

Key populations sensitization workshop

Welcome and thank you for joining!

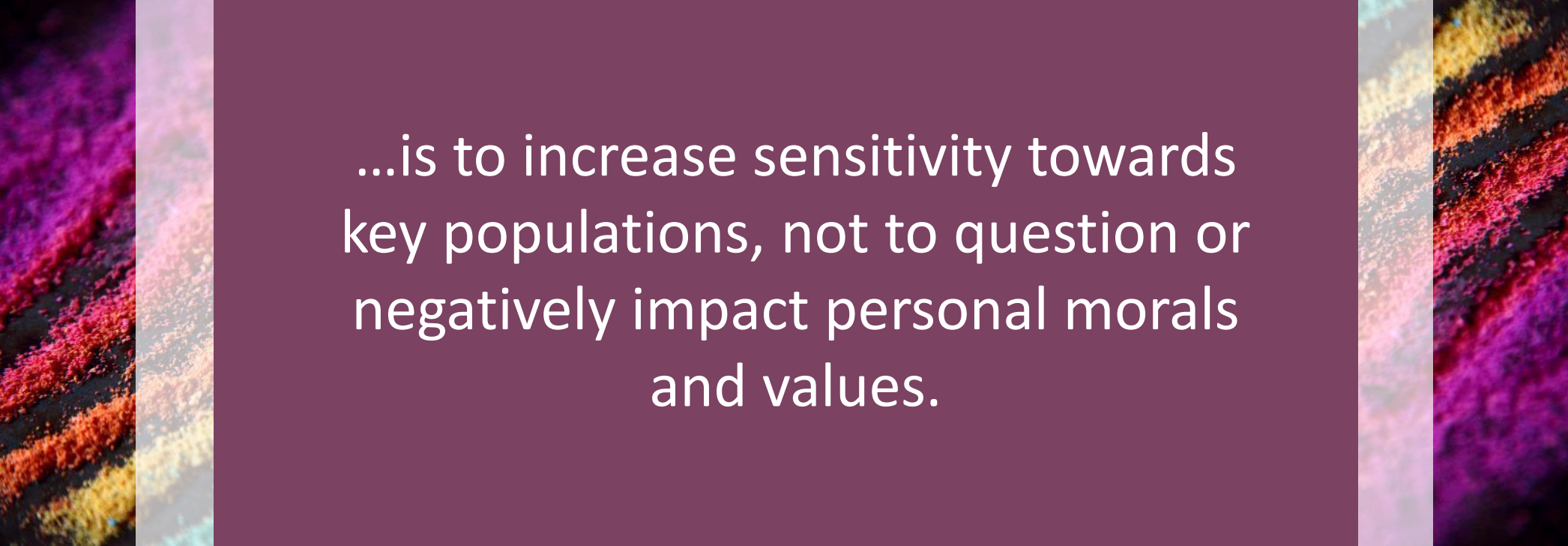
Presenters: Sr . Mapaseka Mabena
Bathabile Nzimande



OPENING



The intention of the training



...is to increase sensitivity towards key populations, not to question or negatively impact personal morals and values.

Primary objectives



INCREASE **ACCESS TO** SENSITIVE AND RELEVANT SERVICES FOR ALL KEY POPULATIONS IN SOUTH AFRICA



INCREASE **UPTAKE** OF HIV PREVENTION, CARE, AND TREATMENT SERVICES BY KEY POPULATIONS

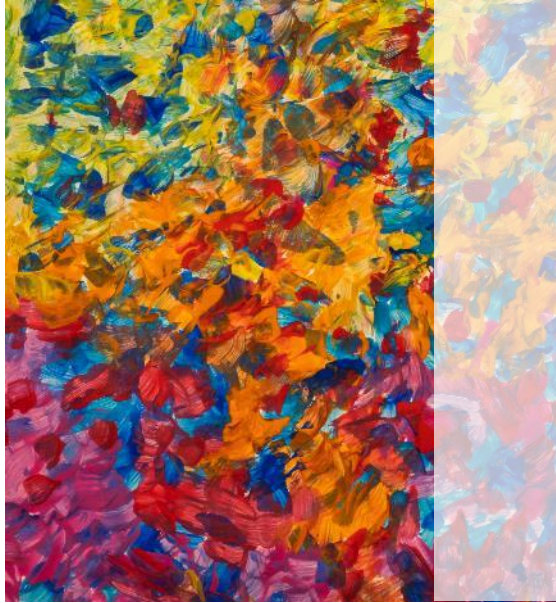


IMPROVE PRIMARY HEALTH **CARE** OUTCOMES AND ACHIEVE UNAIDS 95-95-95 TARGETS

Attention !!!



- This session is designed to provide a brief orientation aimed at helping you understand key populations.
- We will offer comprehensive training through our knowledge hub at a later time.
- For in-person training, please don't hesitate to reach out to us to make arrangements.
- Mapaseka Mabena – MMabena@auruminstitute.org
- Justice Neswiswi - jneswiswi@wrhi.ac.za



Session 1: Defining key populations

Key populations are at increased risk of exposure to HIV, because of barriers to accessing health services that lead to unsafe behaviors.





5 key populations

1. Sex workers
2. Gay men and other men who have sex with men
3. Transgender people
4. People who use and inject drugs
5. People in prisons and other closed settings





South Africa = 1 in 5
People living with HIV



HIV prevalence:

- Sex workers 38% - 75%
- Men who have sex with men 30%
- Transgender women 46% - 63%
- People who inject drugs 39% -74%
- Inmates 17.5%



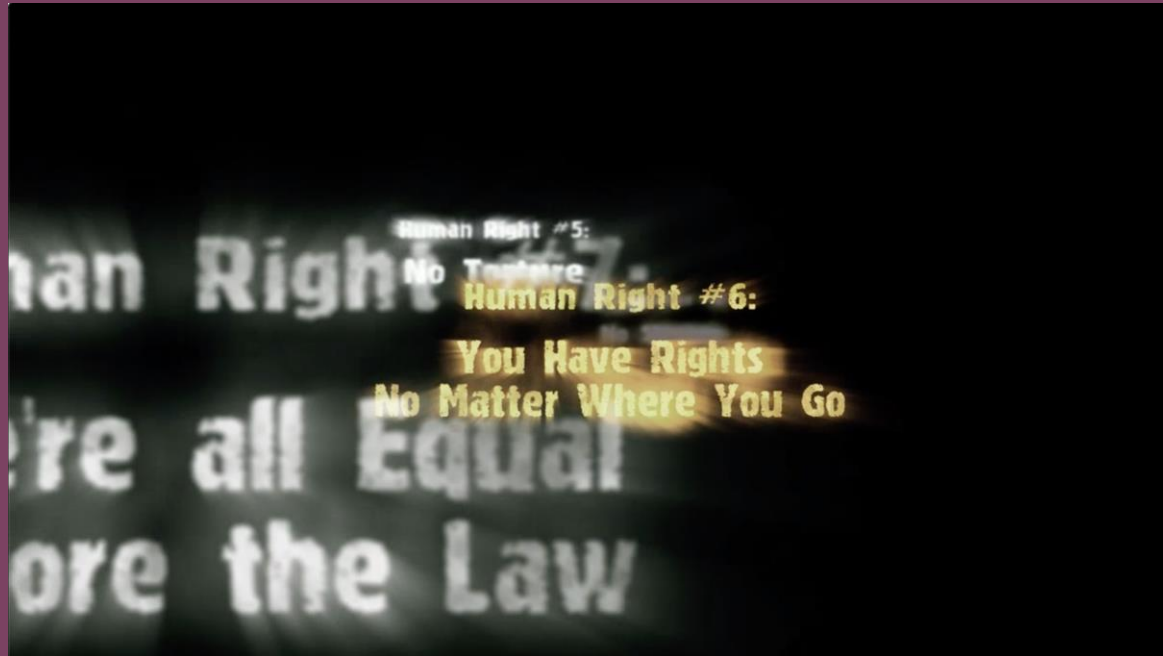
Determinants of health affecting key populations

Biological	Social and cultural (Non-biological)	Behavioural
<ul style="list-style-type: none">• Anatomy• STIs• Acute HIV infection<ul style="list-style-type: none">○ (e.g. newly/ recently infected)• Viral hepatitis• TB	<ul style="list-style-type: none">• Stigma, discrimination• Policy/legal issues• Poverty and economic hardship• Violence• Power imbalance• Family and social support	<ul style="list-style-type: none">• Condom use• PrEP use• Contraceptive use• Substance use• Unsafe sexual practices• Risk perception• Lack of health literacy



Session 2: Human rights

What are human rights



- All human beings are born free and equal in dignity and rights.
- They are endowed with reason and conscience and should act towards one another in a spirit of kinship.
- The South African Constitution and the Patients' Rights Charter protects the right to health for all.

