



**RITSHIDZE**  
**SAVING OUR LIVES**

**STATE OF  
HEALTHCARE  
FOR KEY POPULATIONS**

**FEBRUARY 2023**

**2<sup>ND</sup> EDITION**



## 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+) — in alliance with Health GAP, amfAR, and the O'Neill Institute.

For more information go to [www.ritshidze.org.za](http://www.ritshidze.org.za) or follow on facebook, twitter or instagram, or contact us on [ritshidze-comms@tac.org.za](mailto:ritshidze-comms@tac.org.za).



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# KEY FINDINGS

- + 12% of key populations we interviewed were **not receiving services anywhere**
- + Most key populations we spoke to who are accessing healthcare **use a public health facility** instead of a drop-in centre or mobile clinic (67% of GBMSM, 81% of people who use drugs, 57% of sex workers, and 59% of trans\* people)
- + The majority of key populations we interviewed were **not aware of any drop-in centres** (79% of GBMSM, 75% of people who use drugs, 74% of sex workers, and 71% of trans\* people were not aware of a drop-in centre)
- + A significant proportion of key populations we spoke to had been **refused access to health services** because they are a key population (5% of GBMSM, 19% of people who use drugs, 12% of sex workers, and 9% of trans\* people)
- + **Poor staff attitudes, lack of safety, and lack of privacy** were the main complaints at public health facilities (just 37% of respondents reported that facility staff are always friendly and professional towards GBMSM, just 24% towards people who use drugs, just 46% towards sex workers, and just 41% towards trans\* people)
- + Key populations often struggle to access basic prevention tools. **Lubricants were only freely available in 27% of facilities** monitored and only 28% of eligible GBMSM, 15% of people who use drugs, 28% of sex workers, and 27% of trans\* people had been offered PrEP
- + There is **limited availability of key population specific services**. Only 6% of people who use drugs were offered information about where they could get new needles and only 11% were given information on where to get methadone. Only 57% of trans\* people were given information about where to access hormones
- + Services like **contraceptives, STI treatment, and post sexual violence services** are also hard to reach for key populations. 38% of people who use drugs were told they couldn't get contraceptives because they use drugs and 30% of trans\* people told they couldn't have contraceptives because they are trans\*
- + **Drop-in centres and mobile clinics had better overall service satisfaction and acceptability** — but there is still much room for improvement





# INTRODUCTION

**For key populations — including people who use drugs, sex workers, and LGBTQIA+ community members — going to the clinic can at times be unbearable. Being mocked, treated with open hostility, or even denied services leaves deep scars. The unfriendliness, judgement, and abuse means some people do not feel safe enough to go to the clinic at all.**

Building on our first data collection, last year Ritshidze undertook a second large-scale quantitative and qualitative data collection effort across the country. Together with a team of more than 146 key population data collectors, we spoke to over nine thousand individuals who identify as one or more key population groups across 21 districts in South Africa. What we found revealed little change in the crisis that sees key populations continue to be ridiculed, abused, and even chased away from clinics.

Ritshidze data show that both clinical and non-clinical staff like security guards continue to be unfriendly and discriminate against key populations be it at the clinic gate, in waiting areas, or even during medical consultations. Disgraceful privacy violations continue to occur that destroy people's right to privacy and make clinics feel unsafe and uncomfortable to be in. Only 14% of gay, bisexual, and other men who have sex with men (GBMSM), 10% of people who use drugs, 19% of sex workers, and 14% of trans\* people actually felt "very safe" using the facility. Sometimes clinics even refuse key populations access altogether. 19% of people who use drugs told us they'd

been denied access to services, often told that they are too dirty and need to bathe before they can enter.

Where key populations do continue to suffer the daily indignities of using the public health system, specific services remain unavailable for the most part. Lubricants, for example, are only freely available in 27% of facilities monitored and only between 15% and 28% of eligible key populations had ever been offered PrEP. Widespread access to harm reduction services (like methadone and unused needles) or gender affirming care (including hormones) remain outside the reach of most of the people they are meant to serve.

While drop-in centres can be friendlier and have better access to services, many key populations have never even heard of them — and certainly cannot afford the taxi fare or overnight accommodation needed to get to them. The truth is that most key populations are trying to access healthcare at a public health facility. Urgent and drastic improvement is critical to the public healthcare system to ensure that all key populations are treated with dignity and respect and can protect their own health and lives. Our public healthcare system needs to do better, much faster.

# ABOUT THE DATA

This is the second edition of the Ritshidze State of Healthcare for Key Populations report; the first was published in January 2022<sup>1</sup>. Like the earlier edition, the second edition outlines key challenges key populations face in accessing healthcare in South Africa.

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<sup>2</sup>.

Key populations 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” key populations who may not use the facility as well as those more regularly accessing services.

A team of more than 146 key population data collectors across the 21 districts were recruited to support

the data collection effort, including mobilisation, implementation of tools, analysis, and reporting.

A total of 9,137 surveys were taken, combining 2,349 gay, bisexual, and other men who have sex with men (GBMSM), 3,353 people who use drugs, 2,290 sex workers, and 1,145 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 July and September 2022. Data collection took place across 21 districts in 7 provinces, as outlined in figure 2. Qualitative data collection took place from May 2022 to December 2022.

Figure 1. Demographics

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>Total Consented to Survey</b>	<b>2 349</b>	<b>3 353</b>	<b>2 290</b>	<b>1 145</b>
<b>Age</b>				
Under 18	3% (66)	4% (119)	2% (41)	2% (23)
18-25	41% (968)	40% (1341)	32% (724)	34% (394)
Over 25	53% (1251)	53% (1776)	63% (1449)	57% (657)
Prefer not to answer/Don't know	3% (63)	3% (117)	3% (76)	6% (71)
<b>Gender</b>				
Cis man	47% (1097)	66% (2227)	9% (195)	0% (0)
Cis woman	0% (0)	17% (554)	67% (1544)	0% (0)
Trans man	14% (323)	2% (56)	3% (80)	23% (268)
Trans woman	0% (0)	3% (87)	9% (204)	63% (716)
Non-binary	19% (457)	3% (104)	4% (86)	8% (94)
Other gender identity	16% (381)	6% (191)	4% (88)	3% (34)
Prefer not to answer	4% (91)	4% (134)	4% (93)	3% (33)
<b>Multiple KP Identities</b>				
Identifies as 1 KP	91% (2143)	87% (2932)	82% (1873)	89% (1018)
Identifies as 2 KPs	7% (176)	6% (214)	15% (340)	11% (121)
Identifies as 3 KPs	<1% (1)	2% (83)	1% (24)	0% (0)
Identifies as 4 KPs	<1% (1)	3% (101)	2% (42)	0% (0)
<b>Breakdown of where KPs access services</b>				
Facility	58% (1347)	63% (2026)	51% (1141)	48% (546)
Drop-in centre	7% (170)	3% (111)	4% (100)	8% (89)
Mobile clinic	5% (110)	6% (183)	22% (501)	9% (106)
Private doctor	18% (421)	3% (103)	10% (235)	24% (265)
Nowhere	10% (223)	19% (608)	9% (210)	8% (94)
Prefer not to answer/Don't know	6% (128)	7% (235)	4% (90)	5% (57)

1. Ritshidze State of Healthcare for Key Populations 2022. Available at: <https://ritshidze.org.za/wp-content/uploads/2022/01/Ritshidze-State-of-Healthcare-for-Key-Populations-2022.pdf>  
 2. Ritshidze tools available at: <https://ritshidze.org.za/category/tools/>

Figure 2. Geographic scope of data collection (July to September 2022)

Province	Districts	PEPFAR KP drop-in centre	Global Fund KP services	Number of Surveys by KP Group			
				GBMSM	People who use drugs	Sex workers	Trans* people
Eastern Cape	OR Tambo	Female Sex Worker site	MSM services	67	86	21	5
	Amathole	/	Sex worker services	240	141	57	40
	Buffalo City Metropolitan	MSM site, Trans* site	/	191	115	18	90
	Nelson Mandela Metro	MSM site, Trans* site	Sex worker services, PWID services	184	207	60	85
Free State	Lejweleputswa	/	/	85	158	48	64
	Thabo Mofutsanyana	/	Sex worker services	49	110	92	29
	Mangaung	/	MSM services, Trans* services	147	121	49	58
Gauteng	City of Johannesburg	MSM site, Female Sex Worker site, Trans* site	PWID services	104	219	110	81
	Ekurhuleni	Female Sex Worker site, MSM site	PWID services	47	308	273	31
	Sedibeng	/	PWID services, Sex worker services	83	248	111	36
KwaZulu-Natal	eThekweni	Female Sex Worker site, MSM site	PWID services	111	214	157	107
	Ugu	/	MSM services, Sex worker services	33	104	100	20
	Umgungundlovu	Female Sex Worker site, MSM site	PWID services	47	167	94	39
	King Cetshwayo	/	Sex worker services	9	70	29	1
Limpopo	Capricorn	/	Trans* services, MSM services, Sex worker services	77	94	89	69
	Mopani	/	MSM services, Sex worker services	97	91	149	56
Mpumalanga	Ehlanzeni	Female Sex Worker site, MSM site, People who inject drugs site	/	170	231	192	76
	Gert Sibande	Female Sex Worker site	Trans* services, MSM services	46	130	151	14
North West	Bojanala	/	MSM services, Sex worker services	162	123	182	54
	Dr Kenneth Kaunda	Female Sex Worker site	/	208	181	203	54
	Ngaka Modiri Molema	/	Sex worker services	188	233	103	135

Districts (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
# of districts monitored with PEPFAR drop-in centres	7	1	8	3
# interviewed in districts with drop-in centres	854	231	1201	256
Districts monitored without PEPFAR DICs	14	20	13	19
# interviewed in non-DIC districts	1 495	3 122	1 089	889



# PEOPLE NOT ACCESSING SERVICES

Overall 12% (1,135) of key populations we interviewed were not receiving services anywhere.

## GBMSM

The proportion of GBMSM not getting services anywhere was highest in Gauteng and Mpumalanga, where 13% of respondents replied they don't get services anywhere. In Limpopo, just 2% of respondents don't get services anywhere.

## PEOPLE WHO USE DRUGS

The proportion of people who use drugs not getting services anywhere was highest in KwaZulu-Natal, where 24% of respondents replied they don't get services anywhere. The fewest reports of respondents who don't get services anywhere came from Limpopo, which at 14% is still high.

## SEX WORKERS

The proportion of sex workers not getting services anywhere was highest in the Free State, where 15% of respondents replied they don't get services anywhere. In Limpopo, less than 1% of respondents don't get services anywhere.

## TRANS\* PEOPLE

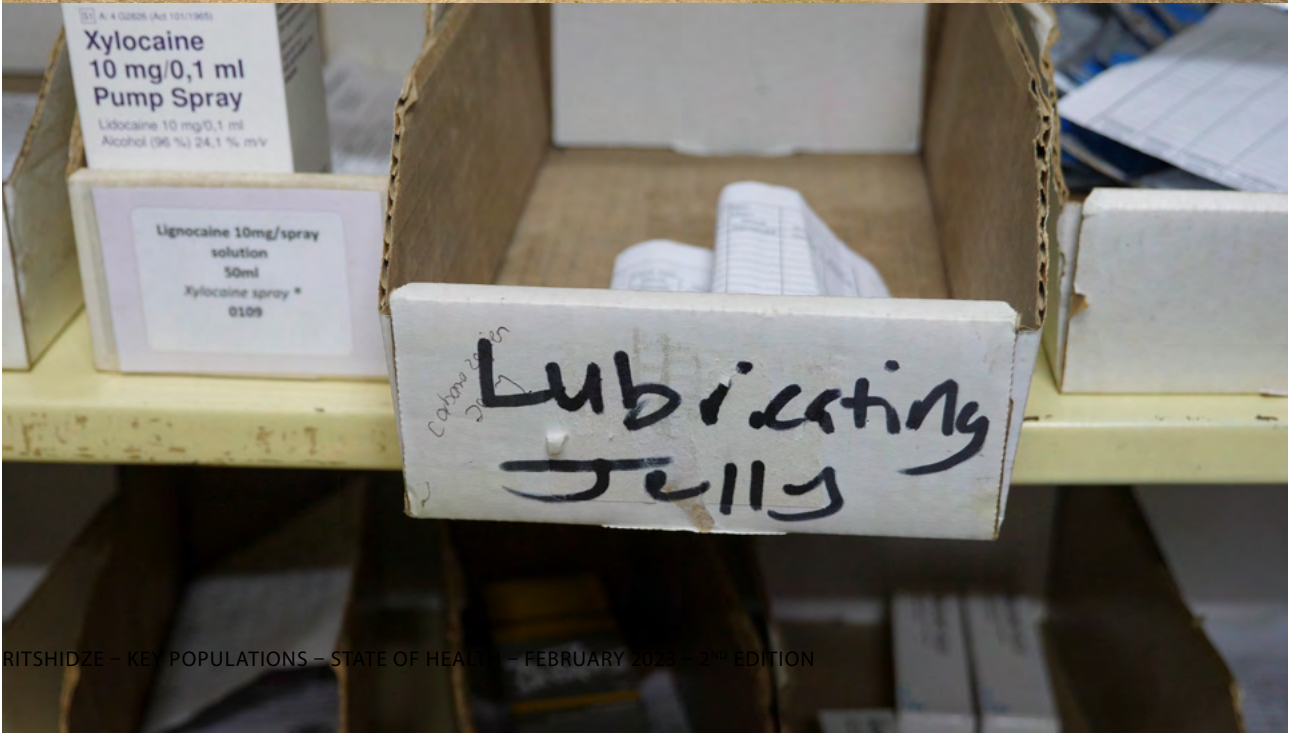
The proportion of trans\* people not getting services anywhere was highest in the Eastern Cape, where 14% of respondents replied they don't get services anywhere. In Limpopo, 0% of respondents don't get services anywhere.

KPs not receiving any services in each province (% , n) (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
Eastern Cape	8% (54)	16% (83)	10% (14)	14% (31)
Free State	11% (32)	18% (70)	15% (29)	12% (18)
Gauteng	13% (30)	21% (161)	10% (46)	11% (16)
KwaZulu-Natal	12% (24)	24% (132)	9% (36)	7% (11)
Limpopo	2% (3)	14% (26)	<1% (1)	0% (0)
Mpumalanga	13% (27)	17% (60)	9% (29)	7% (6)
North West	10% (53)	17% (60)	11% (55)	5% (12)









# PUBLIC HEALTH FACILITIES

**Only 24%** say facility staff are friendly towards people who use drugs

**59%** of GBMSM don't use public health facilities because of unfriendly services

**19%** of people who use drugs had been denied access to services

**25%** of sex workers in the Eastern Cape had been denied access to services

**Only 13%** of GBMSM feel very comfortable at the facility

**Only 14%** of trans\* people feel very safe at the facility

**42%** of GBMSM do not think privacy is well respected

## RECOMMENDATIONS

### The Department of Health should:

1. **Issue a circular** in February 2023 outlining:
  - a. That key populations should never be refused entry to public health facilities or refused access to health services;
  - b. That all key populations should be treated in a friendly, dignified and respectful manner; and
  - c. 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 (and respective security guard companies).*
2. **Urgently investigate all reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment, reports of services being refused/denied** and ensure consequence management takes place (*a full breakdown of facilities will be provided — for facilities we report on the DoH should respond within 3 months with actions that have been taken*).
3. Work with PEPFAR to ensure that all clinical and non-clinical staff (including security guards and security guard companies) are **sensitised on provision of key population friendly services** before the end of COP22. Key populations must be involved in the implementation of these training modules.
4. Post sensitisation training, work with PEPFAR to complete **follow-up assessments to check the quality of key population service provision** at site level (to show the success of the sensitisation programme).
5. Work with key populations to **develop posters** and then distribute to all sites to improve overall sensitisation of facility staff and community members.

6. **Hire more key populations in facilities.** Intentionally encourage and support key populations to uptake education and training to become healthcare workers. Ensuring more clinical and non-clinical staff are key populations will improve overall sensitisation efforts in the long-term.

### Facilities should be held accountable to:

1. **Always provide friendly, respectful, and confidential services to all key populations**
2. **Use signs to show if consultation rooms are in use.** Staff wishing to enter should knock and await a response before entering. Consultations should pause until the additional staff member has vacated the room
3. Hold **dialogue sessions between key populations and clinic staff** to sensitise staff on key populations
4. Support key population-led **health talks at facilities and key population awareness days** to sensitise the general community on key population issues
5. **Display clearly posters** on key populations services, rights, and general sensitisation

### PEPFAR should:

1. **Provide a full list of facilities by end March 2023 where District Support Partners (DSPs) have trained and sensitised staff on key populations,** including how many clinic staff (including security guards) have been trained per site.
2. Work with the Department of Health to ensure that all clinical and non-clinical staff (including security guards and security guard companies) are **sensitised on provision of key population friendly services** before the end of COP22. Key populations must be involved in the implementation of these training modules.
3. Post sensitisation training, work with the Department of Health to complete **follow-up assessments to check the quality of key population service provision** at site level (to show the success of the sensitisation programme).
4. In COP23 **fund Key Population Peer Navigators** at all PEPFAR supported sites & especially at KP designated sites.
5. In COP23 **fund KP-led community groups to carry out training and social mobilisation on treatment & prevention literacy and the rights of key populations in the healthcare system.**
6. In COP23 **fund a nationwide hotline for key populations** to report via SMS, call, whatsapp, or please call me about poor treatment, discrimination, and abuse for follow up corrective action.

The majority of key populations 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 key populations we spoke to are not even aware of drop-in centres including 79% (1,484) of GBMSM, 75% (2,268) of people who use drugs, 74% (1,539) of sex workers, and 71% (669) of trans\* people. Many of those who were aware of them stated that the drop-in centres are too far away and they 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 (% , n) (July to September 2022)**

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>Public health facility</b>				
2022	67% (1347)	81% (2026)	57% (1141)	59% (546)
2021	86% (859)	85% (1,270)	76% (805)	75% (409)
<b>Drop-in centre</b>				
2022	9% (170)	4% (111)	5% (100)	9% (89)
2021	6% (64)	10% (53)	2% (29)	2% (23)
<b>Mobile clinic</b>				
2022	6% (110)	7% (183)	25% (501)	11% (106)
2021	8% (83)	12% (65)	7% (101)	21% (222)
<b>Private doctor</b>				
2022	21% (421)	4% (103)	12% (235)	27% (265)
2021	7% (72)	10% (57)	8% (117)	5% (56)

Yet at public health facilities, key populations 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. This year key populations continue to report being humiliated in front of other healthcare users.

Again key populations were concerned about ongoing privacy violations as facility staff were known to disclose people’s HIV status, or the fact that they are key populations, in front of other healthcare users, or to invite other clinicians into private consultations in order to mock or judge people’s symptoms. Some key populations told us that they feared for their safety at the clinic. A significant number of key populations we spoke to had even been refused access to public health facilities altogether.

These common challenges were echoed by key populations 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, lack of privacy, and a lack of safety — as well as a fear people would find out they are someone who uses drugs, a sex worker, or part of the LGBTQIA+ community.

This year a significant number of key populations interviewed used private doctors, having been pushed to pay for health services that should be available for free.

A significant number of people accessed care in more than one place, indicating the inability to access all services at a single place.

