



RITSHIDZE
SAVING OUR LIVES

**STATE OF
HEALTHCARE
FOR KEY POPULATIONS**

FEBRUARY 2024

3RD EDITION

ABOUT RITSHIDZE

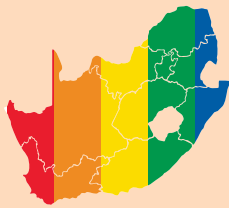
Ritshidze is a community-led monitoring system developed by organisations representing people living with HIV including the Treatment Action Campaign (TAC), the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network (PWN) and the South African Network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



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TRIGGER WARNING: *This report contains stories from community members of the prejudice, abuse, discrimination, and hostile attitudes they have faced while trying to use the public healthcare system, including people who use drugs, sex workers, and LGBTQIA+ community members. These stories are upsetting.*

KEY FINDINGS

+ **Most people get services at public health facilities.**

Overall 75% of the key populations interviewed use public health facilities to get health services. This compares to 12% using private doctors, 7% using drop-in centres, and 2% using mobile clinics. This means public health facilities must become spaces where people who use drugs, sex workers, and LGBTQIA+ communities feel safe and comfortable enough to actually go.

+ **Drop-in centres are nice, but will never be the solution**

There are just too few drop-in centres across the country to make an impact, and 83% of people did not even know about them. They are nice, but absolutely cannot provide healthcare for everyone who is queer or trans, uses drugs, or engages in sex work.

+ **Centres of Excellence must offer the clinical services, expertise, transport & referral pathways key populations need**

To be workable, COEs must be more accessible than drop-in centres and offer the clinical services, expertise, transport, and referral pathways that key populations need. This means the establishment of at least two centres per district, per population group (*this means up to 8 sites per district*). This does not mean each site would be exclusive to a population, but that there would be additional expertise and resources based on the population group the site is most likely to be working with. COEs should also be provided with additional staffing by PEPFAR through re-deployment of the existing health workforce currently employed by PEPFAR implementing partners and recruited on the basis of the positions including an emphasis on working with key populations.

+ **Facility staff are not always friendly**

Only 35% of trans people, only 33% of GBMSM, only 26% of sex workers, and as few as 17% of people who use drugs said staff were always friendly at the facility. Clinical staff were the most commonly reported as being unfriendly, followed by security guards.

+ **Confidentiality violations are abundant at the facility**

Privacy violations are alarmingly common. 57% of GBMSM, 61% of trans people, 65% of sex workers, and 74% of people who use drugs did not think privacy was well respected.

+ **People often feel unsafe & uncomfortable in the facility**

The implications of poor treatment, abuse, and violations of confidentiality are that only 7% of GBMSM, 7% of trans people, 5% of sex workers, and 4% of people who use drugs felt very safe at the facility. Similarly only 8% of GBMSM, 7% of trans people, 5% of sex workers, and 3% of people who use drugs felt very comfortable at the facility.

+ **Some facilities deny people ARVs or health services entirely**

8% of GBMSM, 10% of trans people, 11% of sex workers, and a staggering 31% of people who use drugs had been denied services in the last year because of being a member of a key population. 10% of people who use drugs also reported having been denied access to their HIV treatment in the last year. This is a violation of people's Constitutional right to health.

+ **Drop-in centres & mobile clinics are more friendly & safe**

As expected, drop-in centres and mobile clinics perform far better than public healthcare facilities. Substantially more people said staff are friendly, there are fewer privacy violations, and people feel safer going there — but there is room for improvement.

- + **Disrespectful treatment pushes people out of the health system**
Staff being unfriendly was the main reason given by people who no longer get services at public health facilities at all: including 72% of sex workers, 72% of trans people, 78% of GBMSM, and 80% of people who use drugs.
- + **Lubricants are scarce & even condoms are not always available**
While 92% of sites had external condoms available, only 75% had internal condoms available, and just 28% had lubricant available. Only 46% of trans people, 37% of GBMSM, 37% of sex workers, and 31% of people who use drugs said they could always get lubricant at facilities.
- + **PrEP & PEP need to be made more easily accessible**
Fewer people reported ever being offered PrEP at a facility compared to 2022 results: just 29% of GBMSM, 23% of trans people, 19% of sex workers, and 12% of people who use drugs. Further, only 64% of trans people told us they were always able to get PEP, only 45% of sex workers could, and only 36% of GBMSM.
- + **Disrespect & questioning can push STI services out of reach**
Only 66% of GBMSM, 59% of sex workers, and 59% of trans people said they could access STI screening services. This has reduced significantly compared to 2022 results. For those who did seek STI screening services, just under half of respondents said that staff were not always respectful & asked too many questions.
- + **Life saving harm reduction services are almost entirely unavailable**
Harm reduction services are almost entirely unavailable in primary health facilities. Only 9% of people who use drugs told us they could get information on where to get new needles, and only 10% were given information about where they could get methadone. Only 16% of those who wanted it were able to access drug dependence support.
- + **Hormones are unavailable at facilities & care is often not gender affirming**
Only 32% of trans and gender diverse people told us that facility staff were always respectful of their gender identity. 64% said staff used their wrong name and 64% said they use their wrong pronouns. 56% of trans people wanted to access hormones at their facility, yet 25% of those who asked about them were confronted with a staff member that did not know anything about hormones.
- + **Trans men, sex workers & people who use drugs regularly denied contraceptives**
Only 65% of sex workers, 64% of trans people, and 63% of people who use drugs reported being able to access the contraceptives they wanted. Of those who were unable to get contraceptives, 32% were denied them because they were sex workers, 34% were denied them because they are trans, and 46% were denied them because they use drugs.
- + **Post violence services are incomplete & not always provided with care**
Only 52% of GBMSM, 52% of trans people, and 50% of sex workers thought staff were well trained to care for those who experience violence — and only 56% of GBMSM, 56% of trans people, and 47% of sex workers were able to get services. 34% of GBMSM, 53% of sex workers and 54% of trans people said they could not even get a completed J88 form.
- + **Services availability is better at drop-in centres & mobile clinics, but not perfect**
Lubricants are far more commonly found. STI screening services were widely available. 87% of people could get new needles at the drop-in centre, and 77% could get methadone. 95% of trans people said staff were respectful of gender identity at drop-in centres, and 21% could get hormones at the drop-in centre itself. However, the availability of PEP was variable, and more people could be offered PrEP.

SUMMARY

Commonly people who are queer or trans, use drugs, or engage in sex work, face uncaring, disrespectful, cruel, and even abusive treatment at public health facilities. Frequently people are laughed at and judged, and at worst denied services or chased away. It can be unbearable and leave deep scars. Ultimately it forces some people to stop going to the clinic entirely.

75% of people interviewed try to use public health facilities to get their healthcare. Yet only 35% of trans people, only 33% of gay, bisexual, and other men who have sex with men (GBMSM), only 26% of sex workers, and just 17% of people who use drugs said facility staff were always friendly. Numerous people said they were treated worse (or feared they would be) when staff found out they were a member of a key population.

Confidentiality violations were alarmingly common. 57% of GBMSM, 61% of trans people, 65% of sex workers, and 74% of people who use drugs did not think privacy was respected. Resulting in only a handful of people feeling truly safe and comfortable when trying to access healthcare at the facility.

Alarming, many people told us they had been refused health services at the facility within the last year because of being queer or trans, using drugs, or engaging in sex work — including 8% of GBMSM, 10% of trans people, 11% of sex workers, and 31% of people who use drugs. Some had been denied ARVs, STI treatment, or contraceptives. Being denied services is humiliating, unjust, and a violation of people's Constitutional right to health.

For those who are not deterred by these daily indignities, the services they need might still be unavailable. It is well known that GBMSM, people who use drugs, sex workers, and trans people are more at risk of getting HIV. Approximately 40% of new HIV infections in South Africa are among key populations and their partners¹. Yet basic HIV prevention tools are not always available.

While 92% of sites had external condoms available, lubricants were much harder to find at just 28% of sites. People also reported not being allowed to take enough, or that staff would not be disrespectful or question you if you wanted to take them.

PrEP can empower people to protect themselves from getting HIV, yet just 29% of GBMSM, 23% of trans people, 19% of sex workers, and 12% of people who use drugs had been offered PrEP at the facility — and many did not even know what it was. Additionally some facilities said they do not offer PEP or question people who want it, and many people had been denied because of a stockout, unable to start in the limited window period.

Untreated sexually transmitted infections (STIs) are a significant enhanced risk for HIV transmission

and contraction, yet screening and treatment for STIs is not always available. People even report being refused STI treatment because they are queer, trans, use drugs, or do sex work.

Harm reduction services are life saving but are almost entirely unavailable in public health facilities. Even getting information can be a challenge. Only 9% of people who use drugs told us they could get information on where to get new needles — despite the benefits on HIV and hepatitis transmission and reducing the risk of wounds and endocarditis. Not to mention the reduction in syringe litter in public places when people can safely dispose of used injecting equipment.

Naloxone, a life saving opioid overdose reversal treatment, remains a nurse-initiated only treatment. Yet 10% of people who use drugs interviewed needed access to it in the last year. And methadone, an important treatment to help people safely reduce or stop taking opioids, is unavailable at the facility level. Only 10% of people who use drugs could even get information about where to get methadone.

Health services are not often gender affirming. Public health facilities should respect trans and gender diverse people and ensure they feel comfortable, but only 32% of trans and gender diverse people told us that facility staff were always respectful of their gender identity. 39% of trans women had even gone through the indignity of being told to use a service point just catering to men, like a Men's Corner.

Trans and other gender diverse people may also want hormone therapy. Gender dysphoria can be extremely distressing, add to this the context of living in a country rife with transphobia and attacks on trans people, and it is clear that hormones are a life saving treatment. Yet hormone therapy is not available in the primary healthcare system, and 25% of those who asked were confronted with a staff member that did not know anything.

Not everyone reported being able to access the contraceptives they wanted. Of those who were unable to get them, 32% were denied them because they were sex workers, 34% were denied them because they are trans, and 46% were denied them because they use drugs.

Safe and caring post violence services are essential, especially in the context of an epidemic of gender based violence, abuse faced by sex workers, and attacks on queer and trans

1. Estimating the contribution of key populations towards HIV transmission in South Africa. Stone et al. 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/33533115/>



people. Yet among those who needed services, only 56% of GBMSM, 56% of trans people, and 47% of sex workers were able to access them. Some people have even been refused a J88 form needed to open a case at the police station.

While it's true that drop-in centres provide much friendlier and safer care than public health facilities, and better access to services, they will never be the solution. There are just too few drop-in centres across the country. 83% of people we interviewed were completely unaware of what a drop-in centre even was, and those who did know about them often said they were too far away, or cost too much to get there. Instead what we need is accessible, acceptable, and quality services within the public health system.

Turning certain public health facilities into Centres of Excellence (COEs), providing services for key populations, was the solution put forward by the Department of Health and PEPFAR teams. Slowly a handful of COEs have been launched in different parts of the country. But in order for these centres to be workable, they

have to be more accessible than drop-in centres and offer the clinical services, expertise, transport, and referral pathways that key populations really need.

As it stands though, COEs are being launched without any additional staffing and resources being put in place nor does there seem to be any public awareness campaign about their existence or outreach to key populations who might wish to access them. There needs to be a culture change in those facilities, or else the ill treatment and hostility will persist. To function effectively, KP friendly staff members must be recruited to provide a full package of clinical services and the expertise needed.

Urgent and drastic improvement is critical to the public healthcare system to ensure that people who use drugs, sex workers, and LGBTQIA community members are treated with dignity and respect and can protect their own health and lives. The Department of Health, PEPFAR, and the Global Fund must support our public healthcare system to do much better, much faster.

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ABOUT THE DATA

This is the third edition of the Ritshidze State of Healthcare for Key Populations report; the first was published in January 2022², and the second in February 2023³. Like the earlier editions, the third edition outlines key challenges members of 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 raw data is available on the data dashboard⁴. All tools/ surveys used are available on the Ritshidze website⁵.

Members of 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 people who were “hidden” and who may not use the facility as well as those more regularly accessing services. Together with staff, a team of more than 175 volunteers who are members of key populations were recruited and trained to support the data collection effort, including tool development, mobilisation, data collection, analysis, and reporting.

A total of 13,832 surveys were taken, combining 2,612 gay, bisexual, and other men who have sex with men (GBMSM), 6,097 people who use drugs, 3,700 sex workers, and 1,423 trans people (Table 1).

The quantitative data collection took place between July and September 2023. Data collection took place across 24 districts in 7 provinces (Table 2). Qualitative data collection took place throughout 2023.

As the third edition of this report and data collection effort, we do compare current results to those from the prior rounds (August – October 2021 and July – September 2022). Importantly, survey participants have increased each year and that, along with other factors, require caution that direct comparisons between current results and prior years must be done carefully.

Note that in order to maintain a manageable survey length, certain questions were omitted from certain population group surveys. This does not mean that service was unimportant, but to ensure data collection did not become a burden on participants. In addition, skip logic creates a customised pathway through the survey for each participant based on their answers, this means that not all questions were asked to all participants.

Table 1: Demographics % (n)

	GBMSM	People who use drugs	Sex workers	Trans people
Total Consented to Survey	100% (2612)	100% (6097)	100% (3700)	100% (1423)
Age				
Under 18 years old	3% (82)	2% (152)	1% (64)	1% (27)
18-25 years old	41% (1073)	40% (2473)	32% (1214)	38% (549)
Over 25 years old	54% (1429)	55% (3411)	64% (2394)	58% (830)
Don't know	0% (1)	0% (8)	0% (2)	/
Prefer not to answer	1% (27)	0% (53)	0% (26)	1% (17)
Gender				
Cisgender woman	/	19% (1164)	80% (2987)	/
Cisgender man	55% (1441)	73% (4504)	7% (272)	/
Transgender woman	/	1% (121)	5% (221)	70% (1008)
Transgender man	13% (340)	0% (59)	1% (66)	21% (305)
Non-binary person	21% (559)	2% (176)	2% (104)	6% (94)
Other gender identity	9% (250)	0% (41)	0% (29)	0% (13)
Prefer not to answer	0% (22)	0% (32)	0% (21)	0% (3)
Multiple KP Identities				
Identifies as 1 KP	82% (2161)	81% (4977)	87% (3254)	85% (1214)
Identifies as 2 KPs	13% (358)	8% (527)	8% (303)	10% (147)
Identifies as 3 KPs	0% (6)	0% (3)	0% (3)	0% (1)
Other KP Identity				
No other KP	82% (2161)	81% (4977)	87% (3254)	85% (1214)

2. 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>
3. Ritshidze State of Healthcare for Key Populations 2023. Available at: <https://ritshidze.org.za/wp-content/uploads/2023/03/Ritshidze-State-of-Healthcare-for-Key-Populations-2023.pdf>
4. Ritshidze data available at: www.data.ritshidze.org.za
5. Ritshidze tools available at: <https://ritshidze.org.za/category/tools/>

	GBMSM	People who use drugs	Sex workers	Trans people
GBMSM	/	2% (180)	1% (44)	4% (63)
Person who uses drugs	2% (61)	/	4% (174)	1% (28)
Sex worker	5% (136)	4% (282)	/	4% (58)
Trans person	6% (173)	1% (71)	2% (91)	/
Breakdown of where KPs access services				
Public health facility	78% (2053)	81% (4977)	63% (2361)	71% (1018)
Private doctor	3% (89)	0% (45)	1% (54)	3% (50)
Drop-in centre	7% (191)	4% (292)	7% (260)	14% (211)
Mobile clinic	8% (223)	7% (447)	25% (928)	7% (110)
I do not get health services anywhere	2% (67)	5% (358)	2% (90)	2% (33)
Don't know	/	/	0% (2)	0% (1)
Prefer not to answer	0% (7)	0% (9)	0% (17)	0% (2)

Table 2: Geographic scope of data collection (July to September 2023)

Province	District	PEPFAR KP drop-in centre	Number of Surveys by KP Group			
			GBMSM	People who use drugs	Sex workers	Trans people
Eastern Cape	Alfred Nzo*	/	/	1	1	/
	Amathole	/	102	294	248	56
	Buffalo City	MSM site, Trans site	65	298	171	84
	Nelson Mandela Bay	MSM site, Trans site	163	287	254	60
	OR Tambo	Female Sex Worker site	186	288	192	83
Free State	Fezile Dabi*	/	1	/	1	/
	Lejweleputswa	/	104	194	105	63
	Mangaung	/	139	343	78	53
	Thabo Mofutsanyana	/	113	122	86	47
Gauteng	City of Tshwane	MSM site, PWID site, Sex worker site	1	294	141	45
	Ekurhuleni	MSM site, Sex Worker site	223	190	200	51
	Johannesburg	MSM site, Sex Worker site, Trans site	154	292	182	45
	Sedibeng	/	122	189	223	44
	West Rand*	/	/	1	/	/
KwaZulu-Natal	eThekweni	MSM site, Female Sex Worker site	127	345	200	138
	Harry Gwala*	/	/	1	/	/
	iLembe*	/	/	1	/	/
	King Cetshwayo	/	55	241	112	27
	Ugu	/	87	411	224	45
	uMgungundlovu	MSM site, Female Sex Worker site	168	290	109	55
	uMzinyathi*	/	/	1	/	/
	uThukela	/	59	195	67	34
Limpopo	Capricorn	/	84	252	217	49
	Mopani	/	64	186	185	52
	Sekhukhune*	/	1	/	1	/
	Vhembe*	Sex worker site	/	/	/	1
Mpumalanga	Ehlanzeni	MSM site, PWID site, Female Sex Worker site	89	183	123	68
	Gert Sibande	Female Sex Worker site	68	271	145	54
	Nkangala	Female Sex Worker site	60	351	58	19
North West	Bojanala Platinum	/	150	262	185	112
	Dr Kenneth Kaunda	Female Sex Worker site	107	128	67	60
	Dr Ruth Segomotsi Mompati*	/	1	2	/	1
	Ngaka Modiri Molema	Female Sex Worker site	119	184	124	77
Northern Cape	Frances Baard*	/	/	/	1	/

* No direct data collection was done in these districts. Individuals from these districts were interviewed in the 24 districts where data collection took place



1. WHERE DO PEOPLE GET HEALTH SERVICES?



WHAT DOES THE DATA TELL US?

Short answer: members of key populations mostly use the public health system to access their health services

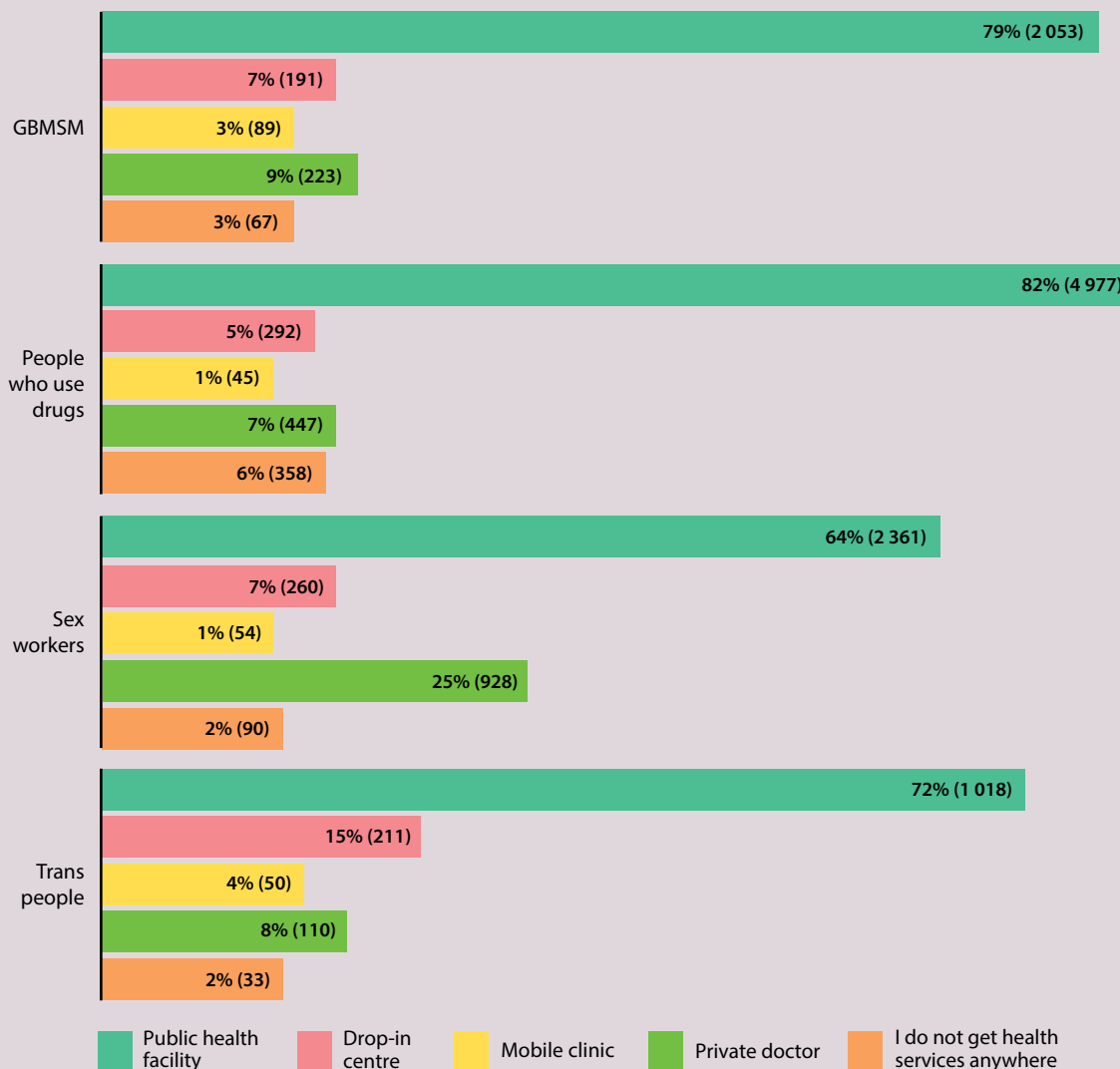
LEARNING 1: Most members of key populations use public health facilities

Again this year, most people we interviewed use public healthcare facilities, such as clinics or community healthcare centres, to get their primary healthcare services — 75% overall (Figure 1). This compares to 12% using private doctors, 7% using drop-in centres that cater specifically to members of key populations, and 2% using NGO run mobile clinics aimed at key populations. 4% of people were not getting health services anywhere at all.

ACROSS POPULATION GROUPS:

After public health facilities, GBMSM, people who use drugs, and sex workers most commonly used private doctors, and trans people most commonly used drop-in centres. People who use drugs were the most likely to not get health services anywhere, followed by GBMSM, and then sex workers and trans people.

Figure 1: Where do you go for your health services? (July to September 2023)



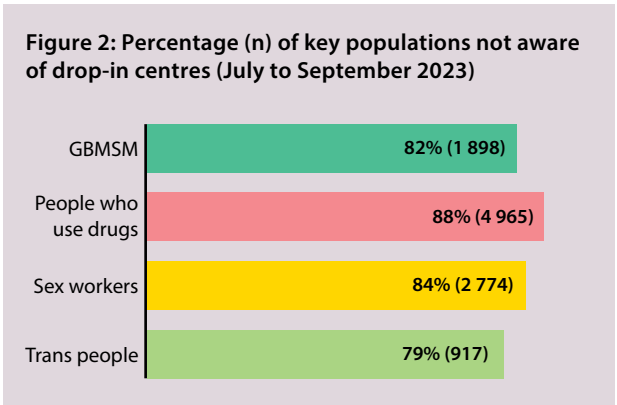


LEARNING 2: Drop-in centres are nice, but will never be the solution

Only 15% of trans people, 7% of GBMSM, 7% of sex workers, and 5% of people who use drugs reported that they use drop-in centres. Drop-in centres are places that members of a particular key population can go to access health services outside of public health facilities. While drop-in centres do provide much friendlier care and more services that are needed (see sections 2 and 3 below), they will never be able to solve the challenge of key populations struggling to access health services because of issues in the public health system.

Firstly, there are too few drop-in centres across the country to meet the needs of all key populations. Alongside a handful of others, there are only 28 PEPFAR funded drop-in centres across the country (15 run by the U.S CDC and 13 run by USAID). This year 83% of people we interviewed were completely unaware of what a drop-in centre even was (Figure 2).

Secondly, of those who actually knew about them, the most common factors for not using them were that they were too far away (as reported by 7% of trans people, 6% of sex workers, 5% of people who use drugs, and 4% of GBMSM) and that it cost too much to get there (as reported by 6% of trans people, 5% of GBMSM, 2% of people who use drugs, and 1% of sex workers).



Thirdly, for the queer community, drop-in centres are aimed only at gay, bisexual, and other men who have sex with men (GBMSM), so even if there was an expansion of drop-in centres across the country, queer women would still be forced to use public health facilities to get health services.

Instead, building accessible, acceptable, quality services with real accountability metrics that meet the needs of populations within the public health systems is required.

LEARNING 3: Centres of Excellence must offer the clinical services, expertise, transport & referral pathways key populations need

The establishment of Centres of Excellence (COEs) has been one solution put forward by the Department of Health and PEPFAR teams. COEs are public health facilities that are identified as places members of key populations can go to access services. In order for these centres to be workable, they have to be more accessible than drop-in centres and offer the clinical services, expertise, transport, and referral pathways that key populations need. This means the establishment of at least two centres per district,

per population group (*this means up to 8 sites per district*). This does not mean that each site would be exclusive to a population, rather that additional concentrated expertise, training, and recruitment strategies, as well as the location of the selected sites will be made based on the specific population a particular site is likely to be most working with. Where people live too far away still to access them, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.



WHAT HAVE WE LEARNT?

LEARNING 1: Most people get services at public health facilities

Overall 75% of the key populations interviewed use public health facilities to get health services. This compares to 12% using private doctors, 7% using drop-in centres, and 2% using mobile clinics. This means public health facilities must become spaces where people who use drugs, sex workers, and LGBTQIA+ communities feel safe and comfortable enough to actually go.

LEARNING 2: Drop-in centres are nice, but will never be the solution

There are just too few drop-in centres across the country to make an impact, and 83% of people did not even know about them. They are nice, but absolutely cannot provide healthcare for everyone who is queer or trans, uses drugs, or engages in sex work.

LEARNING 3: Centres of Excellence must offer the clinical services, expertise, transport & referral pathways key populations need

To be workable, COEs must be more accessible than drop-in centres and offer the clinical services, expertise, transport, and referral pathways that key populations need. This means the establishment of at least two centres per district, per population group (*this means up to 8 sites per district*). This does not mean each site would be exclusive to a population, but that there would be additional expertise and resources based on the population group the site is most likely to be working with. COEs should also be provided with additional staffing by PEPFAR through re-deployment of the existing health workforce currently employed by PEPFAR implementing partners and recruited on the basis of the positions including an emphasis on working with key populations.