The right to health

- Everyone has the right to the highest attainable level of physical and mental health
- Health rights are closely linked to other socio-economic rights (e.g., access to sufficient food and water, social security, adequate housing and a clean environment)
- All people at all times have the right to access services and commodities to prevent exposure to and transmission of HIV, TB and STIs, as well as to treatment, care and support services



Appropriate health services

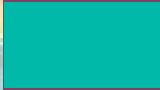
- **Available**: health system infrastructure is in place, with adequately trained medical staff
- **Accessible**: everyone can access services without discrimination, regardless of who they are or where they live. They also should be affordable (and/or free) and comprehensive
- **Acceptable**: services are respectful, non-discriminatory and afford equal treatment for all; providers respect and protect peoples' rights (e.g. confidentiality and consent)
- **Relevant**: address specific needs of key population groups such as hormones, methadone, or sterile injecting equipment
- **Good quality**: services adequately respond to what is needed



Tips for health care workers

- Make clients aware of the Batho Pele Principles and the Patients' Rights Charters
- Provide equal treatment and access to health care for all clients, irrespective of who the person is
- Work closely with representatives of key population groups and organisations to enhance service access
- Solicit feedback and suggestions from key populations
- Provide non-judgemental, non-coercive, non-discriminatory, respectful, and dignified treatment for all clients
- Cultivate awareness of rights
- Stigma and discrimination in health care settings harm people, violate their rights, and undermine health gains
- Question your own biases and moral judgements





Session 3: Stigma and discrimination



Stereotypes are ...

- Fixed ideas or thoughts about a type of person or thing
- Stereotypes are usually negative and often inaccurate
- Stereotypes persist across generations, countries, and all walks of life, despite changes in reality



Stigma and discrimination

Stigma

Negative beliefs and/or attitudes towards people based on characteristics seen as 'different' from those thought to be 'acceptable' by the norm.

Stigma is a dynamic process of devaluation that significantly discredits an individual in the eyes of others, such as when certain attributes are seized upon within particular cultures or settings and defined as unworthy.

- Negative beliefs, attitudes and feelings
- These views are often supported by stereotypes, moral judgement, and prejudice.

Discrimination

- When people act on stigmatizing beliefs
- When a person is treated unjustly or unfairly because of someone's stigmatizing beliefs, attitudes, and feelings
- Stigma and discrimination harm people, violating their rights, and undermining health efforts.

For key populations, stigma and discrimination creates major barriers to accessing health services.

Examples of health discrimination

Humiliation	Unfriendly or dismissive attitude Assuming a woman who uses drugs is unfit to be a mother
Verbal and emotional abuse	Laughed at, shouted at, called names Moral judgement based on religious beliefs (“holier than thou”)
Coercion or involuntary treatment	Not explaining treatment options properly; withholding information
Breaches of confidentiality	Discussing client sexual orientation with colleagues
Breaches of privacy	Discussing personal information where other people can hear
Lack of free and informed consent	Forcing sex workers to have abortions or undergo sterilisation
Denial of services	Refusing sex workers condoms in larger quantities
Blaming	Telling people who inject drugs they are bringing absesses / accidental overdose on themselves

Language can create stigma

Do not use

Prostitute

Drug addict/user/abuser

Prisoner/criminal

Derogative terms

Us and them:
You people/those people

Use

Sex worker

Person/people who inject or use
drugs

Inmate

Gay man

People, people who, we
(or other acceptable terms)



What can health workers do?

1

Stop judgemental attitudes and practices

2

Use correct terminology

3

Avoid stigmatising language

4

Stop stigmatising certain diseases and behaviours

5

Reflect upon their own biases and prejudices (we all have them)





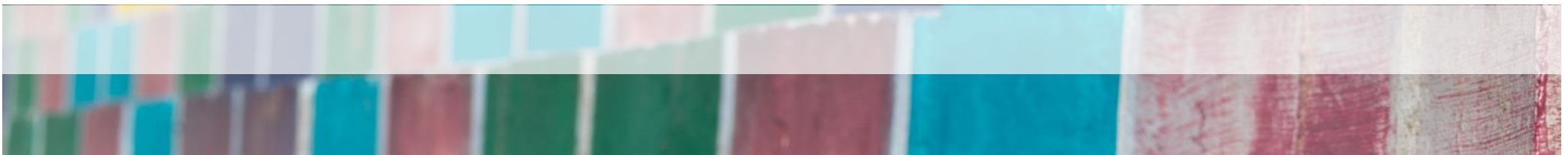
Session 4: Violence and abuse



Defining violence

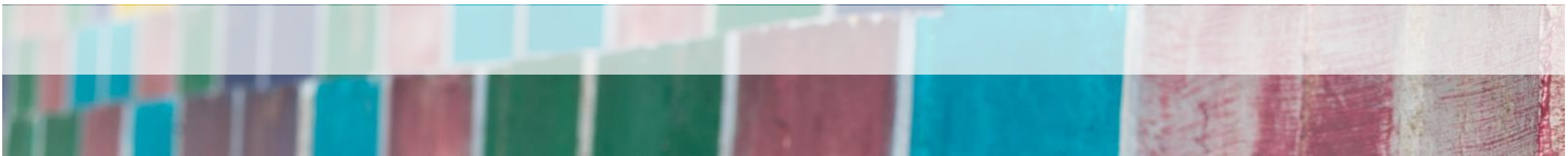
The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation

World Health Organization



Defining abuse

- Abuse is treating someone or something with cruelty or violence or using something to bad effect or purpose.
- Abuse is the misuse of power through which the perpetrator gains control or advantage over the abused, using and causing physical or psychological harm or inflicting or inciting fear of that harm.
- Abuse can prevent people from making free decisions and force them to behave against their will.



