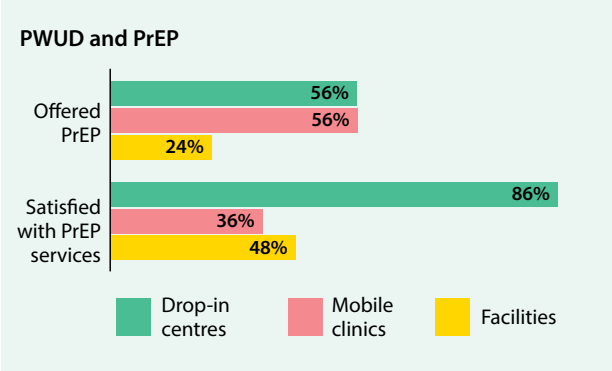
	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
% of respondents who report that PrEP is available	32% (24)	12% (5)	31% (9)	24% (16)
% of eligible respondents who have been offered PrEP	76% (42)	56% (18)	88% (15)	87% (41)
% of respondents who have ever gotten PrEP at the drop-in centre	58% (26)	28% (7)	40% (6)	43% (20)
% of respondents taking PrEP who were "very satisfied" with PrEP service	62% (16)	86% (6)	67% (4)	75% (15)
% of respondents who report that PEP is available	27% (20)	5% (2)	17% (5)	21% (14)

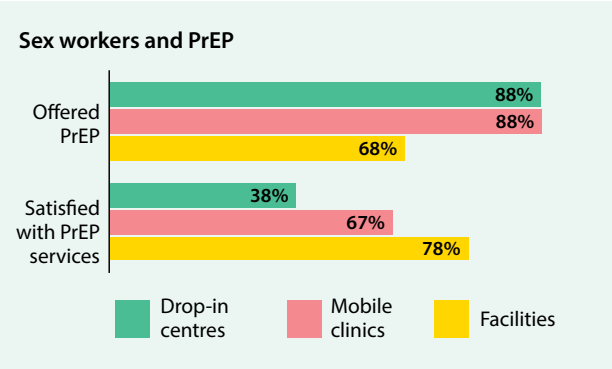
PrEP and PEP services at mobile clinics reported by KPs

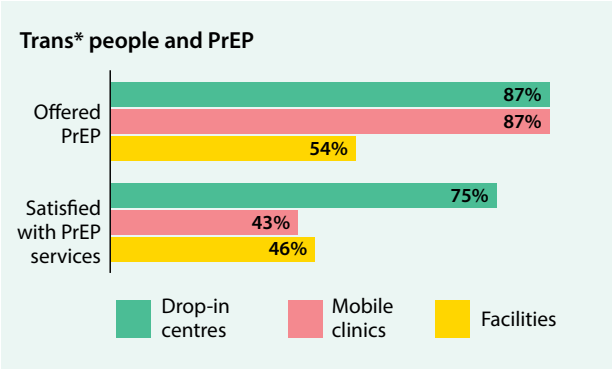
	MSM	PWUD	SEX WORKERS	TRANS* PEOPLE
% of respondents who report that PrEP is available	24% (21)	6% (6)	34% (78)	26% (18)
% of eligible respondents who have been offered PrEP	65% (41)	56% (25)	68% (116)	87% (47)
% of respondents who have ever gotten PrEP at the mobile clinic	71% (30)	41% (11)	64% (78)	43% (21)
% of respondents taking PrEP who were "very satisfied" with PrEP service	53% (16)	36% (4)	78% (61)	43% (9)
% of respondents who report that PEP is available	18% (16)	6% (6)	25% (58)	28% (19)