**Top reasons KPs don’t access services (July to September 2022)**

	GBMSM	People who use drugs	Sex workers	Trans* People
<b>Top reasons KPs don’t access services at the public health facility</b>	Staff are not friendly (59%, 609), privacy is not respected (47%, 486), don’t feel safe (27%, 280)	Staff are not friendly (50%, 620), privacy is not respected (35%, 434), don’t feel safe (23%, 288)	Staff are not friendly (58%, 671), privacy is not respected (41%, 475), staff refused to provide services (22%, 256)	Staff are not friendly (50%, 307), privacy is not respected (35%, 223), don’t feel safe (23%, 142)
<b>Top reasons KPs don’t access services anywhere</b>	Health services are not private (53%, 115), staff are not friendly (45%, 99), don’t feel safe (26%, 58)	Staff are not friendly (50%, 311), services are not private (38%, 236), do not feel safe (25%, 158)	Staff are not friendly (53%, 112), privacy is not respected (47%, 99), fear people would find out they are a sex worker (30%, 64), don’t feel safe (30%, 64)	Staff are not friendly (49%, 47), privacy is not respected (44%, 42), fear people would find out they are trans (27%, 26), don’t feel safe (27%, 26)

As expected based on the evidence collected, again this year key populations using facilities had far lower satisfaction levels compared to those using drop-in

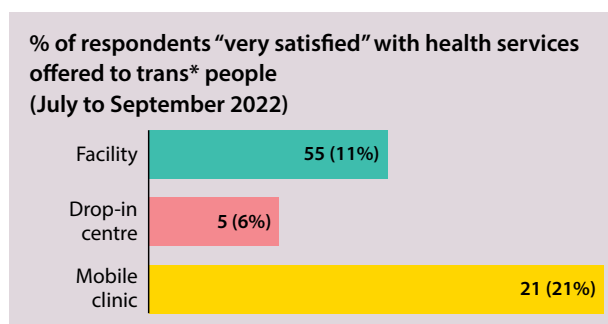
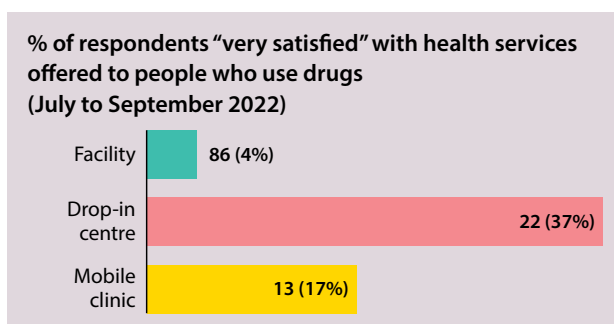
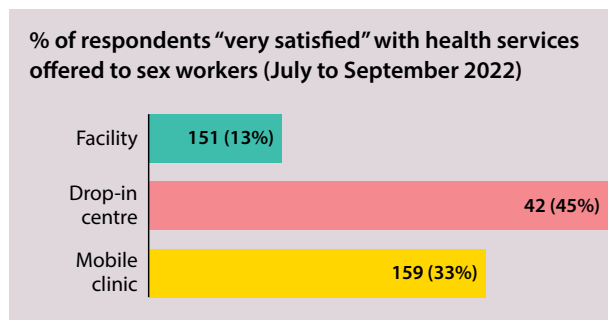
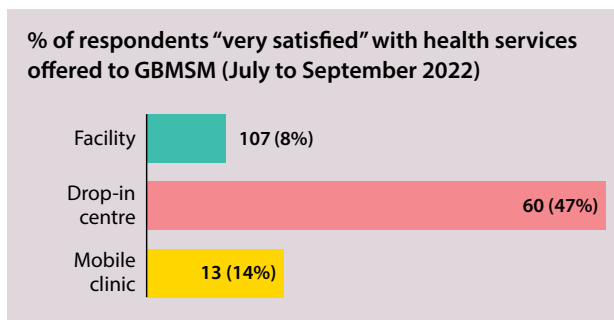
centres and mobile clinics — having actually worsened significantly from data collected in the first edition of this report across each population group.

**Satisfaction level of KPs interviewed using facilities (July to September 2022)**

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>Very satisfied</b>	8% (107)	4% (86)	13% (151)	11% (55)
<b>Satisfied</b>	25% (324)	14% (301)	27% (308)	23% (124)
<b>Neutral</b>	46% (608)	49% (1027)	35% (402)	40% (211)
<b>Unsatisfied</b>	9% (120)	14% (288)	13% (143)	11% (60)
<b>Very unsatisfied</b>	3% (44)	8% (158)	5% (54)	4% (22)
<b>Don’t know/prefer not to answer</b>	7% (106)	11% (225)	7% (77)	11% (56)



The most common reasons given for not going to the facility include: a lack of friendly services, lack of privacy, and a lack of safety — as well as a fear people would find out they are someone who uses drugs, a sex worker, or part of the LGBTQIA+ community.



**% (n) of respondents reporting they are very satisfied with health services offered (July to September 2022)**

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
<b>GBMSM</b>	8% (28)	5% (9)	15% (16)	8% (8)	7% (9)	15% (19)	5% (18)
<b>People who use drugs</b>	0% (0)	1% (3)	40% (2)	22% (4)	0% (0)	32% (6)	8% (1)
<b>Sex workers</b>	4% (4)	15% (18)	24% (47)	7% (12)	10% (18)	19% (27)	11% (25)
<b>Trans* people</b>	7% (7)	8% (8)	23% (12)	3% (2)	3% (3)	34% (11)	13% (12)

Given that public health facilities are the entry point for many key populations into the health system, it is critical to ensure a friendly, respectful, safe, and confidential environment for all, with services that cater to key population specific needs. Key populations who are treated badly, humiliated, fear their safety, or even refused entry, will inevitably not come back to the facility be it to collect ARVs, HIV prevention, or to uptake other health services.

We cannot abandon key populations who are not able to get to a drop-in centre. In addition, in order for key populations to actually uptake key population specific services offered at the facility, spaces are needed that feel safe and comfortable enough to disclose you are a key population without fear of poor attitude, discrimination, or abuse. These issues must be addressed to ensure that key populations are not left behind in the prevention of HIV and reaching the UNAIDS 95-95-95 targets.

Last year’s report outlined the need for two facilities per district, per key population group, to be made into specialised facilities that would be highly sensitised, offering a full package of services for that key population group, with planned patient transport or resources made available to get people to sites. The National Department of Health and PEPFAR initially responded with the development of one site per province, followed by more recent plans for one site per district. While we commend the progress, one site per district remains inadequate to meet the needs of all key populations.

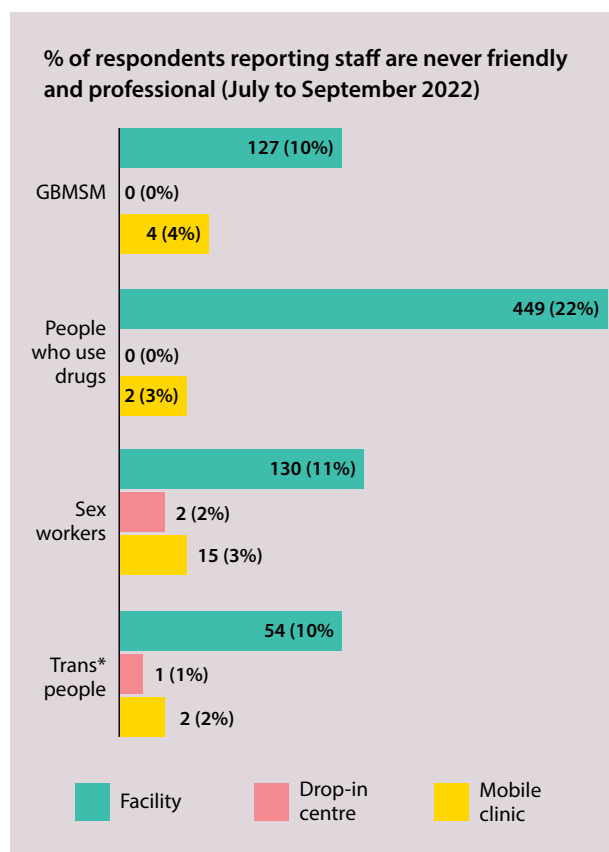
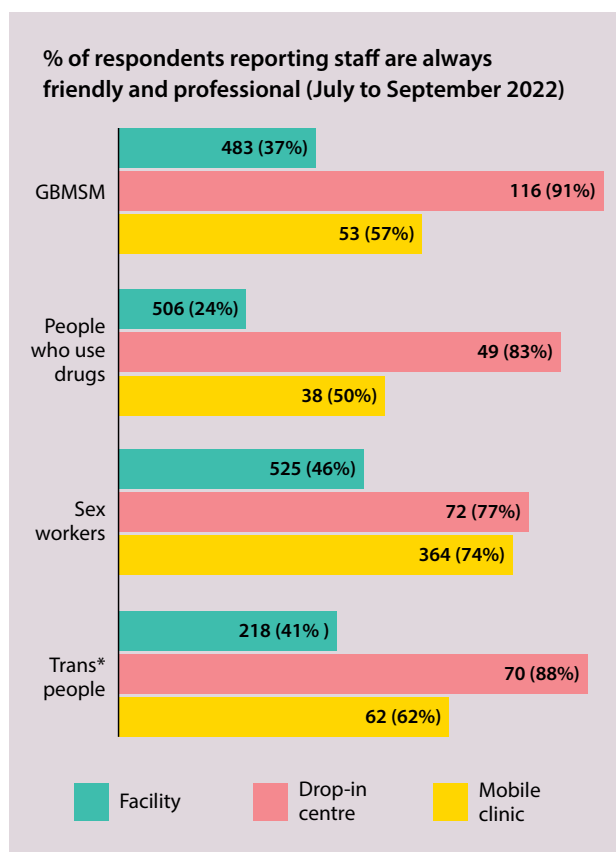
The majority (>92%) of people interviewed this year had not engaged in the Ritshidze survey in 2021. The robust sample of key populations in the 2022 survey continue to raise issues around inadequate access to specialised services. These results build from those from 2021, again showing that more facilities must be specialised to meet the needs of key populations in South Africa.

## Unfriendly services

*“The clinic staff should not discriminate against us because sometimes we come dirty... we need medical attention too, we are all the same. Then the guys would know that a clinic is a safe space for them. Most guys die on the road while there is a clinic next to them because they know they will not get help.” (Durban, October 2022)*

Ritshidze data reveal that staff at public health facilities were less friendly and professional to key populations compared to drop-in centres and mobile clinics. This is consistent across all key population groups with just 37% of respondents reporting that facility staff are always friendly and professional towards GBMSM (down from 42% last year); just 24% towards people who use drugs (down from 41% last year); just 46% towards sex workers (up from 42% last year); and just 41% towards trans\* people (down from 46% last year).

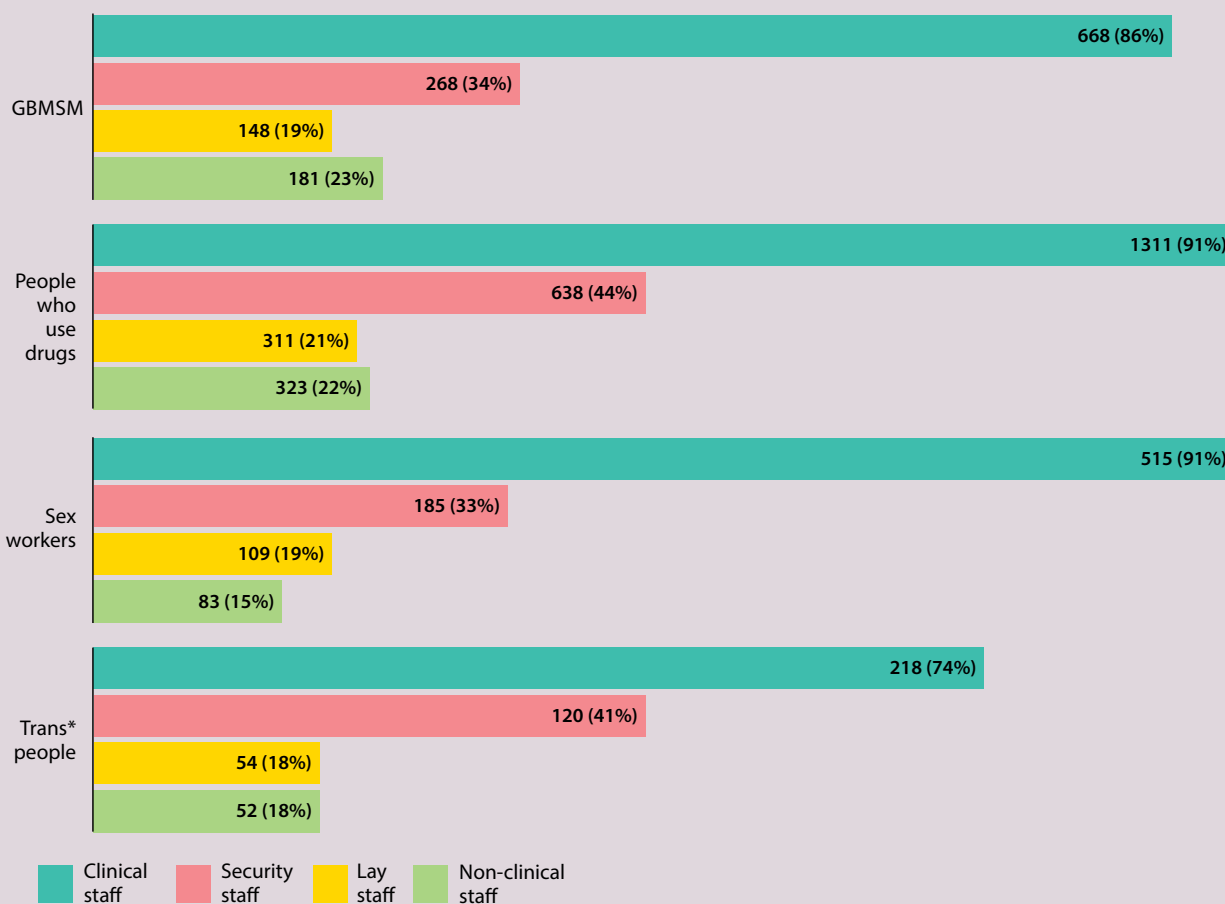
Across provinces this did vary. Facility staff in KwaZulu-Natal provided the least friendly services for GBMSM, the Eastern Cape and Limpopo provided the least friendly services for people who use drugs, the Eastern Cape provided the least friendly services for sex workers, and the North West provided the least friendly services for trans\* people. Clinical staff were again this year the most commonly reported as being unfriendly and unprofessional by all key population groups followed by security staff. Overall people who use drugs faced the most unfriendly services across key population groups.



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### Which staff are unfriendly and unprofessional (July to September 2022)



### % (n) of respondents reporting staff are always friendly and professional at facilities across provinces (July to September 2022)

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
GBMSM	33% (109)	54% (99)	42% (44)	25% (25)	33% (40)	40% (50)	34% (116)
People who use drugs	16% (62)	43% (108)	28% (120)	22% (63)	17% (23)	24% (49)	22% (81)
Sex workers	23% (23)	61% (73)	61% (122)	37% (65)	42% (75)	48% (68)	45% (99)
Trans* people	45% (45)	53% (52)	47% (25)	32% (20)	38% (33)	47% (32)	30% (28)

The disrespect and hostility can be felt in people's own words:

*"If you go to the clinic, they will judge you for the type of work that you do. Everyone will look at you and stare at you like you are a ghost; some even laugh and gossip about you. Even the security guards. Some have asked how much I sell my body for. If you go to a nurse and they find out you are a sex worker, they will assault and call you names like "prostitute", "magosha", what were you expecting when doing this type of job. You will be spreading all sorts of diseases" — a sex worker using Mangaliso Clinic, Eastern Cape (September 2022)*

*"Maybe you go there and you are in pain, and they would be very slow and just ignore you. Also, because we are dirty, they shout at us that we are dirty and call us "nyaope boys". They are very judgmental. For them to attend to us, they take their time. If you ask them, when will they attend to you, they won't say anything. You end up leaving without getting help" — a person using drugs using Helen Joseph Hospital, Gauteng (October 2022)*







*"They would only treat you well if they do not know if you are part of the LGBTQIA+ community... They like being judgmental. I think they have not accepted the fact that there are people like that and maybe they do not want to accept it because they feel like it is wrong" — a bisexual man using Qadi Clinic, KwaZulu Natal (October 2022)*

*"Some nurses would look at you funny, and ask why are you dressed like this, are you not a woman? And ask you inappropriate questions about my sexuality that are not necessary to provide the service for me" — a trans man using Edendale Hospital, KwaZulu-Natal (October 2022)*

*"I went to the clinic because I was having problems with my leg and could not walk properly and had to sit for over 5 hours. The nurses told me that they don't offer help to drug users. They can't do things on my time because I am just in a hurry to go smoke again. So, I must wait in the queue or go get help anywhere else. I went back to take a seat while in so much pain. I was in tears because the pain kept getting worse" — a person who uses drugs, using Kanyamazane CHC, Mpumalanga (December 2022)*

*"I went to Stanza clinic because I had an abscess on my bum. I know nurses there are rude but the way this one responded to me was very bad. She said you guys like to sleep with boys and you expect us to help you and perform miracles. I just needed her to give me antibiotics and ointment for the abscess but she just ended up rambling her own thing. I felt very disrespected and judged" — a non-binary gay person using Stanza Bopape CHC, Gauteng (November 2022)*

*"I found out that I am HIV positive a while ago but — based on previous bad experiences at the public clinic where they would be trying to force their religious belief on you — I did not want to get into ART until recently. The staff at this facility are okay but they mumble under their breath, it is like they are uncomfortable but try to remain professional" — a non-binary gay person using Silverton Clinic, Gauteng (November 2022)*

*"I am HIV positive and take my ARVs from the clinic. They only give me one month's supply, and every month when I go there, I have to join the long queues and still face the judgmental attitudes of the staff. And it is people who know me that are giving me problems. They know me from the community" — a sex worker using Vosloorus Ext 28 Clinic, Gauteng (November 2022)*

*"The staff are very rude and unfriendly. Once she realised I am a member of the LGBTQIA+ community, she was very judgmental. Even the way in which she injected the treatment for the STI, it created an abscess that did not go down for weeks. Whenever I go back there, if it is only that nurse that is available, I will leave" — a queer man using Soshanguve 2 Clinic, Gauteng (November 2022)*

*"I tested HIV positive in 2020. I have been homeless for longer than that. I have attempted to get ART from Bothaville Clinic. They first denied me service because I do not have an ID document, as a result I was told to acquire an affidavit to substantiate my claims. When I returned to the clinic, I was further denied access because I did not meet the hygiene standards of the security guard and the two male nurses. I was further advised that I should also sober up before they could help me. My last attempt was in October 2021" — a person who uses drugs using Bothaville Clinic, Free State (August 2022)*

*"The staff are not friendly to GBMSM because the way they look at you, immediately they notice that you are gay or what, without asking you anything about your sexuality. They will give you attitude and treat you badly. I have taken it to the management. They called me for a meeting and when I got there I was told that the person who was supposed to attend to the case was not there. I went a few more times and just gave up" — a gay man using Stanford Terrace Clinic, Eastern Cape (August 2022)*

*"They all need to abide by the Batho Pele principles because they treat members of the key population as a joke like we are confused. There should be a workshop to train the clinic staff on how to treat the key population. They shouldn't be trying to preach to us or discriminate against us, but just provide the services we require and treat us with respect" — a trans\* person using Park Street Clinic, KwaZulu Natal (May 2022)*

*"You can see them gossiping about you and pointing at you, this makes me feel very uncomfortable. They are not doing a good job with trans\* people" — a trans woman using Baaite Clinic, Limpopo (December 2022)*

*“You can go to the clinic in the morning and be on the queue for so long. They would mostly attend to people that they know. They would skip us sex workers and attend to the people that they like. You would sometimes go home without getting help and you would have wasted the whole day without doing any business so you now don’t have money for food” — a sex worker using A Mamabolo Clinic, Limpopo (December 2022)*

*“The security will ask you what you came to do instead of letting you in. Attitudes towards trans\* people is a problem. There is discrimination” — a trans\* person using Nhlazatshe 6 Clinic, Mpumalanga (May 2022)*

*“I wish the staff could be nicer so that we can be free to talk to them. As sex workers, we don’t have anyone to talk to, not even the nurses and counsellors at the clinic are good. They would be judging you and blaming you for whatever is wrong with you. They will say it is your fault that you have the STI or got raped” — a sex worker using A Mamabolo Clinic, Limpopo (December 2022)*

*“I had an infection and I explained to (the nurse) and she said to me “that place is not good for that vele”. That made me feel like I should not have come to the clinic to consult and report the incident. I felt very discriminated against and not taken seriously. It showed me that education on LGBTQIA+ is not being shared with nurses based on how she treated me” — a gay man using Evander Clinic, Mpumalanga (May 2022)*

For those not getting health services anywhere, a lack of friendly services was the reason reported by 45% of GBMSM (99), 50% of people who use drugs (311) 53% of sex workers (112), and 49% of trans\* people (47). 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 59% of GBMSM (609), 50% of people who use drugs (620), 58% of sex workers (671), 50% of trans\* people (307).