WHAT DO WE NEED?

At least two Centres of Excellence per district, per population group must be established (this means up to 8 sites per district). They must offer the clinical services, expertise, transport, and referral pathways that key populations need. The sites must not be exclusive to one population group, but rather must have additional concentrated expertise, training, and recruitment strategies, based on the population group the site is most likely to be working with. Where people live too far away still to access services, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.

“I don’t get services anywhere at the moment. I always try Belhaven (Harm Reduction Centre) if I need assistance, but they would refer me to another clinic. I tried to register to take methadone there too but they put me on a waiting list saying there is a shortage of funds to take new patients” — a sex worker who also uses drugs (eThekwini), August 2023

“I heard about a place called “Step Up” (run by PEPFAR District Support Partner TB HIV Care) which provides services for people who use drugs and gives methadone for free. We registered and I still take methadone there. I wish we had these centres in our township” — a person who uses drugs (eThekwini), May 2023





2. HOW FRIENDLY & SAFE ARE THE SERVICES?



WHAT DOES THE DATA TELL US?

The short answer is: services are not friendly, not safe, & not welcoming.

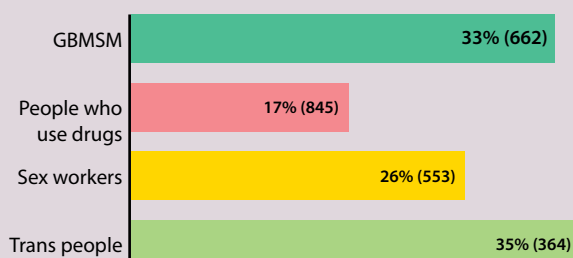
Commonly people who are queer or trans, use drugs, or engage in sex work, face uncaring, disrespectful, cruel, and even abusive treatment at public health facilities. Most typically from clinical staff like doctors and nurses, as well as security guards (who are meant to protect and keep people safe). Numerous people said they were treated worse (or feared they would be) when staff found out they were a member of a key population. Confidentiality violations were alarmingly common. All this results in only a handful of people feeling truly safe and comfortable when trying to access healthcare at the facility. On top of all this, shockingly, far too many people have been denied life saving HIV treatment, or have been turned away from public health facilities entirely. Positively drop-in centres catering specifically to members of key populations, and NGO run mobile clinics aimed at key populations, both provide much friendlier, safer, and more confidential services, although not without room for improvement.

For Centres of Excellence (COEs) to function, they must be friendly, safe, and confidential spaces, or else members of key populations will not use them. Just by giving sites the label “Centre of Excellence” does not suddenly mean that the friendliness and safety at the facility has improved from how it had been. COEs need additional staffing so that they can function effectively and to support and instil culture change within the facility. For PEPFAR, this means District Support Partners (DSPs) that already employ significant healthcare workforces should redistribute staff to the COEs, including specifically recruiting individuals and advertising positions that will have an emphasis on specific key populations within the context of general population services. For the national, provincial, and district health departments, this means ensuring that all COE staff recognise that their obligation is to provide services equitably across all populations, and not as unique cases to be handled by PEPFAR DSP staff.

LEARNING 1: Facility staff are not always friendly

In this reporting period, very few people said that facility staff were actually nice to them. Only 35% of trans people said staff were always friendly, only 33% of GBMSM, only 26% of sex workers, and as few as 17% of people who use drugs (Figure 3).

Figure 3: Percentage of key populations reporting staff are always friendly at the facility (July to September 2023)



These results are substantially worse than our prior findings in 2022 and 2021 (Table 3). Also, while it cannot be compared to data collected through our general facility monitoring (that takes place in the facility setting among all public healthcare users), it points to far worse attitudes towards members of key populations compared to the 72% of public healthcare users who said staff were friendly and professional in the same reporting period⁶.

Table 3: Percentage of key populations reporting staff are always friendly across years

	2021	2022	2023
GBMSM	42%	37%	33%
People who use drugs	41%	24%	17%
Sex workers	42%	46%	26%
Trans people	46%	41%	35%

6. Note that there is a potentially meaningful difference in how this question is asked in our general facility monitoring survey and the KP surveys. In the general population survey, the question is phrased as “Are staff friendly and professional?” with answer choices as “Yes”, “Sometimes”, “No”, “Don’t Know” and “Prefer not to answer”. In the KP survey, our question was phrased as “Are the staff friendly toward <KP group>?” with answer choices “Always”, “Sometimes”, “Never”, “Don’t Know”, and “Prefer not to answer”.

While there are differences across provinces, all provinces performed badly (Table 4). The Eastern Cape and KwaZulu-Natal performed particularly dismally, with the fewest reports

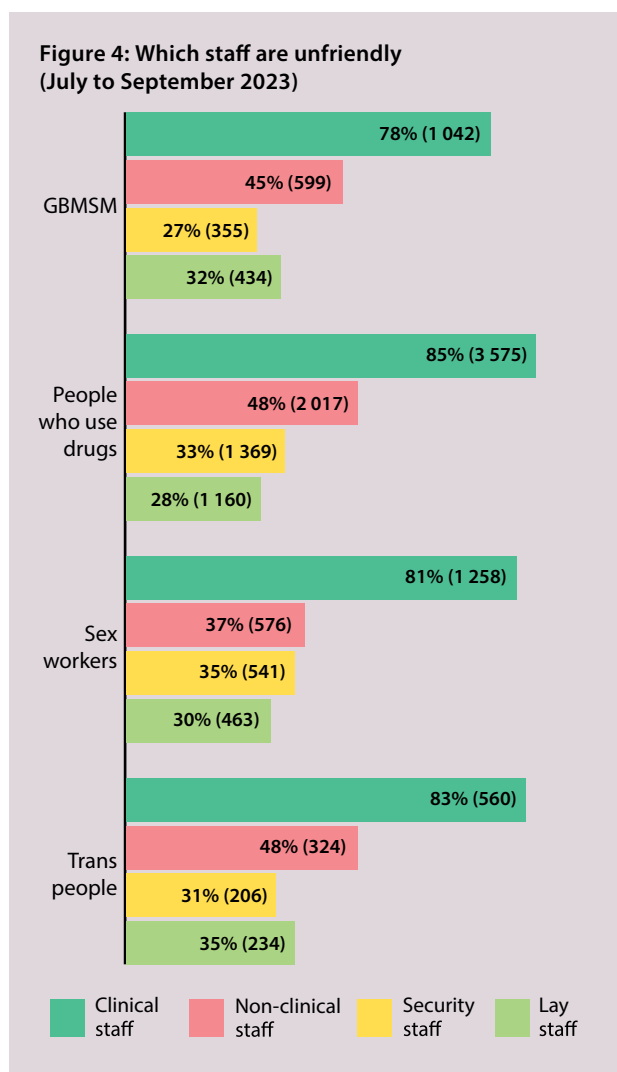
of friendly services across multiple key population groups. People who use drugs faced the most unfriendly services across all key population groups in almost all provinces.

Table 4: Percentage (n) of key populations reporting staff are always friendly at the facility across provinces (July to September 2023)

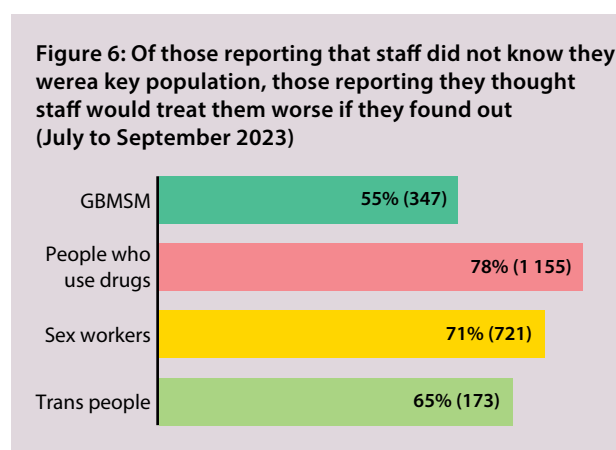
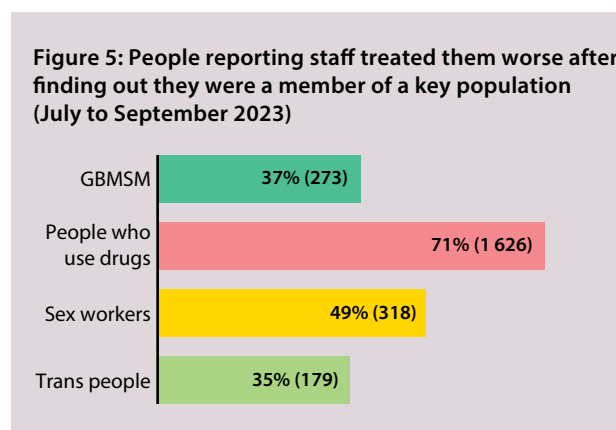
	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
GBMSM	18% (76)	55% (154)	37% (148)	18% (52)	21% (31)	37% (76)	44% (125)
People who use drugs	7% (65)	37% (182)	14% (95)	19% (214)	17% (65)	14% (94)	18% (130)
Sex workers	12% (77)	47% (80)	28% (110)	14% (40)	27% (75)	27% (27)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

Clinical staff, such as doctors and nurses, were the most commonly reported as being unfriendly, followed by security guards (Figure 4).

trans people, 71% of sex workers, and 78% of people who use drugs (Figure 6). If people are worried about disclosing that they are queer or trans, use drugs, or engage in sex work, how can they be expected to ask for specific services they might want and need?



Many people reported that staff treated them worse after they found out they were a member of a key population including: 35% of trans people, 37% of GBMSM, 49% of sex workers, and 71% of people who use drugs (Figure 5). Of those who said staff were not aware, high numbers were fearful that staff would treat them worse if they did find out including: 55% of GBMSM, 65% of



Staff being unfriendly was the main reason people reported for not using public health facilities, including those who have disengaged from care altogether. Of those who no longer use public health facilities, 72% of sex workers, 72% of trans people, 78% of GBMSM, and 80% of people who use drugs reported staff friendliness as the main reason for disengaging. For those who have stopped accessing healthcare services at all, 70% of sex workers, 72% of GBMSM, 72% of trans people and 75% of people who use drugs again reported staff friendliness as the reason for stopping.

“The attitude of the staff is very bad towards queer people, even the cleaners would shout at you. I was told to come back the next day for my medication as they were out of stock. I missed work to return there and the doctor was full of attitude, only the counsellor was friendly”
— a gay man, Umlazi N Clinic (eThekweni), April 2023

“For us as sex workers, I would like them to change their attitude. They must treat us well as human beings. The way they are treating us is bad. They would make you join the end of the line even if you came first. If I go to the clinic and ask for pills, they should stop calling us names but treat me with respect. They are there to help us and not judge us”
— a sex worker, Empilisweni Clinic (Sedibeng), April 2023

“Sometimes you can't tell them all you have come there for; you just want the experience to be over so you can just leave. You focus on what is most urgent and leave without getting help for the rest”
— a trans woman, Emthonjeni Clinic (Ehlanzeni), May 2023

“I needed help to treat a wound, but instead, the staff were asking me personal questions which were demeaning and unkind. I had to wait for a long time to get medical attention. They were not patient with me. I was not in the right frame of mind to be treated that way”
— a gay man, Adelaide Gateway Clinic (Amathole), August 2023

“The attitude of the staff towards LGBTQI individuals is very bad. They behave like they are seeing something that they are not used to. When the nurse was drawing blood, she was rushing and I still have the scar. It was like she just wanted to get away from me”
— a non binary person, KwaMsane Clinic (King Cetshwayo), September 2023

“The staff should change their attitude towards people who use drugs. They always criticise us that we are not bathing and dirty. Maybe they should give us soap to bathe with and provide porridge so that we can eat something when they give us medication”
— a person who uses drugs, Addington Hospital (eThekweni), April 2023

“I told them that I am a sex worker so that they can understand me, so that I can be free to share whatever is wrong with me, but they use that information against me. I wish they can do their work and respect us, so that we can respect them in return”
— a sex worker, Bophelong Clinic (Lejweleputswa), July 2023

“The staff at the reception are also very disrespectful. There was an instance when I was being attended to and another patient came. The staff told them to wait, that they were busy attending to this “boy”. I had my hair braided with makeup and wearing a dress but she still referred to me as a boy”
— a trans woman, Lilian Mambakazi CHC (Nkangala), May 2023

“In the clinic, they see us trans people as a clown, when a trans woman walks into the clinic, they would all be laughing. They do not take us seriously”
— a trans man, Mbunde Clinic (Ugu), August 2023

“A lot of people who use drugs are suffering because of the way they are being treated in clinics and communities. They recently formed a forum that chases and beats PWUDs here in Port Shepstone. They accuse them of stealing and other crimes, one guy even died last week”
— a person who uses drugs, Mbunde Clinic (Ugu), August 2023

“I was very sick... they attended to me very late and there was no transport to go back. The nurse told me to speak to the security to show me where I could sleep. He left me outside in the cold and only around 11pm did he give me a mattress with no blanket to sleep on” — a person who uses drugs, Estcourt Hospital (uThukela), August 2023

“I did not get the service that I required and the staff attitude was really bad. It is always an overall hostile environment. We are in the rural area, if you need urgent care then you have to go to Mthatha which means you have to use transport money but we have a clinic in the community. But I would rather travel to Mthatha than go to this clinic because of the staff attitude” — a gay man, Mapuzi Clinic (OR Tambo), July 2023

“The security would search you when you enter and leave the facility, but they don't search the other patients. It is like you are going to steal inside the facility”
— a person who uses drugs, East Boom Street Clinic (uMgungundlovu), August 2023

“They do not treat sex workers well because sometimes when you come for your pills and they do counselling and you share with them that you are a sex worker, they will start laughing and making fun of you”
— a sex worker, Bophelong Clinic (Lejweleputswa), July 2023

“They ask irrelevant questions just to mock me. I don’t understand why they do this. They should be showing support and providing care, and teaching our parents about LGBTQ people but they are the ones who do not take us seriously. If you go there for help, you end up regretting it and asking yourself why you came here”

— a gay man, Block B Clinic (Ehlanzeni), May 2023

“They do not ask all the normal questions or do any examinations. It is like our sexuality is going to jump on them like we are contagious. If I, who is a known activist in the community, still face all these challenges, I wonder how bad the rest of the LGBTQI members in the community get treated. Especially those that are in the rural and semi-rural clinics where they have staff that are older and are stuck in their ways”

— a trans man, Mbunde Clinic (Ugu), August 2023

“I don’t get treatment on time because I am smoking. They would attend to other people first and me last. If I miss my date, they would shout at me and call me names and they don’t do that to other people. They said I am coughing and told me to stand outside”

— a person who uses drugs, Corner Street Clinic (uThukela), August 2023

“The change I would like to see at the clinic has to be with the counsellors and nurses. They need to be educated about different sexualities and gender because when you go to the clinic you would not expect to be discriminated against”

— a trans man, Civic Centre Clinic (OR Tambo), March 2023

“I went to Marikana Clinic to test for HIV and the test came back positive. I was judged by the nurses saying things like “vele HIV ke ya di Gay”, meaning obvious HIV is for the gays. I tried to get a transfer so I can get my ARVs in another clinic but I was denied that letter. Now I am always stressed when it is time to go to the clinic again for a checkup”

— a gay man, Marikana Clinic (Bojanala Platinum), April 2023

“There are challenges especially if you are part of the LGBTQI community. When I first started my ART, I had medical aid but when my financial situation changed I moved to the clinic.

The staff were unfriendly, from the receptionist, the way they looked at me was very uncomfortable based on how I was dressed. You could sense their discomfort as to whether I am male or female”

— a non binary person, KwaMsane Clinic (King Cetshwayo), September 2023

“Due to the continued discrimination at the clinic, I tried to get a transfer letter so I could have a fresh start at another clinic. A nurse who knew that I was a sex worker disclosed to the other nurses what my job was. They refused to give me the transfer letter. I reported to the Facility Manager and he said he would speak to the staff but the abuse continues”

— a sex worker, Gompo Clinic (Buffalo City Metro), March 2023

“Even if you arrive early and join the queue, you would get skipped and the nurses would attend to people who came after you. Sometimes we leave without getting the service we went there for”

— a person who uses drugs, Mbunde Clinic (Ugu), August 2023

“It is always an unpleasant experience to go to the facilities, and unfortunately, there are no alternatives. It is the only clinic in the area. I got to understand why other KPs prefer to go to more remote facilities because of the poor attitude they get from this clinic. This clinic is practically next to where I live and it is sad that I am considering going to a facility very far away to access basic healthcare”

— a gay man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2023

“There is a lot of stigma... due to religious reasons. Some nurses don’t take it well if you need services that consider your sexuality or need you to disclose your sexuality”

— a trans woman, Marburg Clinic (Ugu), August 2023

“The older nurses are not welcoming and they are rude and inconsiderate. The younger nurses are much better”

— a gay man Adelaide Gateway Clinic (Amathole), August 2023

“The staff are very ignorant and have no respect for trans people and our private lives. How I live my life does not affect anybody else. They pick on you for no reason”

— a trans man, Civic Centre Clinic (OR Tambo), March 2023

The nurses are the ones with the main problem, they are the ones who are unfriendly and rude”

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

“The staff are always rude towards people who use drugs at this facility, especially the non-clinical staff. They behave like they are nurses”

— a person who uses drugs, Kwazakhele Clinic (Nelson Mandela Bay), May 2023

“A nurse asked me about my sexuality and then tested me. There were a lot of questions and remarks like “how I got the virus, how will I live my life moving forward, what was I expecting, do I know that most gay people die of AIDS, what was I expecting being gay and not contracting the virus and spreading it as ungodly as I am?”. I wanted to get up and leave. But I needed to confirm my status and start treatment but what was shocking, aside from all the tormenting questions, I did not receive any treatment that day”

— a gay man, East London Central Clinic (Buffalo City Metro), August 2023

LEARNING 2: Confidentiality violations are abundant at the facility

Privacy violations are alarmingly common. In this reporting period 57% of GBMSM, 61% of trans people, 65% of sex workers, and 74% of people who use drugs

did not think privacy was well respected at the facility (Figure 7). These results are substantially worse than our prior findings in 2022 and 2021 (Table 5).

Figure 7: Percentage (n) of key populations reporting they feel privacy is not well respected at facilities (July to September 2023)



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

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

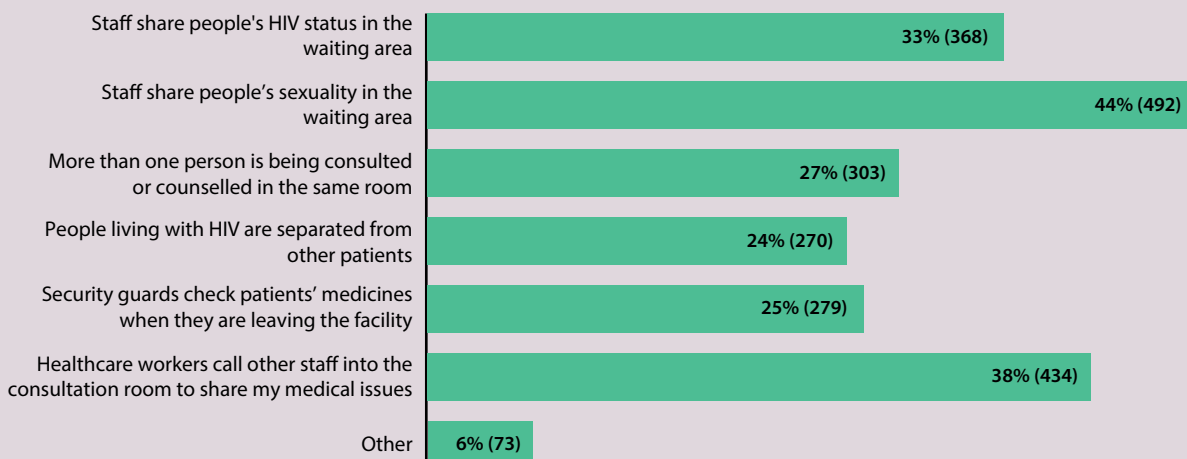
These privacy violations include people's HIV status being disclosed, or people's sexuality or gender being revealed, or the

fact that someone uses drugs or engages in sex work. It also includes other medical issues being shared either indirectly through more than one person being consulted in the same room, or by staff entering without knocking or calling other health workers in the room, often as a way to mock or judge people, or even security guards checking your medicines as you leave (Figure 8, 9, 10, 11).

Again, while we cannot make any direct comparisons, it is important to note that among people living with HIV interviewed at the facility, only 4% thought their HIV status was not kept confidential in the same reporting period⁷.

Figure 8: Most common privacy violations faced by GBMSM (July to September 2023)

GBMSM interviewed: 1,130



7. Note that there is a potentially meaningful difference in how this question is asked in our general facility monitoring survey and the KP surveys. In the general population survey, the question is phrased as "Do you think that this facility keeps people's HIV status confidential and private?" with answer choices as "Yes", "No", "Don't Know" and "Prefer not to answer". In the KP survey, our question was phrased as "Do you think that this facility respects people's confidentiality and privacy?" with answer choices "Yes", "No", "Don't Know", and "Prefer not to answer".



Figure 9: Most common privacy violations faced by people who use drugs (July to September 2023)

People who use drugs interviewed: 3 721

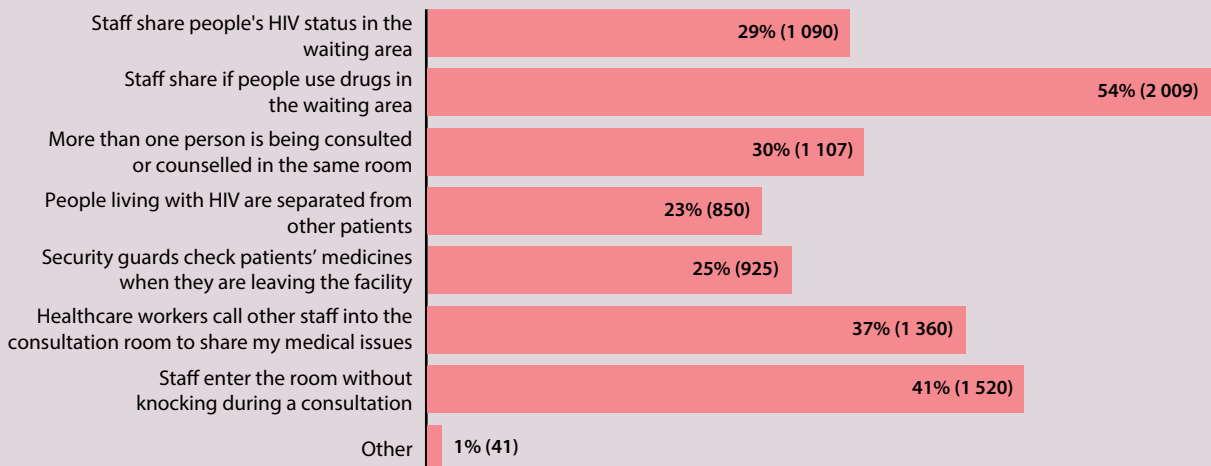


Figure 10: Most common privacy violations faced by sex workers (July to September 2023)

Sex workers interviewed: 1 355

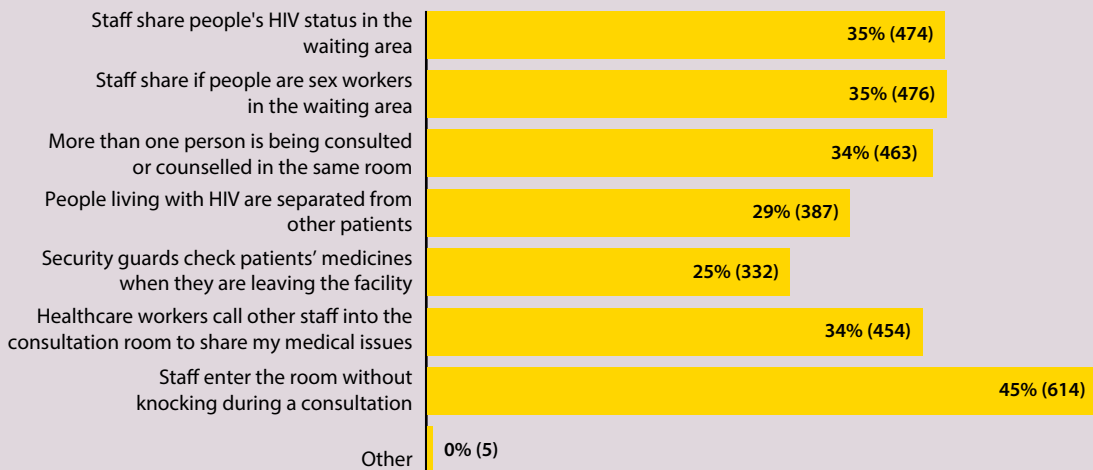
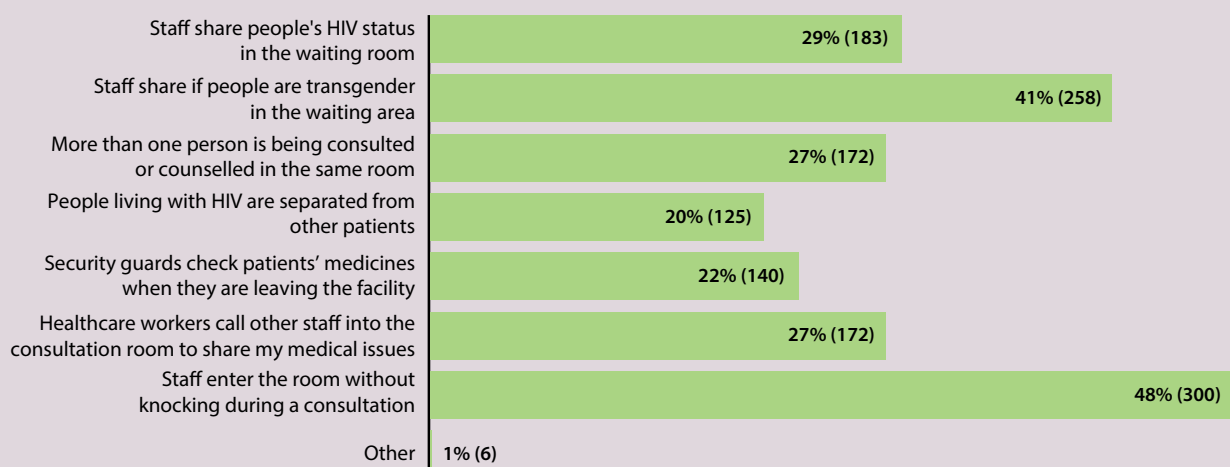


Figure 11: Most common privacy violations faced by trans people (July to September 2023)

Trans people interviewed: 629



These privacy violations create an unsafe and uncomfortable environment to be in that ultimately cause people to disengage from the public health system or to stop accessing health care at all. Of people who do not use public health facilities 38% of sex workers, 47% of people who use drugs,

51% of trans people, and 52% of GBMSM identified privacy violations and unsafe or uncomfortable spaces as a reason. Of people who stopped receiving any healthcare services, 40% of sex workers, 42% of GBMSM, 42% of people who use drugs, and 66% of trans people cited these same reasons.