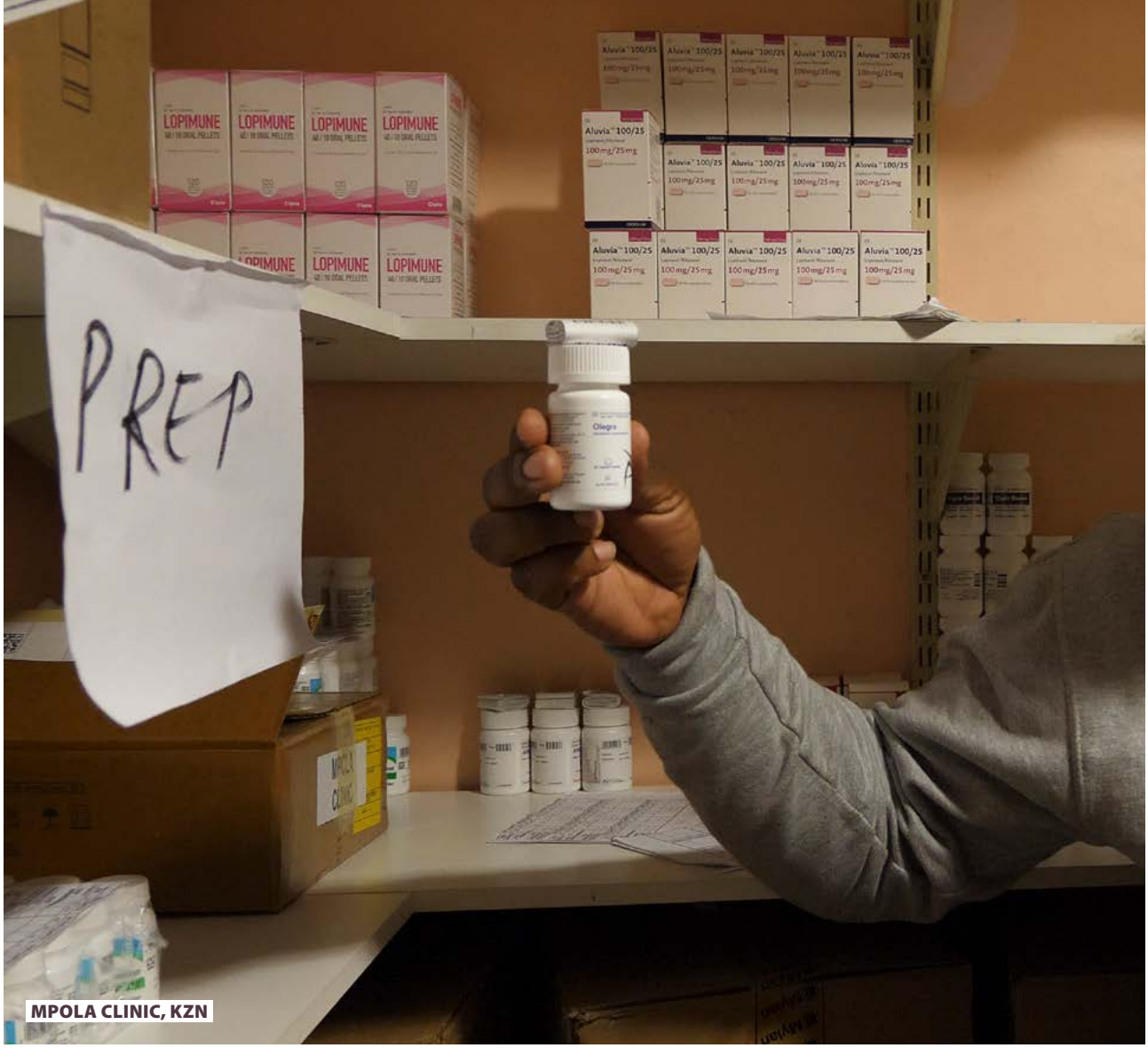
The bar charts below compare the percentage of KPs being offered PrEP across facilities, drop-in centres and mobile clinics and their satisfaction levels. Proportionally many more KPs are being offered PrEP services at drop-in centres and mobile clinics as compared to public health facilities — and satisfaction with PrEP services is mostly much higher outside the public health facility setting.











MPOLA CLINIC, KZN

HARM REDUCTION SERVICES

In terms of the accessibility of harm reduction services in drop-in centres and mobile clinics, on site drug dependence initiation and treatment (e.g. methadone) was reported to be available by 24% of drop-in centre users and 12.5% of mobile clinic users. New needles were reported to be available by 10% of drop-in centre users and 8% of mobile clinic users. While much higher than at health facilities, accessibility is still low for these critical services that are necessary to ensure PWUD can take drugs safely, or be supported to stop.

In addition, many PWUD complained that mobile clinics were inconsistent, pointing to the lower levels of satisfaction among PWUD using mobile clinics compared to other KP groups. Reasons given included that mobile clinics at times did not enter the areas they stay as they felt unsafe to do so. If PWUD were employed to support those services and better link them to those the services are aimed at, it could improve service acceptability. In addition, at times the only service reported as being available was needle exchange, whereas significant numbers of PWUD want other harm reduction services to be made available also. Another challenge is that many PWUD feel fearful of being arrested if they uptake services that, without being addressed, will continue to undermine the overall provision of harm reduction and HIV services.

49% of PWUD we spoke to would like on site drug dependence initiation and treatment (e.g. methadone) at drop-in centres, 41% would like referrals for drug dependence initiation and treatment (e.g. methadone), and 37% would like on site drug-dependence counselling and support.

HORMONE THERAPY AND GENDER AFFIRMING CARE

Gender affirming care is not widely accessible, even within drop-in centres and mobile clinics targeted at trans* people. Trans* people who live in rural areas or provinces without any gender affirming care, must travel long distances to these big cities in Gauteng, Western Cape, KwaZulu-Natal, and Eastern Cape to get these services. This means gender affirming care remains out of reach for those without access to transport money and places to stay.

Ritshidze data show that only 10% of mobile clinic users and 5% of drop-in centre users said hormone therapy was available. However, the demand is there – 76% of respondents would like hormone therapy at drop-in centres. We need a drastic improvement in the accessibility of these services for all trans* people who want to access them, not just those in bigger cities.