*“I use a private doctor because the nurses at the clinics ask irrelevant questions like am I the man or woman in my relationship which has nothing to do with why I am there. Even with my pronouns, they intentionally address me as she/her when I tell them I identify as a cisgender man” — a gay man from Springs (October 2022)*

*“I no longer go to the facilities, same as other gay people, because of the bad treatment that we get there which is unfair. We should be treated equally like others. The staff are rude and disrespectful” — a non-binary gay person from Thokoza Park, Gauteng (October 2022)*

*“The last time I went to the clinic, they called me names and humiliated me in front of other patients. Now I just buy from private pharmacies when I need condoms, lubes, and antibiotics” — a trans woman who is also a sex worker in Vosloorus, Gauteng (October 2022)*

#### Top reasons KPs don’t access services (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* People
<b>Top reasons KPs don’t access services at the public health facility</b>	Staff are not friendly (59%, 609), privacy is not respected (47%, 486), don’t feel safe (27%, 280)	Staff are not friendly (50%, 620), privacy is not respected (35%, 434), don’t feel safe (23%, 288)	Staff are not friendly (58%, 671), privacy is not respected (41%, 475), staff refused to provide services (22%, 256)	Staff are not friendly (50%, 307), privacy is not respected (35%, 223), don’t feel safe (23%, 142)
<b>Top reasons KPs don’t access services anywhere</b>	Health services are not private (53%, 115), staff are not friendly (45%, 99), don’t feel safe (26%, 58)	Staff are not friendly (50%, 311), services are not private (38%, 236), do not feel safe (25%, 158)	Staff are not friendly (53%, 112), privacy is not respected (47%, 99), fear people would find out they are a sex worker (30%, 64), don’t feel safe (30%, 64)	Staff are not friendly (49%, 47), privacy is not respected (44%, 42), fear people would find out they are trans (27%, 26), don’t feel safe (27%, 26)

Key populations should not have to suffer abuse and humiliation to access health services. Unfriendly services drive people away from care. Not only is this an issue of human dignity and respect, but keeping key populations 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 people can access HIV prevention or achieve long-term retention on ARVs.



*“It’s very hard when the nurses don’t treat you good and they don’t believe that you are trying to get better.”*

#### COMMUNITY STORY

Being ill should not have to feel like being rejected by the very healthcare system that should support you to get better. That’s how Q\* feels about the clinic closest to his home, the clinic in Hammarsdale near Pinetown, KZN.

In 2018 he was diagnosed with HIV and received his ART from there. He’s also had TB and had to receive treatment from Hammarsdale too, but he says he’s always made to feel judged and lectured to by staff because he uses drugs.

“It always comes back to that,” he says.

Q adds that because of his circumstances he does get different treatment from the nurses and it makes him feel discriminated against.

“One time I had a bad wound and I had to come there every day for them to help me change the bandages but every day they would lecture me and tell me I was not getting better because I’m a drug user — everything for them is always that I am a drug user; but I just wanted them to help me with my problem of a wound. It was very painful for me,” he says.

Over the years he says bad attitudes by nurses have also led to him to stop taking his ARVs because staff attitudes have become unbearable to put up with.

“I decided to drop that clinic because it was hard; and now I come to an NGO drop-in centre in town [Durban] and it’s going good there,” he says.

Q is able to collect his ARVs at this NGO and he’s also been linked to a methadone treatment programme and he says he’s getting the support to stop drugs and to start claiming back his health.

“It’s very hard when the nurses don’t treat you good and they don’t believe that you are trying to get better; even if you are a drug user,” he says.

As he reclaims his health though, Q says it also feels like he’s reclaiming his personal goals in life. The next goal for him, he says, is to start working to help others who have the multiple burdens — living with HIV, having TB, being dependent on drugs, and being homeless — to access healthcare.

“I want to be able to volunteer, maybe to help them come forward to get treatment because I have their experience from before and I know how hard it is,” Q says.

*\* Name has been changed to protect identity*



## Stopping HIV treatment

Where the attitudes of clinic staff have become unbearable, some people have stopped going to the facility altogether, including for HIV, TB and STI testing and treatment.

One sex worker using Tshangana Clinic told us:

*"Whenever I go to the facility it is only that sister that gives me a bad attitude. She will always embarrass me and treat me like an animal. Which is why I stopped going to that clinic and taking my medication. It is like she sees me on the camera and comes to harass me." (December 2022)*

Yet one sex worker told us that:

*"When I went to the clinic for my ARVs, (a sister) called me a "defaulter", saying you always default. This happened in front of everyone in the waiting area and she will not assist me if I come to her because I always default." (Tshangana Clinic, December 2022)*

Another sex worker using Empangeni CHC told us:

*"They treat us badly, they judge us, and I think that is why they don't give us good services. Some of the people that I work with have stopped going for their HIV medication because of the type of attitude that they get when you get there. They should treat us like human beings, the same way they treat other people." (October 2022)*

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 facility, or even disengage from care altogether rather than face being shouted at upon return. This is completely counterintuitive to ensuring long-term retention.

For key populations 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 key populations 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.

One person using drugs said:

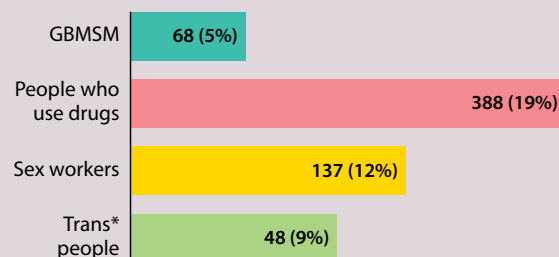
*"Going to the clinic, sometimes you are dirty and they discriminate against you, they don't help you. Some guys, they discontinue their treatment because of the challenges they face at the clinics." (Beatrice Street Clinic, KwaZulu Natal, October 2022)*

## Refused access to services

*"At Mofolo Clinic, anytime I go there, the security would chase me away, saying that I need to go take a bath because I stink. They are rude towards us drug users" (Mofolo Clinic, Gauteng, October 2022)*

Shockingly, significant numbers of key populations reported being refused access to services because of being someone who uses drugs, is a sex worker, or is a part of the LGBTQIA+ community. 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".

% (n) of respondents who had been refused access to services at the facility because they are a KP (July to September 2022)



% (n) of respondents reporting they were refused access to services at a facility in the last year because they are a KP (July to September 2022)

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
GBMSM	4% (15)	2% (4)	10% (10)	2% (2)	5% (6)	10% (13)	5% (18)
People who use drugs	20% (78)	10% (26)	23% (100)	25% (73)	13% (18)	26% (52)	11% (41)
Sex workers	25% (26)	<1% (1)	8% (15)	10% (17)	18% (32)	11% (16)	14% (30)
Trans* people	21% (21)	4% (4)	6% (3)	3% (2)	9% (8)	13% (4)	6% (6)

Below are a number of quotations from key populations who have been refused access, chased away, or had to fight for entry into a clinic.

*"They are not doing a good job serving the KPs at all. I've heard them calling a security guard to escort a person using drugs outside saying he was smelling and denied him services. I am a gay man and their attitude towards me is very bad. They always rush me when I try to consult and explain what my problem/illness is on the day" — a gay man using Philani Clinic, Eastern Cape (October 2022)*

*"The nurses and security guards discriminate against us, they see us as thieves because we use drugs and make accusations. It is like they are threatened by us being in the facility. Sometimes they chase you out of the facility and you end up not getting the services we need" — a person using drugs using Phillip Moyo Clinic, Gauteng (October 2022)*

*"Once the nurses realise that you are sex worker, they treat you very badly, they are very judgmental towards us and sometimes deny us services" — a sex worker using Nobody Clinic, Limpopo (December 2022)*

*"They treat you badly and the security chases you away, they say you are dirty and smelly. I was not able to get the service I wanted. I ended up leaving. And the reason I started smoking is because of the accident I had and I have been using drugs to numb the pain" — a person using drugs using Chiawelo CHC, Gauteng (October 2022)*

*"I visited the clinic because of stomach cramps and felt I wanted to quit drugs. Because I was sick I looked as if I was high to them so they didn't take me seriously. From the security guards to admin and inside the consulting room. They told me they don't help people who use drugs because I started using drugs while knowing the implications and results of using. I felt so ashamed because the admin staff were cruel and shouted at me in front of other patients saying, why don't we bathe cause it's what's making us sick" — a person who uses drugs, using Kanyamazane CHC, Mpumalanga (December 2022)*

For key populations trying to access much needed healthcare, being chased away can make it more likely to deter future attempts. 55% of GBMSM, 72% of people who drugs, 58% of sex workers, and 44% of trans\* people who had been denied access never got the services they needed.

While some key populations 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 (from the very clinic that refused you services) to another clinic, often meaning an additional travel cost to a clinic further away from you. In October to November 2022, Ritshidze data collected in facilities revealed 506 people complained of being denied access to services without a transfer letter in the last 3 months.

As one gay man put it:

*"I transferred from Cape Town, they firstly refused to give me my ARVs because I did not have a transfer letter. I ended up interrupting my treatment for almost 3 months and got sick and was admitted at St Barnabas hospital. When my treatment finished I went back to the facility at Libode, at the waiting area the same nurse who refused me service disclosed my status and said that I am a defaulter, and that we "gay people" like to come up with stories. I had to explain myself again in front of the other clients and everyone was looking at me." (Libode CHC, Eastern Cape, December 2022)*

One person who uses drugs said:

*"They reject people who are critically ill because of a referral letter. The nurses do not want to dress our wounds because they are disgusted by us." (Bheki Mlangeni Clinic, Gauteng, October 2022)*

Another told us:

*"At Market Street Clinic, because I am an addict, they don't treat me right. It is like I am an alien, like I am not a human being too. They will treat you badly, for example, if you are in front, they will answer the person behind you on the queue, when you ask why, they will say there is a special person that would attend to you. After spending like 5 to 6 hours, you end up leaving." (Market Street Clinic, KwaZulu Natal, October 2022)*

This is a complete violation. All reports of key populations being refused entry to public health facilities or that services are restricted should be urgently investigated with swift action taken to resolve the situation.

Others talk of challenges with being denied services without an ID. In October to November 2022, Ritshidze data collected in facilities revealed 703 people complained of being denied access to services without a transfer letter in the last 3 months.

One sex worker said:

*"I have been denied services multiple times because I don't have an ID as I am not South African. I always have to go see a private doctor" (Bekkersdal West Clinic, Gauteng, October 2022) — and another said "The way we are treated is not good. They insist that we bring IDs and I don't have one which makes the situation difficult, and the fear of deportation makes me not want to go back there." (Springs Clinic, Gauteng, October 2022)*



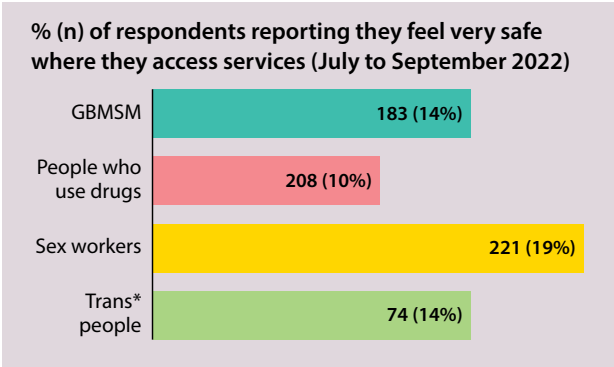
## Safety and comfort

*“I am not comfortable to disclose that I have a same sex partner.”*  
 (Impilwenhle Clinic, KwaZulu-Natal, October 2022)

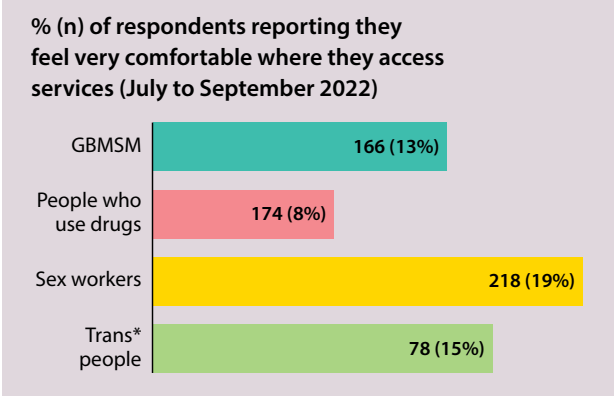
The majority of key populations interviewed did not feel safe and protected from verbal or physical abuse, verbal or physical harassment, or risk of arrest at public health facilities. Only 14% of GBMSM, 10% of people who use drugs, 19% of sex workers, and 14% of trans\* people felt “very safe” using the facility. Similarly, only 13% of GBMSM, 8% of people who use drugs, 19% of sex workers and 15% of trans\* people felt comfortable at the facility.

sex workers, and 27% (26) of trans\* people. Of respondents using drop-in centres and mobile clinics, 27% (280) of GBMSM, 23% (288) of people who use drugs, and 23% of trans\* people (142) reported unsafe conditions as one of the main reasons for not using a public health facility.

In people’s own words:



*“I went to the clinic because I had an anal tear and felt like I had haemorrhoids. After the long wait, I told the nurse about my symptoms and she told me to take my trousers off to examine me. She made me very uncomfortable and asked embarrassing questions like why am I engaging in anal sex and said that the anus is not for taking d\*\*k. She was very homophobic, she said God does not like this type of behaviour and that I am getting punished because of my choices which made me too traumatised to go back to the clinic unless I don’t have a choice. I would usually google my symptoms and go buy medication at the pharmacy” — a gay man using Stanza Bopape CHC (November 2022)*



*“The nurses look down on us, they say that we chose this life, which makes me uncomfortable to open up to them” — a person using drugs using Springs Clinic, Gauteng (October 2022)*

*“No, we don’t feel safe. Since most of the nurses are in the same community so they know the work that I do, so they judge us. They will sometimes tell you that why are you doing sex work, you should go to school and get a proper job. They don’t know why I became a sex worker in the first place” — a sex worker using A Mamabolo Clinic, Limpopo (December 2022)*

For those not getting health services anywhere, a lack of safety was one of the major reasons given by 26% (58) of GBMSM, 25% (158) of people who use drugs, 30% (64) of



*“I am not comfortable in that facility at all, and when you are not comfortable with the staff, you are not able to open up and tell them exactly what is wrong with you because you are afraid of being judged” — a trans woman using Baaite Clinic, Limpopo (December 2022)*

*that I’m a man who have sex with other men and I could see in her eyes that she is not hearing what I’m telling her, and she called another staff member to assist her on my sickness” — a gay man using KwaMashu Poly Clinic, KwaZulu-Natal (October 2022)*

*“It is with their staff that one faces a problem. They can be problematic. Most LGBTQIA+ people are not comfortable in the facility and would rather use a private doctor if they can afford it or one of the NGOs that provide healthcare services” — a queer man using Soshanguve 2 Clinic, Gauteng (November 2022)*

*“Once they sense that you are gay or trans\*, they give you attitude and call you names. I am not comfortable telling the nurses about what I am going through” — a trans woman using Nobody Clinic, Limpopo (December 2022)*

*“To some people they do a good job but to others it’s not the same because you are being judged and feel uncomfortable when they discuss your sickness with other staff while you desperately need help. I once had an STI in my behind as I do anal sex and they asked me how did I get it. I had to explain myself*

Feeling unsafe and uncomfortable at the facility discourages key populations from going to access services, impacting the uptake of testing and prevention services, as well as undermining long-term adherence. Key populations 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.

## Confidentiality + privacy

*“After I disclosed to a nurse that I am a sex worker, she called in her colleague to tell her and they were both mocking me.” (Nobody Clinic, Limpopo, December 2022)*

Key populations were also concerned about ongoing privacy violations as clinic staff were known to disclose people’s HIV status, or the fact that they are queer, trans\*, a sex worker, or someone who uses drugs, in front of other healthcare users, or to invite other clinicians into private consultations in order to mock or judge

people’s symptoms. Service provision must respect the privacy of patients, as enshrined in the Patients’ Rights Charter. However, Ritshidze data highlight that significant numbers of key populations do not think that privacy is respected at the clinic — having increased significantly since last year’s report.

% (n) of respondents reporting they feel privacy is not well respected at facilities (July to September 2022)

	Respondents who think privacy is not well respected at facilities, % (n)	Most common privacy violations
GBMSM	42% (554)	Disclosure of HIV status (54%, 298), disclosure that respondent is GBMSM (44%, 242), healthcare workers call other staff into the consultation room to share medical issues (31%, 173)
People who use drugs	45% (946)	Disclosure that the respondent is a person who uses drugs (69%, 656), disclosure of HIV status (42%, 397), healthcare workers call other staff into the consultation room to share medical issues (27%, 258)
Sex workers	38% (434)	Disclosure respondent is a sex worker (53%, 229), disclosure of HIV status (44%, 191),
Trans* people	35% (186)	Disclosure respondent is trans* (45%, 84), patients are consulted in the same room together (33%, 61), disclosure of HIV status (33%, 61)

For those not getting health services anywhere, a lack of privacy was one of the major reasons given by 53% (115) of GBMSM, 38% (236) of people who use drugs, 47% (99) of sex workers, and 44% (42) of trans\* people. Of respondents using

drop-in centres and mobile clinics, 47% (486) of GBMSM, 35% (434) of people who use drugs, 41% (475) of sex workers, and 35% (223) of trans\* people reported the lack of privacy as one of the main reasons for not using the public health facility.

Many community members shared their experiences of privacy violations with us:

*“There is no privacy at all. There is a sister who gives us ARVs... who will come out and say “I never sent you to go collect HIV” in front of other patients. She will shout at you for missing your scheduled clinic date even by a day. She has exposed many people’s status in the waiting area” — a sex worker using Craigieburn Clinic, KwaZulu Natal (October 2022)*

*“They don’t respect my privacy, they don’t close the door when one consults, even when you ask them they refuse, so the person on the passage outside can hear you. At the HIV counselling room there’s three counsellors and they attend three different patients at the same time” — a gay man using Philani Clinic, Eastern Cape (October 2022)*

*“I went to Stanford Terrace Clinic when I had an STI. Then when I got to the facility firstly the nurse consulted me in an open space and when I told her that I was not comfortable with being consulted with a second person inside, she told me that was the way they did things, I could not come as a client and then tell them how to do their job, so I gave up and left. I wrote a complaint and put it inside the box till date I never received any phone call from the department or the manager of the facility” — a trans\* man using Stanford Terrace Clinic, Eastern Cape (December 2022)*

*“The facility is generally okay, it is just that one staff member who is very discriminatory, she is the only one who stigmatises me because she knows I am a sex worker. I am scared of reporting her because I fear that she would tell the others and I would start to receive the same treatment from them too” — a sex worker using Tshangana Clinic, Eastern Cape (December 2022)*

*“The nurses will tell each other that one is trans\*, they call us “the ones who don’t know if they are a man or woman”. And they would enter the consultation room without knocking while you are busy consulting” — a trans woman using Dobsonville Clinic, Gauteng (October 2022)*

*“They do not respect people’s privacy. Nurses will come in and out of the consultation room. Even the nurse that you are consulting with will just leave the room to go discuss you and your symptoms with another nurse. The walls are so thin so you can hear everything that is being said in the other room” — a gay man using Stanza Bopape CHC, Gauteng (November 2022)*

*“The challenge is that at the Clinic there is no privacy, they just tell you everything in front of everyone. They discuss sensitive issues in front of all patients. They judge us. They will ask you how you have sex. I stopped going to the clinic after a nurse who knows me spoke about my status in public. She also met me at the park and said you are here and you know that you take treatment and alcohol is not good for you. I asked why you take issues of the clinic to the public and I stopped going to the clinic and defaulted for 2 years after 2017 when my status was disclosed in public. I started to feel sick and went back to the clinic, I was assisted by a lesbian nurse from Aurum who said I must not go to those nurses but to her, since then she is the one who assist me.” — a gay man using Grace Mokgomo CHC, North West (May 2022)*

*“I want to believe there is privacy and confidentiality but sometimes you get to know medical information about patients because the nurses would always chat about the patient they have just attended to in the corridor, so everyone in the waiting room would know it was the person who was just consulted” — a trans man using Edendale Hospital, KwaZulu-Natal (October 2022)*

*“There is no confidentiality, because I told one of the sisters about my job as a sex worker, she told the others about it. So, every time I go there for services, they gossip and point at me. I have a friend who also faces the same problem as me. They do not treat sex workers well” — a sex worker using Vosloorus Ext 28 Clinic, Gauteng (November 2022)*

*“At Stanford Terrace Clinic in Mthatha, they put my PrEP and STI treatment on the counter along with other patient’s HIV medication where everyone could see our personal details and what type of medication we are taking. One person refused to take his medication because he was scared the other people from his community would know he is taking ARVs” — a gay man using Stanford Terrace Clinic, Eastern Cape (August 2022)*

*“They do not respect people’s privacy at all. You are supposed to feel like you are in a safe space but it does not feel that way. When you are consulting, the nurses would be speaking on top of their voices and the others would be able to hear what they are saying” — a trans\* person using Stanford Terrace Clinic, Eastern Cape (August 2022)*

*"I am sure they do talk about what I discussed in the consultation room with their colleagues, because I can often see the staff gossiping about me. So, I don't think they respect my privacy, I am just glad that I now take my ARVs from Clicks so I don't have to go to the clinic too often. I only go there to do my blood tests" — a trans woman using Baaite Clinic, Limpopo (December 2022)*

In order for key populations to access health services and in particular key population specific services, spaces are needed that feel private enough to disclose you are a member of a key population group without fear that your privacy will be violated. This will definitely require fixing the many privacy concerns that have been reported. We will not reach national HIV targets, or the country's Constitutional obligations, without addressing this.