Forms of violence and abuse in health facilities

Physical	When health worker deliberately hurts a client when doing an anal examination
Emotional	Telling inmates they do not deserve health services / treatment Ignoring sex workers or transgender persons when they come to the clinic
Psychological	When health worker threatens to withhold future treatment: Refusing to treat STIs after repeated infections
Intimidation	Getting a sex worker to sign consent for an unwanted procedure (sterilization) when in labor
Spiritual	Moral judgement based on behavior: multiple sexual partners; drug use; same sex relationships; incarceration etc. Telling homosexual persons that the bible says they will go to hell



Session 5: Sexual orientation and gender identity

Binaries AND Boxes

Deconstructing societal norms about anatomical sex, gender, sexual orientation and sexual practices

Anatomical
Sex

Gender

Sexual
Orientation

Sexual Practices



Binaries NOT Boxes

Anatomical
Sex

Gender

Sexual
Orientation

Sexual Practices

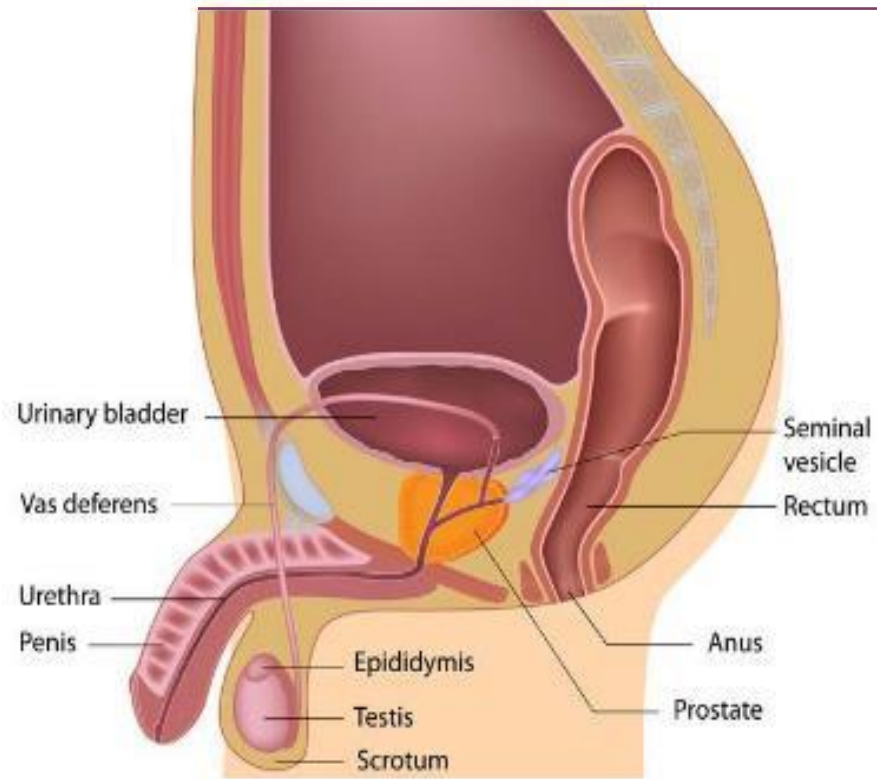
Biological
concept

- Male
- Female
- Intersex/
Differences of
sex

development



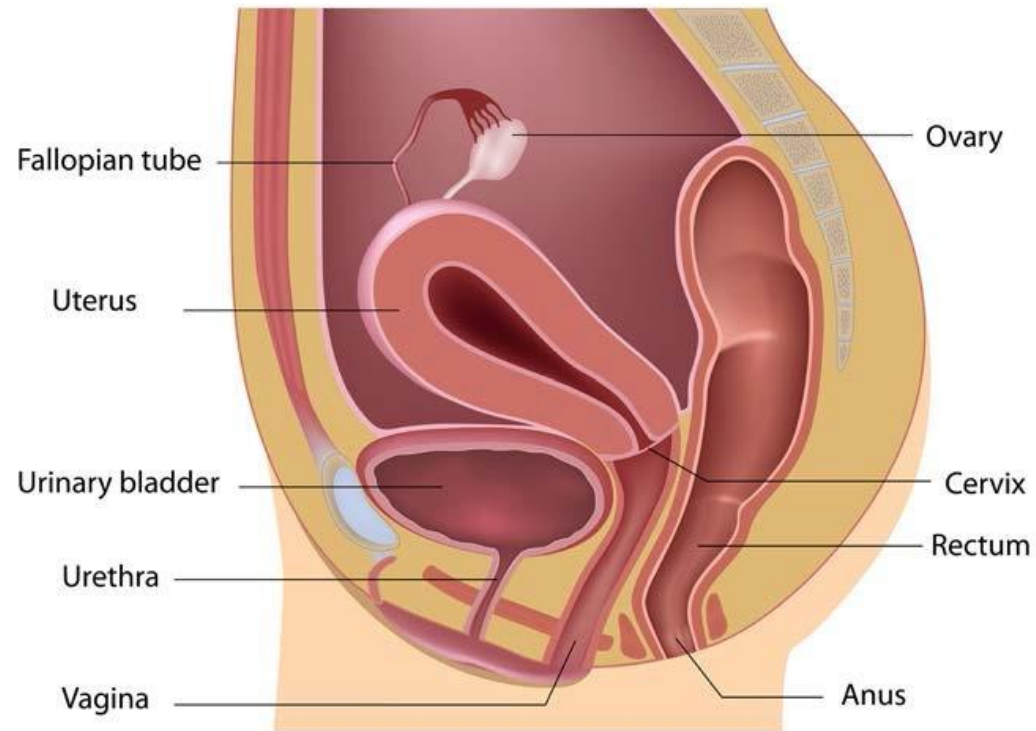
Defining anatomical sex: Male



- Penis
- Testicles
- Testosterone
- Oestrogen (little bit)
- XY chromosomes
- Prostate



Defining anatomical sex: Female



- Vulva (vagina, labia, clitoris)
- Ovaries
- Womb (uterus)
- Oestrogen
- Progesterone
- Testosterone (little bit)
- XX chromosomes



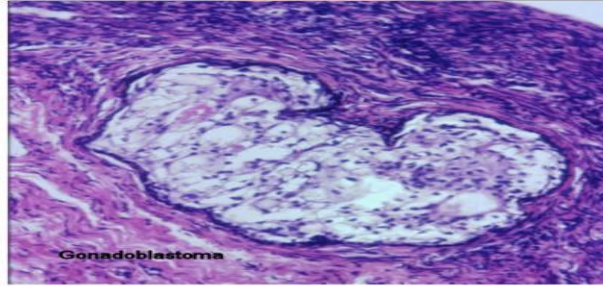
Defining anatomical sex: Intersex

Chromosomes, genitals and/or reproductive organs that are traditionally considered to be both “male” and “female” or atypical.



The Intersex flag created by Organisation Intersex International Australia in July 2013

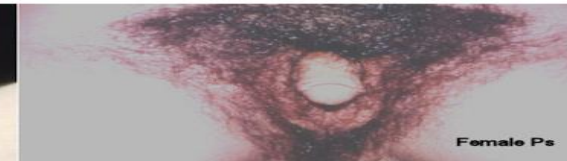




Anomalies in Sex Determination

↓
Infertility

↓
Infertility
Some women ?



Anomalies in Sex Differentiation

↓
Infertility
Fertility ?

↓
FERTILITY

Binaries NOT Boxes

Anatomical
Sex

Biological
concept

- Male
- Female
- Intersex

Gender

Social concept

- Masculine
- Feminine
- Transgender

Sexual
Orientation

Sexual Practices



Feminine and masculine



Binaries NOT Boxes

Anatomical Sex

Biological concept

- Male
- Female
- Intersex

Gender

Social concept

- Masculine
- Feminine
- Transgender

Sexual Orientation

Emotional, sexual expression and identity

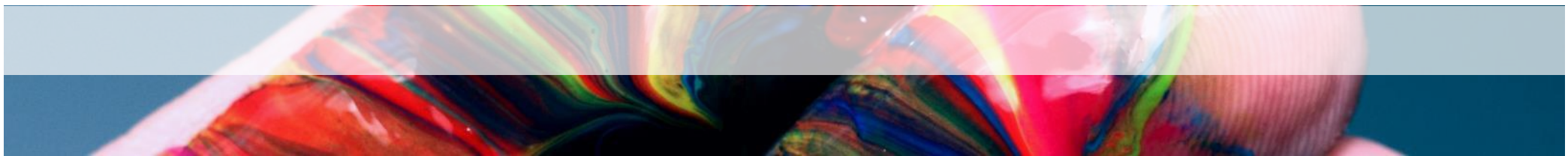
- Heterosexual
- Homosexual (lesbian, gay)
- Bisexual