“The nurse gave

me my pills in front of everyone and said “we are really tired of you, who knows maybe you are smoking these pills. Why can’t you just die because you’ve already killed yourself with drugs. You don’t even bathe and don’t like yourself”. I was offended as everyone was staring at me, some were blocking their noses while others were taking pictures”

— a person who uses drugs, Sinqobile Clinic (Johannesburg), March 2023

“There is no privacy at all. They shouldn’t humiliate us in public. They would be shouting in the waiting area in front of other patients and staff asking if that is you in the ID. So now everyone knows you are trans”

— a trans woman, Lilian Mambakazi CHC (Nkangala), May 2023

“The nurse tested me and it came back positive. I cried and asked her to help me with the medication. She said “why do you bother us? Why should the government waste money treating people like you rather than giving the medication to the patients who deserve it?” I felt so humiliated and hated myself. I was crying and begged the nurse to help me and she told me to stop “prostitution” because I will kill people’s children with AIDS. She said I disgusted her”

— a sex worker, Kingsway Municipal Clinic (Ekurhuleni), March 2023

“During my consultation, the nurse went out to chat with the other staff and I could hear their conversation. Then the nurse came in, it looked like she just wanted to hear what I was saying. The first nurse narrated everything I had just shared”

— a gay man, Adelaide Gateway Clinic (Amathole), August 2023

“The one that seems to irritate me the most is the interruption of consultation. If you are discussing something, the nurses do not respect privacy. While you are sitting there consulting, they would just go on chatting to another nurse or someone would come in and they start having a full on conversation like I am not there. Then I need to wait for the chat to finish, it just seems very rude”

— a trans woman, Marburg Clinic (Ugu), August 2023

“I collect my ARVs at the clinic and there is never privacy. Sometimes there are like three people in the consultation room and everyone can hear what you are discussing. This makes me uncomfortable as I cannot share what is wrong with me in the presence of others”

— a gay man, Umlazi N Clinic (eThekweni), April 2023

“When you are there to test for HIV, there would be two nurses and a lay counsellor there. I was questioned why I was testing and had to tell them I am a sex worker and had a condom burst so I needed to test so I can access PEP”

— a sex worker, Kwazakhele Clinic (Nelson Mandela Bay), August 2023

“When you get to the clinic, you need to take your vitals. Everybody enters that room even while this is going on, both the clinical and non-clinical staff. There is no privacy at all... There are CWPs, the ones who wear orange, that are always in the consultation room beside the nurse. They help with getting files but they remain in the room after that. There is no privacy. I am not always free to share what is wrong with me”

— a trans man, Intabazwe Clinic (Thabo Mofutsanyana), July 2023

“Sometimes it will be me and one nurse, then she will call the other nurses and they will start discussing me. Or if I am in the waiting line and one of them sees me, they would start talking and making fun of me”

— a sex worker, Empilisweni Clinic (Sedibeng), April 2023

“I don’t think they treat gay and trans people well at the facility... you hear nurses discussing patients’ issues that should be confidential. You may not know the name of the patient but sometimes when a patient leaves the consultation and they start talking, you know exactly who they are talking about. That just tells me that that could be me when I am not there”

— a gay man, East London Central Clinic (Buffalo City Metro), August 2023

“There are times where more than one nurse is in the consultation room. Though there is a curtain that separates you from the other consultation rooms, you can hear everything that is being discussed there and they can also hear what you are discussing as well. Sometimes, the nurse in the other room would pop in to share what the patient she just dealt with spoke about and I just have to wait and listen to everything”

— a sex worker, Mbunde Clinic (Ugu), August 2023

“The experience is not good. LGBTQI people require privacy and that is not there at the clinic. They disclose people’s HIV status. The last time I went there, while I was taking my vitals, they were talking about some other guy and just left his file where I could see”

— a gay man, Grace Mokhomo CHC (Dr Kenneth Kaunda), May 2023

“I was consulted by one nurse, but then she called another nurse to come listen to what I was saying. They did not do any examination or give me any medication. There was no medical or psychological assistance provided to me”

— a gay man, KwaMsane Clinic (King Cetshwayo), September 2023

“The nurses there discuss your problem and what you came there for. My medical issues are supposed to be private but they discuss it among each other like I am not there. There is no privacy in the consultation rooms at all”

— a sex worker, Nelspruit Clinic (Ehlanzeni), May 2023

“I started my HRT not long ago, so I have started to develop breasts. So they would tell their colleagues that there is a guy in the consultation room who has boobs. So, you see them coming in to pick random items, but it is to check who is in the office”

— a trans woman, Emthonjeni Clinic (Ehlanzeni), May 2023

“The other time while I was there, my testicles were sore but I could not mention that because there were a lot of people in the consulting room. It was only when I got to the doctor that I was able to tell him about the symptoms and he prescribed medication for it”

— a trans woman, Tlhabane CHC (Bojanala Platinum), June 2023

“There is a sister from the clinic who is my neighbour who knows I am a sex worker and she told the other staff members. There was an incident where she accused me of wanting to sleep with her husband. Since then the staff there has been treating me very badly”

— a sex worker, Kingsway Municipal Clinic (Ekurhuleni), March 2023

“Before they knew what (work) I do, the service was relatively poor but it was cool. But as soon as they found out that I am a sex worker, things got worse... when I get there, they make snide comments.... Everyone knew, my privacy was not respected enough”

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

“There are privacy issues. You would sit like this and the nurse would say she is going to get something. Then another person would pop in to ask you where the sister is, you tell them she has gone to fetch something. Then another person, and another person. Then it clicks that they are coming to see who is in the room. Immediately after you share something personal, this happens”

— a trans man, Mbunde Clinic (Ugu), August 2023



LEARNING 3: People often feel unsafe & uncomfortable in the facility

The implications of poor treatment, abuse, and violations of confidentiality are that only very few people felt truly safe and comfortable accessing services at public health facilities. Only 7% of GBMSM, 7% of trans people, 5% of sex workers, and 4% of people who use drugs felt very safe at the facility (Figure 12).

In this context safe means safe and protected from verbal/physical abuse, verbal/physical harassment, or even the risk of arrest.

Similarly only 8% of GBMSM, 7% of trans people, 5% of sex workers, and 3% of people who use drugs felt very comfortable at the facility (Figure 13). In this context comfortable means feeling at ease, like you will be treated well, and get what you need. These results are considerably worse than previous reporting periods (Table 6, 7).

Figure 12: Percentage (n) of key populations reporting they feel very safe accessing services at the facility (July to September 2023)

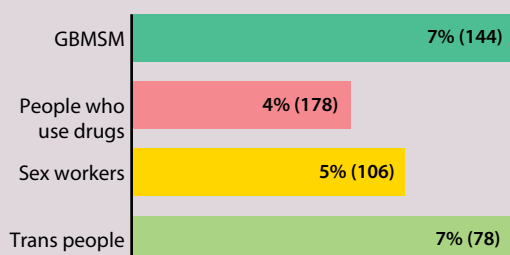


Figure 13: Percentage (n) of key populations reporting they feel very comfortable accessing services at the facility (July to September 2023)

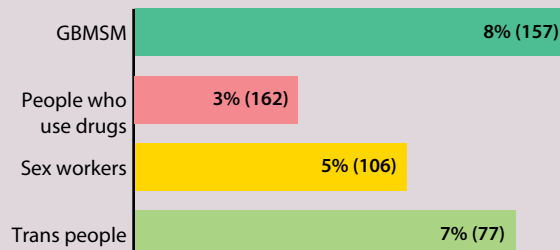


Table 6: Percentage of key populations reporting they feel very safe across years

	2021	2022	2023
GBMSM	35%	14%	7%
People who use drugs	34%	10%	4%
Sex workers	50%	19%	5%
Trans people	42%	14%	7%

Table 7: Percentage of key populations reporting they feel very comfortable across years

	2021	2022	2023
GBMSM	33%	13%	8%
People who use drugs	32%	8%	3%
Sex workers	38%	19%	5%
Trans people	36%	15%	7%

“LGBTQI community members do not feel comfortable at the facility. They would prefer to be attended to by someone who is also part of the LGBTQI community. If one of us is in the clinic, more people would feel more comfortable to come there. Our community clinics don’t have queer staff members which makes it not a safe space for us”

— a gay person, Boitekong Clinic (Bojanala Platinum), May 2023

“They also scream that people that are living with HIV should come to this queue. That makes me very uncomfortable because I did not disclose my status to my family yet, and there are some people that know me at the clinic so they now know about my status”

— a trans woman, Jouberton CHC (Dr Kenneth Kaunda), May 2023

“I am not comfortable at all. Sometimes I feel like if I say what is wrong with me, they will just discuss me and not attend to me... Sometimes I get tired of waiting and the terrible attitude and just leave... I wish they can change their attitude and be friendlier with sex workers so we can be free and comfortable with them”

— a sex worker, Empilisweni Clinic (Sedibeng), April 2023

“While I was in the consultation room, the cleaner was there cleaning the room and never went out, this made me very uncomfortable”

— a gay man who is also a sex worker, Tshangana Clinic (Nelson Mandela Metro), March 2023

“They treat members of the LGBTQI community so badly. They say things like “you are so beautiful, why don’t you have a man”. I am not there for that but to be attended to. They treat us badly; they laugh at you when you complain. It is like they are untouchable”

— a trans man, Kanyamazane Clinic (Ehlanzeni), April 2023

“Most of the time when I get there, they call me names. They offend me and this does not make me feel comfortable. Even the nurses do the same thing. If I want to get tested for HIV, they would discuss this among each other saying why am I wasting the tests when I am a sex worker. I wish there can be something done there so that we can be getting the same treatment as other people”
— a sex worker, Empilisweni Clinic (Sedibeng), April 2023

“Safety concerns are more verbal. They would make a joke about how you look and how you dress. It is silly but very disrespectful and condescending, and makes one uncomfortable... when you go to those places and you have your ID, they ask if it is really you”
— a trans woman, Mncingi Clinic (Gert Sibande), May 2023

“There is discomfort at the facility... I am gay and the fact that you are gay or perceived as a member of the LGBTQI community, the staff attitude is not the same as for everyone else. You get treated badly. It is older people that work at the clinic, from the administrative staff to the clinical staff. It is not a pleasant experience, it is always very hostile”
— a gay man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2023

“There is no privacy at all. The last time I was there, I was taking blood and there were like 3 or 4 nurses in the room. It was uncomfortable to have so many people present because I felt they would all be curious to see the test results. They would want to find out what is wrong with this trans person. Even when you are consulting, a nurse can just barge in to ask for something. It is just uncomfortable”
— a trans woman, Tlhabane CHC (Bojanala Platinum), June 2023

“The services are fine but there is always a doctor and nurse in the consultation room. You have to explain what is wrong to both of them. It doesn't help that they are both elderly which makes it even more uncomfortable to fully disclose why you are there. That was the first time of seeing such”
— a gay man, Durban University of Technology Clinic (uMgungundlovu), September 2023

“It would be good for the staff to be more friendly and also if they can hire LGBT people. It is very difficult to share your medical challenges with the older nurses, or talk about your sexual health. This is a real problem, we need people that would understand us and listen to us without any judgement”
— a gay man, Cinci Clinic (King Cetshwayo), September 2023

“It would be good for the staff attitude to change as well as the privacy as this makes me feel uncomfortable. Imagine going to the clinic and other patients now know my medical history or that I am a sex worker. I feel discriminated against and stigmatised”
— a sex worker, Pennington Municipal Clinic (Ugu), August 2023

“When I went to the clinic, the sister that was attending to me was like “ausi or abuti what are you here for?” And when she goes back to the room, that's when you become their topic, that there is a gay guy that looks like a woman. They'd make you feel uncomfortable because you can see that everyone just wants to see the “gay” that looks like a woman. So when I have to go to the clinic I always have doubts because they always make me feel uncomfortable”
— a trans woman, Tlhabane CHC (Bojanala Platinum), June 2023

“The services at the clinic are not that bad but the staff are quick to judge you which makes me feel uncomfortable. I cannot tell the nurses about personal things, I just ask general questions. It is only when I get to the doctor that I can disclose what exactly is wrong with me”
— a gay man, Unit 9 Clinic (Ngaka Modiri Molema), June 2023

“There is no privacy because sometimes when I am still in the consultation room, another nurse would come to interrupt us. Or when I ask the nurse what a particular symptom means, without asking for permission if I am comfortable to call someone else to assist, she just calls another nurse. That makes me feel so uncomfortable”
— a sex worker, Pennington Municipal Clinic (Ugu), August 2023

“I collect my ART from the clinic, the service has been generally okay, until recently when a nurse while drawing blood mentioned that: “I wonder what else we would find if we test your blood further”. This has been making me uncomfortable at the facility because they might know I am a sex worker or someone who uses drugs. And I know how badly they treat other KPs”
— a sex worker who also uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), April 2023

“When I get to the clinic, I will usually go stand outside until I am called because when I sit inside, I am not comfortable with how the receptionist looks at me. So, I would rather stand outside, go in when it is my turn and stand outside again to wait for my medication”
— a trans woman, Bloemspruit Clinic (Lejweleputswa), July 2023

LEARNING 4: Some facilities deny people ARVs or health services entirely

Disturbingly and a major cause for concern is that people across all population groups had been refused health services at the facility in the last year because of being queer or trans, using drugs, or engaging in sex work. **This is a violation of people's Constitutional right to health.** In this reporting period 8% of GBMSM, 10% of trans people, 11% of sex workers, and a staggering 31% of people who use drugs had been denied services in the last year (Figure 14). These figures are substantially worse than the results from our prior reports for people who use drugs, and marginally worse for GBMSM and trans people (Figure 15).

Being denied services is a humiliating, painful, and unjust experience to go through. While some people may suffer the indignity of trying to get services another time, others can be pushed out of care altogether. Of those interviewed who do not use a public health facility, 2% of GBMSM, 4% of trans people, 11% of sex workers, and 25% of people who

use drugs blamed having been refused services before. Of those who had stopped seeking health services entirely, 5% of GBMSM, 6% of trans people, 14% of people who use drugs, and 17% of sex workers blamed having been refused services.

Denial of services varied dramatically across provinces and population groups (Table 8). The highest rate of being denied services for GBMSM was in Limpopo (16%), Eastern Cape (15%) and then KwaZulu-Natal (11%). For trans people this was in Limpopo (31%), Mpumalanga (18%), and then KwaZulu-Natal (10%). For sex workers this was in Limpopo (21%), Mpumalanga (20%), Gauteng (18%), and then the Free State (12%).

All provinces had high rates of denying people who use drugs services with an exorbitant 62% of people having been denied services in the last year in Gauteng, 40% in Mpumalanga, 35% in Limpopo, and 31% in the North West.

Figure 14: Percentage of people who had been refused access to services at the facility in the last year because they are a key population (July to September 2023)

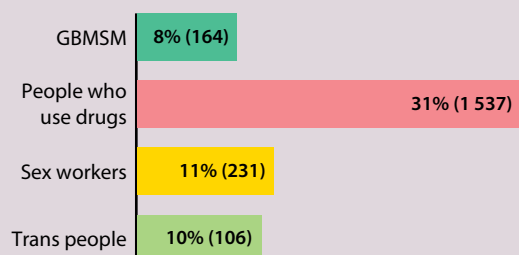


Figure 15: Percentage of people who had been refused access to services at the facility in the last year because they are a key population (July to September 2022)

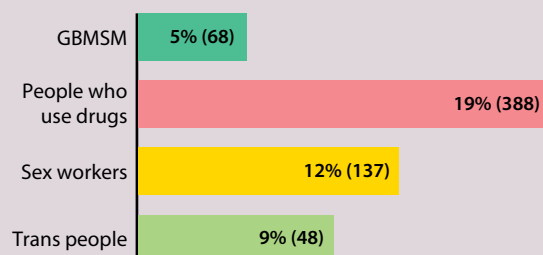
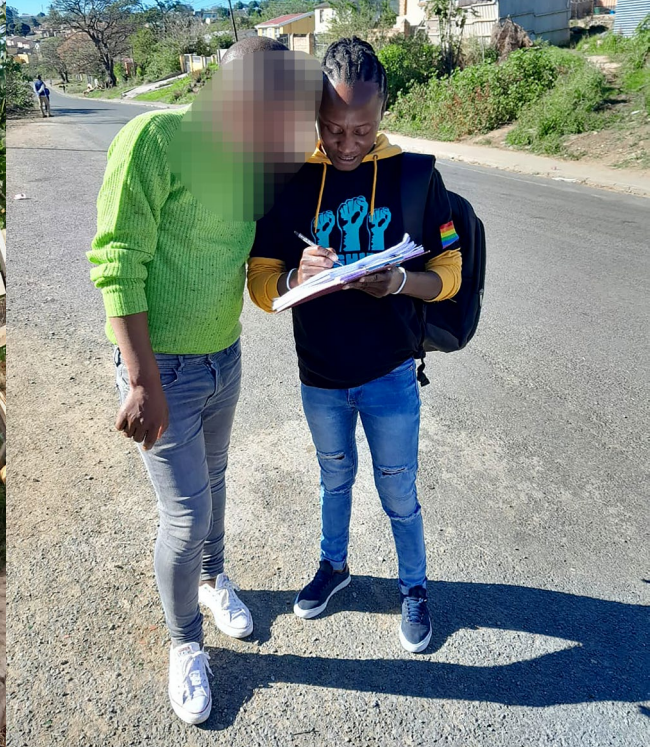


Table 8: Percentage of people who had been refused access to services at the facility in the last year because they are a key population across provinces (July to September 2023)

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

Being denied services is a humiliating, painful, and unjust experience to go through. While some people may suffer the indignity of trying to get services another time, others can be pushed out of care altogether.



“The staff know that I am a sex worker and they don’t treat me well. Every time when I go there they will ask me if I have stopped “prostitution”. They want me to stop because they say I will sleep with their kids. I do not like what they say to me. I have to lie so that they can help me. If they know I haven’t given up sex work, they can refuse to serve me”
 — a sex worker, Kingsway Municipal Clinic (Ekurhuleni), March 2023

“I was sick and never got to set foot inside the facility because I use drugs. I ended up not getting any services and bought myself Panado. I was chased away by the security guard, who told me the clinic is not a place for “addicts” and I should go get cleaned up first”
 — a person using drugs, Central Clinic (Nelson Mandela Bay), July 2023

“I was very sick and had some blisters on my skin, but they chased me away. I would talk to the security guard to ask to speak to the Facility Manager but they would not let me in... they chase me away and embarrass me in front of other patients. The clinic is supposed to be a safe space”
 — a person who uses drugs, Nelspruit Clinic (Ehlanzeni), May 2023

“The services at the hospital and clinics are bad. It just depends on who you meet, whether they are nice or not. Even at the police station. If someone abuses us, they don’t attend to us”
 — a person who uses drugs, Corner Street Clinic (uThukela), August 2023

“We took a friend to the clinic last week and the security did not even let us in. He told us to wait outside. We said you can see that she is very sick and cannot even stand. He did not care about that”
 — a person who uses drugs, Corner Street Clinic (uThukela), August 2023

10% of people who use drugs also reported having been denied access to their HIV treatment in the last year (at times because of longstanding and unfounded myths around the inclusion of ARVs in nyaope) (Figure 16). This was most commonly reported in Gauteng, KwaZulu-Natal, Mpumalanga and the Free State (Figure 17). Denying people their life saving ARVs puts them at risk of getting multiple additional illnesses, and even dying.

Figure 16: Of people living with HIV, in the last year have you been refused access to ARVs at this facility because you are a person who uses drugs? (July to September 2023)

People who use drugs interviewed: 3968

Yes No Don't know

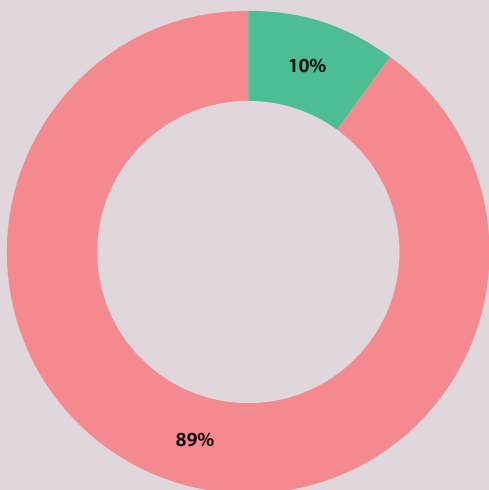
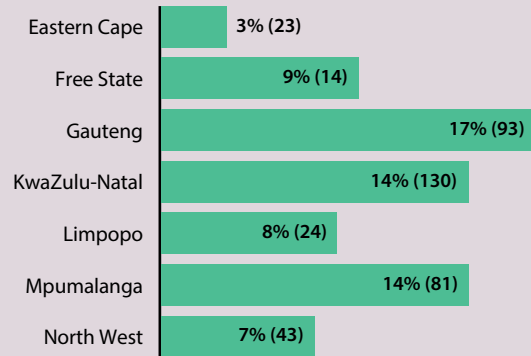


Figure 17: Data across provinces: of people living with HIV, in the last year have you been refused access to ARVs at this facility because you are a person who uses drugs? (July to September 2023)



In addition to ARVs, people also report being denied STI services and contraceptives because they are a member of a key population (as discussed in more detail later in the report). 11% of respondents were told STI screening was not available for GBMSM, 11% were told it was not available for trans people, and 9% were told it was not available for sex workers. Further 10% of respondents were told STI treatment was not for sex workers, 9% were told it was not for trans people, and 7% were told it was not for GBMSM. Of those who were unable to get contraceptives, 32% of respondents were denied them because they were sex workers, 34% were denied them because they are trans, and 46% were denied them because they use drugs. This is entirely unacceptable.

"I went to Stanford Terrace Clinic to seek help with my drug use. I was told to buy a clinic card. Luckily I had some money on me. I approached one of the nurses who directly told me to go away because no one would help. This after going through the trouble of buying a clinic card. I felt so trapped mentally and emotionally. I then went to Civic Centre Clinic. The service was good until I met a person who was supposed to give me medication. They told me it is useless for me to get medication because I will go back to drugs. After I tried these places, I lost all hope and just went back to using drugs"

— a person who uses drugs, Stanford Terrace Clinic and Civic Centre Clinic (OR Tambo), July 2023

"Even when you tell the nurses that you are in a harm reduction programme, it does not change their attitude towards you. I explained that I am on methadone and ARVs, but that did not make them attend to me. They said I should have gone to Addington Hospital where they attend to 'drug users'"

— a person who uses drugs, King Edward Hospital (eThekweni), April 2023

"They never treat me very well at the clinic. I went there around January and hoped they would help me. They did not treat me well. They chased me away, told me that I am dirty and that I would steal from other patients. I told them I needed help to stop using drugs but they just chased me away"

— a person who uses drugs, Nelspruit Clinic (Ehlanzeni), May 2023

"I live in a shelter here in Durban. I was attacked by a mob and my right leg was broken. People called the ambulance but they never came so my friends rushed me to King Edward Hospital. They made me wait from the early hours of the morning till late afternoon with no one attending to me. They said they don't deal with 'paras'"

— a person who uses drugs, King Edward Hospital (eThekweni), April 2023

"I speak with the other guys when I see one that is sick or has a wound that looks bad. They would say they are scared as they get chased away, telling them that they are dirty and smelling. So, if you are clean or showered, they would attend to you but if you are dirty then you are chased away"

— a person who uses drugs, Mbunde Clinic (Ugu), August 2023

"I tried to use Addington Hospital. I had pneumonia but they did not attend to me. They just let me sit on the bench without attending to me, they said it was because I use drugs. I begged them to contact Belhaven (a harm reduction centre) to confirm that I am on methadone but they ignored me. I was forced to just leave without receiving any treatment"

— a person who uses drugs, Addington Hospital (eThekweni), April 2023

"I started ART in 2019, but have been on and off treatment because of drug use and living on the streets. I had lost a lot of weight and was getting sicker so I went to the clinic, but the nurses denied me, saying I would smoke the pills and not take them. I pleaded with them and swore that I am serious with my health but they called the security guard to chase me away. I was humiliated and didn't understand why the nurses that are supposed to protect me are the ones denying me access to treatment"

— a person who uses drugs, Sibuyile Clinic (Ehlanzeni), May 2023

"I had a gunshot wound around February and went to Msogwaba Clinic but when I got there, I got chased out by the nurses saying that I'm a "nyaope boy", that they "should've shot me dead", that "I do crime and come to them for their assistance when I'm hurt", that "I should go back to where I got shot and not [come] to the facility". They said I don't deserve to live and are tired of people like me"

— a person who uses drugs, Msogwaba Clinic (Ehlanzeni), May 2023

"They have no time for us, they call us names like 'paras', especially the security. If one of us is sick and you call the ambulance, they will tell you they cannot come to the rank. There are three guys that died on the streets last year because we could not get them to the hospital or clinic on time because the ambulance refused to come"

— a person who uses drugs, Corner Street Clinic (uThukela), August 2023



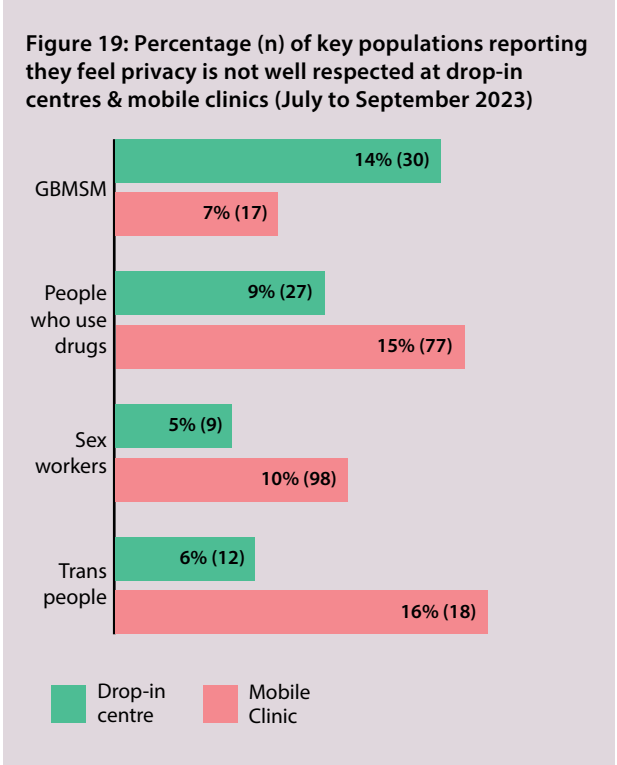
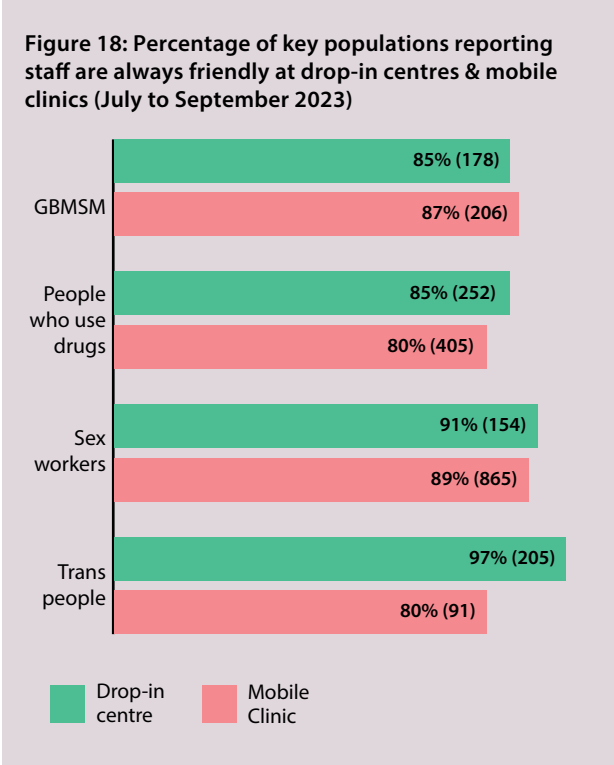
LEARNING 5: Drop-in centres & mobile clinics are more friendly & safe

So how do drop-in centres (that are built to offer services for a particular key population group) and NGO run mobile clinics (that offer services closer to where key populations are) compare? As expected, drop-in centres and mobile clinics definitely perform far better than public healthcare facilities. Overall drop-in centres also outperform mobile clinics.