*"They must stop disrespecting us – it can't be that cleaners are going through my file and that you can just disclose someone's status"*

### COMMUNITY STORY

**Lesedi\* doesn't need nor want special treatment – but he does want to be treated with dignity and respect at the clinic he visits - just like everybody else he says.**

For the past 1.5 years he's been on ARV treatment and for most of that time he was using the Alabama Clinic in Klerksdorp. He describes his visits to the clinic as stressful and frustrating.

"There is no privacy at the clinic, they have had shortages of medicines before and the nurses are very unfriendly and unhelpful," he says.

As an openly gay man he says that nurses are judgemental and rude and deliberately make fun of him. "They will give you looks and they gossip about you and make some wise cracks to your face," he says, "you can't discuss anything serious with them even when you have a problem."

He's had several incidents that have been deeply offensive and unprofessional from the clinic staff, he says. He recalls: "One time a nurse walked up to me and said in front of everyone: 'So you are here to pick up your ARVs'. I also bumped into a nurse at a club one weekend and he came to me and said he had looked in my file and could see I missed an appointment to pick up ARVs. He started questioning me about this and it was in front of my friends and my cousins. I was not even ready to disclose my status. I have also seen the cleaners in the clinic looking through patient files, even mine."

Lesedi says also concerning is that sometimes there are medicine shortages and he says earlier this year he was issued expired medicines. When he went back to the clinic he found other patients with the same problem, returning their ARVs.

"They must stop disrespecting us – it can't be that cleaners are going through my file and that you can just disclose someone's status," he says.

Lesedi says that he has a friend who is a sex worker and she's told by nurses that she deserves to be infected by HIV because 'you are sleeping with our men'. He says he also has friends who have stopped taking their ARV treatments, preferring to default rather than to put up with the treatment they receive at Alabama Clinic.

"I have also sometimes had second thoughts about stopping treatment but I am doing this because it's for my health, but nurses need to be trained to treat us better."

*\* Name has been changed to protect identity*



## Sensitisation efforts

Unfriendliness, lack of professionalism, and privacy violations towards people who use drugs, sex workers, and LGBTQIA+ community members are widespread across all provinces monitored. Through last year's report as well as the People's COPs and Ritshidze State of Health reports, we have been calling continually for the training and sensitisation of both clinical and non-clinical staff at all public health facilities to ensure friendly and professional services and ensure key populations are treated with dignity and respect.

PEPFAR committed to retrain staff in COP21 using the "robust KP sensitization toolkit"<sup>3</sup>. However, despite training and retraining — disrespect, ill-treatment, and dehumanisation of key

populations remain a widespread challenge that needs to be urgently fixed with consequences for clinic staff who commit privacy violations.

**We in the LGBTQIA+ community and sex workers want to be treated like everyone else and be respected like everyone else**

### COMMUNITY STORY

**The Gompo A Clinic in East London doesn't get 100% from Zara\*, but she says where they are winning is in staff attitudes and knows it's a big deal because people are always complaining about rude and unprofessional nurses.**

"I can say that the nurses do try their best and they don't discriminate against me, even as a sex worker and a trans\* woman, maybe it's because they see many of us around there," she says.

Zara adds that Compo A shouldn't be the extraordinary and that more nurses across the country should undergo sensitivity training and become better educated.

"We in the LGBTQIA+ community and sex workers want to be treated like everyone else and be respected like everyone else," she says.

On issues of respect though Zara says the clinic does need to stop making separate queues for patients based on why they are visiting the clinic. The queue system means there's no confidentiality or privacy for patients who don't want to disclose their statuses or conditions.

"They are also very short-staffed there. It's why you can come there by 5am and only leave after 4pm. There are also problems that there is only one toilet and there is only an open space there with no chairs or anything that is the patient waiting area," she says.

Zara's key complaint though is that there are shortages of medicines and also that she can't access hormone therapy at Gompo A Clinic to continue on her transitioning journey.

"You can find PrEP there and condoms but you won't find lubricants. I have to get lubricants at a mobile clinic from an NGO. I also can't get any of my hormone medicines at Gompo A. They tell me I have to go to a chemist and it costs me a lot – like around R500 a month," she says.

Zara has been taking hormone therapy tablets for five years but without a doctor's supervision, because there just hasn't been someone to assist in the public sector in East London. She adds that the clinic has never been able to help with a reference letter or to link her to alternative care where her transitioning can be supported and managed.

"I did go to see a psychologist at an NGO and they are the ones who gave me the script. But it does worry me that I am doing this without a doctor. But I won't stop taking those pills because transitioning is the most important thing for me," she says.

*\* Name has been changed to protect identity*

3. PEPFAR SDS 2022, page 36. Available at: [https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22\\_SDS.pdf](https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22_SDS.pdf)

# SPECIFIC SERVICES FOR KEY POPULATIONS AT PUBLIC HEALTH FACILITIES

- Only 14%** of facilities have specific services for sex workers
- Only 27%** of facilities have lube freely available
- Only 55%** of sex workers said they could get enough condoms at the clinic
- Only 45%** of GBMSM said they could get lube
- Only 28%** of facilities say they offer trans\* people PrEP
- Only 15%** of people who use drugs have been offered PrEP at the clinic
- Only 41%** of GBMSM have been able to access PEP when needed
- Only 6%** of people who use drugs were offered information about where they could get new needles from the clinic
- Only 11%** of people who use drugs were given information on where to get methadone from the clinic
- 63%** of trans\* people wanted access to hormones at the clinic
- 43%** of trans\* people who asked clinics where they could access hormones get no information
- 38%** of people who use drugs were told they couldn't get contraceptives because they use drugs
- 30%** of trans\* people told they couldn't have contraceptives because they are trans\*
- Only 61%** of sex workers reported staff were always respectful when seeking post-violence services

2. Add signs to lubricants and condom dispensers/boxes saying that explain they are free to take
3. Add checking condom and lubricant supplies to the cleaner checklist so that dispensers/boxes are always full
4. Ensure no staff ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes
5. Ensure that PrEP is offered to everyone including key populations who are not living with HIV/ tests negative for HIV with information shared on its benefits — add nurse checklist
6. Respectfully ask people their correct gender and what pronouns they prefer — and remove coloured folders that mark people's gender.
7. Ensure clear referral pathways and linkage between facilities and drop-in centres/or KP designated sites

## The Department of Health and PEPFAR should:

1. Expand the Centre of Excellence model to ensure that at least 2 public health facilities per population per district serve as key population designated service delivery centres. These sites must be allocated additional staff and resources to provide comprehensive health services to the specific KP population being served.
2. Ensure that condom compatible lubricants, external and internal condoms, and other barrier prevention are easily available at all public health facilities.
3. Ensure that harm reduction services are made available at public health facilities including methadone and drug-dependence support.
4. Ensure that trans\* people are able to access hormone therapy and gender affirming services closer to home.
5. Provide easy referral and adequate resources (including transport/money for transport) for people who use drugs and trans\* people to uptake those services.
6. Ensure that key populations 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.

## RECOMMENDATIONS

### Facilities should be held accountable to:

1. Put condoms and lubricants in a range of spaces across the facility (waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely collect them







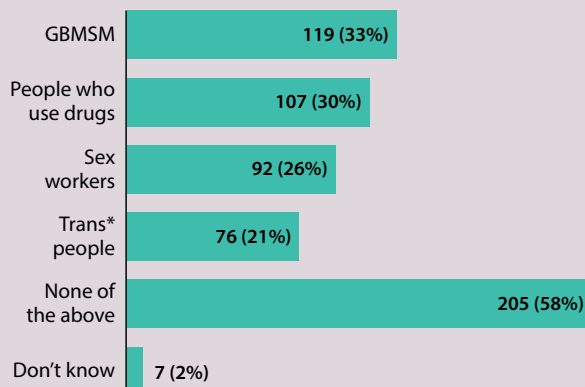
Key populations — including GBMSM, people who use drugs, sex workers, and trans\* people — are disproportionately affected by HIV. It is therefore critical that key populations can access specific services to meet specific needs.

Monitoring of Ritshidze sites from October to December 2022 reveals that a low proportion of facilities provide services for key populations when asked generally — with the following number of facilities reporting to provide services for GBMSM (119 sites), people who use drugs (107 sites), sex workers (92 sites), and trans\* people (76 sites). 205 of the facilities monitored did not report offering any services for any key population groups.

However, when probed further into the specifics of what services are provided, it is apparent that very few facilities provide the specific services needed — as outlined in the following graphs.

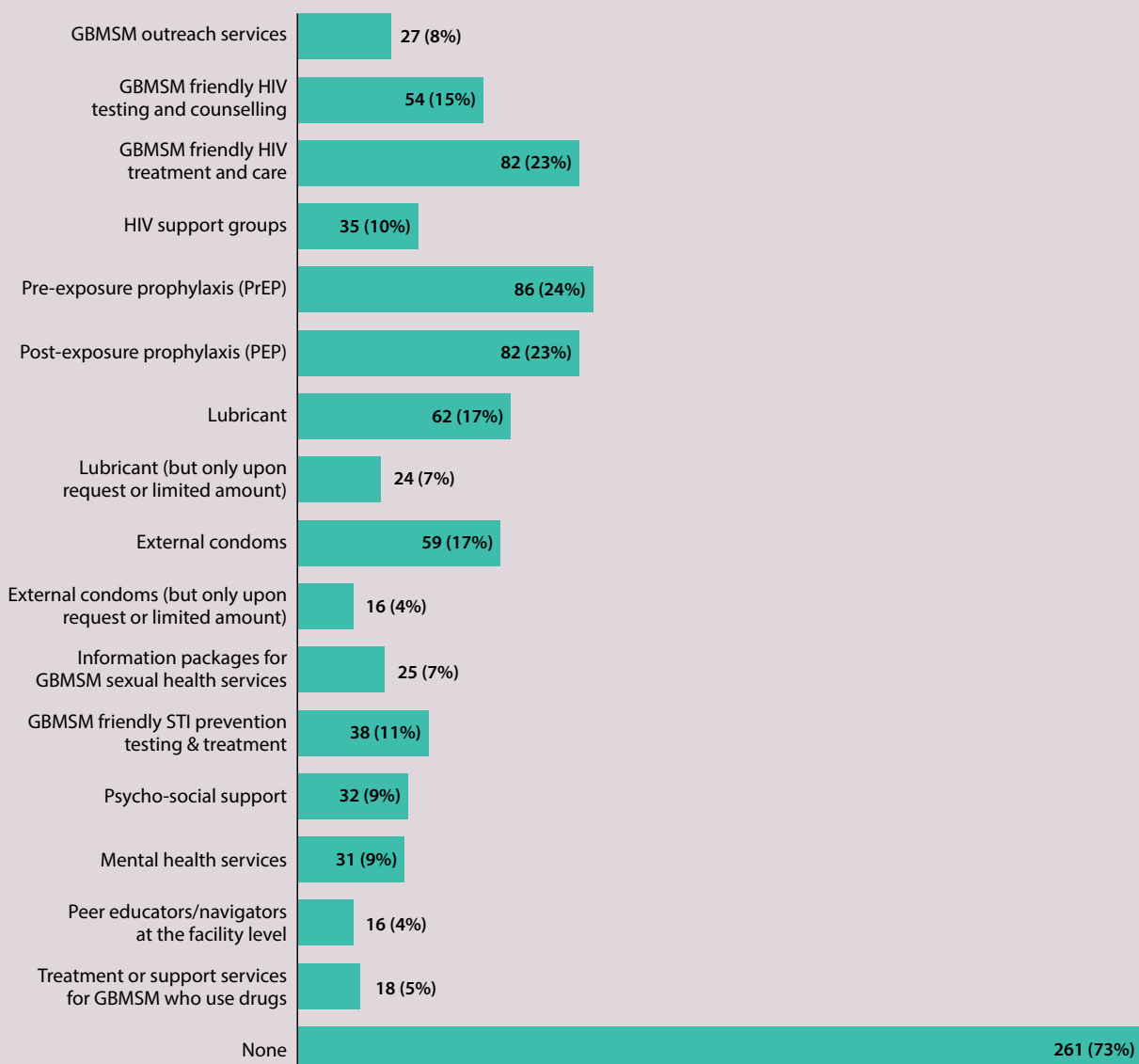
### Are there specific services for any key populations? (October to November 2022)

Facility Staff Surveyed: 356



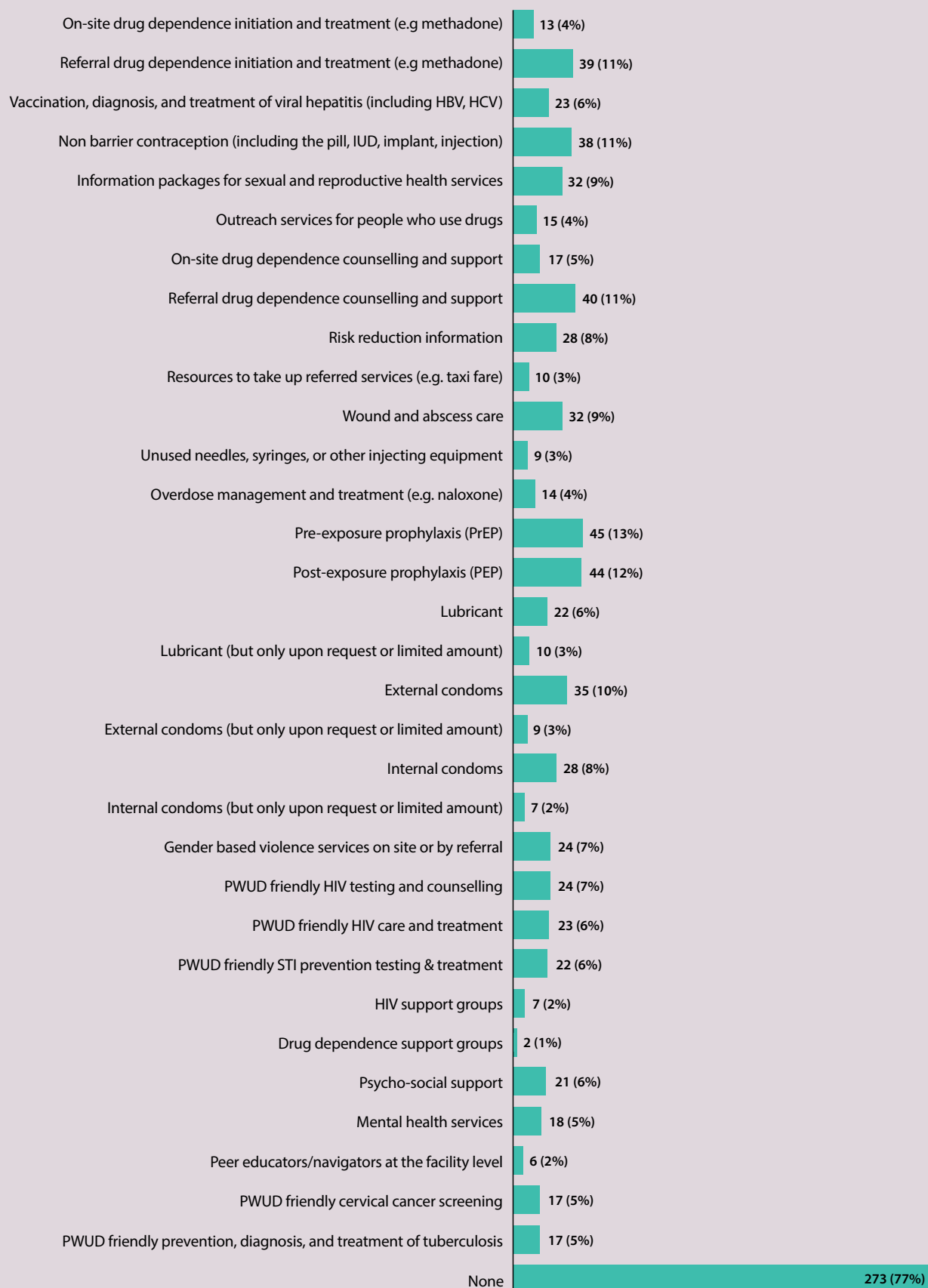
### Services provided to gay, bisexual, and other men who have sex with men (GBMSM) (October to November 2022)

Facility Staff Surveyed: 356



### Services provided to people who use drugs (October to November 2022)

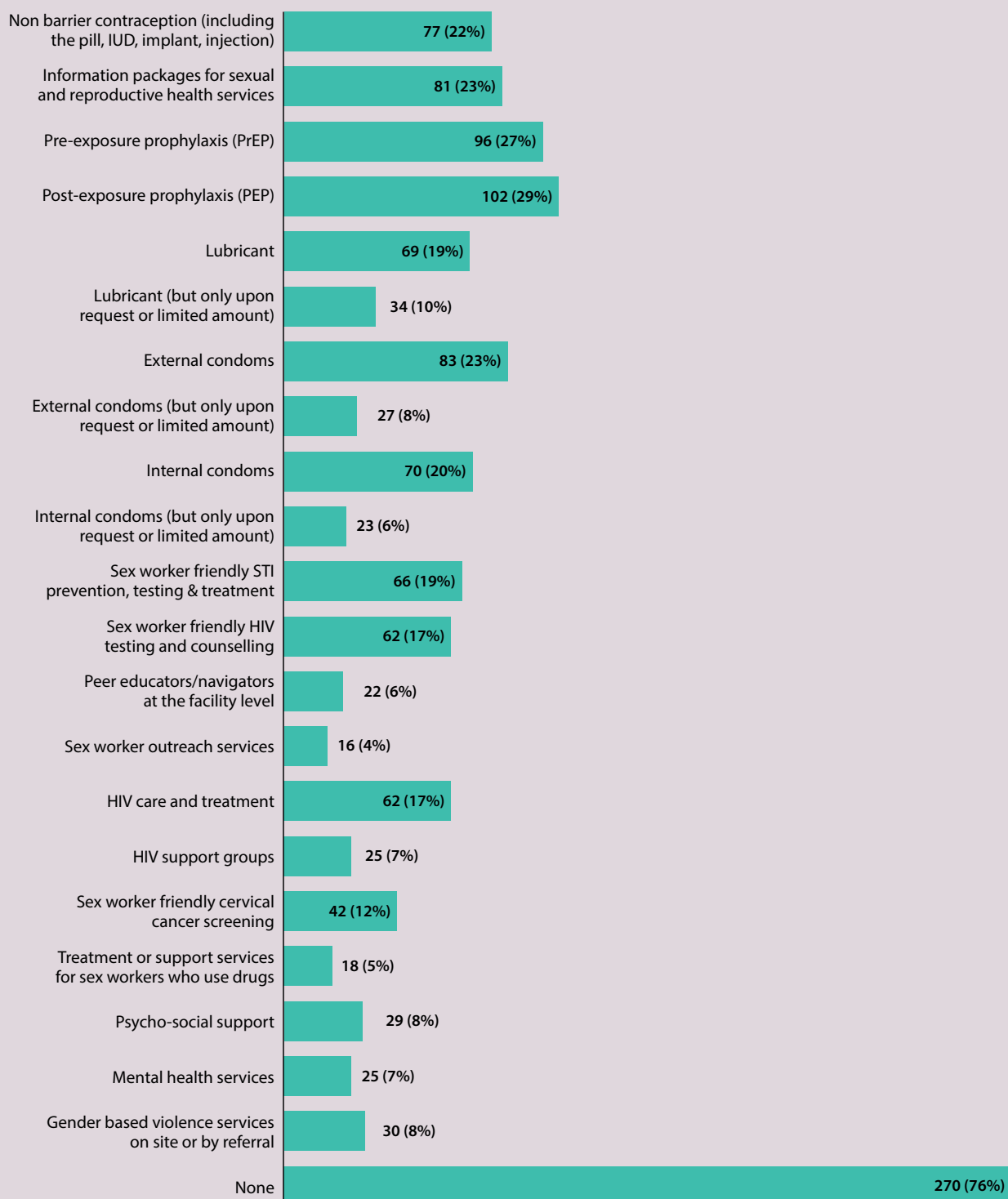
Facility Staff Surveyed: 356



**Monitoring of Ritshidze sites from October to December 2022 reveals that a low proportion of facilities provide services for key populations when asked generally.**