Sexual Practices



Defining sexual orientations

Heterosexual	Someone who seeks romantic relationships with someone of the opposite sex (male with female)
Homosexual	Someone who seeks romantic relationships with someone of the same sex (gay – male with male, or lesbian – female with female)
Bisexual	Someone who seeks romantic relationships with someone of the same sex and with the opposite sex
Other	Asexual, pan-sexual , queer, non-binary



Binaries NOT Boxes

Anatomical Sex

Biological concept

- Male
- Female
- Intersex

Gender

Social concept

- Masculine
- Feminine
- Transgender

Sexual Orientation

Emotional, sexual expression and identity

- Heterosexual
- Homosexual (lesbian, gay)
- Bisexual

Sexual Practices

Sex acts or activities

Hands, mouth, breasts, vagina, penis, anus



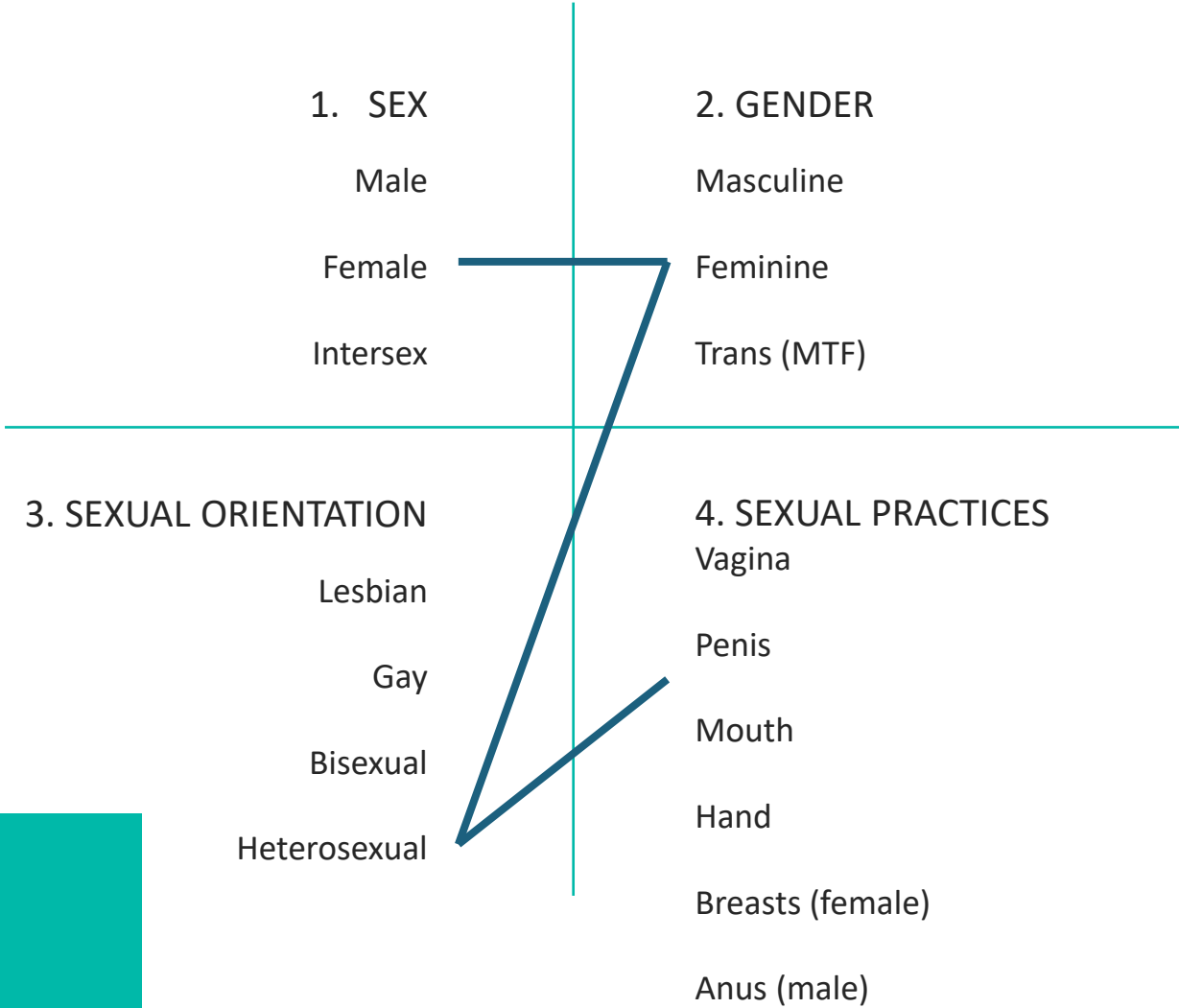
Defining sexual behaviours

- Sexual practices include acts with body parts, sex toys AND desires and fantasies that provide sexual pleasure
- Sexual practices do NOT always match one's sexual orientation. Men who enjoy sex with other men are not always gay. Men who love and are attracted to other men are gay





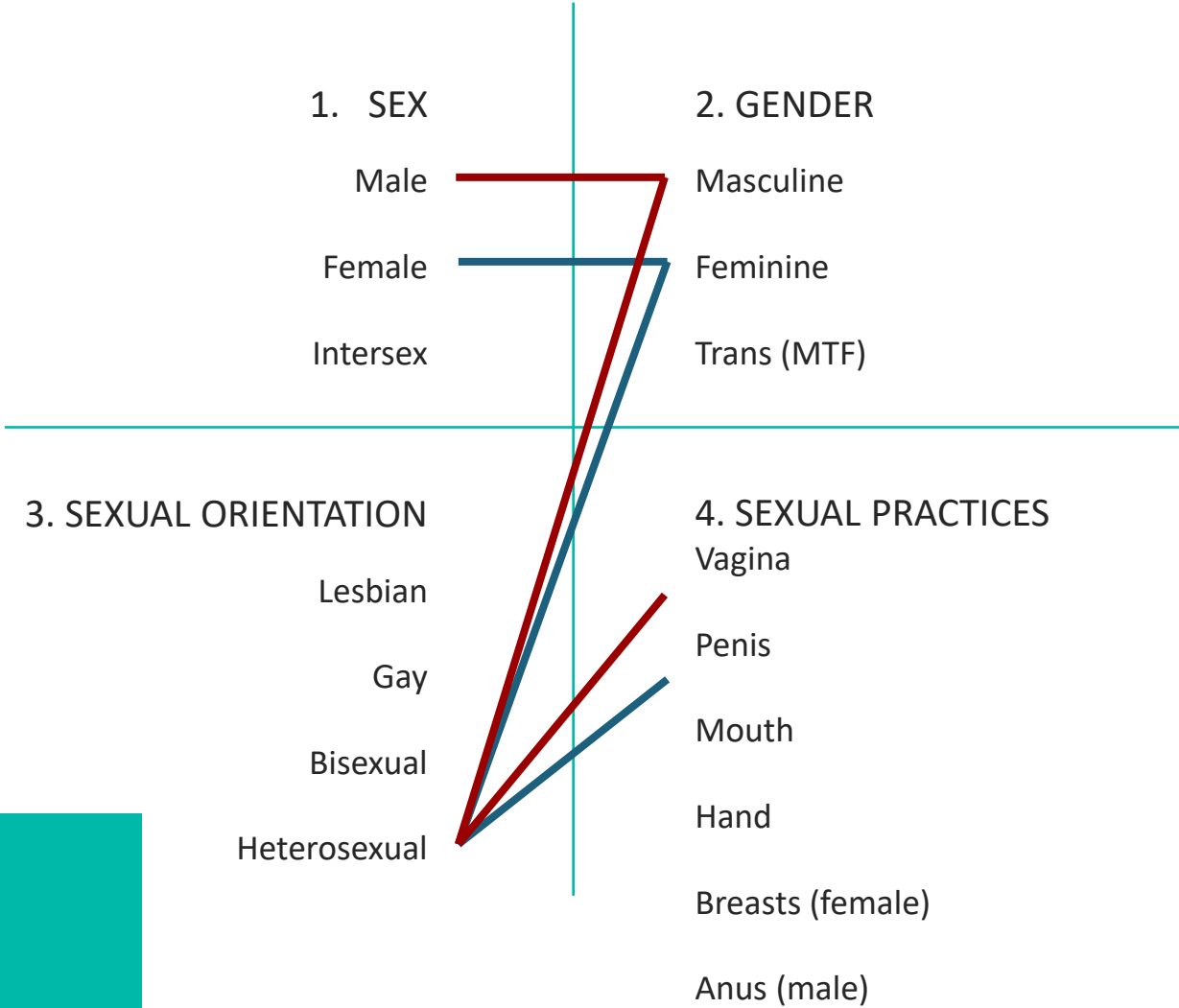
Society SAYS ...