Firstly, substantially more people reported that staff are always friendly at drop-in centres, and then at mobile clinics,

compared to public health facilities (Figure 18).

Secondly, far fewer people reported that their privacy was not well respected at drop-in centres, and then mobile clinics (Figure 19). While this is far better than at public health facilities, PEPFAR partners and other NGOs should examine their ways of working to ensure that privacy and confidentiality is always maintained to the highest standard.



Thirdly, again, far more people reported feeling very safe (Figure 20) and very comfortable (Figure 21) using drop-in centres, and then mobile clinics. However these numbers also point to

the need to review patient experience to better understand how more people could have a safe and comfortable experience when getting their health services at these service points.

Figure 20: Percentage (n) of key populations reporting they feel very safe accessing services at drop-in centres & mobile clinics (July to September 2023)

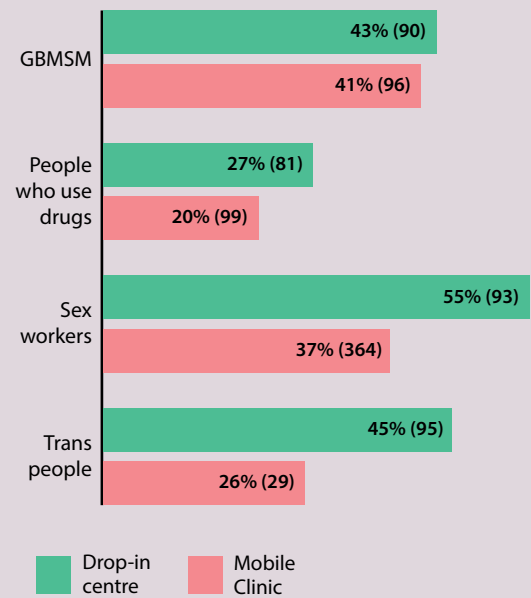
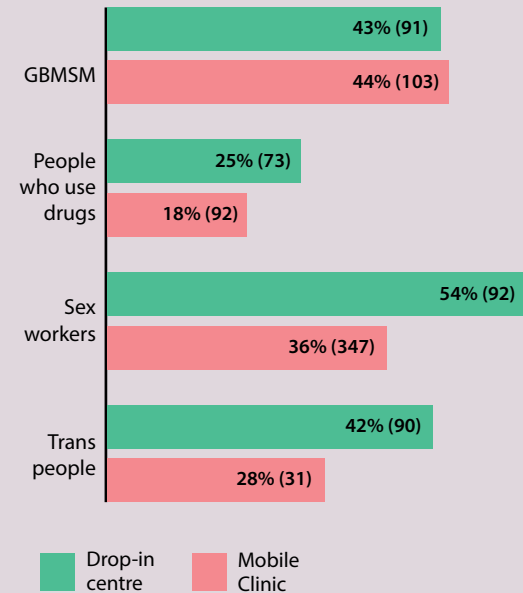


Figure 21: Percentage (n) of key populations reporting they feel very comfortable accessing services at drop-in centres & mobile clinics (July to September 2023)



LEARNING 6: Disrespectful treatment pushes people out of the health system

Where people are not treated with compassion, care, and respect, it is not uncommon that they disengage from getting health services at the facility (Figure 22, 23, 24, 25), or stop accessing health services altogether (Figure 26, 27, 28, 29). As we have seen already, staff unfriendliness was the primary reason cited for this, followed by privacy violations. Other common reasons include being denied services and not feeling safe at the facility.

Additionally, for some the fear of people finding out about their sexuality, or the fact they are trans, use drugs, or engage in sex work, is a key reason for not using the facility (as reported by 6% of GBMSM, 12% of trans people, 16% of sex workers, and 18% of people who use drugs), as well as for those no longer getting any health services (as reported by 9% of GBMSM, 16% of people who use drugs, 28% of sex workers, and 31% of trans people).

Figure 22: Reasons GBMSM do not use the facility (July to September 2023)

GBMSM interviewed: 501

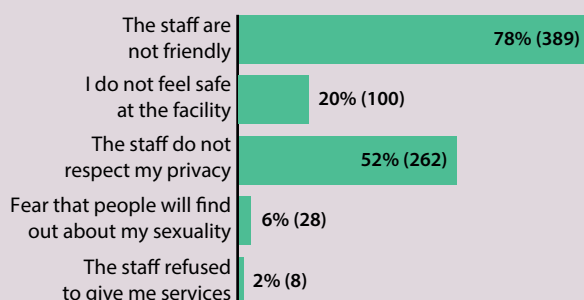


Figure 23: Reasons people who use drugs do not use the facility (July to September 2023)

People who use drugs interviewed: 1 061

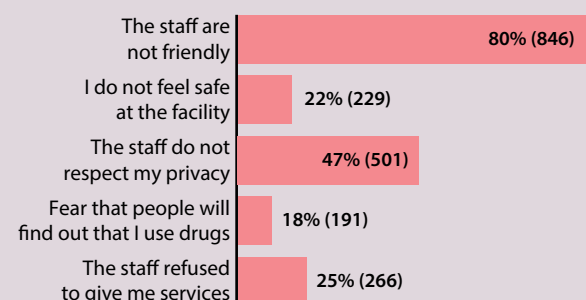




Figure 24: Reasons sex workers do not use the facility (July to September 2023)

Sex workers interviewed: 1 213

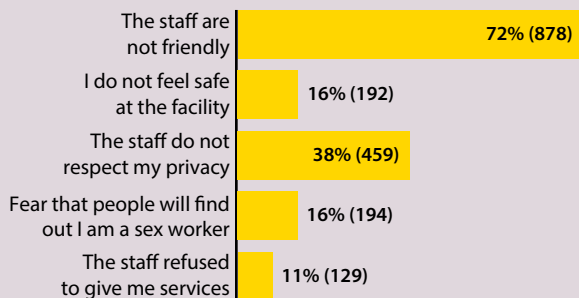


Figure 25: Reasons trans people do not use the facility (July to September 2023)

Trans people interviewed: 390

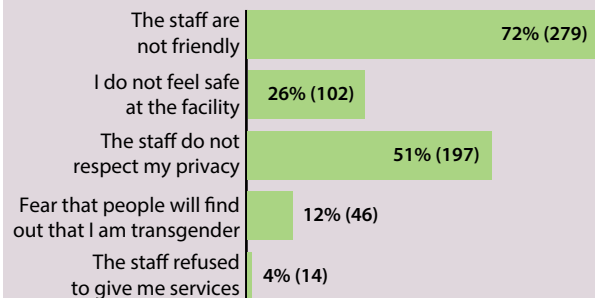


Figure 26: Reasons GBMSM do not get health services anywhere (July to September 2023)

GBMSM interviewed: 64

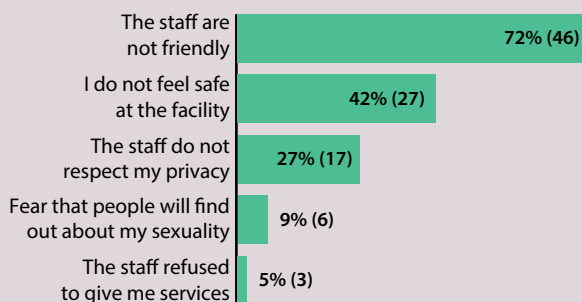


Figure 27: Reasons people who use drugs do not get health services anywhere (July to September 2023)

People who use drugs interviewed: 347

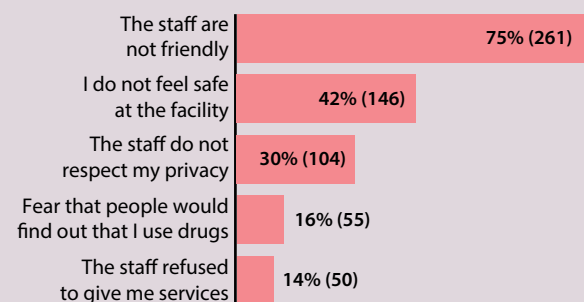


Figure 28: Reasons sex workers do not get health services anywhere (July to September 2023)

Sex workers interviewed: 89

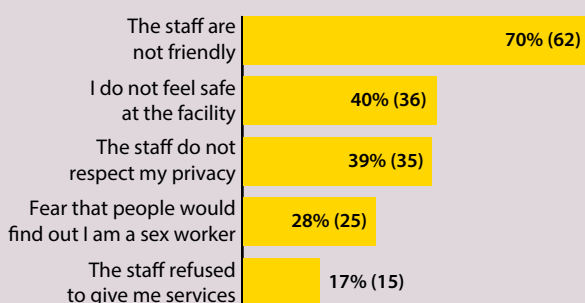
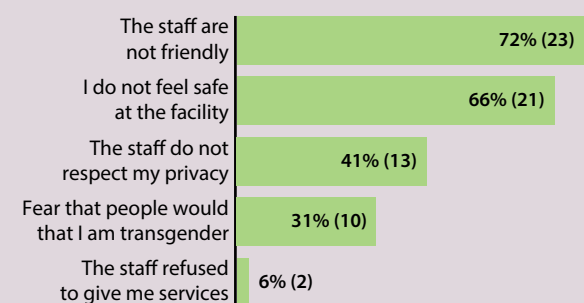


Figure 29: Reasons trans people do not get health services anywhere (July to September 2023)

Trans people interviewed: 32



"I was told at the clinic to come clean. When I told the security guard that I live on the streets he told me it was my fault since I use drugs. I am never going to that clinic again where they treat us like animals"

— a person using drugs, Matsikeng Clinic (Thabo Mofutsanyana), July 2023

"Whenever I go to the clinic, they always ask "why do I do my job, why do I sell my body, isn't there any other job I can do besides selling my body?"

I have even decided not to go to the clinic anymore because of the treatment that I get there. Anytime I went to the clinic, I always come back heartbroken because of the way I am treated there. Questions like, "didn't you go to school?"

— a sex worker, Kabokweni Clinic (Ehlanzeni), May 2023

"I am not someone who would normally go to the clinic, it was just because I needed new needles and methadone. But I have heard from other guys that use drugs about the way they are treated at the clinic.... And with my own experience, I will never go back there"

— a person who uses drugs, Tsakane Clinic (Ekurhuleni), March 2023

"Whenever I go to the clinic to get my treatment (ARVs), I get degraded and always attended to last. It has been months since I stopped taking my treatment because of what they put me through in the clinic. I wish the nurses can change their attitude towards us"

— a person who uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2023

"I went to the clinic and had a quarrel with the security because I refused to let him search me when he was not searching the other patients. They called me names, so I left without getting the services"

— a person who uses drugs, Richmond Clinic (uMgungundlovu), August 2023

"It would be good if the staff are more sensitised about LGBTQI people because some complain that they get treated badly and called names. Some have stopped going to the clinic because they are scared"

— a gay man, Cinci Clinic (King Cetshwayo), September 2023

"I disengaged from care because of the embarrassment at the clinic because I missed my appointment. I was accused of smoking the pills and my HIV status was disclosed in the waiting area. I am scared to go back there and cannot report to anyone because they would not take me seriously"

— a person who uses drugs, Sinqobile Clinic (City of Johannesburg), March 2023

"I know someone who no longer goes for their ART because of how they were treated because of their sexuality"

— a gay man, Mamelodi West Clinic (City of Tshwane), April 2023

"I used to go to the clinic whenever I am sick, but because of the poor treatment I receive there, I stopped going"

— a sex worker, Nelspruit Clinic (Ehlanzeni), May 2023

"Lately, whenever I am sick, I don't go to the clinic. I depend on the women who sell things in town, who I usually help pack their goods. They are the ones who give me painkillers when I am sick. And when they don't have it, I just suffer the pain as I am scared to go to that clinic"

— a person who uses drugs, Nelspruit Clinic (Ehlanzeni), May 2023

"There was no confidentiality. There were about 6 or 7 other patients there and she was talking so loud and they could hear what I was talking about. They could see that this guy is using drugs. I would never return to that clinic again"

— a person who uses drugs, Tsakane Clinic (Ekurhuleni), March 2023

"I am afraid to go back to the clinic because of the staff attitude. They would insult me (asking) why I am on chronic medication and still continue to smoke. And it is not just me, a lot of the guys have stopped taking their ARVs and TB medication"

— a person who uses drugs, Corner Street Clinic (uThukela), August 2023

"Many of the LGBTQI people in this community are from disadvantaged backgrounds. They cannot travel to the (NGOs) to access HIV treatment, and they are too embarrassed and scared to go to the public clinic closer to them so they stop treatment"

— a gay man, Mamelodi West Clinic (City of Tshwane), April 2023



WHAT HAVE WE LEARNT?

LEARNING 1: Facility staff are not always friendly

Only 35% of trans people, only 33% of GBMSM, only 26% of sex workers, and as few as 17% of people who use drugs said staff were always friendly at the facility. Clinical staff were the most commonly reported as being unfriendly, followed by security guards.

LEARNING 2: Confidentiality violations are abundant at the facility

Privacy violations are alarmingly common. 57% of GBMSM, 61% of trans people, 65% of sex workers, and 74% of people who use drugs did not think privacy was well respected.

LEARNING 3: People often feel unsafe & uncomfortable in the facility

The implications of poor treatment, abuse, and violations of confidentiality are that only 7% of GBMSM, 7% of trans people, 5% of sex workers, and 4% of people who use drugs felt very safe at the facility. Similarly only 8% of GBMSM, 7% of trans people, 5% of sex workers, and 3% of people who use drugs felt very comfortable at the facility.

LEARNING 4: Some facilities deny people ARVs or health services entirely

8% of GBMSM, 10% of trans people, 11% of sex workers, and a staggering 31% of people who use drugs had been denied services in the last year because of being a member of a key population. 10% of people who use drugs also reported having been denied access to their HIV treatment in the last year. **This is a violation of people's Constitutional right to health.**

LEARNING 5: Drop-in centres & mobile clinics are more friendly & safe

As expected, drop-in centres and mobile clinics perform far better than public healthcare facilities. Substantially more people said staff are friendly, there are fewer privacy violations, and people feel safer going there — but there is room for improvement.

LEARNING 6: Disrespectful treatment pushes people out of the health system

Staff being unfriendly was the main reason given by people who no longer get services at public health facilities at all: including 72% of sex workers, 72% of trans people, 78% of GBMSM, and 80% of people who use drugs.

WHAT DO WE NEED?

1. All facility staff (including clinical staff, non-clinical staff, lay staff, and security guards) who ill treat people, violate people's privacy, or verbally or physically abuse or harass people must be held accountable and face consequences.
2. Centres of Excellence (COEs) need additional staffing so that they can function effectively and to support and instil culture change within the facility:
 - + For PEPFAR, this means District Support Partners (DSPs) that already employ significant healthcare workforces should redistribute staff to the COEs, including specifically recruiting individuals and advertising positions that will have an emphasis on specific key populations within the context of general population services.
 - + For the national, provincial, and district health departments, this means ensuring that all COE staff recognise that their obligation is to provide services equitably across all populations, and not as unique cases to be handled by PEPFAR DSP staff.

3. WHAT SERVICES CAN YOU ACTUALLY GET?



WHAT DOES THE DATA TELL US?

The short answer: not many, not consistently, & not even close to all the services that are needed.

For those who are not deterred by the unfriendliness at the facility — and not refused entry — the services they need might still be unavailable. While most facilities had external condoms easily available for people to take, lubricants are much harder to find. Despite its HIV prevention benefits, facilities are failing to inform people about PrEP or offer it to those not living with HIV. Screening for sexually transmitted infections (STIs) is only sometimes available, despite the fact that untreated STIs are a significant enhanced risk for HIV transmission and contraction. On top of that people can even be refused treatment because they are queer, trans, use drugs, or do sex work. Harm reduction services save lives, but are almost entirely unavailable in public health facilities. Services can not be called gender affirming and trans people struggle to get any information about hormones or where to get them. Many people reported contraceptives stockouts, or not being allowed them because they are trans, a sex worker, or use drugs. Post violence services can be limited, and not offered in a caring and respectful manner. Some people are even refused J88 forms needed for opening a case at the police station. Some people who have disengaged from the facility, or stopped accessing

health services entirely cite the services they want being unavailable as the key reason (Figure 30, 31).

Positively drop-in centres catering specifically to members of key populations, and NGO run mobile clinics aimed at key populations, both provide a wider range of services, although not without room for improvement.

To function effectively, Centres of Excellence (COEs) must offer the clinical services and expertise that members of key populations need. A minimum package of services must be made available at COEs (see Appendix 1) that includes all primary health services (including HIV testing, treatment, and prevention services, STI screening and treatment services, sexual and reproductive health services, post violence services, TB services, hepatitis vaccination, testing and treatment). Clinicians must understand the health needs of trans and gender diverse people and be able to offer appropriate services, including hormone therapy. Harm reduction services should also be available for all members of key populations who use drugs, such as new needles/syringes and safe places to dispose of used needles/syringes or other injecting equipment, overdose treatment, and methadone.

Figure 30: People who do not use the facility because it does not offer the services they want (July to September 2023)

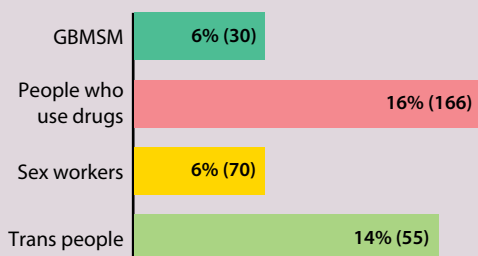
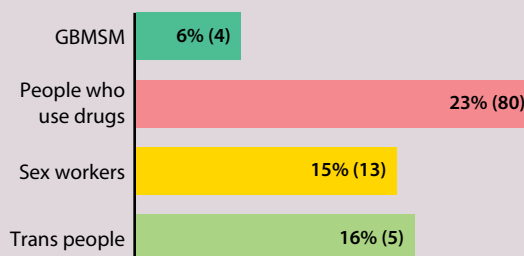


Figure 31: People who do not get services anywhere because they cannot get the services they want (July to September 2023)



For those who are not deterred by the unfriendliness at the facility — and not refused entry — the services they need might still be unavailable.

LEARNING 1: Lubricants are scarce & even condoms are not always available

External condoms, internal condoms, and lubricant are basic HIV prevention tools. Yet, these tools are not always available for queer and trans people, people who use drugs, and sex workers at the facility. Despite the disproportionate risk of getting HIV if you are among these populations.

In January and February 2024, Ritshidze data collected at facility level show that while 92% of sites had external condoms available, only 75% had internal condoms available, and just 28% had lubricant available (Figure 32). This while 64% of sites said they do provide lubricant for HIV prevention purposes (Figure 33).

Figure 32: Are condoms and lubricant available at the facilities? (January to February 2024)

Observations completed: 414

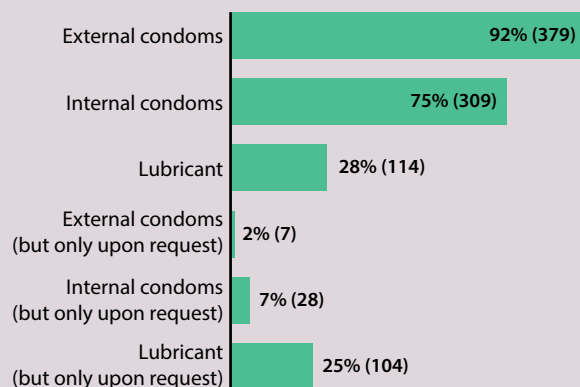
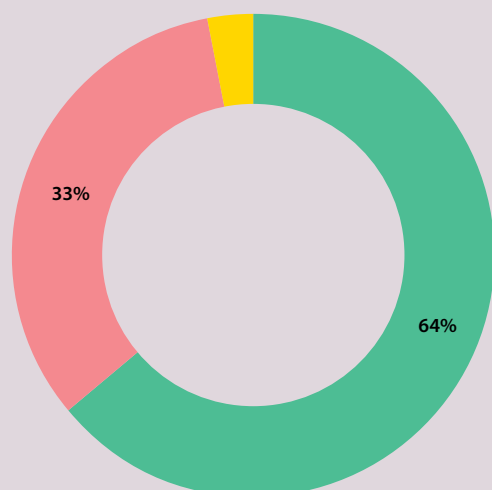


Figure 33: Does this facility provide lubricant for HIV prevention? (April to May 2023)

Facility Staff Surveyed: 382

Yes No Don't know



A further 25% of sites had lubricant available, but only on request. This is very problematic for several reasons. Firstly, lubricants are often associated with people who are members of key populations (despite the fact that lubricants can make sex safer and more enjoyable for everybody), therefore by asking for lubricant you could be forced to disclose this.

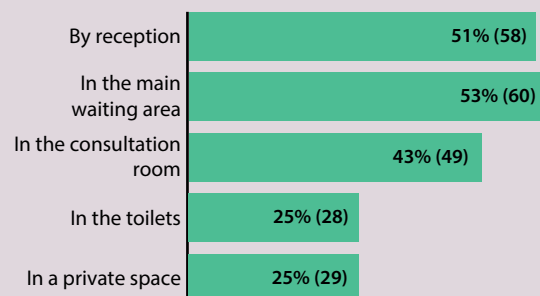
Building on this, secondly, given the limited number of people who reported feeling very safe and comfortable at the facility, as well as those who thought they would be treated worse if staff knew they were a member of a key population, it makes asking for lubricant potentially unsafe.

Of the sites that did provide lubricant without having to ask anyone, positively 25% put those in a private space and 25% were in the toilets. However the remaining sites put them by the reception or in the waiting area, or again in the consultation room where they must be requested (Figure 34).

Not only can it be uncomfortable to take condoms and lubricant in front of people in the waiting area or the receptionist, so you opt not to, it can also be unsafe or lead to further harassment or abuse.

Figure 34: Where available, where lubricants are located at facilities (January to February 2024)

Observations completed: 114



While condoms were more available at facilities, that does not always translate into access. Only 60% of GBMSM and 57% of sex workers we interviewed said they were able to always get condoms (Table 9). Further only 50% of GBMSM and 49% of sex workers said they were able to get enough. Only around half of GBMSM and sex workers who wanted condoms said that staff were respectful to them when they asked, and at some sites they were even questioned as to why they wanted them. Again, this is contrary to HIV prevention efforts. For those who were unable to access condoms, mostly this was a result of staff saying there was a stockout (Figure 35, 36).

Table 9: Condom access at facilities (July to September 2023)

	GBMSM	Sex workers
% wanted to get condoms	84% (1,693/2,026)	84% (1,790/2,141)
Among those who wanted condoms, % always able to get them	60% (1,013/1,687)	57% (1,013/1,779)
Among those who got condoms, % always able to get enough	50% (781/1,561)	49% (824/1,697)
% reporting staff were always respectful when they asked for condoms	52% (814/1,571)	46% (791/1,716)
% reporting staff always asked why they wanted condoms	13% (211/1,573)	11% (191/1,715)

Figure 35: Reasons GBMSM were unable to access condoms (July to September 2023)

GBMSM interviewed: 624

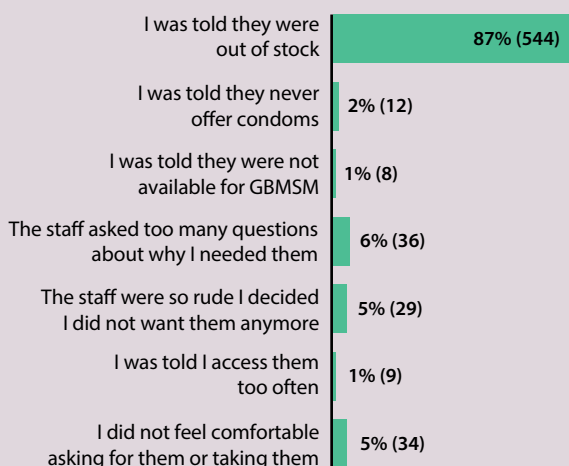


Figure 36: Reasons sex workers were unable to access condoms (July to September 2023)

Sex workers interviewed: 760

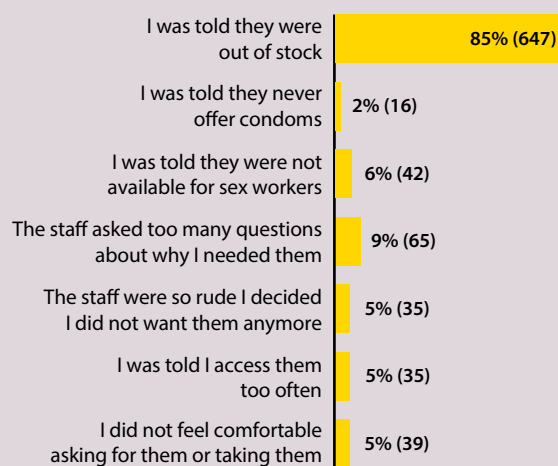
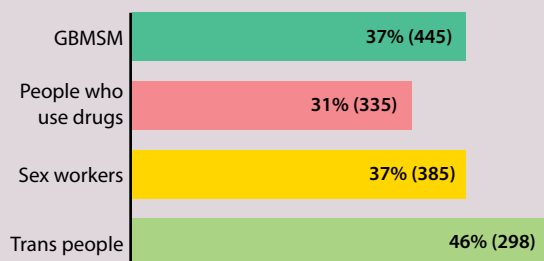


Figure 37: Percentage (n) of key populations who have tried to access lube reporting they can always get lube at facilities (July to September 2023)



Far fewer people reported being able to always get lubricant than condoms: including only 46% of trans people, 37% of GBMSM, 37% of sex workers, and 31% of people who use drugs (Figure 37).