**Services provided to sex workers (October to November 2022)**

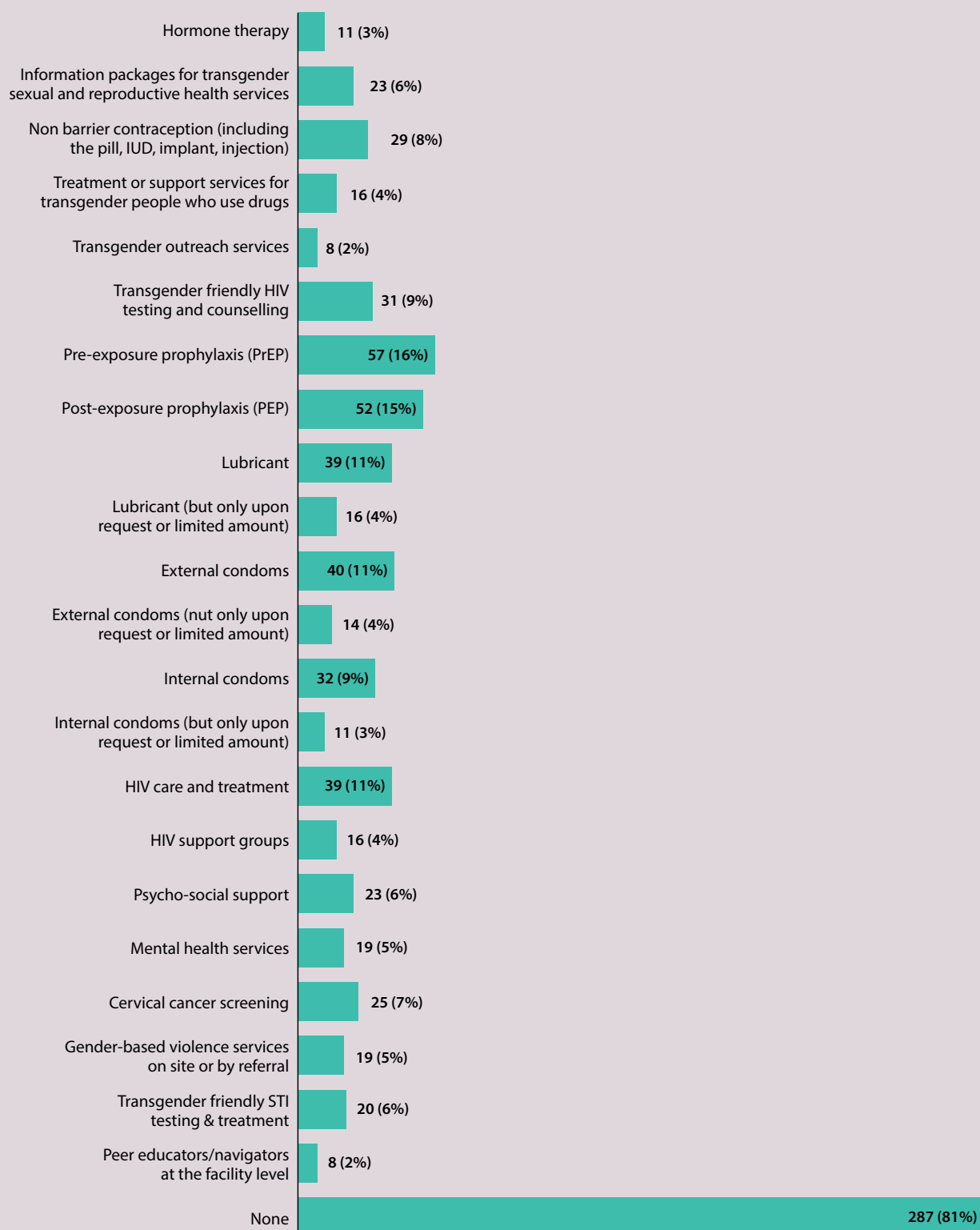
Facility Staff Surveyed: 356





### Services provided to trans\* people (October to November 2022)

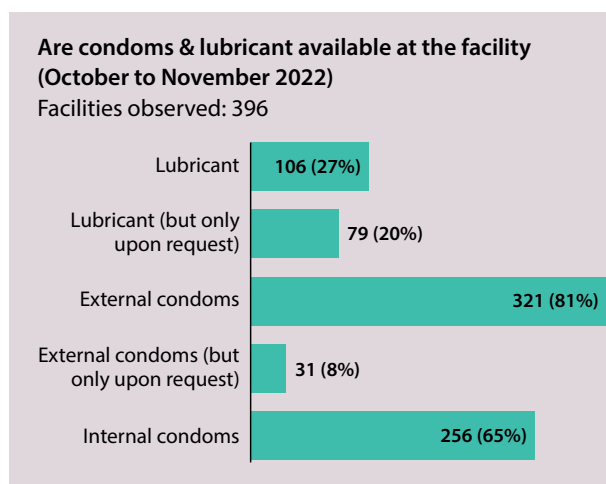
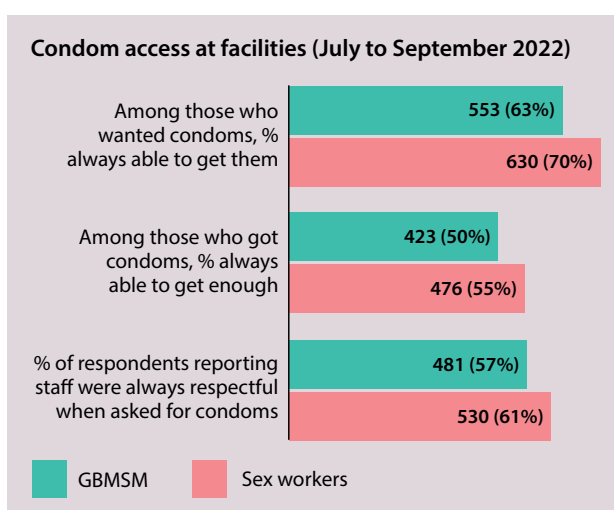
Facility Staff Surveyed: 356



## Condoms and lubricant

*“For sex workers, they don’t do a good job. They know us and they deny us the amount of condoms we need. There’s hardly any lubricant, they always say they’ve run out of stock” (Craigieburn Clinic, KwaZulu Natal, October 2022)*

Key populations often struggle to access basic prevention tools like condoms and especially lubricants, either because those commodities are simply not available at all, or key populations are questioned for taking them or refused access. Ritshidze data gathered in 396 facilities show that lubricants were only freely available in 27% of sites, external condoms in 81% of sites, and internal condoms in 65% of sites.



Data collection among GBMSM and sex workers found low availability of external condoms, with only 63% of GBMSM and 77% of sex workers able to access external condoms and only 50% and 55% of those people able to get enough, respectively.

45% of GBMSM, 40% of people who use drugs, 53% of sex workers, and 59% of trans\* people using public healthcare facilities said they could access lubricants.

### Lubricant access at facilities (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
% aware they should be able to get lubricant (lube) at all public health facilities	54% (700)	29% (570)	58% (646)	63% (327)
Among those seeking lube, % always able to get it	45% (266)	40% (127)	53% (309)	59% (156)
% reporting staff are always respectful when asked for lube	50% (294)	40% (126)	56% (324)	64% (169)
Among those able to get lube, % always able to get enough	48% (251)	31% (86)	48% (241)	59% (143)

Many community members explain in their own words the reality of trying to access condoms and lubricants at the facility:

*“I go there every week to fetch condoms, unfortunately one of the sisters recognised me and called me aside and asked why am I always coming every time to collect condoms. Then I explained to her that I am a sex worker. Then the other week when I went there, I could see that they were talking about me, they were pointing their fingers at me” — a sex worker using Vosloorus Ext 28 Clinic, Gauteng (November 2022)*

*“I would have to wait for so long to be able to get condoms, but they never give me lubricants. They will tell me that I cannot always get them, there are other people as well who need it” — a sex worker using Vosloorus Ext 28 Clinic, Gauteng (November 2022)*

*“I have seen condoms there but they were not looking nice... but they are always there. I have never seen lubes there” — a gay man using Central Clinic, Eastern Cape (October 2022)*

*"If you ask for condoms, they will laugh at you, ask many questions like what are you going to do with it, how much are you going to use, how many condoms are you using per day, why are you taking so much. There is always tension in the consultation room. You are scared to tell the nurse exactly what is wrong with you because you can see by the way the person would look at you, the person is not happy with you or she does not like you or your type of job or the rumours she heard about you. She will not treat you like a normal person"* — a sex worker using Mangaliso Clinic, Eastern Cape (September 2022)

*"We don't get lubricants there but they have condoms, the staff will always complain about us taking too much"* — a sex worker using Empangeni CHC, KwaZulu Natal (October 2022)

*"Another major problem is the non-availability of lubricants, however, there are condoms. I feel I am treated well based even on my sexuality... It would be good if other facilities can adopt the same attitude the staff here has toward LGBTQIA+ people, following the Batho Pele principles. Treating everyone as equal"* — a queer man using Grace Mokgomo CHC, North West (May 2022)

*"I hardly ever take condoms at the clinic, only from uThingo which is an organisation. I don't think the quality of the condoms in the clinic is the same as the one I get at the organisation. I have never seen lube at the clinic and I am too uncomfortable to ask"* — a non-binary gay man using Impilwenhle Clinic, KwaZulu Natal (October 2022)

*"Only once I saw condoms in the bathrooms, but it was in a small box and it finished very quickly. But there were no lubricants available. We asked them where they put condoms and they said they were out of stock. Either they don't care or don't receive enough stock"* — a gay man using Stanford Terrace Clinic, Eastern Cape (August 2022)

*"For me as a gay man, they only offer condoms, there has never been lubricant in the facility"* — a gay man using Philani Clinic, Eastern Cape (October 2022)

*"There are always condoms, but you will only find lube sometimes. But the place they put it is not private so I am uncomfortable to take it as they always think you are gay if you take lube"* — a bisexual man using Qadi Clinic, KwaZulu Natal (October 2022)

*"Lubricants are not always available but they have them in the store room and do not keep them outside. In addition... there is a stigma attached to lubricants"* — a gay man using Bophelong Clinic, Free State (August 2022)

*"There are a lot of challenges that we experience, they treat us badly, not like the other patients, and the staff don't want to help us. And they also do not give us condoms and lubricants because we are sex workers"* — a sex worker using A Mamabolo Clinic, Limpopo (December 2022)

*"They limit the amount of condoms that you can take, they would say that you are a sex worker so I must go buy at the garage with the money I am making"* — a sex worker who also uses drugs using Lusikisiki Village Clinic, Eastern Cape (December 2022)

*"Whenever I go to the facility, they are not friendly, they are rude. They don't let me take lubricants"* — a trans\* woman using Nobody Clinic, Limpopo (December 2022)

*"The queues are very long when you enter at reception and going to other processes before you see a nurse. As a key population they like harassing us and in the end we don't want to go to clinics. The last time I went for lubricants and was forced to get tested. In the testing room, there was no privacy"* — a gay man using Itsoseng Health Centre, North West (May 2022)

**Condoms and lubricants should be available at all facilities and can easily be placed in the toilets or other areas of the clinic where people could take them without the fear of being seen and judged by others, or being told to put some back.**



## COMMUNITY STORY

Every time Londi\* leaves Nelspruit Clinic without the condoms and lubricants that she needs, it means she has added risks to mitigate as a sex worker and therefore extra worries.

“The clinic has got condoms but they don’t give us enough, even when we explain that we are sex workers and we have different needs and we want to be able to keep ourselves and our clients safe. They don’t want to listen,” she says.

As for lubricants she says she’s never been given any by the clinic and she says it’s a similar complaint that other sex workers have of Nelspruit Clinic.

“We as sex workers have to help each other a lot; we have to borrow from others who have extra condoms or we have to buy them from these people who take the free condoms from the clinics and sell them on the streets,” she says.

Londi has been a sex worker for 27 years and she says government is still to understand that they have to plan better for sex workers — not make them an invisible part of society. For Londi it means clinic services need to be designed to target sex workers. In addition, there’s a need for better psycho-social support, the police need to be able to understand the particular safety risks for sex workers and the Department of Social Development also needs to be on board.

“We face a lot of trauma and many sex workers are suffering from depression. There are also those women who have to work in the bushes and they become targets to criminals and to be abused or even killed.”

“It can also be dangerous work and when we don’t have safe accommodation it means people can be hurt. But even when we come to the police, some of them don’t take you seriously because we are sex workers,” she says.

Londi says one solution lies in creating more platforms for sex workers to be heard. She says workshops and conferences that bring together sex workers and representatives from health, the police, social development and other NGOs and civil society bodies are necessary to improve understanding and communication.

“We are also part of society and the government needs to work with us and understand that we do have some special needs that they must be aware of so that everyone can be safe,” she says.

*\* Name has been changed to protect identity*

*“They just judge you and they’re rude and some of them are nurses I have known for many years but they started to treat me differently when I came out and they were just bad.”*

## COMMUNITY STORY

Since he was a child Polly\* has been a patient at the Mariveni Clinic in the greater Tzaneen area in Limpopo. But in 2012 he came out as a gay man and since then his experience of the clinic has been traumatic and stressful.

“They just judge you and they’re rude and some of them are nurses I have known for many years but they started to treat me differently when I came out and they were just bad.”

“They don’t like gay people at all there – that’s why they have this mental attitude about us. It’s not right what they are doing and it’s why I want to talk about it and report them because it’s just not okay the way they are carrying on,” Polly says.

He adds in his most recent visits to Mariveni Clinic nurses would not provide him with lubricants or condoms and wouldn’t take his healthcare needs seriously, when he tried to talk to the nurses. He eventually felt forced to change clinics.

Now at Letsitele Clinic he says the service and professional help he gets is much better. He also collects ARVs here and says so far he’s had no issues. And most importantly he says that his experience at Letsitele Clinic has helped him realise that it is not the norm for nurses to be rude and dismissive of patients, as he experienced at Mariveni Clinic.

“My solution to these nurses is that they must ask first – they must communicate with their patients and speak to their patients so they can understand. If they ask before they judge then I’m okay with them asking me anything because I can have a chance to explain.”

“Some nurses ask me nicely if I want to be called ‘sister’ or if I want to be called ‘a boy’ and I’m okay with those questions. I tell them I don’t care what they call me so long as they treat me with respect,” Polly says.

*\* Name has been changed to protect identity*

## PrEP and PEP

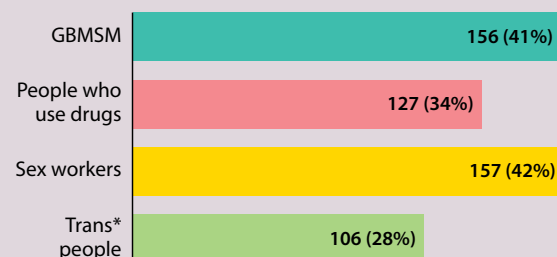
*“No, they don’t tell us about PrEP, this is the first time I am hearing about it. And from how you have explained it, this is what a sex worker should be on because of the risk of our job” (A Mamabolo Clinic, Limpopo, December 2022)*

PrEP is a vital tool to support HIV prevention — especially among key populations at higher risk of getting HIV. However, despite this, Ritshidze data show that PrEP is not always made available to key populations in the facility. PEPFAR says that “PrEP is actively offered to everyone who is eligible and wants it”<sup>4</sup>, however our data show major 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 key population group and was lowest for trans\* people.

### Who is offered PrEP at the facility? (October to November 2022)

Facility Staff Surveyed: 376



While covering a wider and differing set of sites, between 15% and 28% of key populations interviewed reported being offered PrEP, depending on key population group. This could point to the fact that PrEP has been made available at the PEPFAR Operation Phuthuma Supported sites, but not more widely, as well as that PrEP is available but key populations are not always made aware of and offered PrEP services.

One queer man explained:

*“Some of these clinics target different populations like young girls for their HIV prevention programmes like PrEP, so, if you are not part of that group targeted, the service is not offered. They have never offered me PrEP at the facility or educated me about it; I receive my PrEP from an organisation.” (Soshanguve 2 Clinic, Gauteng, November 2022)*

Another said that:

*“There are no services for gay people. Whenever you enquire about services like PrEP, you are questioned a lot about why do you need it? If you are not sleeping around, then you should not need PrEP. So, I feel uncomfortable asking about it.” (Stanza Bopape CHC, Gauteng, November 2022)*

One sex worker told us that:

*“I tried to access PrEP at Addington but they didn’t give me. I think it was because of my job and my age. One of them came into the room to take gloves and screamed and said in Zulu that “you are so young and pregnant, you like men.” (Addington Gateway Clinic, KwaZulu-Natal, October 2022)*

PrEP is also not always available. With only or less than half of GBMSM, sex workers, and trans\* people having been able to access when needed.

### PrEP access at facilities (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
% heard of PrEP	73% (943)	40% (805)	71% (787)	75% (391)
Among those not living with HIV, % ever offered PrEP	28% (297)	15% (267)	28% (234)	27% (106)
Among those offered PrEP, % who ever received it	72% (219)	40% (144)	74% (185)	65% (73)
Among those offered PrEP, % who did not want it	21% (64)	37% (134)	17% (43)	27% (30)
% very satisfied with PrEP services	32% (69)	17% (24)	52% (96)	40% (29)

### PEP access at facilities (July to September 2022)

	GBMSM	Sex workers	Trans* people
% heard of PEP	62% (809)	63% (699)	64% (332)
Among those wanting to access PEP in the last year, % always able to	41% (37)	50% (56)	50% (20)

4. PEPFAR SDS 2022, page 58. Available at: [https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22\\_SDS.pdf](https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22_SDS.pdf)

## Harm Reduction Services

*“I wish there was a drop-in centre for drug users like me in this area as when you go to the clinics, they treat you like a thief. I need to be able to get new needles and methadone from the clinic but they don’t take you seriously.” (Kliptown Clinic, Gauteng, October 2022)*

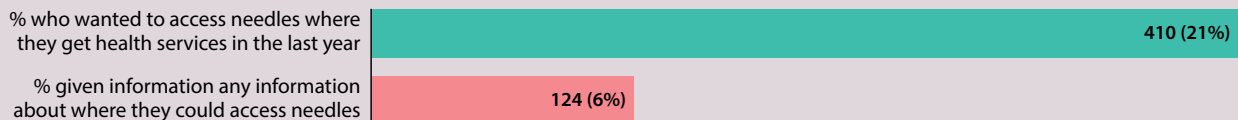
Harm reduction services are critically important to support people who use drugs to stay alive and protect their health — including ensuring the accessibility of methadone and unused needles, overdose treatment such as naloxone, as well as psycho-social support and information on safer drug use. Importantly,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

Those who have tried to access harm reduction services are often left without services, or any information on

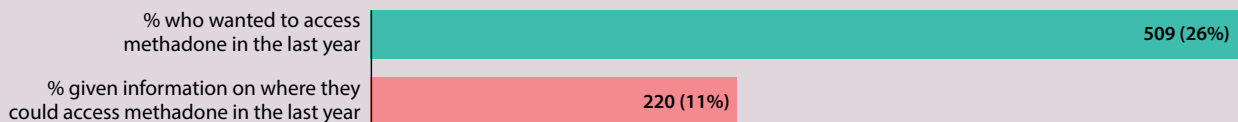
where they could get them. Only 6% of people who use drugs were offered information about where they could get new needles, only 11% were given information on where to get methadone, and only 8% given information about drug dependence support.

Naloxone could support the reversal of overdoses, yet as a nurse initiated option remains inaccessible despite demand. Service accessibility must be improved to ensure that people who use drugs needs are met and no additional barriers are created to being able to take drugs safely, or be supported to stop.

### Access to new needles at facilities (July to September 2022)



### Access to methadone at facilities (July to September 2022)



### Access to drug dependence support at facilities (July to September 2022)



In their own words, people who use drugs we interviewed reveal the challenges faced in accessing harm reduction services:

*“I went to Helen Joseph Hospital because of a wound I have on my hand caused by the needles. They were taking their time, they never helped me with anything. It is the people in the community that have been helping me buy medication from the chemist. And this wound has been like this for a while now. The wound is not healing” — a person using drugs using Helen Joseph Hospital, Gauteng (October 2022)*

*“The nurse told me they don’t offer any help to people who use drugs, that I must just go to the doctor or hospital since she does not know how or what will help me with reducing the cramps. I wasn’t even given painkillers. They treated me like a crazy person and undermined me. She said there is nothing we can do for you, we don’t help people of your kind, just go for rehabilitation. I expected to get help or referral but no. I ended up going back to the street for a fix because I saw that I can’t get help from public healthcare regarding quitting drugs and I can’t afford rehab” — a person who uses drugs using Kanyamazane CHC, Mpumalanga (December 2022)*





*“Since this clinic (drop-in centre) opened, I have been taking my methadone and ARVs. If you go to the public clinic, they would tell you to go to another clinic without helping you and there is no methadone in the public clinics” — a person using drugs using Belhaven Harm Reduction Centre, KwaZulu-Natal (October 2022)*

### COMMUNITY STORY

Thirty-year old Karabo\* feels ready to do anything to quit heroin but she says there’s no support from her local clinic. “Even if I’m sick I go there dragging my feet because the nurses are so rude.