> **"The majority of the people who are HIV positive that I speak to are under 25 – they need help and support. Then there are teenagers who are trans but don't understand what's going on in their bodies but they can't get help or advice to transition.**

COMMUNITY STORY

Safe clinic spaces for transgender people, sex workers or people dependent on drugs should not be separate facilities removed from the general population.

For Thandi, this status quo presents a terrible catch-22. As a transwoman who is HIV positive her local clinic – Dr Helga Kuhn Clinic in Palm Springs near Evaton West – is staffed with nurses who she says are insensitive and unprofessional to her healthcare needs.

So much so that she has over the past nearly two years decided to transfer to the Wits RHI Clinic in Braamfontein for not just her hormone therapy but also for her ARVs.

"I won't go back to Helga Kuhn Clinic because they make you explain yourself over and over again and it's at reception, in front of everyone. There is no trans or queer literacy there, not enough lubricants or PrEP for sex workers and no methadone treatment if you are drug user. You can't talk to anyone there about my health problems and with such ill treatment I don't want to go back there ever again."

"I'm happy at Braam but it's very far away from my home and it's expensive to catch all the taxis and I have to walk quite far from the rank to Braam – sometimes I miss appointments and it does make me worry when I'm down to only a few pills. Also, when you go there it's like we're deprived of interacting with straight people.

"So, it means that there are no spaces in society for trans people, sex worker or drug users – we are kept separate even though we should be able to walk into any clinic and get help like anyone else," she says.

Thandi, who is 30 years old, started her hormone therapy in February 2020. She says it's taken years to get the right information and access to begin her journey of transition. Knowing the difficulties of getting support and advice has made her an activist and a devoted campaigner to educate, shift perceptions and to fight for change and relevant services.

"It can be very frustrating because we keep speaking out, we tell our stories and we still can't get the government to use our data that we have collected to make the changes that will make it easier for people in key populations to get help," she says.

For Thandi she worries most for young people. They stand to be a lost generation if the systems don't change to include them, she says.

"The majority of the people who are HIV positive that I speak to are under 25 – they need help and support. Then there are teenagers who are trans but don't understand what's going on in their bodies but they can't get help or advice to transition.

"It hurts when people say to me 'you want to make yourself a woman' – it's not like I woke up one day and decided to do this, this is who I am. There are young people just like me but people call them the devil and other insults and names. No one understands them and so some of them just want to kill themselves to have some peace," she says.

OUTREACH SERVICES

As discussed earlier, PEPFAR says that part of their KP programme focuses *on "peer-led outreach and mobilization"* — yet even KPs using drop-in centres we interviewed wanted outreach services. 65% of MSM, 54% of PWUD, 55% of sex workers, and 68% of trans* people would like outreach services. Again, we ask, where are PEPFAR and Global Fund outreach services happening and why are so many KPs using drop-in centres unaware of them?

MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT SERVICES

Psychosocial support and other mental health services remain critical. Of drop-in centre users, 40% of MSM, 62% of sex workers and 67% of trans* people would like psychosocial support at drop-in centres that is not currently being provided, and 55% of sex workers also wanted access to HIV support groups at drop-in centres. Healthcare providers must prioritise KPs mental health to support populations facing high levels of discrimination and abuse, in healthcare settings and society as a whole.

CONCLUSION

The barriers KPs face in getting healthcare services are dire and unacceptable. Clinic staff who are unfriendly, openly hostile or even abusive, cause KPs to feel uncomfortable and unsafe using public health facilities. This, together with disgraceful privacy violations, drives KPs away from accessing critical HIV, TB, STI and other health services.

Clinic staff, including security guards, sometimes even refuse KPs entry to facilities altogether. Where KPs do continue to suffer the daily indignities of using the public health system, specific services remain unavailable for the most part. Drop-in centres and other vertical programming can be friendlier and have better service acceptability, but many KPs do not know about those services. Those who do often cannot afford the taxi fare or overnight accommodation needed to get to them.

The Department of Health, together with PEPFAR and the Global Fund, must do better to ensure quality healthcare provision for KPs. Continuous KP-led sensitisation training must be implemented for all clinical and non-clinical cadres with follow-up to assess impact. Clinic staff must be held accountable if they treat KPs poorly or do not protect confidentiality. As a first step, public health facilities in every district should be identified as sites to provide KP specific services — and at the same time, drop-in centres and mobile clinics should be scaled-up to provide friendly, safe, well-communicated, and quality services that KPs need.

Urgent and drastic improvement to the health system is critical to ensure that all KPs are treated with dignity and respect and can protect their own health and lives. It is also vital to ensure that those most at risk of getting HIV can access the treatment and prevention tools needed to meet the UNAIDS 95-95-95 targets and move South Africa towards epidemic control.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