Further only 46% of trans people, 41% of sex workers, 39% of GBMSM, and 34% of people who use drugs who tried to get lubricant said they could get enough (Table 10).

For those who did ask for lubricants, too often staff were not respectful or questioned them on why they needed them. Another factor that puts people off asking in the first place.

Table 10: Lubricant access at facilities (July to September 2023)

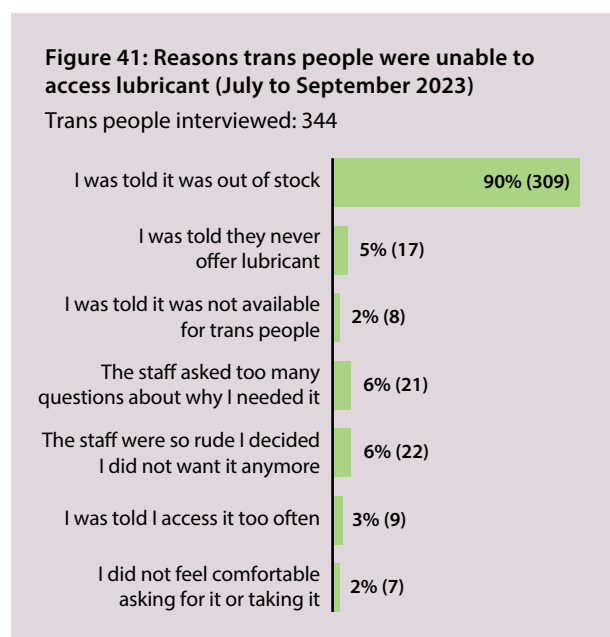
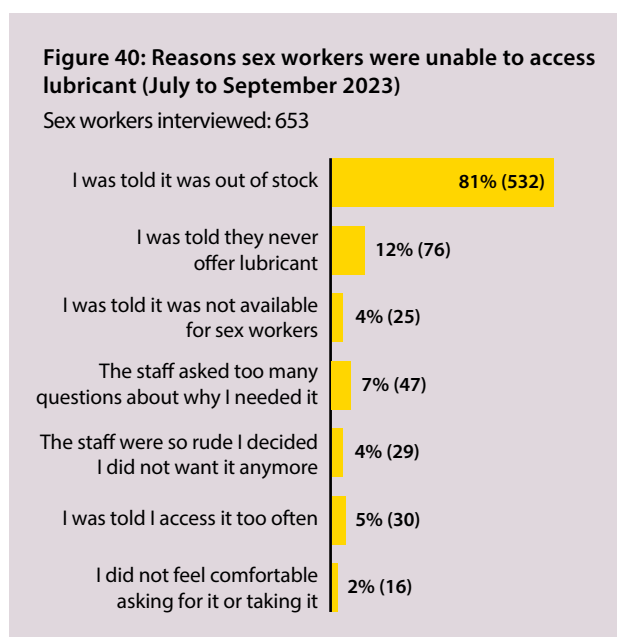
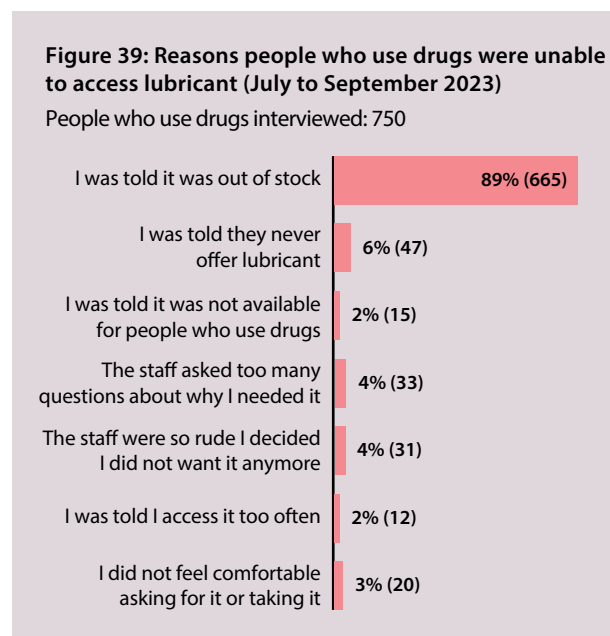
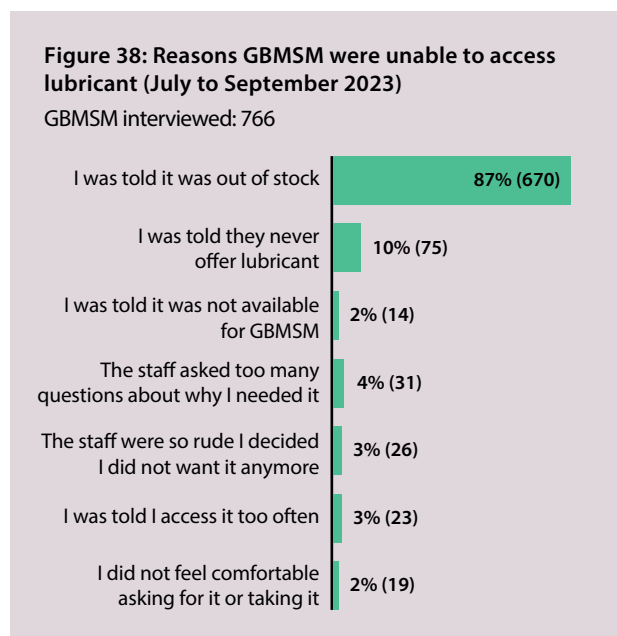
	GBMSM	People who use drugs	Sex workers	Trans people
% aware they should be able to get lubricant at all public health facilities	73% (1,474/2,023)	38% (1,907/5,056)	64% (1,363/2,133)	77% (809/1,050)
% tried to access lube	61% (1,230/2,015)	22% (1,108/5,036)	50% (1,061/2,115)	62% (652/1,050)
Among those seeking lube, % always able to get it	37% (445/1,222)	31% (335/1,096)	37% (385/1,052)	46% (298/647)
Among those able to get lube, % always able to get enough	39% (401/1,027)	34% (318/940)	41% (361/874)	46% (260/565)
% reporting staff are always respectful when they asked for lube	43% (531/1,224)	34% (374/1,100)	39% (406/1,052)	51% (329/647)
% reporting staff always asked why they wanted lube	13% (130/1,012)	13% (119/948)	11% (99/872)	11% (64/563)

Access to lubricants across provinces varied: with the fewest GBMSM, people who use drugs, and trans people having access to lubricants in the Eastern Cape, and the fewest sex workers having access

to lubricants in Mpumalanga (Table 11). For those who were unable to access lubricants, the most common reason given was a result of staff saying there was a stockout (Figure 38, 39, 40, 41).

Table 11: Were people always able to get lubricant at facilities per province (July to September 2023)

	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West
GBMSM	19% (53)	40% (73)	38% (97)	44% (51)	46% (42)	35% (39)	50% (90)
People who use drugs	15% (42)	39% (63)	26% (22)	32% (59)	41% (73)	36% (47)	35% (29)
Sex workers	28% (92)	50% (43)	32% (55)	50% (83)	83% (64)	21% (16)	64% (32)
Trans people	25% (37)	60% (62)	49% (42)	54% (35)	42% (30)	48% (30)	55% (62)



“They should let us take as many condoms as we like, because when you are taking them, they will say ‘why are you taking so much, what will the others use?’ Lube is not always available, they will tell you it is out of stock”
— a sex worker, Empilisweni Clinic (Sedibeng), April 2023

“Sometimes there are no condoms at the facility. When you ask them for it, they would be laughing, asking what do you want the condoms for. They would say: you guys love sex too much”
— a sex worker, Bophelong Clinic (Lejweleputswa), July 2023

“Last month I went to the clinic and asked for lubricant... The nurse asked ‘why do I have to give you lubricants to use for prostitution... these lubricants are not for prostitutes’”
— a sex worker, Kingsway Municipal Clinic (Ekurhuleni), March 2023

“Many times I go to the clinic to get lubricants, they will say they are not available. This sometimes happens with condoms as well. They treat us badly at the clinic. You cannot go inside to get your condoms and lube, the security guard will give it to you through the gate”
— a sex worker, Central Clinic (Nelson Mandela Bay), June 2023

“Sometimes I get condoms but lubricants are never there. Even with the condoms, they would give you like 2 or 3”
— a trans woman, Soshanguve Block TT Clinic (City of Tshwane), October 2023

“You are not able to access lubricants because they are not displayed like condoms. When you enquire, they would shout at you”
— a gay man, Mapuzi Clinic (OR Tambo), July 2023

“No lubricant is available, only condoms. I cannot continue with my ART with the clinic as they discriminate and since there are no lubes, even some of my needs at this health facility are not met”
— a gay man who is a sex worker, Tshangana Clinic (Nelson Mandela Metro), March 2023

“You will see condoms at the clinic, but I’ve never seen lubricants displayed visibly before”
— a trans woman, Marburg Clinic (Ugu), August 2023

“There are no services for LGBTQI people. You can only see the MAX condoms there but you cannot get lubricants. If you want to get lubes, you have to go to the NGOs, which are very far and most of us cannot afford to go there”
— a trans woman, Tlhabane CHC (Bojanala Platinum), June 2023

“I hardly get lubricants as they are always out of stock but the condoms are outside so you can just take how many that you want”
— a sex worker, Pennington Municipal Clinic (Ugu), August 2023

“There are no lubricants there. If you ask them, they say it is out of stock. But I saw a woman who complained about vaginal dryness and they gave her lube but they only give it to heterosexual people and not same-gender loving people. They treat us like we are not the same as the other patients”
— a trans woman, Palm Springs Clinic (Sedibeng), April 2023

“There are never lubricants at the facility, you would only find external condoms, not even internal condoms. The internal condoms used to be supplied by NGOs but not anymore”
— a trans man, Bophelong Clinic (Lejweleputswa), July 2023

“You will always have to ask for condoms and lubricants, and most of the time they will tell you that it is out of stock”
— a gay man, Grace Mokhomolo Clinic (Dr Kenneth Kaunda), May 2023

“I went to the clinic to get condoms and lubricants. Inside one of the staff called me ‘peto’, a derogatory term used for gay people, and other patients were laughing. There were only condoms in the dispenser and when I asked for lubricants, they said they hardly have any. They wanted to know about my sex life. I now buy my lubricants and will never go to that clinic again”
— a gay man, Kwazakhele Clinic (Nelson Mandela Bay), June 2023

“Condoms are on display, lubricants are not. We are afraid to ask for them as it is a very hostile and unfriendly environment”
— a gay man, East London Central Clinic (Buffalo City Metro), August 2023

“It is not all preventative services that you are able to access at the clinic, you only find external condoms. And I do not feel comfortable with the fact that you have to enquire about lube. And my take is, why are they not made a priority or put in accessible places. And in such a hostile environment, it is very difficult to enquire about lube”

— a gay man,
Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2023

“There are always condoms but you only see lubricants there sometimes.

They will ask why are you coming to get lubricants, what are they for? Who are you going to use them with?”

— a gay man, Cinci Clinic (King Cetshwayo), September 2023

“The clinic staff are not friendly, I never see condoms or lubricants in the clinic, and I am too embarrassed to ask for them”

— a gay man, Tigane CHC (Dr Kenneth Kaunda), June 2023

“Even with condoms, they would not allow me to take two packets. They would say I am finishing the condoms and that other people still need to get them. They never have lubricants.

There should not be a limit to the number of condoms a person can take. They need to introduce lubes and educate people about it”

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

“They give us condoms but there are no lubricants. They say they are out of stock”

— a sex worker, Kwazakhele Clinic (Nelson Mandela Bay), August 2023

“I would like the clinic to give us lubes and condoms, as some of the staff keep them and give them to their friends”

— a sex worker, Kingsway Municipal Clinic (Ekurhuleni), March 2023

“We LGBTQI+ people do not get everything we need in the clinic, like condoms and lubricants. We have been complaining about this and they are doing nothing about it”

— a trans man, Intabazwe Clinic (Thabo Mofutsanyana), July 2023

“When we are asking for lubricant, they want to know why you want them and how do you use them? When I tell them I use the lubricant with my male partner, they want to know how the sexual intercourse takes place, if I enjoy myself. I am not comfortable with that because these nurses are the ones who are supposed to be supporting us. There are no companies or NGOs that will provide us with lubricants, we have to depend on the clinic”

— a gay man,
Tonga Block B Clinic (Ehlanzeni), May 2023

“I’ve never seen lubricants or condoms around the facility. I have to ask for them in the consulting room and I would get maybe 5 loose condoms or less”

— a sex worker, Block B Tonga Block B (Ehlanzeni), May 2023

“You normally do not find lubricants at the clinic but you will find condoms. They will tell you lubes are out of stock”

— a gay man,
Karlien Park Clinic (Bojanala Platinum), May 2023

“The clinics here you never find lubricants, you will get the MAX condoms which are sometimes not the best quality. I will always have to go to NGOs like Rainbow Seed to get lubricants”

— a trans woman,
Bloemspruit Clinic (Lejweleputswa), July 2023

“I remember one time I just came to check my vitals and as I was leaving one nurse shouted “don’t forget to take condoms lapho, we don’t want you coming back with an infection”... I felt violated”

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

“I went to the clinic last month and only got condoms, there was no lubricant available. They also don’t allow us to enter the facility to pick up condoms on your own. You will tell the security guard who will go get them for you as the gate is always closed”

— a sex worker, Central Clinic (Nelson Mandela Bay), June 2023

LEARNING 2: PrEP & PEP need to be made more easily accessible

Ritshidze data collected at facility level show that there has been an ongoing increase in the number of sites that say they prioritise offering PrEP to members of key populations. In January and February 2024, 72% of sites said they offer PrEP to GBMSM, 67% to sex workers, 63% to people who use drugs, and 55% to trans people (Figure 42). However, far fewer people reported ever being offered PrEP at a facility: just 29% of GBMSM, 23% of trans people, 19% of sex workers, and 12% of people who use drugs (Figure 43).

Compared to data collected in 2022, our 2023 data report a lower percentage of people saying they have been offered PrEP for most population groups: including sex workers (28% in 2022), trans people (27% in 2022 and people who use drugs (15% in 2022). The only increase was among GBMSM (28% in 2022).

PrEP awareness varies across population groups with 83% of trans people we spoke to knowing what PrEP

is, 82% of GBMSM and 79% of sex workers (Table 12). Yet only 51% of people who use drugs we spoke to had heard of PrEP and knew what it is. It is important that PrEP is actively offered to members of key populations, and that people are actually made aware of its benefits in order to make an informed decision about starting.

Given that members of key populations likely may not want to “out” themselves at the facility, given the ill treatment they could face, this can make it difficult to offer PrEP to those people. Other options such as putting posters up explaining the benefits of PrEP (as observed at only 58% of sites monitored in January and February 2024), or including PrEP as a topic in daily health talks, could increase awareness and knowledge of PrEP. It also shows the critical role of Centres of Excellence which need to create a safer environment for members of key populations, that would allow for more people to be offered PrEP.

Figure 42: Does the facility prioritise offering PrEP to any of the following populations? (January to February 2024)

Facility Staff Surveyed: 391

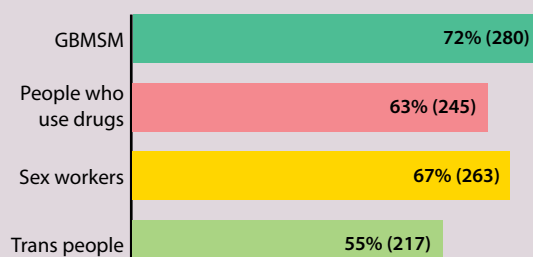


Figure 43: Percentage (n) of key populations not living with HIV reporting they have ever been offered PrEP at facilities (July to September 2023)

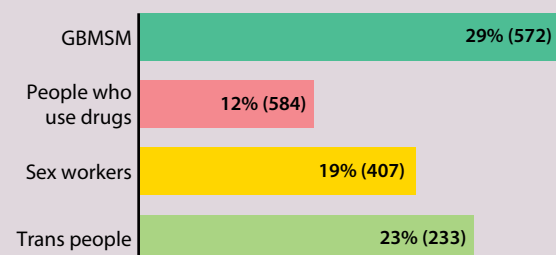


Table 12: PrEP access at facilities (July to September 2023)

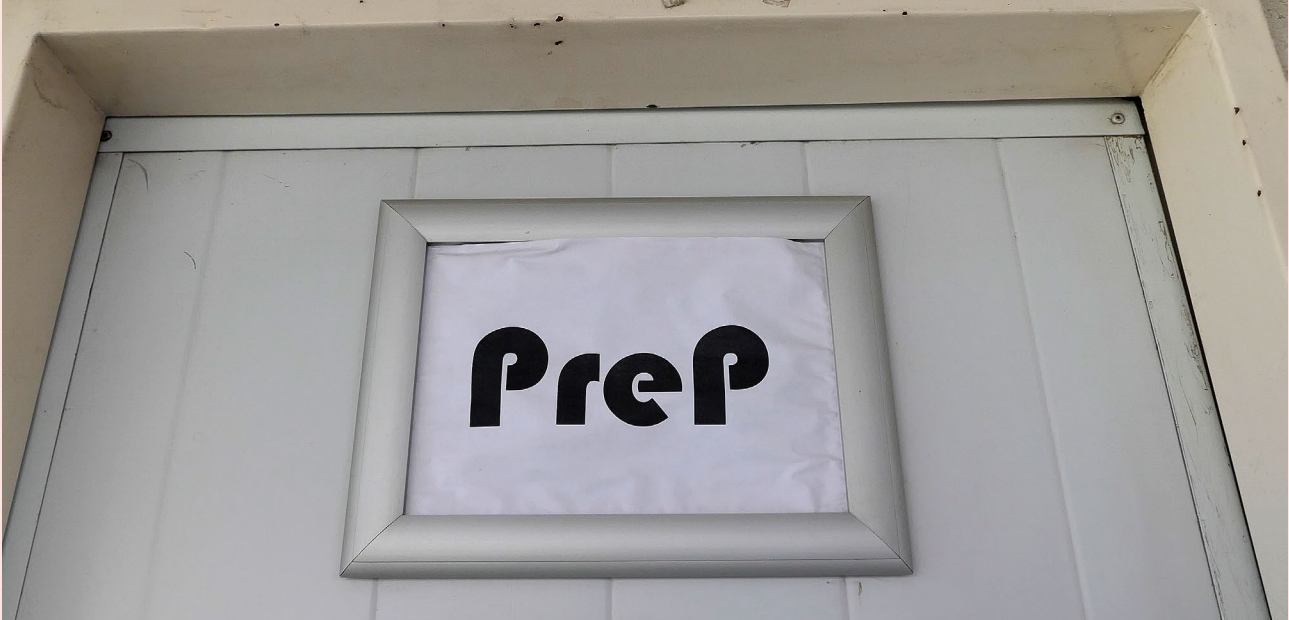
	GBMSM	People who use drugs	Sex workers	Trans people
% heard of PrEP & know what it is	82% (1,656/2,032)	51% (2,574/5,041)	79% (1,685/2,125)	83% (872/1,049)
Among those not living with HIV, % ever offered PrEP	29% (572/2,007)	12% (584/5,025)	19% (407/2,110)	23% (233/1,035)
Among those offered PrEP, % who ever received it	81% (450/558)	75% (436/583)	86% (348/403)	84% (196/233)
% very satisfied with PrEP services	32% (144/444)	15% (63/434)	19% (64/343)	11% (22/194)

PEP is another tool that has been part of the HIV prevention package for a long time, yet is not always made available, especially to those who have had unprotected sex, a condom break, or shared a needle. At times it seems to be withheld because of a moral judgement on other people’s behaviour. PEP availability varies across population groups. While 64% of trans

people told us they were always able to get PEP in the last year, only 45% of sex workers could, and only 36% of GBMSM (Table 13). The main reason people were unable to get PEP was due to a stockout. Other reasons included people getting questioned too much for why they wanted it, feeling uncomfortable to ask, or being told it is not offered at that facility.

Table 13: PEP access at facilities (July to September 2023)

	GBMSM	Sex workers	Trans people
% heard of PEP	73% (1,423/1,950)	72% (1,496/2,081)	78% (789/1,014)
Among those wanting to access PEP in the last year, % always able to	36% (62/172)	45% (66/147)	64% (47/74)



“They never offer me PrEP, if the test comes out negative, they just tell you the results and you leave”
 — a sex worker, Nelspruit Clinic (Ehlanzeni), May 2023

“There are no specific services for KPs at the clinic. When they do not even give out information about ART and PrEP, I don't think they would give any information about specific services to KPs. They are unfriendly and have a bad attitude so I doubt they would give information to us”
 — a gay man, East London Central Clinic (Buffalo City Metro), August 2023

“I didn't know what PrEP was until recently.... They have never offered me PrEP when I go to the clinic to test for HIV”
 — a person who uses drugs, Tsakane Clinic (Ekurhuleni), March 2023

“They did offer me PrEP before but to get PrEP is so difficult. They like talking too much. They will say a lot of things that will make you feel uncomfortable as a sex worker. So, I just abandon it and leave”
 — a sex worker, Empilisweni Clinic (Sedibeng), April 2023

“I was never offered PrEP, it was the NGO where I receive my HRT from that offered me PrEP and I started taking it from there”
 — a trans woman, Emthonjeni Clinic (Ehlanzeni), May 2023

“I know about PrEP, but it was not the clinic that told me about PrEP”
 — a trans woman, Lilian Mambakazi CHC (Nkangala), May 2023

“They also force and threaten you with PrEP without educating me properly about it. I am forced to take it even though I am not comfortable with taking PrEP”
 — a gay man, Block B Clinic (Ehlanzeni), May 2023

“When I go to the clinic with my friends for an HIV test, you hear the things that the staff say. They say it right in front of you. They would say “we would not be surprised if you guys test positive for HIV because we know all gays love to sleep with different men”. And when the tests come back negative, we get told that we must take care of ourselves because it is only a matter of time before we get HIV. They don't tell you about PrEP at the clinic”
 — a trans woman, Boitekong Clinic (Bojanala Platinum), June 2023

“When you go there for HIV testing, there is not really any pre-counselling, just a few questions. I think they only counsel those with a positive result because when the test is negative, they just tell you that it is one line so you are fine. They do not offer you any additional prevention like PrEP”
 — a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

“I have done an HIV test there before, but because the staff are from my area, she did not talk at all. It was a quiet moment. She just showed me the results. They did not offer me PrEP”
 — a trans woman Tlhabane CHC (Bojanala Platinum), June 2023

“I have done HIV testing at the clinic before. Although they do counselling, they have never offered me PrEP at the facility”
 — a trans person, Civic Centre Clinic (OR Tambo), March 2023

LEARNING 3: Disrespect & questioning can push STI services out of reach

Sexually transmitted infection (STI) screening and treatment services must also be available at all public health facilities. Untreated STIs are a significant enhanced risk for HIV transmission and contraction. However not everyone attempting to access these services reported being able

to. Only 66% of GBMSM, 59% of sex workers, and 59% of trans people said they could access STI screening services (Table 14). This has reduced significantly since 2022, where 80% of GBMSM, 80% of trans people, and 72% of sex workers said they could access screening services.

Table 14: STI services access at facilities (July to September 2023)

	GBMSM	Sex workers	Trans people
% tried to access STI screening	40% (794/1,994)	44% (930/2,120)	36% (377/1,043)
Among those seeking STI screening, % always able to access it	66% (514/784)	59% (539/917)	59% (221/373)
% of staff always respectful when asking for STI screening	59% (463/791)	50% (459/922)	57% (213/375)
Among those needing STI treatment, % able to access it	83% (545/658)	86% (694/812)	84% (278/332)

For those who did seek STI screening services, just under half of respondents said that staff were not always respectful. The most common reason for people not getting STI screening was that staff ask too many questions about why you need it, as noted by 35% of GBMSM, 32% of trans people, and 31% of sex workers (Figure 44, 45, 46). Other reasons include

people feeling uncomfortable asking for screening, staff being rude so people deciding they did not want to be screened anymore, and being told that you ask for it too often.

Concerningly 11% of respondents were told screening was not available for GBMSM, 11% were told it was not available for trans people, and 9% were told it was not available for sex workers.

Figure 44: Reasons GBMSM were unable to access STI screening (July to September 2023)

GBMSM interviewed: 257

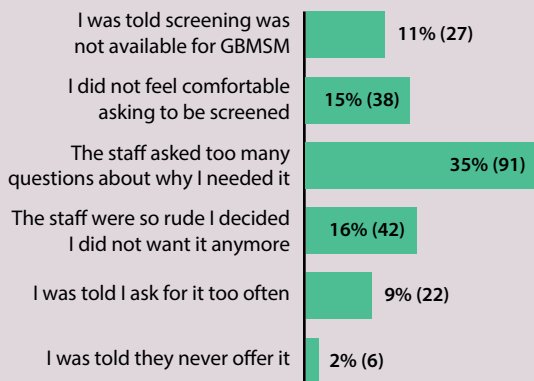


Figure 45: Reasons sex workers were unable to access STI screening (July to September 2023)

Sex workers interviewed: 373

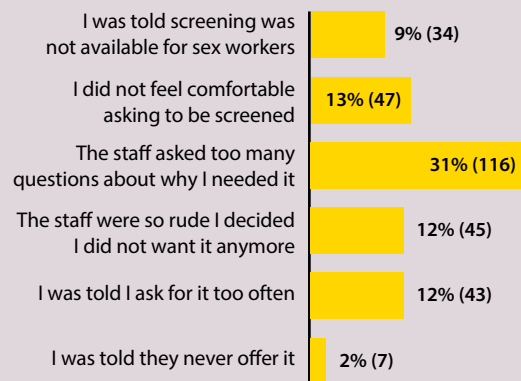
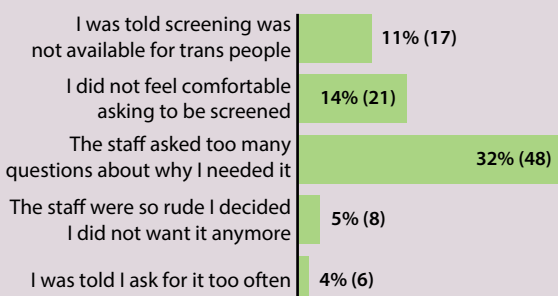


Figure 46: Reasons trans people were unable to access STI screening (July to September 2023)

Trans people interviewed: 151



On a more positive note, compared to 2022, there was an increase in the proportion of people who reported being able to access STI treatment. The most common reason for being unable to access treatment was that there was a stockout, as reported by 70% of sex workers, 67% of GBMSM, and 52% of trans people. Other reasons again included people being questioned too much, so deciding they didn't want it anymore, staff being rude, and being told you ask for it too often.