**SOCIETY
SAYS!**

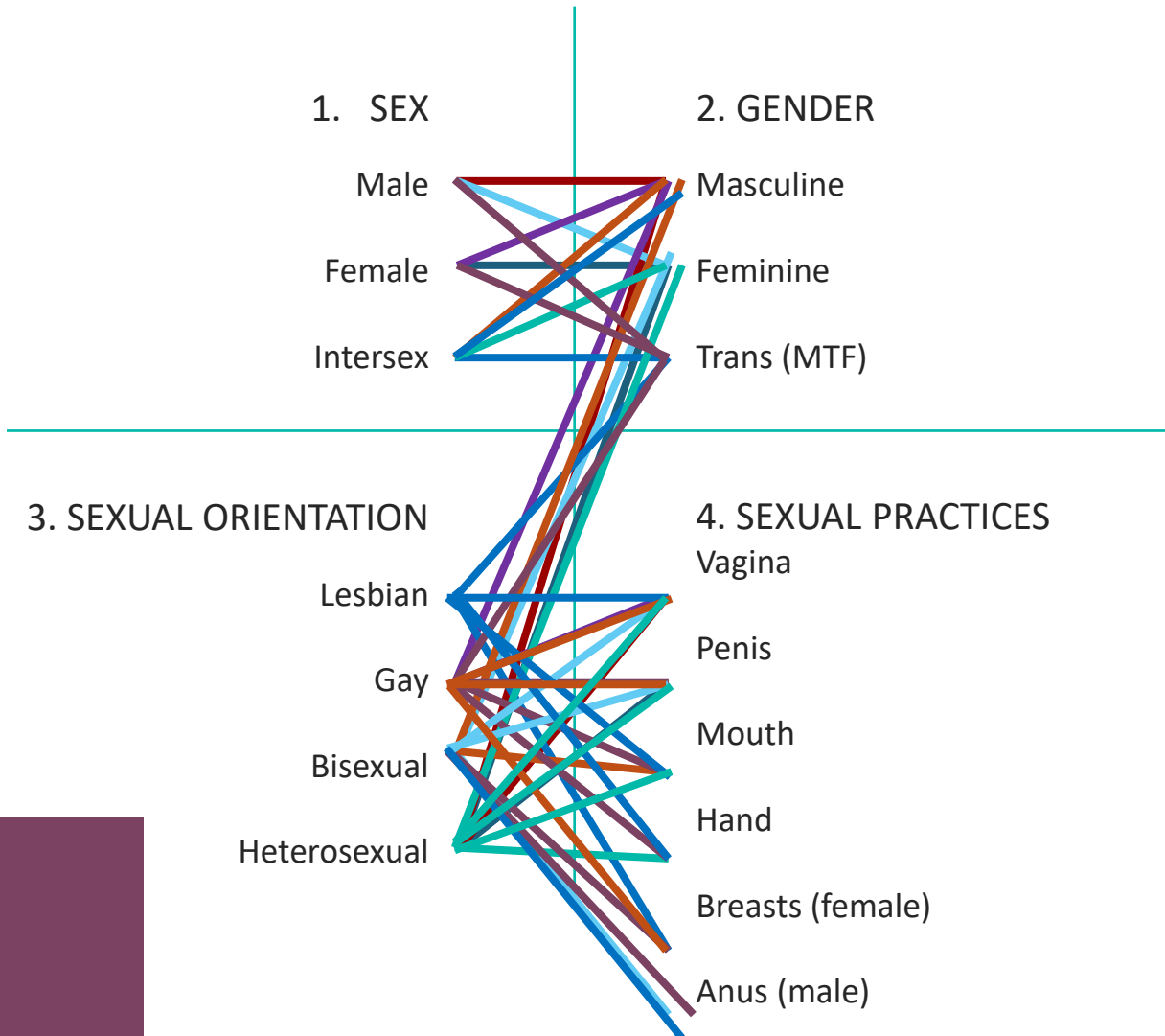


Society SAYS ...



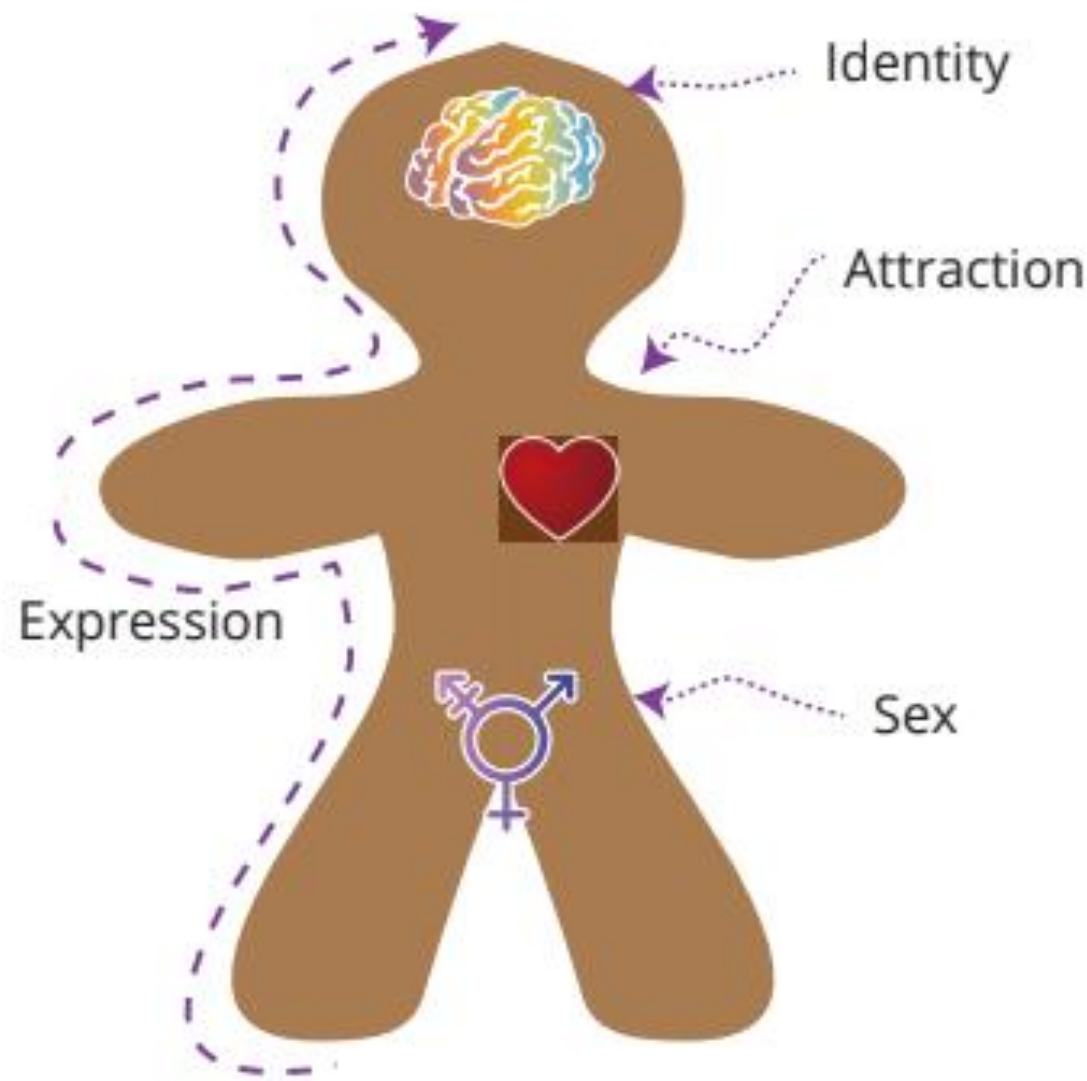
SOCIETY SAYS!