“They treat me differently because I smoke heroin and they keep saying things to me that aren’t necessary but they think they can say anything like that to me because I don’t deserve respect,” she says.

Karabo says because nurses judge her, they are also reluctant to give her the medication she asks for.

“Sometimes they will give just one pill and tell me to come back the next day,” she says.

She says she feels misunderstood by the nurses and ignored because no-one is prepared to help her to stop taking drugs safely.

“I know that the drugs have taken everything from me — my family, my body, everything. I really want to stop smoking now and I’ll accept any help they can give. This time I do want to try for myself, because before my mother was pushing me to quit. But the nurses need to understand that quitting is not just something I can do in a day or two or even a month. But they don’t want to hear anything, those nurses, they don’t want to help, they just want to judge,” Karabo says.

She also says the clinic has long waiting times and queues are long. She believes there are two contributing factors to this. The first reason is that patient files can’t be located or keep being lost.

“Every time they have to make you a new file, so they don’t even know what medicine they gave you before or if there’s a pattern or something,” she says.

The second issue, Karabo says, is that the clinic insists that everyone who comes through the door does an HIV test. There is no option to refuse testing, she says, adding: “You can come there the whole week and they will test you every day.”

It’s all-round bad service from a clinic that she has relied on since she was a child. But now when she needs them most to work through her drug dependency there’s no one at the clinic willing to step up.

*\* Name has been changed to protect identity*

## 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.

63% of those we spoke to wanted access to hormone therapy at public health facilities. However, gender affirming care is mostly only available in big cities in Gauteng, Western Cape, KwaZulu-Natal and Eastern Cape. Trans\* people who do not live near these cities must travel long distances to get these services. This keeps it out of reach for those without access to transport money and places to stay.

One trans\* person explained the challenges in living too far away from a facility that would offer hormones:

*“The last time when I got to the clinic and I talked to the sister, I told her that I was looking for hormones. Then she told me that she can’t give me hormones.... So, I told her to just transfer me to the doctor... and told him that I want hormones. Then the doctor told me she can’t give me the hormones because they are not trained for HRT. I have to go to the Bara there in Johannesburg, so that they can assist me and get the hormones. I am not working right now. I am still looking for a job. So, there is no money that I can use. Yes, I feel like there is no other possibility for me to get hormones because I don’t have any money to go to Joburg, and around Embalenhle I won’t find any assistance.”* (Embalenhle Ext 4 Clinic, Mpumalanga, May 2022)

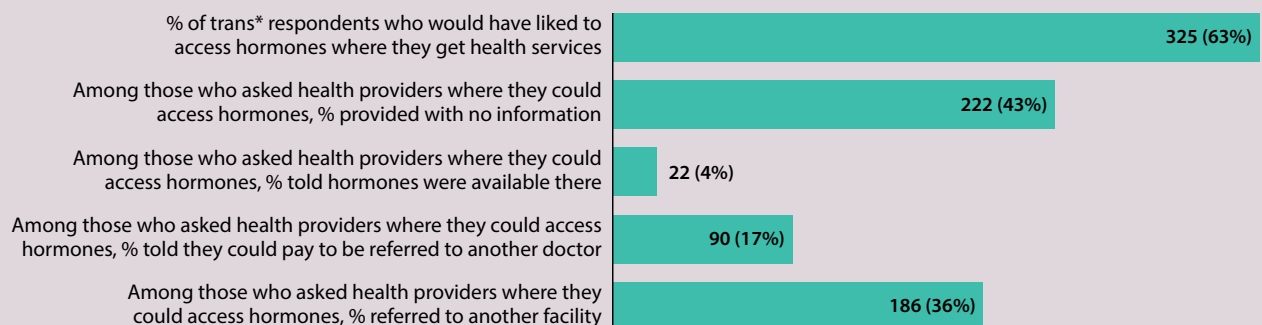
Only 43% of trans\* people said that the clinics could offer any information as to where they could access hormones. One trans woman said:

*“The only thing they have are condoms and lubricants, they do not offer hormones or even refer us to where we can go get it. It will be nice for the staff to be more friendly and stop gossiping about patients, for us to be able to access condoms and lubricants anytime we want, and for them to give us hormones.”* (Baaite Clinic, Limpopo, December 2022)

Issues of shortages of medicines and stockouts also impact access to hormone therapy. One person told us:

*“Another issue is when trans\* people start (hormones) and then in the middle of it, there is a stockout or shortage, you see cases of people re-transitioning. Like starting to get their periods again, and losing all the progress that they have made. This brings a lot of mental health issues on us as trans\* people... It would be good if there are hormones available at the local clinics so that every trans\* person can access closer to home. Also, it would be important to have linkage officers that check up on people who are on HRT just like it is being done for those on ART.”* (Edendale Hospital, KwaZulu-Natal, October 2022)

### Access to hormones at facilities (July to September 2022)



In addition to hormones, staff at facilities should be respectful of people’s gender identity, using people’s preferred names and correct gender. However only 40%

(207) said staff were always respectful of gender identity. Worse still 27% of trans women we spoke to had been told they had to use Men’s Corners or male only clinic days.

One trans woman explained that:

*“Sometimes when you go there, the nurses will call you names, saying these are those who do not know if they are male or female” (Baaite Clinic, Limpopo, December 2022).*

*you know you would have to go through the bad service and be called names or misgendered.” (Stanford Terrace Clinic, Eastern Cape, August 2022)*

Another told of how:

*“They call me by the wrong name, even the security guards always embarrass me. They will ask in front of everyone at the gate if you are gay or a girl.” (Nobody Clinic, Limpopo, December 2022)*

Another trans\* person explained:

*“The service is very bad... Every time I go to the clinic they make fun of me because I wear lingerie and make-up. They will call me Mr. Thabang and when I go they will just laugh and when I ask why they just said we are calling Mr. Thabang and will say that is my name and they will just laugh. I went to a consultation room, I met a counsellor and tried to tell her that I am a woman and she will say which woman because I don't see any... I will try to explain to her and she will say take everything and do it yourself because you know too much, she will call a nurse and it will end up as an argument and they will call me “he” even if my (pronoun) is “she”. I don't feel comfortable at that clinic because I am side-lined. Most of us are no longer taking medication from that facility because of their negative attitude.” (Empilisweni Clinic, Mpumalanga, May 2022)*

As another trans\* person put it:

*“It is really tough at the facility, especially for a person like me (a trans\* man). Because you can tell by me going inside that this one is LGBTQIA member, so I get the judgement from how the staff looks at me before I even spoke or explained my problem. So, it is not good. The attitude is very bad, sometimes you end up thinking twice before going there because*

## COMMUNITY STORY

Each month that passes without access to hormone therapy makes Tebogo\* feel like she's walking backwards on her journey of transition. And worst of all, there just isn't a public health facility in Klerksdorp where she can get hormones.

“It's mentally exhausting, it feels like I'm going 10 steps back and there's nowhere and no one from here that can help me,” she says.

Even though Tebogo says the Park Street Clinic in Klerksdorp is staffed by responsive staff who are generally understanding of her needs as a trans woman they still aren't able to help her.

“I have to say they are good because they don't discriminate against us as trans\* people but it seems like there's just nowhere we as trans\* people can go in the North West to get therapy. Unless you have money to go to a private gynaecologist, then you are stuck,” she says.

Tebogo started taking hormones in 2020 but had to travel to a public health facility in Chiawelo in Soweto to see a doctor and to get started on her regime of daily hormones that she will take for the rest of her life. She says each trip to Gauteng costs her R600 in transport and the service there could also be patchy.

“There used to be a doctor there but when he resigned they didn't replace him so there was only a nurse. Sometimes they would also change the hormone and they didn't explain why and sometimes my body would react badly,” she says.

But for the past nearly eight months she hasn't had the benefit of any hormones. She says: “It means my journey to transition is delayed and I can't get any surgeries because you have to be on therapy for at least two years before they can operate,” says the 30 year-old.

Sometimes it feels like trans\* people or those in the LGBTQIA+ community and sex workers are invisible, she says, and that's why their needs are not prioritised in the public health sector.

“I wish that they could see this is like diabetes or something like that so that government can supply us with treatment. But before that I need for them to see us as human beings and to respect us. How we come to our gender is not their business and for some of us who come to do sex work it's also not for them to judge. They don't need to ask questions about lubricants or condoms.”

“The only thing that should matter to them is our health; they cannot mistreat us, they took a pledge,” she says.

\* Name has been changed to protect identity





*“My problem is with hormones and how the nurses treat me. They just say they weren’t trained ‘for such things’ and that I have to go to Bara [Chris Hani Baragwanath Hospital in Soweto] to get therapy. They aren’t interested and they don’t understand the needs of the LGBTQIA+ community,”*

#### COMMUNITY STORY

**When Albert Mahlangu thinks of another birthday coming up, it doesn’t feel like much reason to celebrate.**

The 34-year-old says it feels like just another year passing of not being able to access the hormone therapy she needs to advance on her journey.

*“I feel like my life is stuck; it’s really difficult.”*

*“I’m a black queen; I wear women’s clothes but it’s not nice when you’re trying to have a good time like everybody else and then someone calls me a man but I am a woman stuck inside a man’s body.”*

*“Sometimes when I look at my penis I just start to cry, it’s so painful,” she says.*

In 2009, when Albert was 22, she was diagnosed with HIV and initiated on treatment at Embalenhle Clinic in Evander, Mpumalanga. She says she was treated kindly and her treatment was explained to her properly. The few hiccups she has had with treatment were always sorted out at the clinic efficiently, she says.

Her issue though is with discrimination at the clinic as a trans woman and the attitudes of nurses when she has tried to get the healthcare workers there to listen and to help her access hormone therapy.

*“My problem is with hormones and how the nurses treat me. They just say they weren’t trained ‘for such things’ and that I have to go to Bara [Chris Hani Baragwanath Hospital in Soweto] to get therapy. They aren’t interested and they don’t understand the needs of the LGBTQIA+ community,” she says.*

She tells of the time when nursing sisters judged her and made assumptions about her sex life when she needed medical help for piles.

*“They were rude and insulting about who I sleep with – they don’t care and they don’t want to listen,” she says.*

But Albert has learnt to also stand up for herself. After that incident she complained to a Facility Manager and it did result in disciplinary action. In fact Albert says that after that she and the nurse have been able to press restart on their nursing sister-patient relationship.

*“Actually we are good now, there’s an understanding between us, so I’m very happy that I spoke up,” she says.*

Albert continues now to speak up about the need for hormone therapy and support for the LGBTQIA+ community, even if some days it feels like shouting into the wind and that she feels her time is running out.

*“They need to train these nurses to be friendly to the community and we also need to have therapy services so that young people can start their journey. For me, it’s 12 years that I have been asking and now I’m going to be 35. I have wanted to maybe adopt a child, but it won’t happen unless I have transitioned. Who will let me adopt when I am like this?”*

*“It feels like someone put me in a bottle, put the cap on, and left me inside there,” she says.*

*“When you get there – from the security guard to the nurses right up to the clinic manager you find they are ignorant so they misgender you, call you names and ask you very personal questions.”*

## COMMUNITY STORY

**Making space for more than an “M” or “F” on official clinic forms for gender would be a good start. So would sensitivity training and a more professionalism, says \*Sam.**

Sam identifies as gender non-conforming and is part of the LGBTQIA+ community, their experience at the Potlako Motlohi Clinic in the Mangaung district, has always been marked by judgement, probing questions and being made to feel unwelcome.

“I started using the clinic in 2014 when I started taking ART. When you get there – from the security guard to the nurses right up to the clinic manager you find they are ignorant so they misgender you, call you names and ask you very personal questions.

“The nurses also like to bring their culture and their religion into the workplace, which is wrong,” they say.

Sam says there needs to be more active training that should happen on a quarterly basis because even when some nurses are sensitised they move on to other posts frequently and new staff simply re-root old problems and bad habits.

“There is also always new information coming out all the time, especially in the LGBTQIA+ community and the nurses need to know this to be up to date,” they say.

Sam’s biggest concern is that the staff attitude will be so off-putting and offensive that people in the LGBTQIA+ community will simply stop seeking help at clinics and end up falling through the cracks of defaulting and even dying.

Currently Sam uses an external pick-up point to collect their ART and is only at the clinic twice a year. But Sam says external pick-ups also have hiccups because of their system of SMS communication to notify clients of collection date. Sam says there needs to be better integrated record systems.

“Sometimes if you miss your collection date because you didn’t see the SMS they will start the process all over again and then you can run out of pills while they reprocess – I don’t know why they can’t pick you up on a system if they captured information properly,” they say. And even though Sam has been approved to receive a six-monthly script of medicines, the drop-in centre still only dispenses a two-monthly supply.

Sam says a wider network of pick-up points will help to make it easier for ART patients to access their medicines. Convenience and ease helps people stay motivated and committed to stay on treatment, they believe.

Ultimately Sam says the healthcare system needs to wake-up to the specific needs of still-marginalised people, like the LGBTQIA+ community.

“We need to have patient navigators at the clinic gate who can understand and help, And even in the clinics we need to have things like healthcare posters that have photos that show people like me – it must show that we who are LGBTQIA+ are also part of the community.

*\* Name has been changed to protect identity*

## Contraception

A significant number of people interviewed who wanted to access contraceptives were unable to get them at the facility — having increased from last year’s report. As with general population healthcare users, key populations 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, key populations are at times refused access to contraceptives specifically because they are a member of a key population group. This is of particular

concern and an additional abuse facing people who use drugs, sex workers, and LGBTQIA+ community members that needs to be immediately resolved.



**Contraceptive access at facilities (July to September 2022)**

	People who use drugs	Sex workers	Trans* people
<b>% able to get the contraception they wanted</b>	64% (568)	75% (623)	72% (226)
<b>Top reasons they were unable to get the contraception they wanted</b>	Were told they could not have it because they are a PWUD (38%, 105), were told they had to come back (36%, 101), were told their first choice was not available (25%, 70)	First choice was not available (38%, 70), were told they had to come back (30%, 56), were told they could not have it because they are a sex worker (22%, 40)	Were told they could not have it because they are trans* (30%, 22), were told they had to come back (27%, 20), there was a stockout (25%, 18)

*“Sometimes they don’t have the birth control option that you want, but they offer something else. If you choose to wait for it, when you go back, they will ask you to show your proof that you are still menstruating or to go buy a pregnancy test as they never have pregnancy tests in stock. It becomes a problem to continue to work if you are not on the contraceptive. And if you don’t have the money to buy the test, then you have to wait till they have it in stock and when you go back, you have to queue because they would not prioritise you” — a sex worker using Mangaliso Clinic, Eastern Cape (September 2022)*

*“I was there because while I was doing my job, something bad happened and I fell pregnant and I was having some pains so I went to the hospital. The doctor told me I am too young to be pregnant, that my body is not in a good state so I am at high risk. This white nurse just entered and said I am wasting their time here and there are serious people here who they are supposed to be attending to, why don’t they just give me the authorisation for an abortion and I will just sign. She assumed I did not understand English” — a sex worker using Addington Gateway Clinic, KwaZulu-Natal (October 2022)*

*“I am using injection for my family planning but you would have to first book an appointment. I waited up to 2 months before I finally got the appointment. They will tell you to go buy your pregnancy test, so you have to buy that before they can give you the injection” — a sex worker using Vosloorus Ext 28 Clinic, Gauteng (November 2022)*



## STI screening & treatment

Not everyone who wanted to access STI treatment was able to at the facility — only 80% of GBMSM reported being able to access it, 72% of sex workers, and 80% of trans\* people. For those who attempted to access STI screening and testing services, only 70% of GBMSM, 65% of sex workers, and 79% of trans\* people said that staff were respectful. Too often we hear reports of key populations being discriminated against or staff acting in a hostile manner to those trying to access these services.

One queer man told us:

*"I was using Stanford Terrace Clinic Mthatha. I went there to collect my PrEP and also for STI treatment. The nurses were very rude to me. Firstly, they assumed the STI was on my penis, but it was on my behind (anus). It was itching on the back and this happened after I had unprotected anal sex. I told them that the STI is not in front but they were plain rude, saying "why would you say the STI is not in front, are you a male or a female" (Stanford Terrace Clinic, Eastern Cape, August 2022).*

### STI service access at facilities (July to September 2022)

	GBMSM	Sex workers	Trans* people
Among those seeking STI testing, % always able to access it	75% (294)	70% (313)	80% (153)
% of staff always respectful when asking for STI testing	70% (275)	65% (292)	79% (151)
Among those needing STI treatment, % able to access it	80% (292)	72% (302)	80% (143)

More key populations explain the challenges in their own words:

*"Each time I went there, I went for STI treatment, the (nurse) would tell me to go to another nurse because she would not assist me. I would have to wait for another nurse to be available" — a sex worker using Tshangana Clinic, Eastern Cape (December 2022)*

*"I went to the clinic because I had an STI, firstly the receptionist or admin person was speaking in another language and got irritated when I did not understand. Then the nurse that was supposed to treat me insulted me for not using a condom, which is why I had that STI and coming here to stress them. She told me I should have gone to a private doctor if I was not happy with her attitude" — a queer man using Soshanguve 2 Clinic, Gauteng (November 2022)*

*"Last time I went to the facility for STI screening, the nurse asked where my boyfriend is, that I should also bring him for testing when they know I am a sex worker" — a sex worker using Nobody Clinic, Limpopo (December 2022)*

*"I went to Tshangana CHC, got there at about 2pm, because I had STI symptoms and this slows my business down. I went inside one of the consultation rooms and a female nurse was there to assist me. She said I must come tomorrow in the morning because*

*I came late and that if I needed help at a clinic I must be early. I was so sad because I was in pain and couldn't go to my clients" — a sex worker using Tshangana CHC, Eastern Cape (December 2022)*

*"I use Ext 4 Clinic. It's not easy to say if the staff are friendly and professional towards us because we don't disclose that we are sex workers. You only end up disclosing if you have a serious issue, like when you have recurring STIs, so they ended up asking me where is my partner because he needs to be treated as well, so I had to disclose the nature of work that I do, that I am a sex worker, at the end I had to disclose" — a sex worker using Embalenhle Ext 4 Clinic, Mpumalanga (May 2022)*

*"As a sex worker, you always have to check yourself regularly to ensure you are still fine. Every time we want to go test for HIV, they would judge us saying, you guys are those people who do not use condoms. You sleep with guys that don't use condoms and then you come here to disturb us" — a sex worker using A Mamabolo Clinic, Limpopo (December 2022)*

*"I went to the clinic because of an STI. The problem started with the clerk who referred to me as "she" and when I corrected her, she said you look like a woman to me. Then the nurse insisted that I bring my partner before they could help me" — a trans\* man using Ngangelizwe CHC, Eastern Cape (December 2022)*

*“The nurses there are really not treating us well; they will chase us out and tell us they don’t have time for playing because they are seeing us again.”*

#### COMMUNITY STORY

“Time is money” says Ms S\*, speaking through a Ritshidze Community Monitor who is translating for her from isiXhosa.

For Ms S every time that she can’t get help from her clinic for sexually transmitted infections it means that she cannot work as a sex worker for days. It also leaves her feeling dehumanised.

“I will come there to Tshangana Clinic in New Brighton, Port Elizabeth sometimes more than five times in a month. The nurses there are really not treating us well; they will chase us out and tell us they don’t have time for playing because they are seeing us again.

“Other times they will tell us sex workers that we have to wait and sometimes they will make us sit from the morning to the afternoon then tell us to come back again the next morning – it means when I’m standing in that queue or when they aren’t helping me to get better I am not able to work,” says Ms S.

The 20-year old says nurses don’t understand that sex workers do not want to get infected but the reality is they don’t have easy access to condoms and also can’t easily stand up to the demands of clients, that puts them at risk of getting infections. Added to this Ms S says the clinic often doesn’t have enough condoms and has never had lubricants.

“Sometimes I have to buy these or I wait for the mobile clinic from one of the NGOs, but they also sometimes don’t have these things for us,” she says.

Ms S says is the breadwinner in her family. She is the eldest of six children and her siblings survive on her work as a sex worker.

“If I’m not working it means that that day I can’t buy food for my family.

“Our nurses should be sensitised and stop stigmatising us. I just want them to treat everyone with dignity at that clinic. There was that time when I came in to test and I had to do a urine test and the nurses sent me to the toilet. The cleaner wouldn’t let me close the door and I had to pee as people were walking in and out. There is no respect for us there at that clinic, because they know we are sex workers,” she says.

*\* Name has been changed to protect identity*

*“The things I am doing are not good, but it doesn’t mean that the nurses should treat me like a dog — I am a person, like anyone else “*

#### COMMUNITY STORY

“The things I am doing are not good, but it doesn’t mean that the nurses should treat me like a dog — I am a person, like anyone else,” says Mpumi\* who uses drugs and is a sex worker in the KwaMashu area.