Again, worryingly, 10% of respondents were told treatment was not for sex workers, 9% were told it was not for trans people, and 7% were told it was not for GBMSM. While there has been improvement, absolutely everyone who needs STI treatment should be able to get it. Being a member of a key population can never be a reason to deny someone this service.

"I had two STIs in a space of three months and every time I went there they kept on saying 'that's the only reward you'll get as uMagosha'. I didn't feel respected enough but I couldn't raise my concerns because I desperately needed their help"

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

"The staff are not friendly. Especially when you tell them that you need STI screening and you need to give information about your sexual experience. That is where the hostility really manifests. Luckily I am very familiar with my rights, so I would always demand the help that I need. I have just grown a thick skin against their judgemental attitude"

— a gay man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2023

"I went for STI medication... the nurse told me to lie down... while preparing herself to inject me, another nurse came in. I was lying on my stomach with my pants pulled down and I was in a painful situation and had to patiently wait for the nurse to leave. She did not care and there was no apology. She just went on, knowing that you need the service. It was very embarrassing"

— a trans woman, Marburg Clinic (Ugu), August 2023

"After experiencing hostility and discrimination about living with HIV when trying to access ARVs, I also had STI symptoms but decided not to continue with the consultation because the nurse wasn't welcoming. As she gave me back my card she said maybe now you have attended initiation school, you will stop being gay and be a man. I had to go to another clinic to get help"

— a gay man who is also a sex worker, Tshangana Clinic (Nelson Mandela Metro), March 2023

"When you share your symptoms about the STI that you have, they would judge you because you are a sex worker. They would go to another room to gossip about what you have shared. You go to the clinic to get help and be well, but you end up going home with a sore heart"

— a sex worker, Bophelong Clinic (Lejweleputswa), July 2023

"I noticed some symptoms of STI after having unprotected sex. They told me the girl I slept with was 'not clean'. I was scolded for not using a condom but was eventually given the treatment"

— a person using drugs, Philani Clinic (Ugu), August 2023

"I am not comfortable going to the clinic for STI testing and treatment. I would rather go to the mobile clinics from Anova (PEPFAR District Support Partner) when they come, where I won't be judged for having an STI"

— a trans woman, Lilian Mambakazi CHC (Nkangala), May 2023

"I go there to get condoms, HIV testing... There are more things I would like to do there but I am afraid. Like testing for STIs... I cannot speak to them because they would discuss me and probably not help me. I just keep to myself and do not want to be ridiculed by them as they would embarrass and shame you"

— a sex worker, Empilisweni Clinic (Sedibeng), April 2023

"If I go there for STI screening, I avoid the nurse that has a problem with me. I had an infection... she said 'this one did not want to take off his trousers to be examined'... and I told her that I could take off my trousers, but there were other nurses there. She was rude because I demanded that I be checked by only one person"

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

"The clinic staff are judgmental. I went there once for STI treatment and they didn't do any test or physical examination. They just gave me medication. They asked me how I got the STI and who I had sex with. I couldn't disclose my work because they were already judgmental and there were two nurses in the room. I did not feel comfortable telling them what was wrong"

— a sex worker, Nelspruit Clinic (Ehlanzeni), May 2023

"They will always gossip about me among each other. When you have a condom burst with a client and you go there, they would gossip and complain that we sex workers do not like to use condoms and are always coming to access STI treatment often. I then have to explain that in the profession, things like this happen often"

— a sex worker, Pennington Municipal Clinic (Ugu), August 2023

"I tend to use Engage Men's Health (a drop-in centre) for STI screening and treatment as the services there are better. I would not go to the clinic for that as I fear how they would treat me"

— a gay man, East London Central Clinic (Buffalo City Metro), August 2023

"Sometimes when I go there they ask me in the waiting area if I am back for the regular STI tests, in front of other patients. People from my community now know that I am a sex worker and it is because of the nurses there"

— a sex worker, Rondebult Clinic (Ekurhuleni), October 2023

"I went to the clinic because I had an infection. When I went in for a consultation, the nurse went to a group outside to give an awareness talk about safe sex. Without my consent the nurse made an example about me. She disclosed in front of everyone that I came there for STI treatment because I had unprotected sex with a man. She never asked me about my sexuality. The fact that she saw me she just assumed everything about me. I left the facility"

— a trans man, Civic Centre Clinic (OR Tambo), March 2023

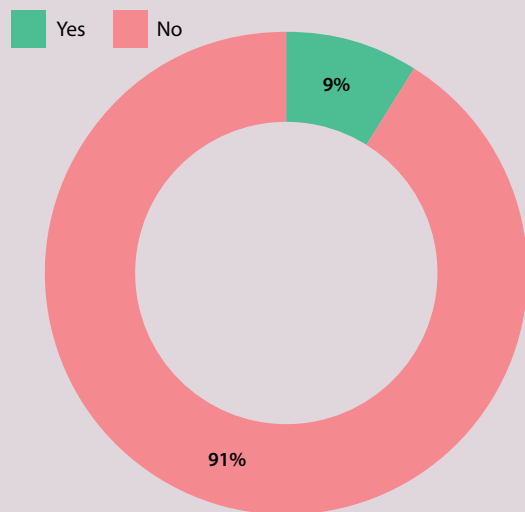
LEARNING 4: Life saving harm reduction services are almost entirely unavailable

Harm reduction services — like new needles, naloxone, information on safer drug use, methadone, psychosocial support — are life saving. However, they are almost entirely unavailable in primary health facilities in the public sector. Even getting information about some of these services can be a challenge. On top of this, while people should be met without judgement, people who use drugs are often met with open hostility.

Only 9% of people who use drugs told us they could get information on where to get new needles from (Figure 47). This despite the benefits of not reusing or sharing needles on reducing wounds, the risk of endocarditis, or transmitting HIV or hepatitis. Instead people can be told that these commodities are not for them. Ensuring access to new needles & syringes and providing a safe place to dispose of used ones, is a key component of harm reduction. Not only supporting people to take drugs safely, reducing the burden on the health system overall, it also supports a reduction in syringe litter in public places.

Figure 47: Did the facility give you any information about where you could get new/unused needles? (July to September 2023)

People using drugs interviewed: 5 004



Naloxone, a life saving opioid overdose reversal treatment, remains a nurse-initiated only treatment. 10% of people who use drugs interviewed needed access to it in the last year. To be effective, naloxone needs to be carried by people in the community, and available for peers and partners to initiate if needed in a timely manner. Instead, some people die before ever reaching a facility, others die waiting for ambulances, and others can be treated cruelly and made to wait, when in need of urgent care.

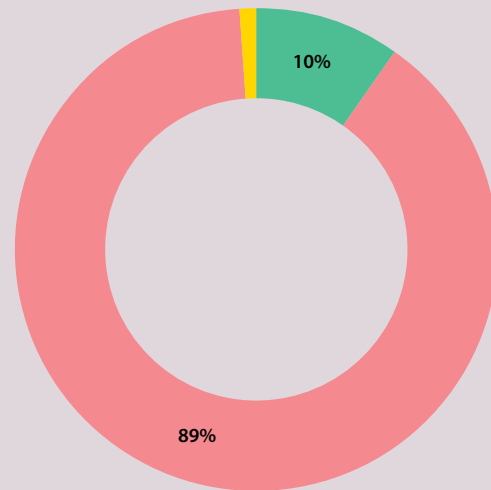
Methadone, an important treatment to help people safely reduce or stop taking opioids, is unavailable at the facility level. Only 10% of people who use drugs interviewed were even given any information about where they could get it (Figure 48). It is unrealistic to think that people will be able to afford to see a private doctor and pay for a prescription, or that people will be able to afford to attend one of the few drop-in centres or harm reduction centres across the

country on a daily basis. Methadone must be made available, closer to where people actually live in order to be useful.

Figure 48: Has the facility given you any information about where you could get methadone in the last year? (July to September 2023)

People using drugs interviewed: 5 083

Yes No Prefer not to answer

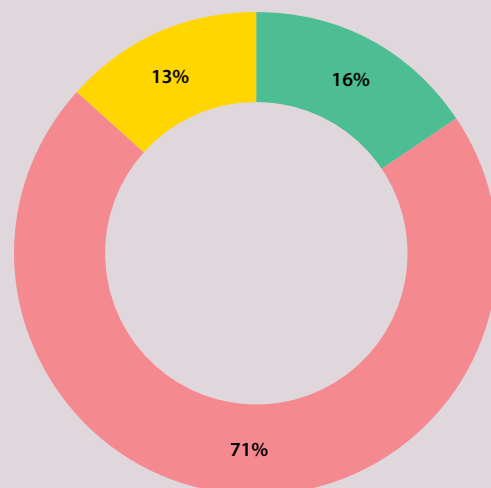


Drug dependence support and other psychosocial support also needs to be made available. 24% of people who use drugs that we interviewed wanted drug dependence support in the last year — 1224 people, yet only 16% of those were actually able to access it (Figure 49). The most common reasons people gave for not being able to access it were that it was not offered at the facility (69%), they were not comfortable to ask for it (7%), or that they were told they were not eligible (4%).

Figure 49: Were you able to access drug dependence support? (July to September 2023)

People using drugs interviewed: 1 400

Yes No Prefer not to answer



“They know that I use drugs at the clinic after I went there to ask for methadone and new needles. They asked me who taught me drugs? That I cannot come to the clinic to ask for needles so that I can inject drugs. Needles are for injecting a sick person, not someone who smokes drugs. I felt my heart ache. I then asked for methadone. They asked why don't I take the money I use to buy drugs and buy methadone instead. I felt judged, hurt and humiliated”

— a person who uses drugs, Tsakane Clinic (Ekurhuleni), March 2023

“They never give us needles or tell us where to get them. There is an organisation that brings us needles. Even for those who want methadone, they don't get any information when they go to the facility”

— a person who uses drugs, Nelspruit Clinic (Ehlanzeni), May 2023

“I decided to stop using drugs but my family could not afford rehab.

The clinic did not give us any information. I got very sick with stomach cramps and vomiting. I lost a lot of weight and could not walk on my own. My sisters took me to Ndwedwe CHC but once we told the nurse about my drug use, her attitude changed and she said we should have gone to a rehab because they were not trained on how to attend to drug users. She gave me glucose and Allergex. I pleaded for a drip but she refused”

— a person who uses drugs (eThekweni), May 2023

“I went to the clinic to ask for bandages and antibiotics for my leg because I had a ‘missed shot’. I begged them to help me as it was bleeding but they chased me away, [saying] that I caused this myself. They called the security guard... they said they did not ask me to become a ‘drug addict’. The leg is still not healed and I am in pain all the time”

— a person who uses drugs, Nelspruit Clinic (Ehlanzeni), May 2023

“I overdosed and was rushed to the facility. I was not aware of much as it was my cousin that rushed me there. The nurses did not attend to me. They shouted at us that they do not attend to ‘amaphara’, that it is not their fault that I overdosed. They were rude and used vulgar language in front of other patients. I eventually recovered on my own, no service or support was provided. I will never go back to there again”

— person who uses drugs, Gompo Clinic (Buffalo City Metro), August 2023

“Sometimes if I don't have money to attend the (counselling) sessions, they would insult me”

— a person who uses drugs, Zola Gateway Clinic (Johannesburg), March 2023

“There are no counsellors that are well trained on how to deal with people who use drugs, they are judgemental towards us”

— a person using drugs, Philani Clinic (Ugu), August 2023

“When I went to the clinic, they refused me access to ART because I am a person who uses drugs. I had stopped using my medication and they refused to reinstate me because they said I would smoke the ARVs. So, I was off my meds for 3 months”

— a person who uses drugs, Sibuyile Clinic (Ehlanzeni), May 2023

“I stopped using Masoyi Clinic because of the bad services. I wanted to quit using drugs and there were no drug dependency services they could not refer me to anywhere. I had to go around myself looking for organisations that can help with rehabilitation”

— a person who uses drugs, Masoyi Clinic (Ehlanzeni), May 2023

“It is not just me who has suffered there, one of my friends told me they chased him away and I thought he was just exaggerating and he was scared and didn't want to go to the clinic. But when I went there, the treatment was very horrible. They did not offer me any services”

— a person who uses drugs, Nelspruit Clinic (Ehlanzeni), May 2023.

“As someone who used to use drugs, it would be good to be able to access methadone at the clinic as it does work. If they can also have a schedule or time when they attend to people who use drugs so they can get attended to without judgement. Sometimes the guys get cramps while in the queue, or have a wound that needs immediate attention but they have to spend the whole day at the facility as it is overcrowded”

— a person using drugs, Philani Clinic (Ugu), August 2023

LEARNING 5: Hormones are unavailable at facilities & care is often not gender affirming

To provide gender affirming care means that public health facilities should respect trans and gender diverse people and ensure they feel comfortable in their gender identity and gender expression. This includes using the correct pronouns and name, removing coloured folders marking gender, allowing trans people to use the right toilets and providing a gender neutral toilet, having posters that affirm gender diverse people, and so on.

In this reporting period, 32% of trans people interviewed said that staff were always respectful, 46% only sometimes, but 19% said they were never respectful (Figure 50). These results are worse than findings in 2022, when 40% of trans people said that staff were always respectful. 64% of trans people said they used their wrong name and 64% said they use their wrong pronouns (Figure 51).

Moreover 26% of people said staff were rude because they were trans, 12% said staff asked them questions about being trans not related to the services they needed, and 10% said they told other staff members the person was trans for no reason. Other people also complained about not being allowed services because they are the “wrong” gender or getting the wrong coloured folder. All of this adds the discomfort, lack of safety, and gender dysphoria trans and gender diverse people may feel while at the facility.

Figure 50: Are the staff respectful of your gender identity, for example using your preferred name and using your correct gender? (July to September 2023)

Trans people interviewed: 1 030

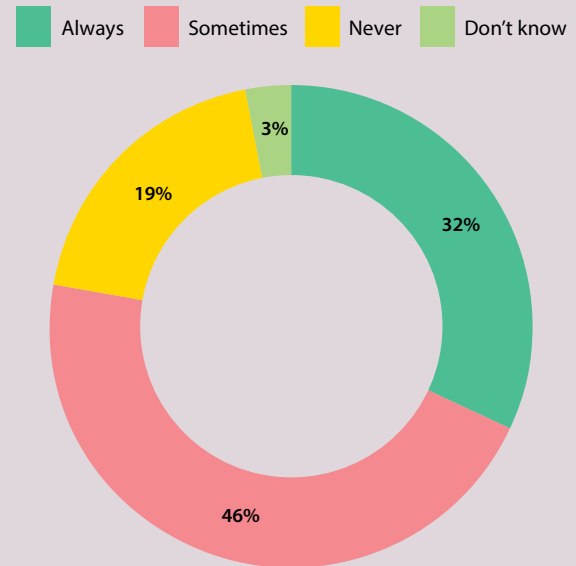
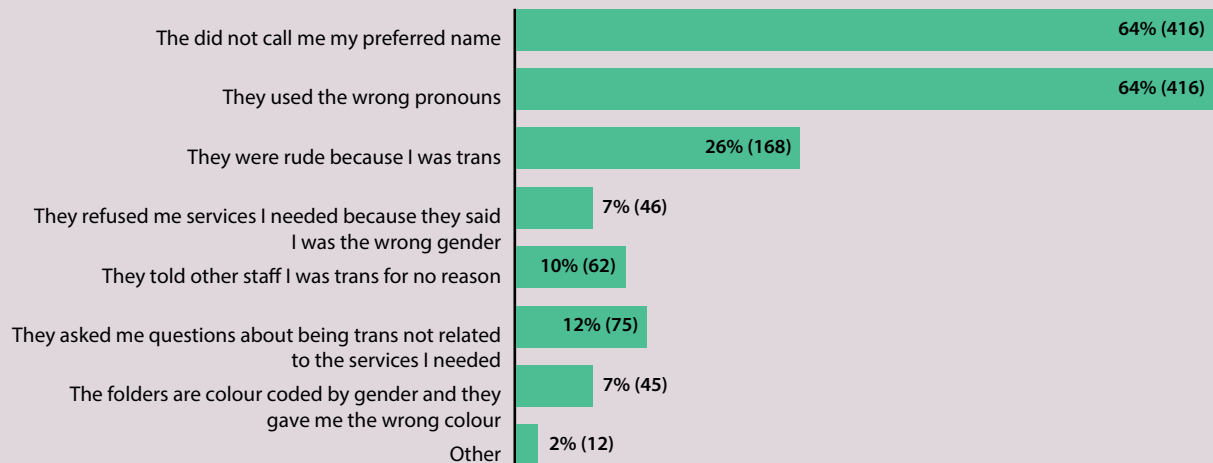


Figure 51: How were staff disrespectful? (July to September 2023)

Trans people interviewed: 647

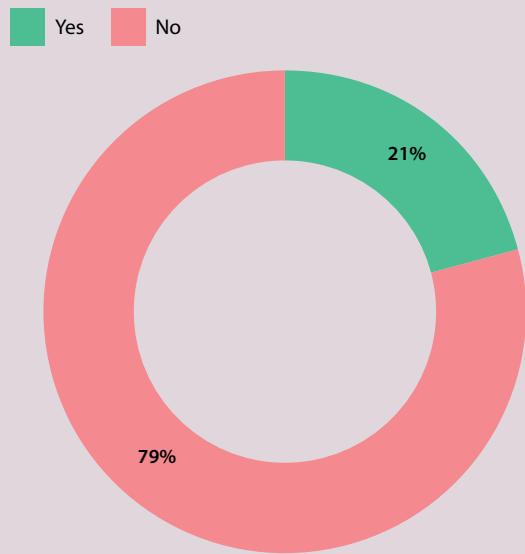


Another challenge is for trans women to be told to use Men’s Corners, or attend men only clinic days. These types of interventions have been established to encourage cisgender men to go to the facility, with positive impact. However, no trans woman should ever be made to use one. Trans women are women. Yet 21% of trans women interviewed reported being told to use one (Figure 52). Being forced to access services in spaces designated for men can be at best, immensely uncomfortable, and at worst, extremely unsafe. It outs trans women as trans, and puts them in the line of fire to face transphobic verbal or physical abuse or attacks.

39% of trans women interviewed who were instructed to use men’s service points did go through the indignity of using these spaces, despite the risks (Figure 53). However, 33% refused, ultimately not receiving the services they needed, leading to different types of risks. 24% said that staff were rude when they tried to explain why they did not want to use spaces designated for men, and only 15% were able to get services elsewhere in the facility. Forcing trans women to use spaces for men is not gender affirming care — it is reckless and dangerous.

Figure 52: Have you ever been told to use a Men's Corner or men only clinic day? (July to September 2023)

Trans women interviewed: 761



Clinicians at public health facilities must be trained to better understand the health needs of trans and gender diverse people and be able to offer appropriate services. For example, offering trans women prostate cancer screening and voluntary medical male circumcision, and offering trans men reproductive services, contraceptives, and cervical cancer screening. These services must be provided in a caring, respectful, and compassionate manner.

In addition to the standard primary health package, trans and other gender diverse people may also want information and access to hormone therapy. Gender dysphoria can be extremely distressing, and can lead to broader mental health issues. Rates of suicide are also extremely high. This is also in the context of living in a country rife with transphobia and attacks on trans people. Hormones are a life saving treatment.

Yet hormone therapy is not available in the primary healthcare system, despite the need and demand. 56% of trans people interviewed this year wanted to access hormones at their facility (Figure 54). Yet 25% of those who asked about them, were confronted with a staff member that did not know anything about hormones or where to get them, while 30% were told to pay another doctor for a referral (Table 15).

Figure 53: What happened when you were told to use a Men's Corner or men only clinic day? (July to September 2023)

Trans women interviewed: 156

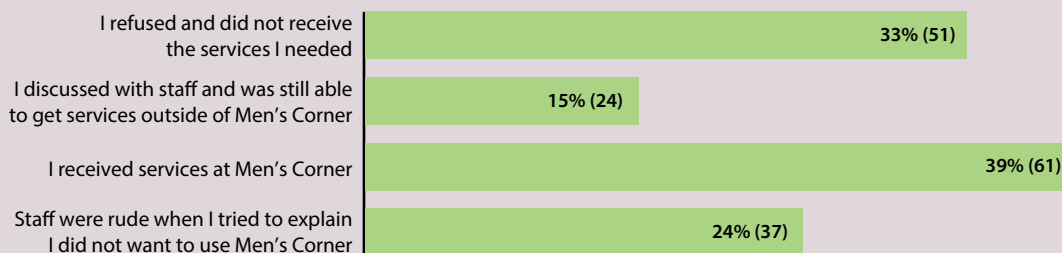


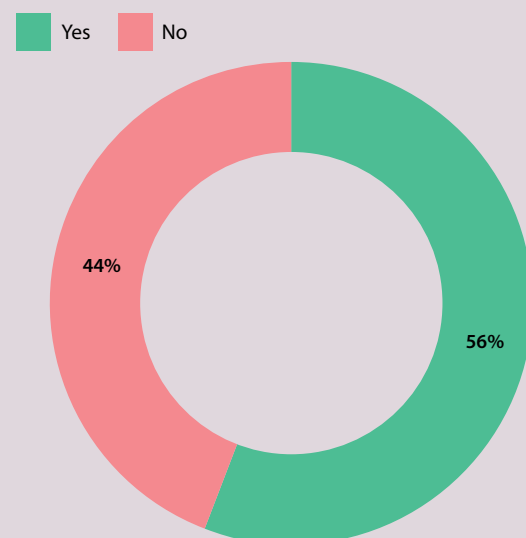
Table 15: Hormone access at facilities (July to September 2023)

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

Where people do find enough information about hormones and get a referral, often this means travelling long distances to a few hospitals in places like Johannesburg, Cape Town, or East London, or finding drop-in centres in a few areas across the country. For those without the money to travel to these places, or at the end of long waiting lists, it means hormones remain out of reach. However, with a change in national policy, hormones could be prescribed by doctors at primary level, just like they are by private GPs, expanding access to many more trans and gender diverse people in need. Centres of Excellence must have access to medical support networks, mentorship, and tele-support to assist in consultations on the use of hormone therapy for trans people.