Binaries NOT Boxes



**REAL
LIFE!**

Meet Gender Jabu





Session 6

Key population specific considerations



Session 6.1: People who use and inject drugs

Harm reduction

Comprehensive package of policies, programmes, and approaches that seeks to reduce the harmful health, social and economic consequences associated with drug use.

Elements include:

- Needle and syringe programmes
- Opioid substitution therapy
- Testing and counselling for HIV, TB and viral hepatitis
- HIV care and ART for people who inject drugs
- Prevention of sexual transmission
- Outreach





Key points

- It is important to be aware of different substances that are commonly used
- Different people use drugs for different reasons
- There are many physical, behavioural, and psychological symptoms of substance use
- Harm reduction strategies are intended to reduce drug-related HIV and disease transmission
- The objective of harm reduction is not necessarily to stop using





Session 6.2: Sex workers

A sex worker is a consenting adult over the age of 18 who receives money or goods in exchange for sexual services.





Police officers may treat the fact that a person is carrying condoms as “evidence” that s/he is a sex worker and arrest him or her. This discourages sex workers from carrying condoms, which in turn increases the chances of unprotected sex





Session 6.3: Transgender people

A transgender person is an individual whose gender Identity differs from what is typically associated with the sex assigned to that person at birth.



“Gender-affirming health care is essential for enabling individuals to embrace their true selves.”



Increase uptake of health services



PrEP and ART uptake



Address mental health



Please remember:
"This is a non-cosmetic procedure/process."





Session 6.4: People in prisons and other closed settings

"Barriers to achieving U=U and promoting health should not be created by settings."



- Maintaining privacy and confidentiality may increase the use of ART in correctional facilities.
- Establishing effective referral pathways post-release to maintain retention is vital.





Session 6.5: Gay men and men who have sex with men

Men who have sex with men

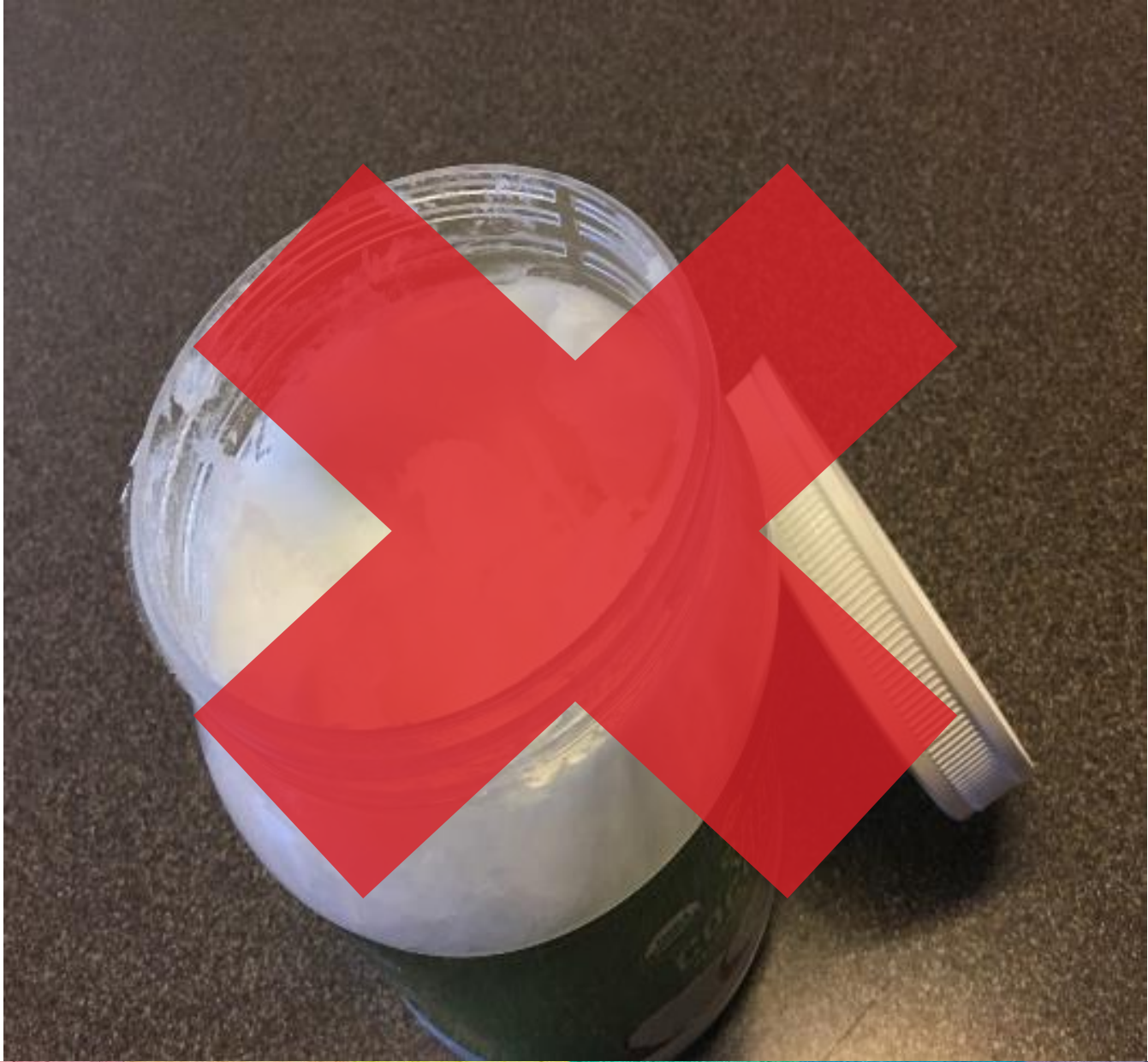
What do you know about
men who have sex with men?



Considerations for men having sex with men.....

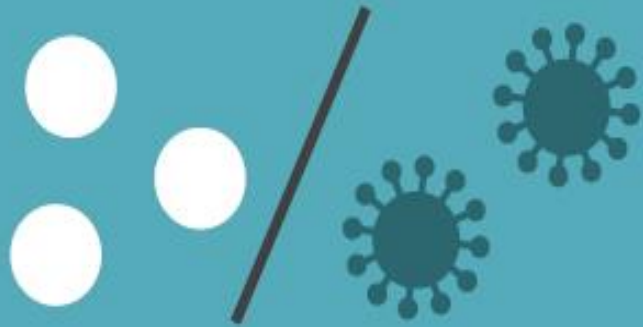
1. Sexual [behavior](#) is not always determined by sexual [identity](#).
2. Many men who have sex with men also have [female](#) sex partners.
3. Men who have sex with men may avoid or delay seeking [health services](#) for fear of being [stigmatized](#).
4. To reduce HIV risk, people who engage in anal sex should condomize, and use [water-based](#) lubricant.