She’s been working hard to stop taking drugs, working through a local NGO that offers methadone to end her heroin dependency. It’s tough-going most days, she admits, and it’s made worse when she has to make use of the KwaMashu Poly Clinic.

Seeking help at the clinic she says have been experiences that have made her feel less than human, as she describes it.

“They don’t take you seriously; it’s like they’re playing games. Sometimes because I don’t have a place to wash when I come to the clinic, and they see that I am dirty, they don’t want to help us. Sometimes they just make you sit the whole day and attend to others and tell you to wait,” she says of the nurses’ conduct towards her and also the difficulties of living between shelters and being homeless.

Mpumi had to receive treatment for an STI recently and she says the nurses asked her for a description of her symptoms, but they refused to give her an examination. She says it was a painful experience to be treated in this manner. She adds that often the clinic also doesn’t have all the medicines she needs so it means public healthcare users are sent away and told to come again in a few days’ time.

“Those nurses mustn’t judge others because how do they know that one day they won’t find a family member who is having the same problems and find themselves facing the same situation like I am,” she says.

Mpumi is currently able to receive her ARVs at the same clinic where she receives her methadone, which has helped her stay on treatment. She also collects lubricants from a mobile clinic set up by another KZN NGO because lubricants are not available from her clinic.

She adds that there is a huge gap in services for people who use drugs not being able to access new needles and syringes. There is also little understanding or willingness to support them to take drugs safely.

“It’s bad because when there are no new needles it’s how it can make people sick,” she says of how people are forced to share needles.

*\* Name has been changed to protect identity*

*“Most of us get raped by clients and it is hard to even report this because we are known as sex workers and we are not taken seriously. They say we brought this upon ourselves.” (Bekkersdal West Clinic, Gauteng, October 2022)*

## Sexual violence services

South Africa faces a well documented epidemic of gender based violence including homophobic and transphobic attacks on LGBTQIA+ community members. Sex workers also face extreme levels of violence and forced sex at the hands of clients, partners, and even police. It is critical that key populations who face sexual violence feel safe enough to access the necessary services at the clinic such as HIV testing & PEP, STI treatment, emergency contraceptive, J88 forms, rape kits, counselling, and referral to domestic violence shelters.

However, the majority of key populations interviewed did not think staff were well trained to care for those who have experienced violence — only 35% of GBMSM, 41% of sex workers, and 46% of trans\* people thought staff were well trained and only 55% of GBMSM, 57% of sex workers, and 57% of trans\* people felt comfortable seeking care if they faced violence from a sexual partner.

One sex worker told us:

*“Most of us get raped by clients and it is hard to even report this because we are known as sex workers and we are not taken seriously. They say we brought this upon ourselves.” (Bekkersdal West Clinic, Gauteng, October 2022)*

Another said:

*“In June 2022, I was attacked by my client and went to open a case at the police station. They said I should go ask for J88 from the facility, and when I got there because the staff knew my condition or my day to day job, the nurse refused to give me J88. I also asked for PEP, they said there was nothing I was going to do with it because I am a sex worker and I deserved to be attacked by my client. The ill treatment started from the gate by a security*

*guard pointing fingers at me and informing people that I use drugs and also do sex work.” (Lusikisiki Village Clinic, Eastern Cape, December 2022)*

One non-binary person we spoke to explained what happened after they were raped:

*“I was with a friend; we were followed by four guys. My friend was lucky as he escaped but I was not. They repeatedly raped me. When I got to the police station to report the crime, I was laughed at and they made a joke of it. Then I went to the clinic as I had also been stabbed on the back, the nurse said “you know God is against you guys” which is why this has happened. I asked her what she meant by you guys. That was a very embarrassing and disrespectful experience.” (Stanza Bopape CHC, Gauteng, November 2022)*

Another sex worker explained the need for counselling after facing violence:

*“If you are assaulted it's not easy to say that it's a client. I would like there to be counselling sessions that deal with sex workers, maybe a former sex worker who can do that.” (Embalenhle Ext 4 Clinic, Mpumalanga, May 2022)*

### Sexual violence services at facilities (July to September 2022)

	GBMSM	Sex workers	Trans* people
% who feel staff are well trained to care for those who experience violence from a sexual partner	35% (459)	41% (457)	46% (238)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	55% (713)	57% (638)	57% (298)
Among those who needed them, % reporting staff were always respectful when seeking post-violence services	83% (167)	61% (114)	85% (94)
Among those who needed them, % reporting they were able to access post-violence services	83% (167)	71% (132)	94% (103)
Among those unable to access all the post-violence services they needed, top missing services	Counselling (54%, 19), HIV test (18%, 6), PEP (18%, 6)	Counselling (51%, 22), HIV test (23%, 10), STI test (23%, 10)	Counselling (80%, 4), referral to domestic violence shelter (40%, 2)



## Minimum package of services

A minimum package of key population specific services should be made available to meet the specific needs of key populations at public health facilities. Where key populations 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 uptake of those services. In the table below we outline the package of key population specific services.

One trans man explained the need for more widespread trans services:

*“There has to be more visibility and accessibility to (trans\*) services like psychologists to be placed around key areas in every metro in the country so that better support can be provided to trans\* people” (Wits RHI, Gauteng, October 2022).*

*people can feel more comfortable to bring more services like condoms and lubricants, and make them more accessible for everyone” — a gay man using Central Clinic, KwaZulu Natal (October 2022)*

A trans woman explained how she travels to a clinic further away because her own clinic has limited services:

*“I stay in Pimville but I go to Chiawelo CHC. I go all the way to Chiawelo because the clinic in Pimville has very limited services. There is not even a counselling service available” (Chiawelo CHC, Gauteng, October 2022).*

*“From the beginning, when you are filling your clinic card, it is only Mr. and Mrs. or male and female that are there as options, maybe if they can include more options in terms of how people identify. The change can start from there, so that when you are in the consultation room, the nurse can already see how you identify and address you appropriately... They should include more gender identity options in their files. They should have queer people working in the facility, so that there is an LGBTQIA+ champion who can assist queer people” — a bisexual man using Qadi Clinic, KwaZulu-Natal (October 2022)*

Many queer community members explained the need for openly queer or queer friendly staff members:

*“There need to be staff members that are designated to the LGBTQIA+ people. I have friends who have stopped taking their treatment because of the bad treatment they have received at the facilities. There are no services for us, you cannot get STI treatment without getting insulted” — a gay man using Stanza Bopape CHC, Gauteng (November 2022)*

Another trans woman explained the need for specific services to be communicated:

*“Actually, it is the only clinic in Soweto where we are the LGBTQIA+ get treated in a proper way. I think the staff has been sensitised. But there needs to be more awareness on the services they provide for trans\* people, like posters on the walls or something. If you don’t know someone who goes there, you won’t know that they are a trans\* friendly facility” (Chiawelo CHC, Gauteng, October 2022).*

*“The clinic should employ more sensitised staff and openly queer staff so that other LGBTQIA+*

*“There need to be staff members that are designated to the LGBTQIA+ people. I have friends who have stopped taking their treatment because of the bad treatment they have received at the facilities. There are no services for us, you cannot get STI treatment without getting insulted” — a gay man using Stanza Bopape CHC, Gauteng (November 2022)*

## PACKAGE OF KP SPECIFIC SERVICE PROVISION:

### GAY, BISEXUAL, and OTHER MEN WHO HAVE SEX WITH MEN

- + GBMSM outreach services
- + Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
- + Post-Exposure Prophylaxis (PEP)
- + Lubricant
- + External condoms
- + GBMSM friendly HIV testing and counselling
- + GBMSM friendly HIV care and treatment
- + GBMSM focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), GBMSM adherence clubs and GBMSM friendly external pick-up points including at drop-in centres
- + HIV support groups including PrEP/ART refill collection
- + Psycho-social support
- + Mental health services
- + Information packages for sexual health services
- + GBMSM friendly STI prevention, testing & treatment
- + GBMSM friendly Hepatitis C (HCV) screening, diagnosis and treatment
- + Treatment or support services for GBMSM 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) including MMD and community refill collection
- + Post-Exposure Prophylaxis (PEP)
- + Lubricant
- + External condoms
- + Internal 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
- + PWUD focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), PWUD adherence clubs and PWUD friendly external pick-up points including at drop-in centres
- + HIV support groups including PrEP/ART refill collection
- + Drug dependence support groups
- + Psycho-social support
- + Mental health services
- + Information packages for sexual and reproductive health services
- + PWUD friendly STI prevention, testing & treatment
- + Hepatitis C (HCV) screening, diagnosis and treatment
- + Cervical cancer screening

### SEX WORKERS

- + Sex worker outreach services
- + Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
- + Post-Exposure Prophylaxis (PEP)
- + Lubricant
- + External condoms
- + Internal condoms
- + Sex worker friendly HIV testing and counselling
- + HIV care and treatment
- + Sex worker focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), sex worker adherence clubs and sex worker friendly external pick-up points including at drop-in centres
- + HIV support groups including PrEP/ART refill collection
- + 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) including MMD and community refill collection
- + Post-Exposure Prophylaxis (PEP)
- + Lubricant
- + External condoms
- + Internal condoms
- + Trans friendly HIV testing and counselling
- + HIV care and treatment
- + Trans\* focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), Trans\* adherence clubs and Trans\* friendly external pick-up points including at drop-in centres
- + HIV support groups including PrEP/ART refill collection
- + 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
- + Hepatitis C (HCV) screening, diagnosis and treatment
- + Treatment or support services for transgender people who use drugs

### ALL KPs

- + Peer educators/navigators at the facility level







# DROP-IN CENTRES & MOBILE CLINICS

- 79%** of GBMSM not aware of a drop-in centre
- 77%** say drop-in centre staff are friendly towards sex workers
- Only 50%** say mobile clinic staff are friendly towards people who use drugs
- Only 22%** of GBMSM felt very safe at the mobile clinic
- Only 37%** of people who use drugs felt very safe at the drop-in centre
- Only 20%** of trans\* people feel very comfortable at the mobile clinic
- Only 45%** of sex workers feel very comfortable at the drop-in centre
- 13%** of sex workers do not think privacy is well respected at the drop-in centre
- 19%** of trans\* people do not think privacy is well respected at the mobile clinic
- 77%** of GBMSM said they could get lube at the drop-in centre
- Only 24%** of sex workers have been offered PrEP at the drop-in centre
- Only 67%** of GBMSM have been able to access PEP when needed at the drop-in centre
- Only 65%** of people who use drugs could get new needles from the drop-in centre
- Only 48%** of people who use drugs were given information on where to get methadone from
- 78%** of trans\* people wanted access to hormones at the drop-in centre
- Only 34%** of trans\* people could get hormones at the drop-in centre
- 31%** of trans\* people who asked drop-in centres where they could access hormones get no information

## RECOMMENDATIONS

### PEPFAR and Global Fund should:

1. Ensure all drop-in centres, mobile clinics, and other sites of service delivery always provide friendly, respectful, and confidential services to all key populations.
2. **Urgently investigate all reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment, reports of services being refused/denied** and ensure consequence management where necessary (*a full breakdown of facilities will be provided — for facilities we report on PEPFAR/Global Fund should respond within 3 months with actions that have been taken*).
3. Ensure that a **minimum package of services is provided** for each key population group at all drop-in centres.
4. Ensure that **condom compatible lubricants, external and internal condoms, and other barrier prevention are easily available** at all drop-in centres and KP service delivery models.
5. Ensure that **harm reduction services are made available at all drop-in centres** including methadone and drug-dependence support.
6. Ensure that **trans\* people are able to access hormone therapy and gender affirming services closer to home**.
7. Provide easy referral and adequate resources (including transport/money for transport) for people who use drugs and trans\* people to uptake those services.
8. Ensure that **key populations 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.

Compared to public health facilities, drop-in centres and mobile clinics generally performed better from the perspective of all key population groups in terms of service acceptability and service availability.

As expected, key populations using drop-in centres and mobile clinics had far higher satisfaction levels compared to those using public health facilities — however these

satisfaction levels had decreased from last year's report.

Again this year mobile clinics had lower satisfaction levels than drop-in centres where key populations 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 (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>DROP-IN CENTRE</b>				
Very satisfied	47% (60)	37% (22)	45% (42)	6% (5)
Satisfied	35% (45)	34% (20)	26% (24)	48% (38)
Neutral	13% (16)	24% (14)	12% (11)	31% (25)
Unsatisfied	2% (3)	2% (1)	9% (8)	14% (11)
Very unsatisfied	0% (0)	0% (0)	4% (1)	1% (1)
Don't know/prefer not to answer	3% (4)	4% (2)	5% (5)	0% (0)
<b>MOBILE CLINIC</b>				
Very satisfied	14% (13)	17% (13)	33% (159)	21% (21)
Satisfied	34% (32)	21% (16)	37% (180)	36% (36)
Neutral	27% (25)	37% (28)	19% (95)	29% (29)
Unsatisfied	4% (4)	8% (6)	4% (17)	2% (2)
Very unsatisfied	4% (4)	0% (0)	1% (6)	1% (1)
Don't know/prefer not to answer	16% (15)	17% (13)	7% (34)	11% (11)

#### % (n) of respondents reporting they are very satisfied with health services offered (July to September 2022)

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
<b>DROP-IN CENTRE</b>							
GBMSM	61% (47)	-	15% (4)	50% (6)	0% (0)	43% (3)	0% (0)
People who use drugs	21% (6)	-	67% (2)	50% (8)	100% (1)	67% (4)	25% (1)
Sex workers	11% (2)	100% (1)	58% (15)	53% (8)	0% (0)	44% (4)	52% (12)
Trans* people	52% (14)	-	25% (3)	48% (13)	-	67% (6)	40% (2)
<b>MOBILE CLINIC</b>							
GBMSM	0% (0)	-	60% (3)	45% (5)	0% (0)	33% (7)	0% (0)
People who use drugs	0% (0)	-	40% (2)	22% (4)	0% (0)	32% (6)	8% (1)
Sex workers	10% (1)	13% (1)	45% (60)	22% (28)	30% (9)	33% (34)	35% (26)
Trans* people	25% (2)	25% (1)	14% (1)	14% (2)	0% (0)	18% (7)	0% (0)

However, most key populations 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 key populations are not even aware of any drop-in centres — including 79% of GBMSM, 75% of people who use drugs,

74% of sex workers, and 71% of trans\* people we spoke to — and overall use of drop-in centres is limited by this lack of awareness. For those who are aware of drop-in centres, the distance and cost to get to them can be prohibitive and mean key populations are unable to use them.

#### Top reasons KPs don't access services at drop-in centres (July to September 2022)

GBMSM	People who use drugs	Sex workers	Trans* People
Not aware of a drop-in centre (79%, 1484), staff are not friendly (6%, 117), privacy is not respected (4%, 69)	Not aware of a drop-in centre (75%, 2268), the drop-in centre is too far away (6%, 170), staff are not friendly (4%, 133)	Not aware of a drop-in centre (74%, 1539), staff are not friendly (5% (11), the drop-in centre is too far away (4%, 92)	Not aware of a drop-in centre (71%, 669), staff are not friendly (4%, 42), the drop-in centre is too far away (4%, 42)

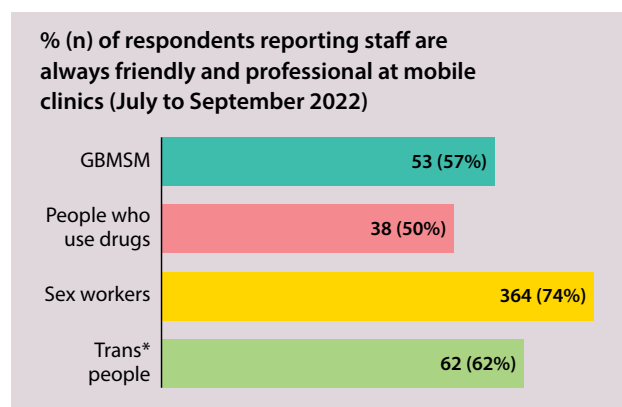
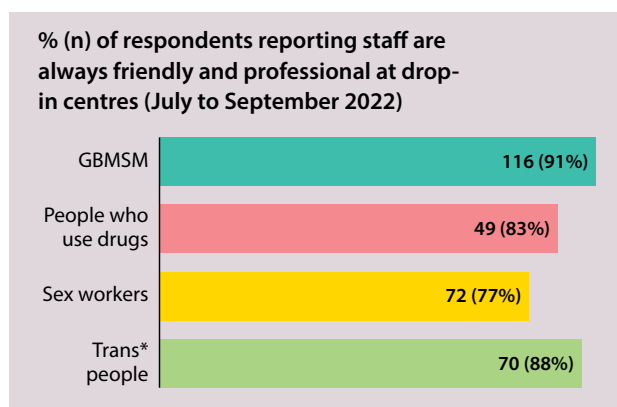
**Of KPs who access services somewhere: proportion using facilities, drop-in centres mobile clinics, and private doctors (% , n) (July to September 2022)**

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>Drop-in centre</b>				
2022	9% (170)	4% (111)	5% (100)	9% (89)
2021	6% (64)	10% (53)	2% (29)	2% (23)
<b>Mobile clinic</b>				
2022	6% (110)	7% (183)	25% (501)	11% (106)
2021	8% (83)	12% (65)	7% (101)	21% (222)

Ritshidze data show that key populations do not all live in certain “hotspots” or “high transmission areas”. 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 key populations. Public health facilities must also be drastically improved to ensure key populations can access the services they need in a friendly, safe and welcoming way.

## Attitudes of staff

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



**% (n) of respondents reporting staff are always friendly and professional at drop-in centres and mobile clinics across provinces (July to September 2022)**

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
<b>Drop-in centre</b>							
GBMSM	93% (71)	-	89% (24)	92% (11)	0% (0)	86% (6)	80% (4)
People who use drugs	79% (23)	-	67% (2)	81% (13)	100% (1)	100% (6)	100% (4)
Sex workers	28% (5)	100% (1)	92% (24)	100% (15)	0% (0)	67% (6)	91% (21)
Trans* people	89% (24)	-	67% (8)	93% (25)	-	100% (9)	80% (4)
<b>Mobile clinic</b>							
GBMSM	58% (22)	-	80% (4)	82% (9)	33% (1)	67% (14)	20% (3)
People who use drugs	50% (10)	-	100% (5)	67% (12)	0% (0)	42% (8)	23% (3)
Sex workers	20% (2)	38% (3)	84% (112)	72% (94)	67% (20)	75% (78)	73% (55)
Trans* people	73% (29)	75% (3)	71% (5)	79% (11)	0% (0)	52% (13)	25% (1)

However, there are still improvements that should be made to ensure that all key populations have a positive experience at a drop-in centre, mobile clinic, or other key population service delivery point. For instance only 50% of people who use drugs

think that mobile clinic staff are always friendly and professional, and only 77% of sex workers think drop-in centre staff are always friendly and professional. Any allegations of poor attitude should be investigated and corrective action taken.





*“No-one gave me any counselling or wanted to answer my questions. I also had to go there with my partner later; because we are gay they were just judgemental and homophobic.”*

#### COMMUNITY STORY

For 25-year-old Christopher\* his HIV positive diagnosis in 2016 was a moment of deep trauma and distress and it was made worse by how he was treated by nurses at the East Street Clinic in Pietermaritzburg at the time.

Christopher tells how he had donated blood for the first time in late 2015. A month after this he received a call from the blood donation services telling him of his HIV positive diagnosis. They broke the news professionally and arranged referral letters so he could start ARV treatment immediately.

“That was so stressful. I was anxious and worried about telling my parents and the nurses made me sit there the whole day till late in the afternoon till one nurse decided to help me.

“No-one gave me any counselling or wanted to answer my questions. I also had to go there with my partner later; because we are gay they were just judgemental and homophobic. They just gave us our pills and didn’t want to talk to us or be friendly or helpful – it makes you feel very hurt,” he says, remembering the mistreatment.

For Christopher, the lack of support and professional advice added to a sense of trauma. In addition he was dealing with several other difficult life situations, including a homophobic attack at a club at the time.

Today he has relocated to Durban and managed to arrange a transfer to pick up his medicines at the Aurum Pop Inn Clinic. The NGO service he says has been a lifeline and he believes the way these services run should be replicated for the public healthcare service.

“They speak to you nicely there; they ask me many questions, they offer counselling and I even have the phone numbers of two of the nurses and I can call them at night even if I have problems and they will answer,” he says. He adds that he also doesn’t have to wake up at the crack of dawn to join a snaking queue by 5am as he did when he had to use the overcrowded East Street Clinic in Pietermaritzburg.