Figure 54: If available, would you have wanted to access hormone therapy at this facility in the last year? (July to September 2023)

Trans people interviewed: 1 041



"I went to the clinic to enquire about hormones. The nurse told me that because I am a man, I cannot need hormones. It is like they have not been sensitised, they have no idea of who trans people are or what type of services we need"

— a trans woman, Matshidiso Mabaso CHC (Thabo Mofutsanyana), July 2023

"Sometimes the people in charge are very rude to us trans people. When you go there, they do not treat you well. You cannot use the bathroom of your choice, they say that they are not comfortable with you in the female bathroom. I am always so frustrated every time I go there"

— a trans woman, Soshanguve Block TT Clinic (City of Tshwane), October 2023

"When you go there, you need to re-unpack and explain about your dead name and pronouns. So, you know you would not be addressed by the correct name and pronouns"

— a trans man, Mbunde Clinic (Ugu), August 2023

"Most of the time, the people in the clinic would call me by my birth name or call me brother or he. Even when I correct them, they still continue to do the same thing and call the next person to look at this one that wants to be addressed with a female pronoun when he is a man. I gave up because clearly, these people do not want to learn, they do not want to change"

— a trans woman, Bloemspruit Clinic (Lejweleputswa), July 2023

"I asked the nurse if she knew about hormone replacement, and she replied: 'you think you are better, for that you must go to a private hospital'. I was just asking where I can get hormones from. She said this is a public clinic, they don't offer such. I just cut the conversation and left. She was rude and did not provide any information"

— a trans woman, Jouberton CHC (Dr Kenneth Kaunda), May 2023

"I went to Gqebera CHC to ask if I could get hormones there. I was not taken seriously. They laughed at me, calling me 'moffie' and addressed me with the wrong pronoun"

— a trans woman, Gqebera CHC (Nelson Mandela Metro), July 2023

"They were using my English name which I told them I do not like, rather than calling me by my traditional name. The English name is not gender neutral. Even after correcting them, they continued using that name"

— a trans woman, Lilian Mambakazi CHC (Nkangala), May 2023

"Another problem WE face is going to the toilets. The cleaners shout at you when you use the female toilets, so I just hold it until I get home. The toilets are still marked by gender and none are gender neutral"

— a trans man, Civic Centre Clinic (OR Tambo), March 2023

"The clinic I used to go to... they would just call each other to come and see. They ask 'are you a guy but you look like a girl'... So that is why I moved so that I do not have to face such issues"

— a trans woman, Soshanguve Block TT Clinic (City of Tshwane), October 2023

"Healthcare is a basic right. The clinics should be gender friendly, whereby you know that if I go into the clinic as a trans person, I would go in with a smile and come back with a smile"

— a trans man, Mbunde Clinic (Ugu), August 2023

"When I got (to the clinic), the nurse was saying 'so you are the trans person, my colleague told me about you'. I was so embarrassed as what I came there for had nothing to do with my gender identity"

— a trans woman, Palm Springs Clinic (Sedibeng), April 2023

"The nurses are the ones you should be able to open up to... I tell them that I identify as a trans man and my pronouns are he/him, but they will still misgender me and call me 'sisi' which does not make me comfortable. They make it sound like I have a problem. I am not comfortable with the nurses because they are rude, they would ask why I decided to be like this. It is who I am and cannot change who I am"

— a trans man, Mangweni Clinic (Ehlanzeni), May 2023

"I went to the clinic because I wanted to start my HRT. They referred me to a hospital and when I got there I was told that I was not put on any list. I went back again and was able to book an appointment but since last year, I have been waiting as the appointment keeps getting postponed. I wonder if they would ever be able to help me"

— a trans woman, Bluegumbosch Clinic (Thabo Mofutsanyana), July 2023

"They misgender me and never want to call me by my preferred name"

— a trans woman, Tlhabane CHC (Bojanala), June 2023

"I think the staff need more education. I am not comfortable with the way they address me. They refer to me as 'he' when I prefer to be called 'she'. And because you are in need of assistance, you just keep quiet and do not want to speak. You just take the abuse so you can be helped"

— a trans woman, Jouberton CHC (Dr Kenneth Kaunda), May 2023

“They do not offer any services to trans people. It is hard to get hormones here. When you talk about them, they do not even know what hormones are or any information on where one can get them... I would like for them to offer us hormones or be able to refer us to where we can get them”

— a trans woman,
Lilian Mambakazi CHC
(Nkangala), May 2023

“Going to the clinic, the experience is always bad. Recently, I was referred to as a man by the receptionist even when I was wearing a dress and had make-up on. And everyone was laughing. It was like he just wanted to make fun of me”

— a trans woman, Boitekong Clinic (Bojanala Platinum), June 2023

“On the register for the clinic, they would insist on entering you in the female space”

— a trans man, Mbunde Clinic (Ugu), August 2023

“I encountered transphobia there. Firstly at the admin while I was trying to get my file so that I can see the doctor. I told them my preferred name and they wanted an ID. I gave them and they made a scene that it was not me, that he cannot help me. I had to explain that I am a trans woman. The look and judgement was so much. I don't like to go to places where I would need to use my ID like the clinic or police station because they would judge you if you don't look like the person in the ID”

— a trans woman, Lilian Mambakazi CHC (Nkangala), May 2023

“To be honest, I am uncomfortable asking for any other services because they still use the “blue cards”. We all know what that means”

— a trans woman,
Palm Springs Clinic
(Sedibeng) April 2023

“Sometimes they don't ask me how I identify. They just scream my surname and ask “are you a man or a woman?”. They do not respect your pronouns or use the name that you want”

— a trans woman, Jouberton CHC
(Dr Kenneth Kaunda), May 2023

“The staff purposely call you by the wrong name, they never use my correct pronouns. Even when you tell them, they say you are a man and we will address you as that”

— a trans woman,
Matshidiso Mabaso CHC
(Thabo Mofutsanyana),
July 2023

“When I asked about hormones, they just started laughing that I want to “become” a man”

— a trans man,
Mbunde Clinic
(Ugu), August 2023

“I went to the reception and they wanted to take the pink card. They have blue cards for males, and pink cards for females. I cannot take the blue card because some of the information is for biological males and the pink one also does not cover me. I told them I prefer the white card, but they refused because they needed to make a file and we had to argue about my refusal about the pink card”

— a trans man, Mbunde Clinic
(Ugu), August 2023

“The problem is when you get there as a trans person, they do not have someone who is part of the LGBTQI community that you can be comfortable with. Their problem is that they do not know how to talk to us, they are unsure if they should be addressed as men or women. They would say things like “you look like a girl but your ID says male””

— a trans woman,
Tlhabane CHC
(Bojanala Platinum),
June 2023

“I try not to use the toilets at the clinics because of the experience I had. They told me that I am not a woman, I am a man, so I must use the male toilet. Since then I will go to my friend's place near the clinic to use the toilet”

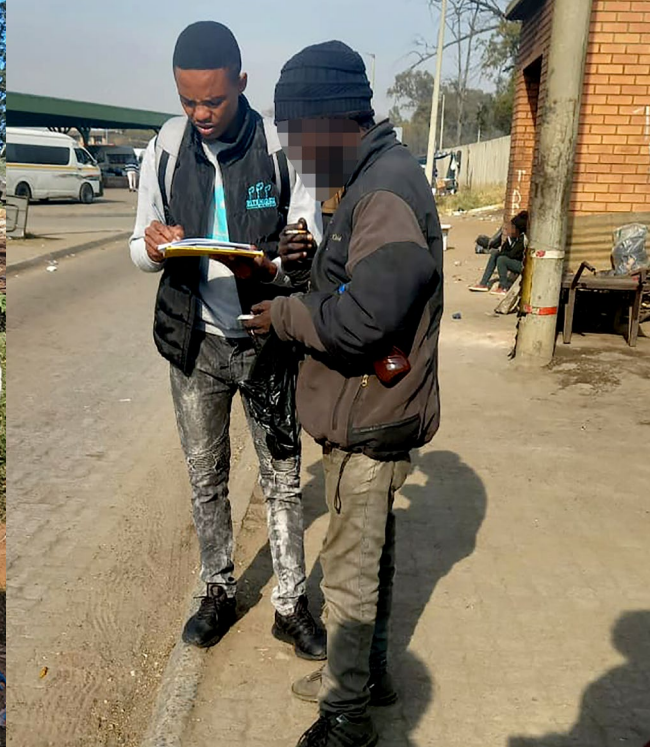
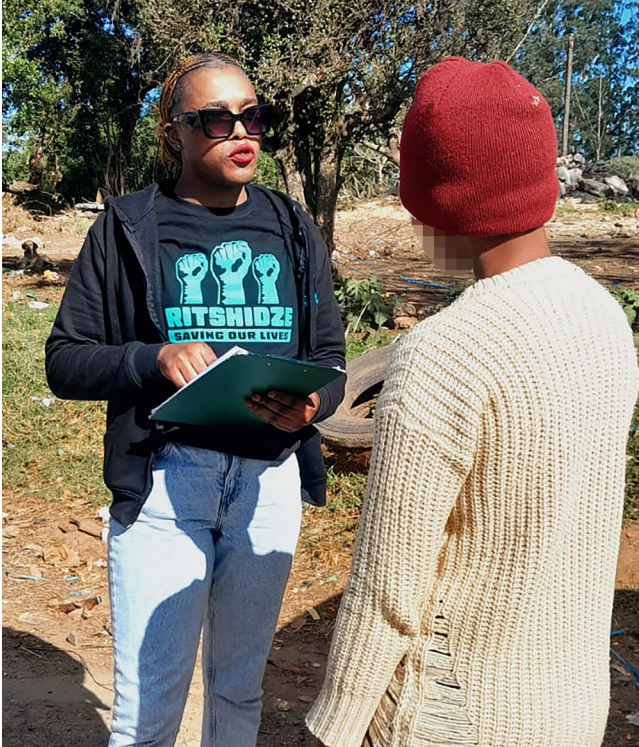
— a trans woman,
Jouberton CHC (Dr Kenneth
Kaunda), May 2023

“I went to the clinic to ask for hormones as it was out of stock where I usually got them from. The nurse was shocked. She did not know what hormones were but she asked me to come to see the doctor the next day. The doctor too was unable to help me but tried to check with another doctor from JST Hospital but that one too did not know about hormones. It seems most healthcare practitioners in government facilities do not know much about trans people or the LGBTQIA community as a whole”

— a trans woman, Tlhabane CHC
(Bojanala Platinum), June 2023

“The last time I went there, the first nurse asked me if I am a woman and I told her that I am transitioning, and I am experiencing some symptoms. She screamed “why are you trying to change yourself, God created you as a woman”. She did not even check me or give me any medication to let me feel better but was just judging me”

— a trans man, Mangweni Clinic (Ehlanzeni), May 2023



LEARNING 6: Trans men, sex workers & people who use drugs regularly denied contraceptives

Contraceptives are also not always made available to members of key populations. In this reporting period only 65% of sex workers, 64% of trans people, and 63% of people who use drugs reported being able to access the contraceptives they wanted (Figure 55). This is worse than our 2022 results, when 75% of sex workers, 72% of trans people, and 64% of people who use drugs reported being able to get the contraceptives they wanted.

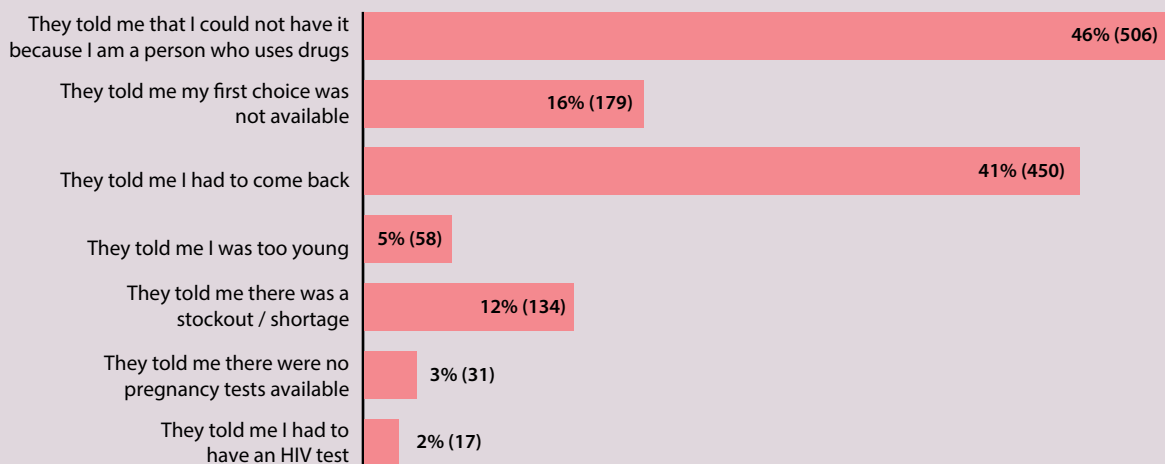
Alarming, of those who were unable to get contraceptives, 32% of respondents were denied them because they were sex workers, 34% were denied them because they are trans, and 46% were denied them because they use drugs (Figure 56, 57, 58). Other reasons for not getting the contraceptives they wanted were due to stockouts, their first choice being unavailable, or being told to come back another time.

Figure 55: Percentage of people who were able to access the contraception they wanted at the facility (July to September 2023)



Figure 56: Why people who use drugs were unable to get the contraception they wanted (July to September 2023)

People who use drugs interviewed: 1 106



Alarming, of those who were unable to get contraceptives, 32% of respondents were denied them because they were sex workers, 34% were denied them because they are trans, and 46% were denied them because they use drugs

Figure 57: Why sex workers were unable to get the contraception they wanted (July to September 2023)

Sex workers interviewed: 560

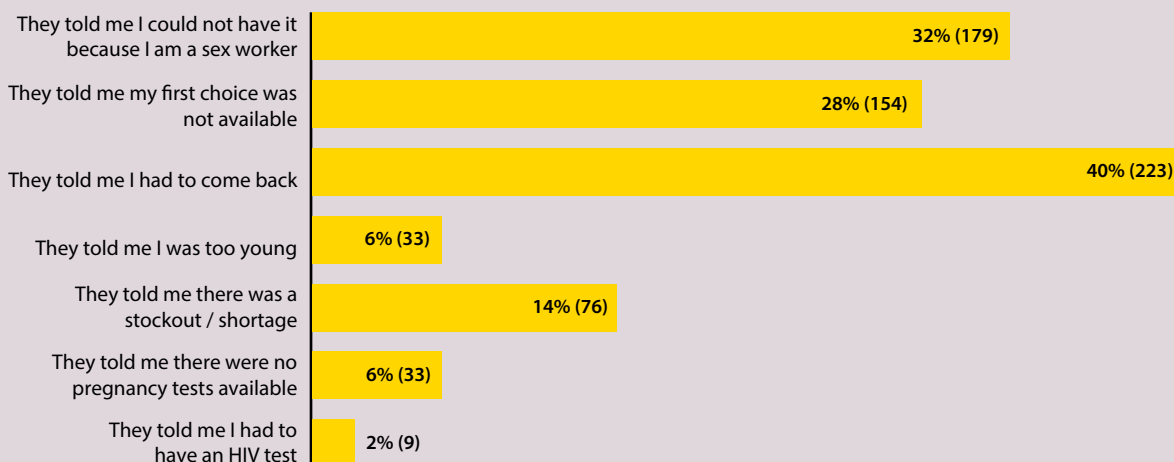
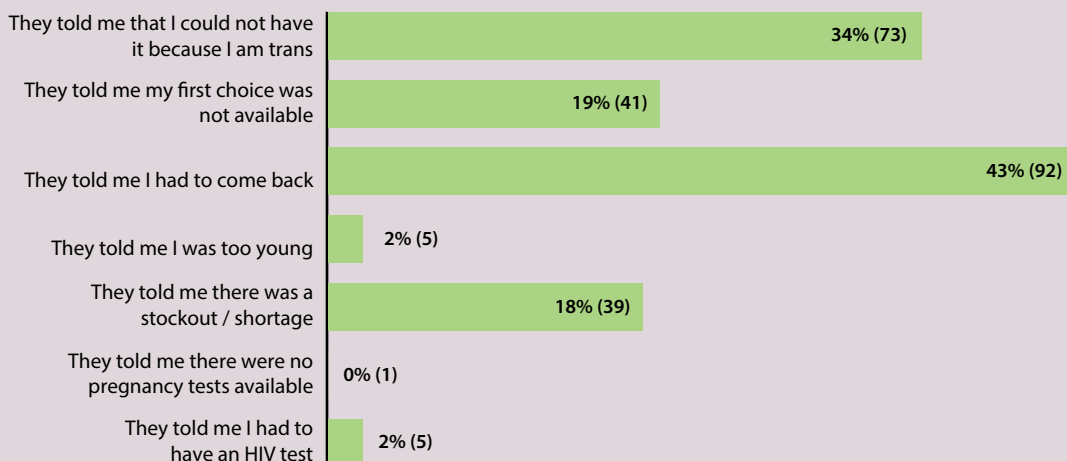


Figure 58: Why trans people were unable to get the contraception they wanted (July to September 2023)

Trans people interviewed: 212



“Trans people are discriminated against at the clinic. They call you by the wrong name. You cannot access hormones there. And if you need contraception, they would ask you to go bring evidence of menstruation”
 — a trans man, Bophelong Clinic (Lejweleputswa), July 2023

“They give us general services but we don’t get contraceptives. They say we cannot fall pregnant while smoking nyaope”
 — a person who uses drugs, Walton Clinic (uThukela), August 2023

“I used to go to the clinic for contraceptives, but since the horrible treatment started, I just go to the chemist to buy the pills”
 — a sex worker, Kabokweni Clinic (Ehlanzeni), May 2023

“I went to the clinic to get the implant, but they said the nurse that is able to install the implant is not available, so I had to continue working with the risk of getting pregnant”
 — a sex worker, Kwazakhele Clinic (Nelson Mandela Bay), August 2023

LEARNING 7: Post violence services are incomplete & not always provided with care

It is critical that public health facilities provide safe and caring post violence services — especially in the context of an epidemic of gender based violence, abuse faced by sex workers at the hands of clients or partners, and attacks on queer and trans people. Yet in this reporting period only 52% of GBMSM, 52% of trans people, and 50% of sex workers thought staff were well trained to care for those who experience violence (Table 16). Further, only 40% of GBMSM, 31% of sex workers, and 31% of trans people said staff were respectful. It means after violence, people are faced with the secondary trauma and indignity of trying to access post violence services.

Concerningly, among those who needed services, only 56% of GBMSM, 56% of trans people, and 47% of sex

workers were able to access them. This is dramatically worse than our 2022 results, when 94% of trans people, 83% of GBMSM, and 71% of sex workers reported being able to access services. People should be able to receive services such as rapid HIV testing, PEP, STI treatment, emergency contraceptive, completed J88 forms, rape kits, counselling, and referral to domestic violence shelters.

Most commonly people reported that counselling was unavailable (54% of trans people, 57% of sex workers, 60% of GBMSM), followed by STI services (5% of GBMSM, 24% of trans people, 34% of sex workers), PEP (8% of GBMSM, 13% of trans people, 16% of sex workers), and rapid HIV testing (11% of trans people, 13% of GBMSM, 17% of sex workers) (Figure 59, 60, 61).

Table 16: Post violence services access at facilities (July to September 2023)

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

Figure 59: Post violence services GBMSM could not access (July to September 2023)

GBMSM interviewed: 62

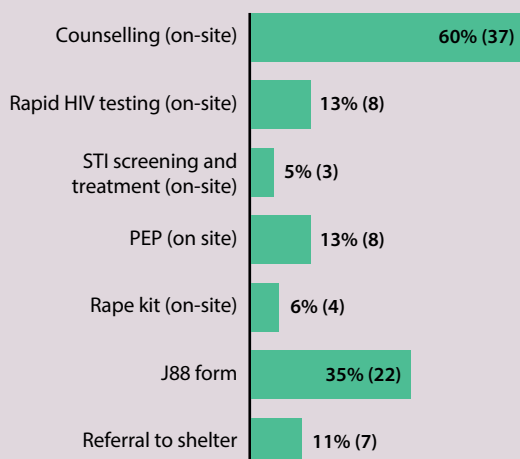
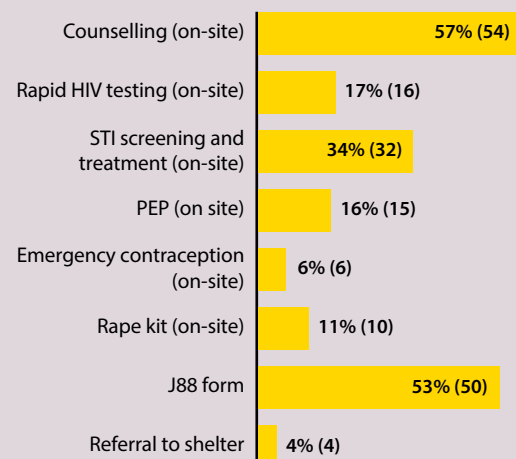


Figure 60: Post violence services sex workers could not access (July to September 2023)

Sex workers interviewed: 95



It is critical that public health facilities provide safe and caring post violence services — especially in the context of an epidemic of gender based violence, abuse faced by sex workers at the hands of clients or partners, and attacks on queer and trans people.



Another critical service is the completion of a J88 form that records medical evidence that may be needed in order to obtain a conviction in an assault case. It is the most important evidence that an assault or rape occurred. You cannot open

a case without one. However, of the 22 GBMSM we spoke to that tried to access a J88 form, 13 were told to come back and 6 were denied on the basis of being GBMSM (Figure 62). Of the 50 sex workers we spoke to that tried to access a J88 form, 21 were told to come back and 9 were denied on the basis of being a sex worker (Figure 63). Of the 20 trans people we spoke to that tried to access a J88 form, 10 were told to come back and 2 were denied on the basis of being trans (Figure 64).

Figure 61: Post violence services trans people could not access (July to September 2023)

Trans people interviewed: 37

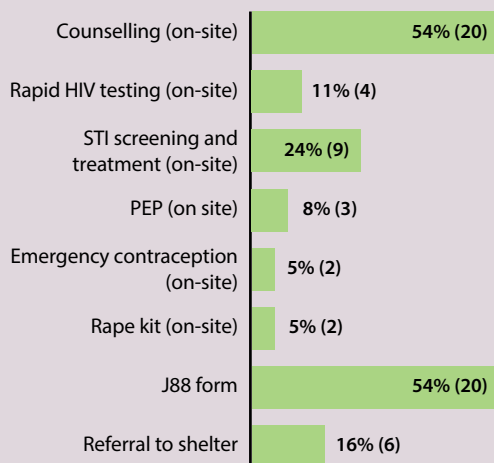


Figure 62: Reasons GBMSM were unable to get a J88 form (July to September 2023)

GBMSM interviewed: 22

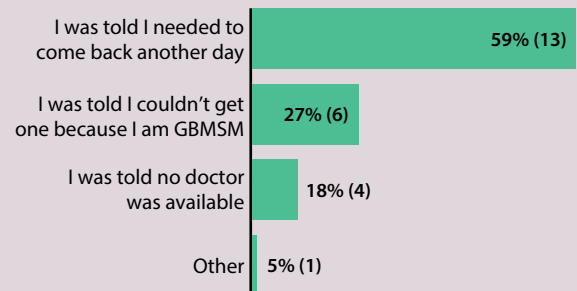


Figure 63: Reasons sex workers were unable to get a J88 form (July to September 2023)

Sex workers interviewed: 50

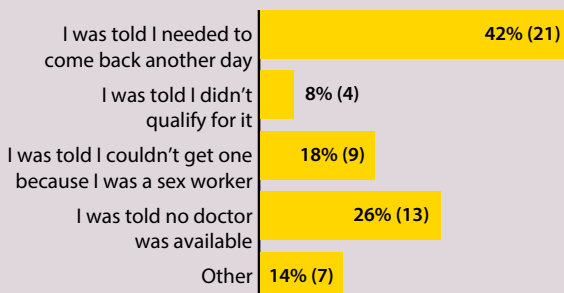
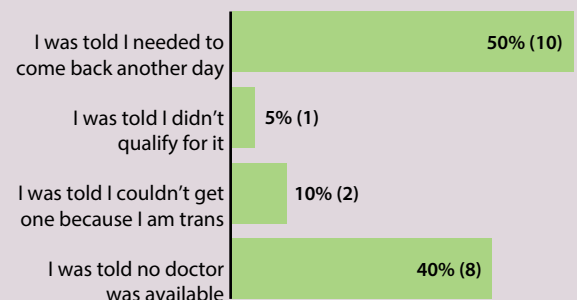


Figure 64: Reasons trans people were unable to get a J88 form (July to September 2023)

Trans people interviewed: 20



“I was raped and went to the clinic. They said to me that they don’t believe me. That we “gays” like to sleep around. I was showing them all the bruises, cuts, and I was bleeding. I asked them if this is how I should look if it was consensual sex. One of them said just give him antibiotics so he can just go as we are not buying anything he is saying... I had to heal on my own. Even my family did not believe me. The people at the clinic did not believe me. Then who do I go to?”

— a trans woman, Boitekong Clinic (Bojanala Platinum), June 2023

“I was raped and went to the facility to get help. I explained to them that the men broke into my place of work and gang raped me. The staff know I am a sex worker and said I deserved to be raped as I was corrupting their children in the community because of my behaviour. I did not get any services or even a J88 so I can open a case at the police station”

— a sex worker, Nciphizweni Clinic (OR Tambo), May 2023

“I stopped going to KwaMsane Clinic because of the bad treatment that I received. After a sexual assault, I went there to report what happened and I never received any medical assistance. The nurses laughed at me saying “how can you say a man raped you when you are also a man, don’t joke around”. So, I went home without getting any services for sexual violence like HIV testing or PEP. I found out months later that I was living with HIV, this might have been prevented if I was assisted during the incident that I reported at the clinic”

— a gay man, KwaMsane Clinic (King Cetshwayo), September 2023

“I was taken to the hospital after I was attacked by a mob. They did not provide any care for me, I was told to go get a J88 form from the police station and bring it back. I was stigmatised by healthcare workers who should be caring for every patient and not discriminate because of who I am”

— a person who uses drugs, King Edward Hospital (eThekweni), April 2023

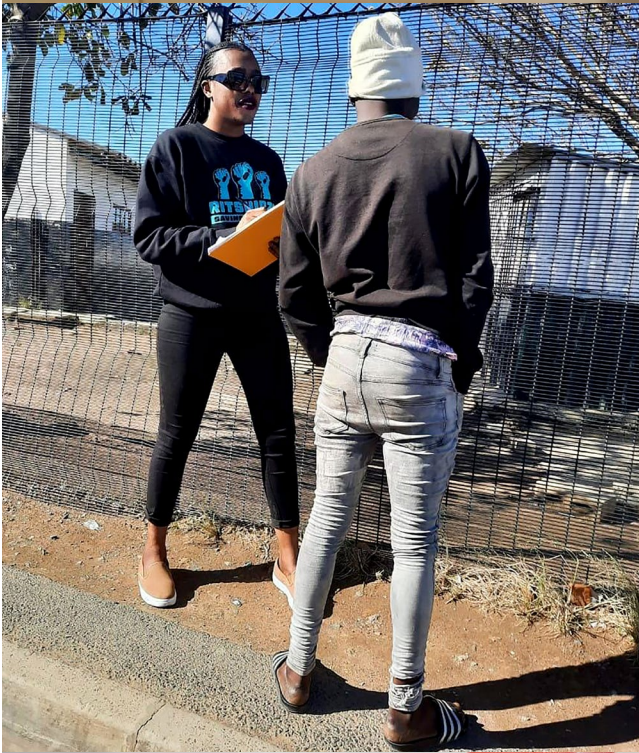
“I was seeing a private psychologist after a sexual assault but stopped due to financial reasons. But there is no mental health support at the clinic. I still struggle and need support but this is not available. I do not need to go all the way to a hospital far away when there is a clinic next to me”

— a trans woman, Marburg Clinic (Ugu), August 2023

“I got to the clinic after being physically assaulted. I had bruises and a blue eye. I shared with the nurse that a former intimate partner did this to me. I could see from her facial expression that she was shocked that as a man, I am here reporting an assault by another man. She asked me what she should write in my file. Should she refer to me as she or he? She asked who is the female in the relationship. Instead of attending to me, she just wanted to know about my personal life”

— a gay man, Adelaide Gateway Clinic (Amathole), August 2023





LEARNING 8: Services availability is better at drop-in centres & mobile clinics, but not perfect

Lubricants are far more commonly found at both drop-in centres and mobile clinics, compared to at the facility. 82% of GBMSM, 86% of people who use drugs, 91% of trans people, and 93% of sex workers reported they could always get lubricants at the drop-in centre — double the percentage of people reporting they could always get them at the facility (Figure 65).

Lubricants were also much more commonly found in mobile clinics than at the facility. Compared to drop-in centres, more GBMSM reported they could always get lubricants at the mobile clinic (87%). Though marginally fewer trans people (88%), and far fewer sex workers (77%) and people who use drugs (70%) could always get them at the mobile clinic than the drop-in centre.

The highest proportion of people reported being able to get enough lubricant at drop-in centres, followed by at mobile clinics, then far fewer at the facility (Table 17, 18). Efforts should be made to ensure that everyone can get enough lubricant each time they go to the drop-in centre or mobile clinic.

Drop-in centre and mobile clinic staff were also far more respectful of people when they asked for lubricants, compared to facility staff. Some people did still get questioned for why they wanted them though, which can make people uncomfortable and deter them from asking again in the future.