PrEP stands for
Pre-Exposure Prophylaxis

The word “prophylaxis” means to prevent or control the spread of an infection or disease



PrEP can help prevent you from getting HIV if you are exposed to the virus

PrEP is an HIV prevention option that works by taking

one pill every day





Session 7: Establishment of the Key Population Centers of Excellence



Background

To achieve a 95-95-95 strategy, the NDoH endeavors to provide comprehensive health services to key populations. These services need to address stigma and discrimination instigated by healthcare providers, deliver targeted programs within facilities, and ensure that all key populations receive the services they need.

. The KP CoE initiative is led by the National Department of Health and supported by PEPFAR through the Aurum Institute and Wits RHI.

NDOH Priority: Strengthening KP Services in Public Health Facilities



Key Populations Health Implementation Plan (KP-HIP) aims to develop and standardize key population programs in public health facilities



KP Centers of Excellence (CoE) in each province comprise ongoing mentoring, provision of IEC materials and training (e.g, sensitization &GBV)

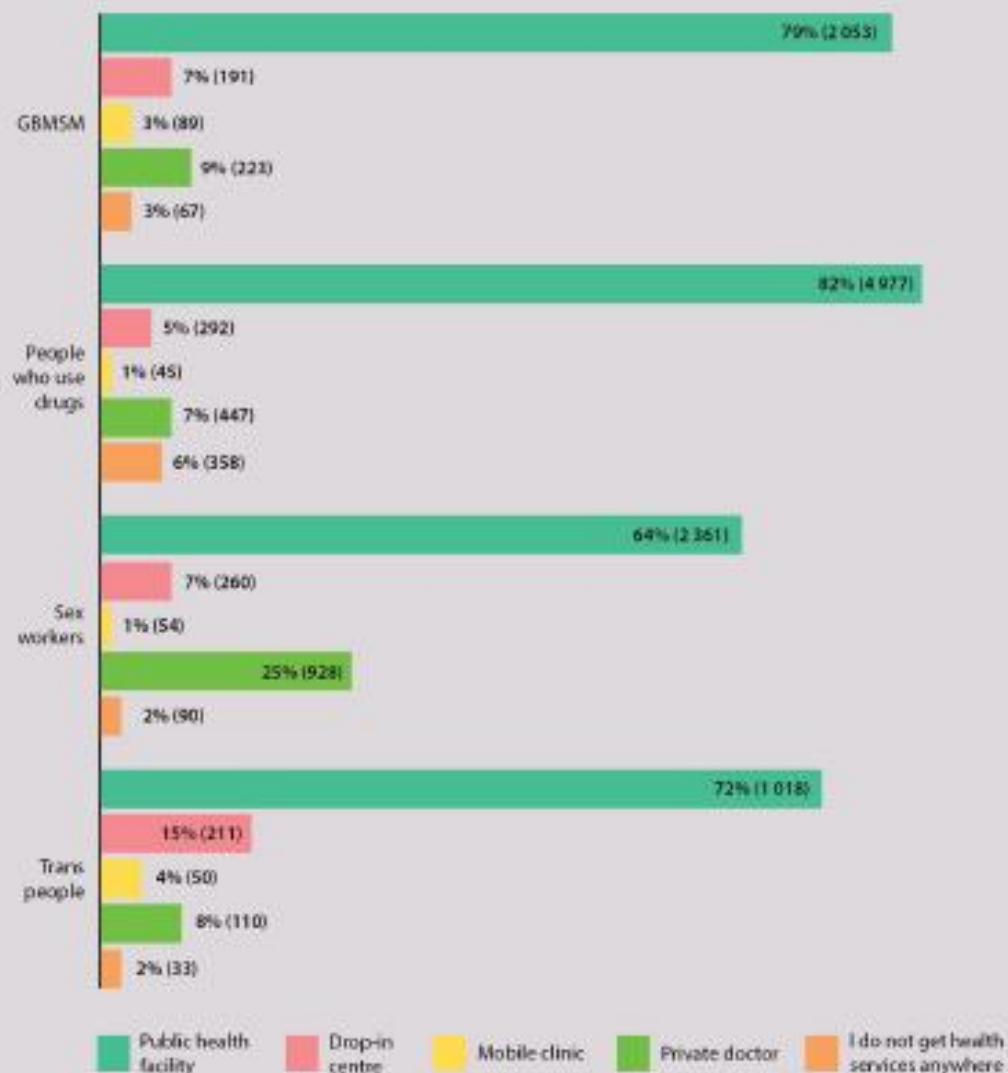


Community-led Monitoring through Ritshidze and KP sectors

Where KPs get health services



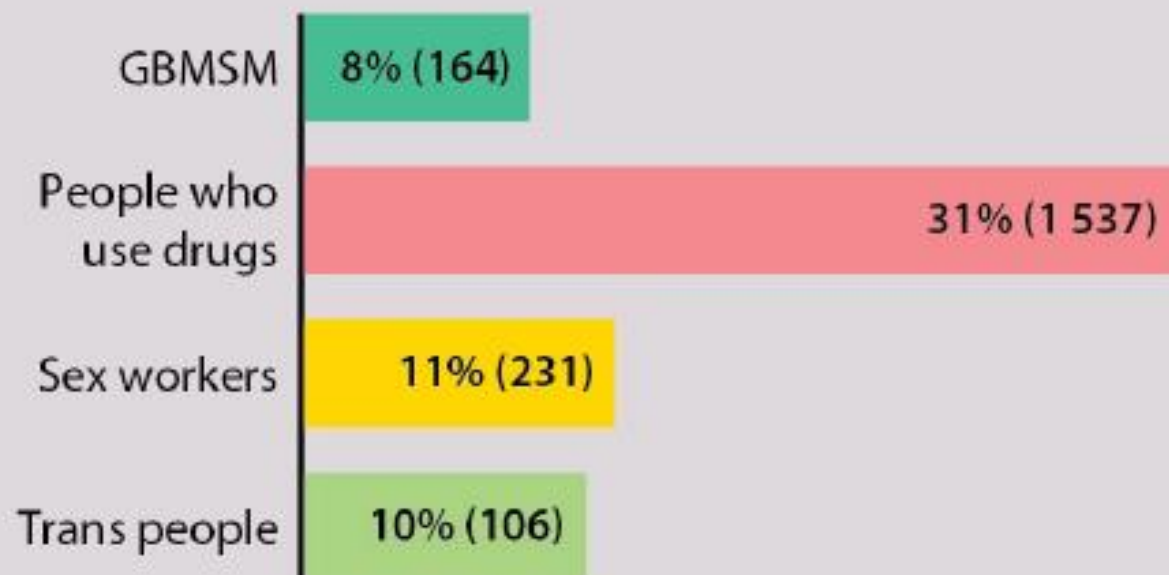
Where do you go for your health services? (July to September 2023)