“More than anything I wish the nurses could learn about our lives as gay and bisexual people. They don’t even know that there are many men who may be married with children but are men who have sex with men. It’s also important that they should know how to talk to young people they see in the clinics. I know because I had to discover things within myself, counsel myself even when I had all these questions in my head,” Christopher says.

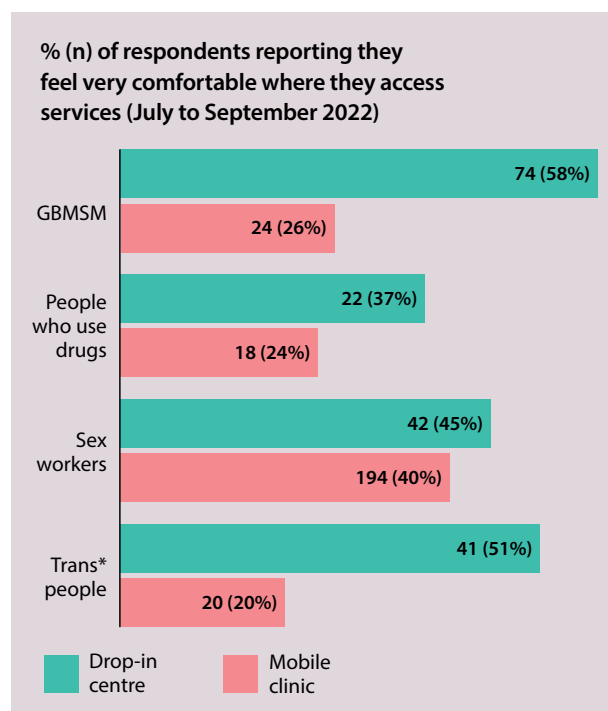
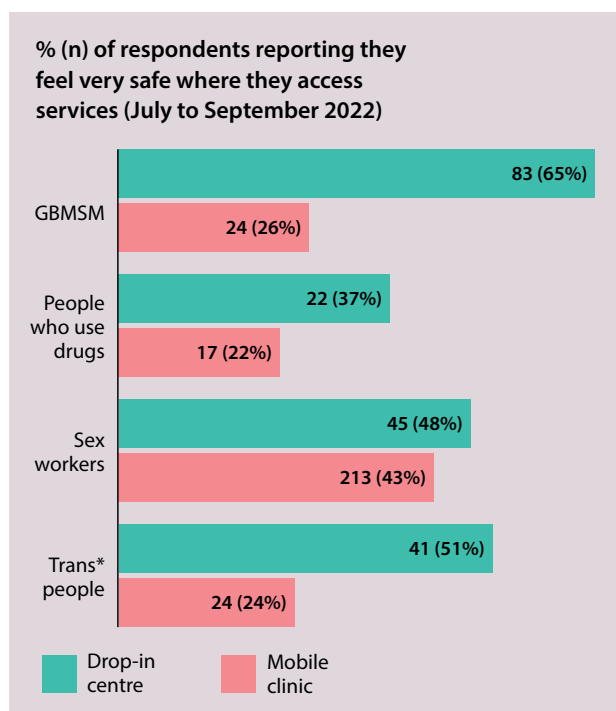
*\*Name has been changed to protect identity*

## Safety and comfort

Key populations felt somewhat safer and more comfortable at drop-in centres and mobile clinics. However, many interviewed still did not. Only 37% of people who use drugs felt safe at drop-in centres and only 22% of GBMSM felt safe at mobile clinics (i.e. safe and protected from verbal or physical abuse, verbal or physical harassment, risk of arrest).

Only 45% of sex workers felt comfortable at drop-in centres and only 20% of trans\* people felt comfortable at mobile clinics (i.e. are treated well and get the help

they need). There is much room for improvement to ensure that key populations able to access these sites feel safe and comfortable to actually use them.



## Confidentiality + privacy

Drop-in centres and mobile clinics performed much better than public health facilities at respecting people's privacy. However again there is room for improvement, especially at mobile clinics.

**% (n) of respondents reporting they feel privacy is not well respected at drop-in centres (July to September 2022)**

	Respondents who think privacy is not well respected at drop-in centres % (n)	Most common privacy violations
GBMSM	3% (4)	Disclosure of HIV status (50%, 2), patients are counselled together (25%, 1), security checks patients medicine (25%, 1), healthcare workers call other staff into the consultation room to share medical issues (25%, 1)
People who use drugs	12% (7)	Healthcare workers call other staff into the consultation room to share medical issues (57%, 4), disclosure that the respondent is a person who uses drugs (43%, 3), patients are counselled together (14%, 1), disclosure of HIV status (14%, 21), other (14%, 1)
Sex workers	13% (12)	Disclosure of HIV status (27%, 3), disclosure respondent is a sex worker (9%, 1), staff don't knock when entering exam room (9%, 1)
Trans* people	4% (3)	Disclosure respondent is trans (100%, 3), disclosure of HIV status (33%, 1), healthcare workers call other staff into the consultation room to share medical issues (33%, 1)

## % (n) of respondents reporting they feel privacy is not well respected at mobile clinics (July to September 2022)

	Respondents who think privacy is not well respected at mobile clinics % (n)	Most common privacy violations
GBMSM	18% (17)	Disclosure of HIV status (71%, 12), disclosure that respondent is a GBMSM (53%, 9), healthcare workers call other staff into the consultation room to share medical issues (53%, 9)
People who use drugs	18% (14)	Disclosure that the respondent is a person who uses drugs (75%, 12), healthcare workers call other staff into the consultation room to share medical issues (38%, 6), disclosure of HIV status (31%, 5), patients are counselled together (29%, 125),
Sex workers	9% (45)	Disclosure of HIV status (49%, 23), disclosure respondent is a sex worker (43%, 20), staff don't knock when entering exam room (17%, 8), healthcare workers call other staff into the consultation room to share medical issues (17%, 86)
Trans* people	19% (19)	Disclosure respondent is trans (58%, 11), disclosure of HIV status (47%, 9), healthcare workers call other staff into the consultation room to share medical issues (26%, 5)

## Specific services

The sites used by respondents included a combination of PEPFAR sites and NGOs under the Global Fund grant. Overall while more key populations 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 “a comprehensive package of prevention, treatment and complementary services”<sup>5</sup> which were defined the previous year as “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”<sup>6</sup>. However, this range of services is not always reported by respondents as being available.

## Lubricant

While there is increased availability, lubricants are not always available at drop-in centres and mobile clinics.

### Lubricant access at drop-in centres and mobile clinics (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>Drop-in centre</b>				
% aware they should be able to get lubricant (lube) at drop-in centres	74% (95)	52% (29)	/	88% (70)
Among those seeking lube, % always able to get it	77% (54)	73% (24)	78% (42)	91% (63)
% reporting staff are always respectful when asked for lube	93% (65)	85% (28)	96% (52)	96% (66)
Among those able to get lube, % always able to get enough	81% (55)	52% (17)	65% (34)	88% (60)
<b>Mobile clinic</b>				
% aware they should be able to get lubricant (lube) at mobile clinics	67% (62)	42% (29)	/	77% (73)
Among those seeking lube, % always able to get it	63% (38)	70% (16)	62% (224)	84% (61)
% reporting staff are always respectful when asked for lube	73% (44)	70% (16)	82% (298)	81% (59)
Among those able to get lube, % always able to get enough	65% (39)	65% (13)	50% (172)	78% (57)

5. PEPFAR SDS 2022, page 39. Available at: [https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22\\_SDS.pdf](https://www.state.gov/wp-content/uploads/2022/09/South-Africa-COP22_SDS.pdf)

6. 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](https://www.state.gov/wp-content/uploads/2021/09/South-Africa_SDS_Final-Public_Aug-13-2021.pdf)



## PrEP and PEP

While more key populations were offered PrEP at a drop-in centre as compared to a public health facility, numbers remain low with only 43% of GBMSM, 51% of people who use drugs, 24% of sex workers, and 63% of trans\* people saying the drop-in centre offered them PrEP even though they are not living with HIV. This is a major missed opportunity in HIV prevention.

### PrEP access at drop-in centres and mobile clinics (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
<b>Drop-in centre</b>				
% heard of PrEP	84% (107)	88% (49)	76% (68)	89% (71)
Among those not living with HIV, % ever offered PrEP	43% (35)	51% (20)	24% (16)	63% (34)
Among those offered PrEP, % who ever received it	94% (33)	70% (16)	83% (15)	82% (28)
Among those offered PrEP, % who did not want it	3% (1)	26% (6)	0% (0)	15% (5)
% very satisfied with PrEP services	58% (19)	50% (8)	60% (9)	75% (21)
<b>Mobile clinic</b>				
% heard of PrEP	71% (65)	42% (29)	78% (371)	82% (78)
Among those not living with HIV, % ever offered PrEP	43% (31)	31% (20)	44% (163)	46% (32)
Among those offered PrEP, % who ever received it	88% (28)	56% (14)	82% (139)	76% (28)
Among those offered PrEP, % who did not want it	9% (3)	32% (8)	9% (16)	5% (2)
% very satisfied with PrEP services	50% (14)	21% (3)	64% (85)	54% (5)

### PEP access at drop-in centres and mobile clinics (July to September 2022)

	GBMSM	Sex workers	Trans* people
<b>Drop-in centre</b>			
% heard of PEP	73% (94)	61% (55)	71% (57)
Among those wanting to access PEP in the last year, % always able to	67% (6)	67% (10)	86% (6)
<b>Mobile clinic</b>			
% heard of PEP	58% (53)	66% (314)	74% (70)
Among those wanting to access PEP in the last year, % always able to	65% (9)	66% (55)	94% (16)

## Harm Reduction Services

While better than public health facilities, harm reduction services at drop-in centres and mobile clinics must be improved. Only 65% of people who use drugs said they could get new needles at the drop-in centre and only 48% were given information on where to get methadone.

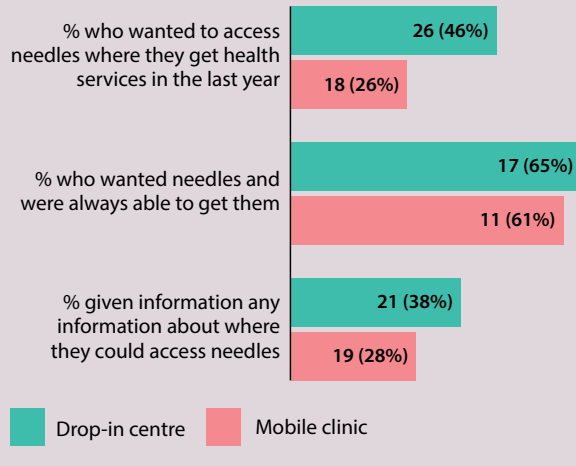
One person explained:

*"We don't get needles at the facility, there is this other organisation that brings us new needles but they don't come regularly and we would have run out and we have to buy them from the chemist. They don't have any services for us who use drugs."*  
(Helen Joseph Hospital, Gauteng, October 2022)

Another said:

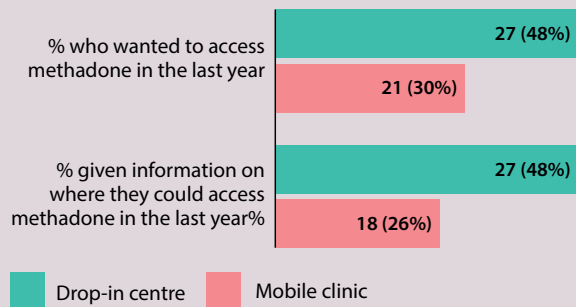
*"The Anova clinic comes to issue us needles but it takes six weeks so we have to reuse the needles before they come again. And they only give methadone to people who are injecting drugs but not others, this is unfair."* (Anova mobile clinic, Dobsonville, Gauteng, October 2022)

### Access to new needles at drop-in centres and at mobile clinics (July to September 2022)

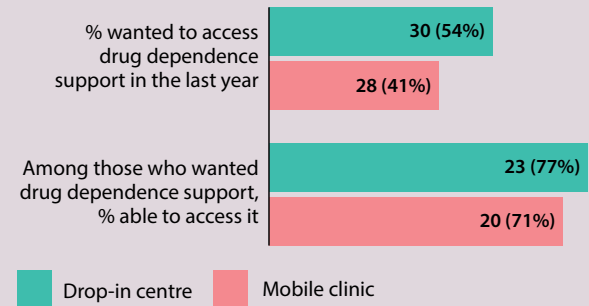


Only 65% of people who use drugs said they could get new needles at the drop-in centre and only 48% were given information on where to get methadone.

### Access to methadone at drop-in centres and at mobile clinics (July to September 2022)



### Access to drug dependence support at drop-in centres and at mobile clinics (July to September 2022)



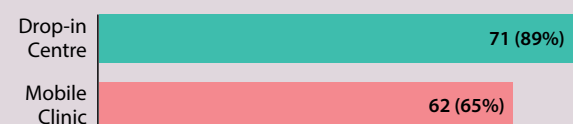
## Hormone therapy and gender affirming care

*“The services are good but I wish they could deliver hormones to us at home like they deliver ART with the mobile clinic, as I am unemployed so I struggle with transport fare to the clinic every time I need to collect my hormones.” (Wits RHI Clinic, October 2022)*

Gender affirming care is not widely accessible, even within drop-in centres targeted at trans\* people. Only 34% of trans\* people using drop-in centres said they could get hormones on site, while 23% were referred elsewhere, and 31% were given no information. Yet 78% of trans\* people said they would have liked to access hormones where they currently get services.

Drop-in centres and mobile clinics were more respectful of trans\* people’s correct gender — although again there is much room for improvement especially at mobile clinics.

### % (n) of staff always respectful of gender identity (eg. using preferred name and correct gender) (July to September 2022)

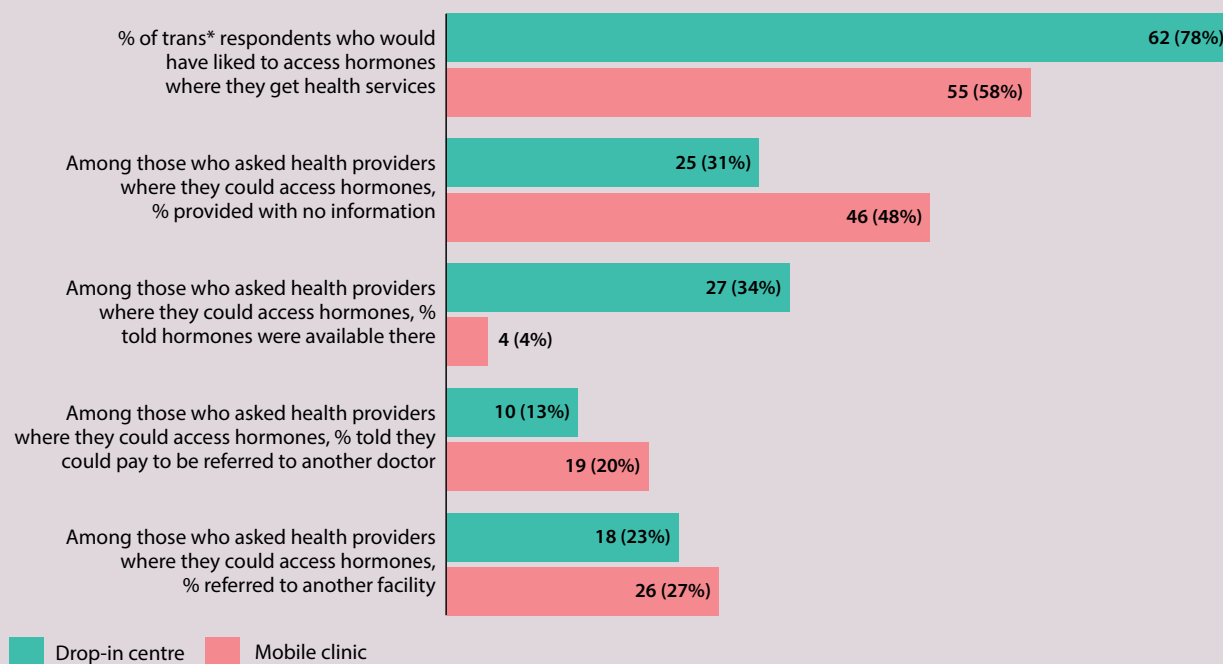








### Access to hormones at drop-in centres and mobile clinics (July to September 2022)



*“I just wish that we could have the same in our public clinics because I know there are so many other people who are going through what I am going through and they need the services and the support.”*

#### COMMUNITY STORY

Chalk and cheese is how Sive would describe the treatment she receives currently at the Wits RHI Trans Health Centre in Gqeberha versus the service she received at the clinic in Zwide where she was receiving her ARTs after being diagnosed with HIV in 2019.

“There were so many challenges in Zwide, starting with the separate queue for people who were at the clinic to collect their ART. Sure there are people who are proud and open about being HIV positive but some people weren’t ready to disclose. But there was this queue, so everyone coming into the clinic would know that that is the queue if you’re HIV positive,” says Sive.

There were also long waits and unnecessary and inefficiencies in the clinics – as she put it: “All you want to do is sign for your pills and go – but it just wasn’t like that you had to sit and wait.”

About two years ago Sive decided to begin hormone therapy to start on her journey of transitioning. She says there was nowhere in the public sector where she could turn and “some people at the clinic don’t even know what you’re talking about”. She adds that many trans women are so desperate for help to transition they end up taking random birth control pills without any medical supervision or advice.

Sive says she was fortunate that a friend referred her to the Wits RHI Trans Centre. She says being at the university’s health research facility has set a standard that she says should be what public sector facilities should aim for.

Sive says her needs are understood at the facility and she doesn’t feel like she’s being judged. She also has access to a medical doctor and a psychologist and she’s able to pick up her ARVs and hormone therapy pills there without glitches.

“The greatest thing is that they also employ people from the community and that’s really important because it can be a struggle for trans\* people to find employment. Also because we are among our own at the Wits RHI you can be yourself and that you know that it’s a safe space.

“The only thing I would say is that it would be good to have extra days when the psychologist is at the facility because being trans and being on a trans journey you go through are a lot of mental health issues you go through.

“I just wish that we could have the same in our public clinics because I know there are so many other people who are going through what I am going through and they need the services and the support,” she says.

\* Name has been changed to protect identity

## STI screening & treatment

Not everyone who wanted to access STI treatment was able to — for example only 74% of GBMSM reported being able to access treatment at the drop-in centre and only 73% of sex workers reported being able to access treatment at the mobile clinic.

### STI service access at drop-in centres and mobile clinics (July to September 2022)

	GBMSM	Sex workers	Trans* people
<b>Drop-in centre</b>			
Among those seeking STI testing, % always able to access it	82% (32)	95% (42)	95% (45)
% of staff always respectful when asking for STI testing	79% (31)	86% (38)	96% (46)
Among those needing STI treatment, % able to access it	74% (28)	86% (38)	90% (43)
<b>Mobile clinic</b>			
Among those seeking STI testing, % always able to access it	85% (33)	82% (170)	89% (50)
% of staff always respectful when asking for STI testing	87% (34)	84% (174)	88% (49)
Among those needing STI treatment, % able to access it	92% (36)	73% (144)	94% (51)

## Sexual violence services

While better than public health facilities, more can be done to ensure staff are well trained to care for those who have experienced violence and that all post violence services are made available.

### Sexual violence services at drop-in centres and mobile clinics (July to September 2022)

	GBMSM	Sex workers	Trans* people
<b>Drop-in centre</b>			
% who feel staff are well trained to care for those who experience violence from a sexual partner	77% (99)	66% (59)	85% (68)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	87% (111)	81% (73)	84% (67)
Among those who needed them, % reporting staff were always respectful when seeking post-violence services	77% (10)	83% (15)	92% (24)
Among those who needed them, % reporting they were able to access post-violence services	62% (8)	89% (16)	88% (23)
Among those unable to access all the post-violence services they needed, top missing services	Counselling (80%, 4), STI test (40%, 2), HIV test (20%, 1), rape kit (20%, 1)	HIV test (100%, 2)	Counselling (100%, 3), emergency contraception (33%, 1), HIV test (33%, 1), J88 form (33%, 1), STI test (33%, 1)
<b>Mobile clinic</b>			
% who feel staff are well trained to care for those who experience violence from a sexual partner	56% (52)	69% (328)	67% (64)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	73% (67)	73% (350)	79% (75)
Among those who needed them, % reporting staff were always respectful when seeking post-violence services	83% (20)	73% (66)	93% (37)
Among those who needed them, % reporting they were able to access post-violence services	92% (22)	80% (72)	98% (39)
Among those unable to access all the post-violence services they needed, top missing services	Counselling (100%, 2), HIV test (100%, 2), STI test (50%, 1)	Counseling (38%, 5), HIV test (31%, 4), J88 (15%, 2), PEP (15%, 2)	Counselling (100%, 1)