Figure 65: Percentage (n) of key populations who have tried to access lube reporting they can always get lube at drop-in centres & mobile clinics (July to September 2023)

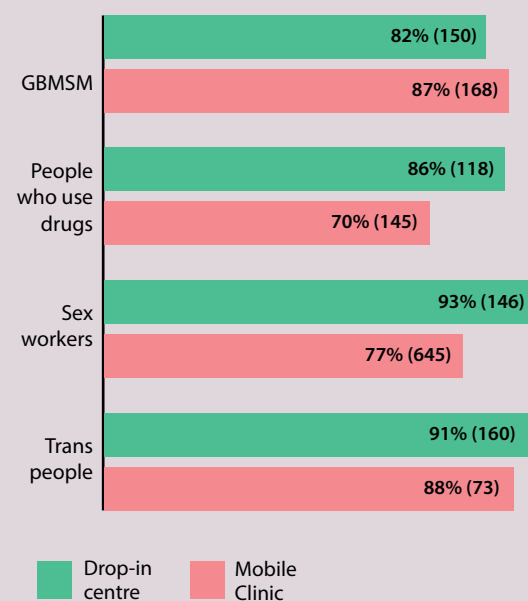


Table 17: Lubricant access at drop-in centres (July to September 2023)

	GBMSM	People who use drugs	Sex workers	Trans people
% tried to access lube	88% (183/209)	46% (138/298)	93% (158/169)	83% (176/212)
Among those seeking lube, % always able to get it	82% (150/182)	86% (118/138)	93% (146/157)	91% (160/176)
Among those able to get lube, % always able to get enough	83% (147/177)	88% (119/135)	90% (140/155)	88% (155/176)
% reporting staff are always respectful when they asked for lube	84% (153/182)	87% (120/138)	94% (149/158)	93% (164/176)
% reporting staff always asked why they wanted lube	18% (31/176)	10% (14/135)	5% (8/153)	5% (9/176)

Table 18: Lubricant access at mobile clinics (July to September 2023)

	GBMSM	People who use drugs	Sex workers	Trans people
% tried to access lube	83% (194/235)	42% (207/493)	87% (840/968)	73% (83/114)
Among those seeking lube, % always able to get it	87% (168/193)	70% (145/206)	77% (645/837)	88% (73/83)
Among those able to get lube, % always able to get enough	88% (163/185)	65% (127/196)	76% (615/807)	86% (71/83)
% reporting staff are always respectful when they asked for lube	92% (177/193)	74% (152/206)	84% (708/838)	89% (74/83)
% reporting staff always asked why they wanted lube	13% (24/185)	14% (27/196)	6% (45/805)	10% (8/83)

Drop-in centres and mobile clinics could be offering PrEP to everyone not living with HIV. However, they only performed marginally better than facilities did. At drop-in centres just 50% of GBMSM, 44% of trans people, 40% of sex workers, and 35% of people who use drugs were offered PrEP (Figure 66) — with mixed change from our 2022 results where more trans people (63%) and people who use drugs (51%) were offered PrEP and less GBMSM (43%) and sex workers (24%) were offered PrEP. In this reporting period, at mobile clinics only 42% of GBMSM, 40% of trans people, 36% of sex workers, and 27% of people who use drugs were offered PrEP. This is a missed opportunity at sites specifically meant for members of key populations.

The availability of PEP was also variable across population groups. At drop in centres while 86% of sex workers reported being always able to get PEP, only 39% of GBMSM and 32% of trans people said they could say the same (Table 19). Most commonly, stockouts were reported as the reason PEP was unavailable.

At mobile clinics, while 90% of GBMSM said they could get PEP, only 62% of people who use drugs and 55% of trans people could say the same (Table 20). Again stockouts were commonly reported as the reason why PEP was unavailable, although additionally among sex worker responses, some people were told that they ask for it too often, or were told it was not meant for sex workers.

Figure 66: Percentage (n) of key populations not living with HIV reporting they have ever been offered PrEP at drop-in centres & mobile clinics (July to September 2023)

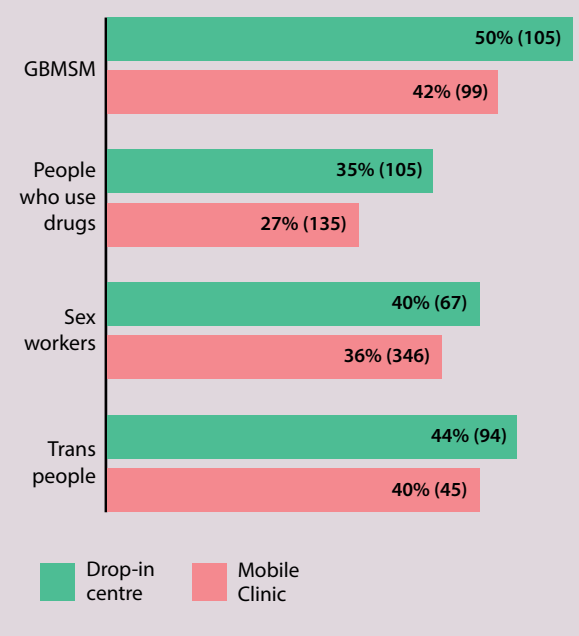


Table 19: PEP access at drop-in centres (July to September 2023)

	GBMSM	Sex workers	Trans people
% heard of PEP	92% (186/203)	95% (160/168)	93% (197/211)
Among those wanting to access PEP in the last year, % always able to	39% (9/23)	86% (6/7)	32% (6/19)

Table 20: PEP access at mobile clinics (July to September 2023)

	GBMSM	Sex workers	Trans people
% heard of PEP	86% (192/222)	94% (888/947)	89% (102/114)
Among those wanting to access PEP in the last year, % always able to	90% (27/30)	62% (71/115)	55% (6/11)

STI screening services were widely available at drop-in centres and mobile clinics, with the majority of people reporting being able to always get screened (Table 21, 22). The majority of drop-in centre and mobile clinic staff were also reported as being respectful when people

asked to be screened. Most people, although not all, were able to access treatment if needed both at drop-in centres and mobile clinics. For those unable to access treatment stockouts were again the most common reason given at both drop-in centres and mobile clinics.

Table 21: STI services access at drop-in centres (July to September 2023)

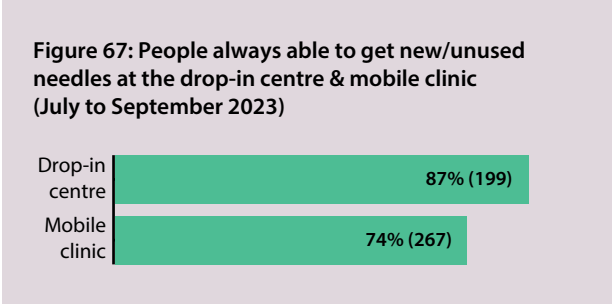
	GBMSM	Sex workers	Trans people
% tried to access STI screening	54% (112/208)	49% (83/169)	51% (109/212)
Among those seeking STI screening, % always able to access it	89% (100/112)	92% (76/83)	97% (105/108)
% of staff always respectful when asking for STI screening	86% (96/112)	92% (76/83)	94% (102/108)
Among those needing STI treatment, % able to access it	89% (94/106)	99% (78/79)	96% (104/108)

Positively 87% of people who wanted access to new needles were able to get them at the drop-in centre and 74% could get them from the mobile clinic (Figure 67).

Table 22: STI services access at mobile clinics (July to September 2023)

	GBMSM	Sex workers	Trans people
% tried to access STI screening	49% (113/231)	64% (622/968)	57% (64/114)
Among those seeking STI screening, % always able to access it	95% (107/113)	91% (563/616)	87% (55/63)
% of staff always respectful when asking for STI screening	96% (109/113)	90% (562/621)	89% (57/64)
Among those needing STI treatment, % able to access it	89% (99/111)	94% (557/591)	90% (57/63)

Positively 87% of people who wanted access to new needles were able to get them at the drop-in centre and 74% could get them from the mobile clinic (Figure 67). For those not always able to get new needles, the most common reason given was due to stockouts, followed by being told they ask for too many, or that the drop-in centre does not offer them.



77% of people who use drugs who use drop-in centres were always able to get methadone (Figure 68). For those who were not able to, the main reasons provided were that it was not provided at the drop-in centre (50%) or there was a stockout (42%) (Figure 69). Only 51% of people reported being given information about where they could get methadone at the mobile clinic (Figure 70).

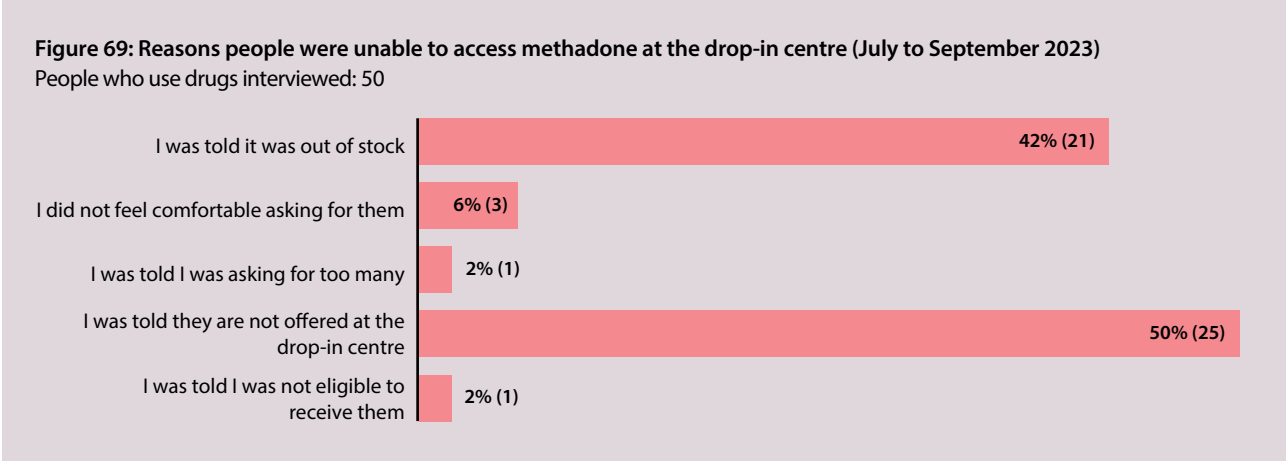
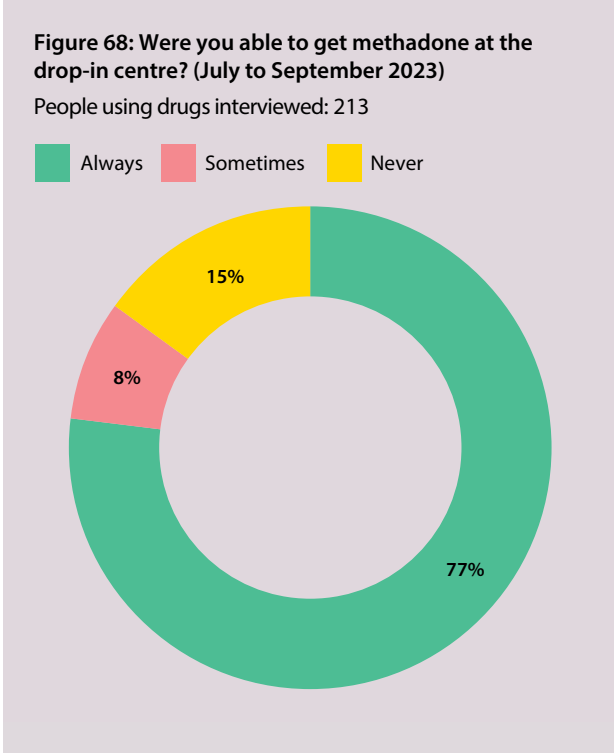


Figure 70: Has the mobile clinic given you any information about where you could get methadone in the last year? (July to September 2023)

People using drugs interviewed: 506

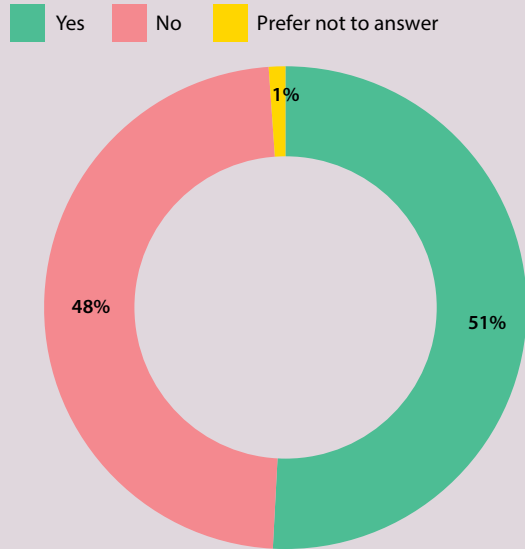


Figure 71: Were you able to access drug dependence support at the drop-in centre? (July to September 2023)

People using drugs interviewed: 212

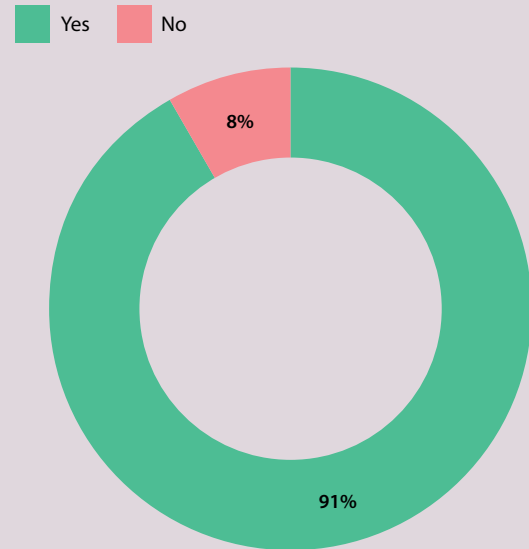


Figure 72: Were you able to access drug dependence support at the mobile clinic? (July to September 2023)

People using drugs interviewed: 272

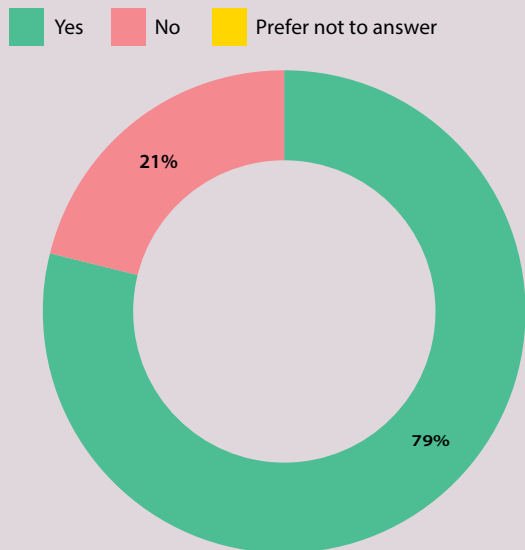


Figure 73: Percentage (n) of staff always respectful of gender identity (eg. using preferred name and correct gender) (July to September 2023)

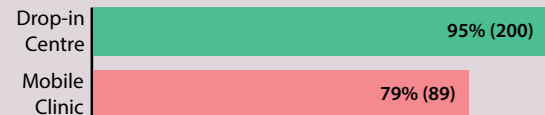
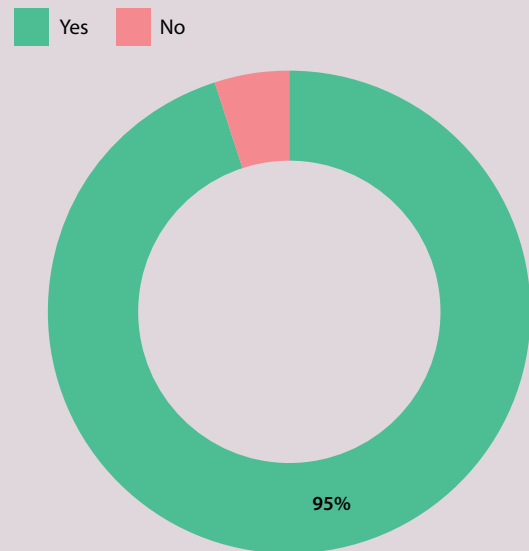


Figure 74: If available, would you have wanted to access hormone therapy at this drop-in centre in the last year? (July to September 2023)

Trans people interviewed: 211



91% of people who use drugs reported being able to access drug dependence support at the drop-in centre (Figure 71) and 79% at the mobile clinic (Figure 72).

Positively 95% of trans people reported that staff were respectful of people's gender identity at drop-in centres (Figure 73). Though only 79% of trans people said the same for staff at mobile clinics.

95% of trans people using drop-in centres wanted access to hormone therapy at the drop-in centre



that they use (Figure 74). 85% had asked staff where they could get hormones. 21% were able to get hormones at the drop-in centre itself, and 67% were referred to another facility (Table 23).

47% of trans people using mobile clinics had asked mobile clinic staff where they could get hormones.

66% were referred to another facility, and 28% were told they could pay a doctor for a referral.

A higher percentage of people thought that staff were well trained to care for people who have experienced violence from a sexual partner at drop-in centres and mobile clinics, compared to at facilities (Table 24, 25).

Table 23: Hormone access at drop-in centres (July to September 2023)

% asked staff at the facility about hormones	85% (181/212)
Among those who asked about hormones in the last year, % said they could get hormones there	21% (46/215)
Among those who asked about hormones in the last year, % said staff referred them to another facility	67% (145/215)
Among those who asked about hormones in the last year, % said staff told them they could pay a doctor for a referral	7% (16/215)
Among those who asked about hormones in the last year, % said staff did not know about hormones or where to get them	4% (8/215)

Table 24: Post violence services access at drop-in centres (July to September 2023)

	GBMSM	Sex workers	Trans people
% who feel staff are well trained to care for those who experience violence from a sexual partner	83% (171/207)	89% (151/169)	97% (205/212)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	90% (185/205)	92% (154/169)	97% (205/212)
Among those who needed them, % reporting they were able to access post violence services	59% (20/34)	86% (12/14)	81% (21/26)
Among those who needed them, % reporting staff were always respectful when seeking post violence services	60% (21/35)	92% (12/13)	88% (23/26)

Table 25: Post violence services access at mobile clinics (July to September 2023)

	GBMSM	Sex workers	Trans people
% who feel staff are well trained to care for those who experience violence from a sexual partner	82% (193/237)	85% (808/960)	79% (89/113)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	91% (201/224)	90% (850/950)	89% (100/113)
Among those who needed them, % reporting they were able to access post violence services	82% (23/28)	75% (93/124)	100% (18/18)
Among those who needed them, % reporting staff were always respectful when seeking post violence services	79% (22/28)	75% (95/126)	89% (17/19)

A higher percentage of people also thought drop-in centre and mobile clinic staff were well trained to care for people who had faced violence from a sexual partner than at facilities, although there is still room for improvement, particularly at mobile clinics.

On the whole a higher percentage of people were also able to access these services, except that only 59% of GBMSM reported being able to access post violence services at the drop-in centre.



WHAT HAVE WE LEARNT?

LEARNING 1. Lubricants are scarce & even condoms are not always available

While 92% of sites had external condoms available, only 75% had internal condoms available, and just 28% had lubricant available. Only 46% of trans people, 37% of GBMSM, 37% of sex workers, and 31% of people who use drugs said they could always get lubricant at facilities.

LEARNING 2: PrEP & PEP need to be made more easily accessible

Fewer people reported ever being offered PrEP at a facility compared to 2022 results: just 29% of GBMSM, 23% of trans people, 19% of sex workers, and 12% of people who use drugs. Further, only 64% of trans people told us they were always able to get PEP, only 45% of sex workers could, and only 36% of GBMSM.

LEARNING 3: Disrespect & questioning can push STI services out of reach

Only 66% of GBMSM, 59% of sex workers, and 59% of trans people said they could access STI screening services. This has reduced significantly compared to 2022 results. For those who did seek STI screening services, just under half of respondents said that staff were not always respectful & asked too many questions.

LEARNING 4: Life saving harm reduction services are almost entirely unavailable

Harm reduction services are almost entirely unavailable in primary health facilities. Only 9% of people who use drugs told us they could get information on where to get new needles, and only 10% were given information about where they could get methadone. Only 16% of those who wanted it were able to access drug dependence support.

LEARNING 5: Hormones are unavailable at facilities & care is often not gender affirming

Only 32% of trans and gender diverse people told us that facility staff were always respectful of their gender identity. 64% said staff used their wrong name and 64% said they use their wrong pronouns. 56% of trans people wanted to access hormones at their facility, yet 25% of those who asked about them were confronted with a staff member that did not know anything about hormones.

LEARNING 6: Trans men, sex workers & people who use drugs regularly denied contraceptives

Only 65% of sex workers, 64% of trans people, and 63% of people who use drugs reported being able to access the contraceptives they wanted. Of those who were unable to get contraceptives, 32% were denied them because they were sex workers, 34% were denied them because they are trans, and 46% were denied them because they use drugs.

LEARNING 7: Post violence services are incomplete & not always provided with care

Only 52% of GBMSM, 52% of trans people, and 50% of sex workers thought staff were well trained to care for those who experience violence — and only 56% of GBMSM, 56% of trans people, and 47% of sex workers were able to get services. 34% of GBMSM, 53% of sex workers and 54% of trans people said they could not even get a completed J88 form.

LEARNING 8: Services availability is better at drop-in centres & mobile clinics, but not perfect

Lubricants are far more commonly found. STI screening services were widely available. 87% of people could get new needles at the drop-in centre, and 77% could get methadone. 95% of trans people said staff were respectful of gender identity at drop-in centres, and 21% could get hormones at the drop-in centre itself. However, the availability of PEP was variable, and more people could be offered PrEP.



WHAT DO WE NEED?

1. Services specific to the needs of people who use drugs, sex workers, and LGBTQIA+ communities must be made available in public health facilities, beginning with the expansion of the COE model.
2. A minimum package of services (as outlined in Appendix 1) must be made available at facilities serving as Centres of Excellence, as well as drop-in centres, so that they can provide comprehensive health services to people who use drugs, sex workers, and LGBTQIA+ communities. PEPFAR must commit additional resources to make this a reality. Harm reduction services must be made available to sex workers and LGBTQIA+ community members who use drugs.
3. HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP must be easily available at all public health facilities.
 - + Condoms and lubricants should be available in a range of spaces across the facility (including in the toilets, at the gate, in quiet areas out of sight) so people can freely and easily collect them without fear or judgement.
 - + PrEP should be offered to all members of key populations who are not living with HIV/test negative for HIV, with information shared on its benefits.
 - + PrEP posters to be distributed and put up in all facilities informing people about PrEP.
 - + PrEP information to be provided in daily health talks.
4. People who use drugs must be able to access life saving harm reduction tools like new needles/syringes, safe disposal of injecting equipment, methadone, naloxone, and drug dependence support, closer to home.
5. Methadone programmes should be made available in public health facilities, beginning with the expansion of COEs. The Department of Health should social contract this work to organisations competent in providing these services already.
6. National Department of Health guidelines and policies should be amended to ensure that naloxone is not only nurse initiated, but can be initiated by community members themselves.
7. Clinicians must understand the health needs of trans and gender diverse people and be able to offer appropriate services e.g. appropriate sexual and reproductive health services, or cancer screening.
8. All facilities must provide gender affirming services including:
 - + Using trans people's correct name and pronouns;
 - + Providing a gender neutral toilet for trans people;
 - + Removing coloured folders that mark people's gender;
 - + Ensuring that trans women are not made to use service points for men (including Men's Corners or men only clinic days);
 - + Protecting privacy by ensuring that additional staff members are not called into consultation rooms, and that staff knock before entering, allowing consultations to pause until the person has vacated the room.
9. National Department of Health guidelines and policies must be amended to ensure that trans people are able to access hormone therapy from doctors in public health facilities locally. COEs must have access to medical support networks, mentorship, and tele-support to assist in consultations on the use of hormone therapy for trans people.

APPENDIX 1

MINIMUM PACKAGE OF KP SPECIFIC SERVICES

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
- + Psychosocial support
- + Mental health services
- + Sexual health services
- + Information packages for sexual health services
- + GBMSM friendly STI prevention, screening & treatment
- + GBMSM friendly hepatitis B (HBV) vaccination, screening, diagnosis and treatment
- + GBMSM friendly hepatitis C (HCV) screening, diagnosis and treatment
- + GBMSM friendly prostate cancer screening
- + Harm reduction services for GBMSM who use drugs
- + Post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, J88 forms, rape kits, counselling, and referral to domestic violence shelters.

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, planned patient transport)

- + Risk reduction information
- + Wound and abscess care
- + Unused needles, syringes, or other injecting equipment
- + Safe disposal of used needles, syringes, or other injecting equipment
- + Overdose management and treatment (e.g. naloxone)
- + Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
- + Post-Exposure Prophylaxis (PEP)
- + Lubricant
- + External condoms
- + Internal condoms
- + Sexual and reproductive health services
- + Information packages for sexual and reproductive health services
- + Non barrier contraception (including the pill, IUD, implant, injection)
- + Gender-based violence services on site or by referral
- + PWUD friendly HIV testing and counselling
- + PWUD friendly 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
- + Psychosocial support
- + Mental health services
- + PWUD friendly STI prevention, screening & treatment
- + PWUD friendly hepatitis B (HBV) vaccination, screening, diagnosis and treatment
- + PWUD friendly hepatitis C (HCV) screening, diagnosis and treatment
- + WUD friendly cervical cancer screening
- + PWUD friendly prostate cancer screening
- + Post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, J88 forms, rape kits, counselling, and referral to domestic violence shelters.



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
- + Sexual and reproductive health services
- + Information packages for sexual and reproductive health services
- + Non barrier contraception (including the pill, IUD, implant, injection)
- + Sex worker friendly HIV testing and counselling
- + Sex worker friendly 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
- + Psychosocial support
- + Mental health services
- + Gender-based violence services on site or by referral
- + Sex worker friendly STI prevention, screening & treatment
- + Sex worker friendly cervical cancer screening
- + Sex worker friendly prostate cancer screening
- + Sex worker friendly hepatitis B (HBV) vaccination, screening, diagnosis and treatment
- + Sex worker friendly hepatitis C (HCV) screening, diagnosis and treatment
- + Harm reduction services for sex workers who use drugs
- + Post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, J88 forms, rape kits, counselling, and referral to domestic violence shelters.

TRANS PEOPLE

- + Transgender outreach services
- + Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
- + Post-Exposure Prophylaxis (PEP)
- + Lubricant
- + External condoms
- + Internal condoms
- + Sexual and reproductive health services
- + Non barrier contraception (including the pill, IUD, implant, injection)
- + Information packages for sexual and reproductive health services
- + Trans friendly HIV testing and counselling
- + Trans friendly 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
- + Psychosocial support
- + Mental health services
- + Hormone therapy
- + Gender-based violence services on site or by referral
- + Trans friendly STI prevention, screening & treatment
- + Trans friendly cervical cancer screening
- + Trans friendly prostate cancer screening
- + Trans friendly hepatitis B (HBV) vaccination, screening, diagnosis and treatment
- + Trans friendly hepatitis C (HCV) screening, diagnosis and treatment
- + Harm reduction services for transgender people who use drugs
- + Post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, J88 forms, rape kits, counselling, and referral to domestic violence shelters.

ALL

- + Peer educators/navigators at the facility level

THANK YOU!

Thank you to our data collection teams and to everyone who took part by answering survey questions or telling us your stories. Your contribution will never go unnoticed in our struggle to fix the broken public health system. Amandla!



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