Refused services



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



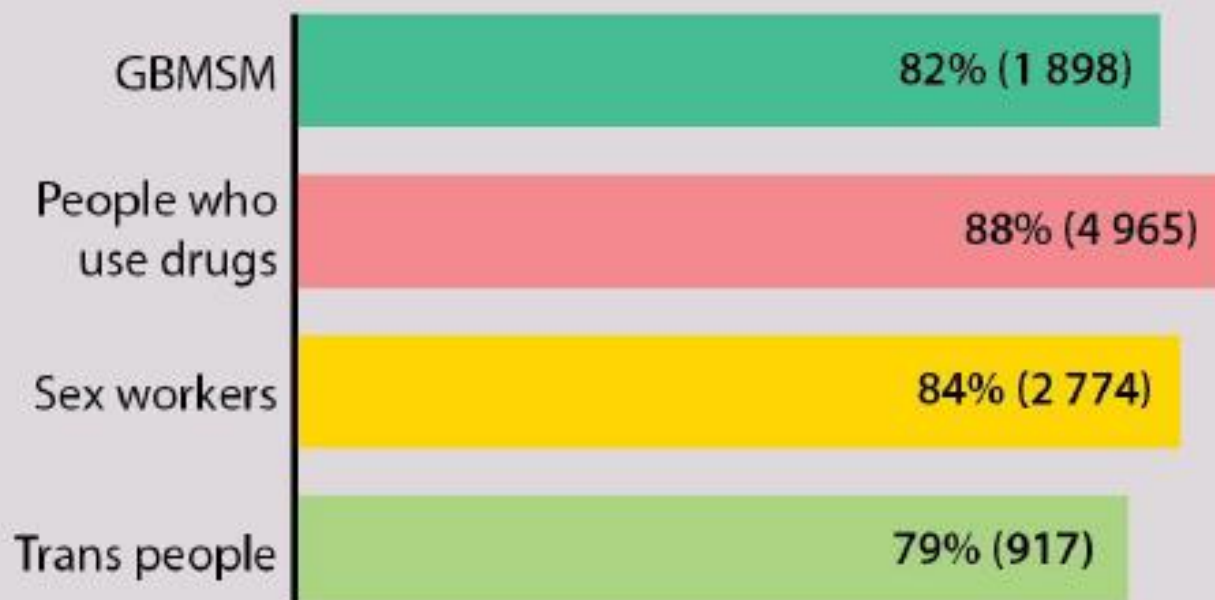
"I was sick and never got to set foot inside the facility because I use drugs. I ended up not getting any services and bought myself Panado. I was chased away by the security guard, who told me the clinic is not a place for "addicts" and I should go get cleaned up first"
— a person using drugs, Central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

Drop-in centres



Percentage (n) of key populations not aware of drop-in centres (July to September 2023)

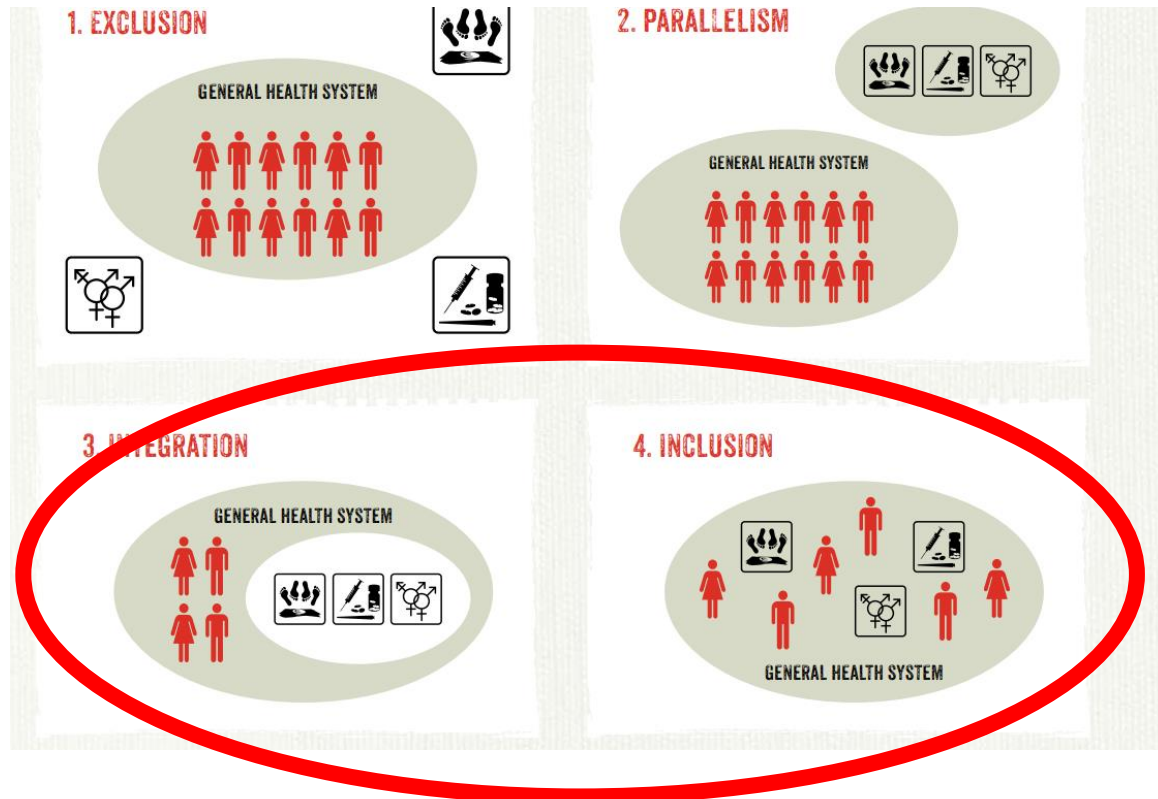


Of those who did know about drop-in centres, the most common factors for not using them include:

Drop-in centres are too far away (as reported by 7% of trans people, 6% of sex workers, 5% of people who use drugs, and 4% of GBMSM)

It costs too much to get to the drop-in centre (as reported by 6% of trans people, 5% of GBMSM, 2% of people who use drugs, and 1% of sex workers)

Models of Service provision for KP



- DOH aims to integrate services for key populations within the general health system
- A more sustainable model approach considering the resources in the country

Establishment of the KP-Friendly Facility Process



KP COE standards

- Staff Sensitised (clinical and non-clinical staff)
- Availability of KP job aids in consulting rooms
- Availability of KP IEC, including posters
- 1 KP peer educator available at the facility
- KP representation in the clinic committee
- Screening and referrals for harm reduction services
- Screening and referrals for gender-affirming healthcare services
- Competent staff to provide services to KP
- Discrete and safe complaints system

THIS IS A KEY POPULATIONS FRIENDLY FACILITY

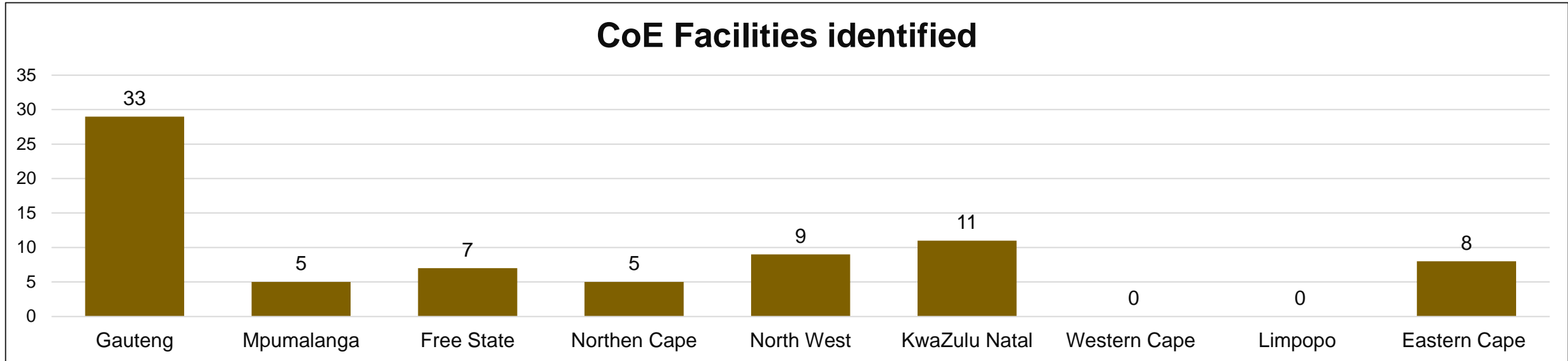
THIS FACILITY LEAVES NO ONE BEHIND!

WHAT CAN YOU EXPECT AT A KEY POPULATION FRIENDLY CLINIC?

- To be treated with respect and dignity by everyone in the facility.
- Sensitised staff on key population health issues.
- An opportunity to make your own informed health decisions.
- Services provided by competent staff.
- Non-judgemental staff.
- Help to reach services you need.
- Confidentiality maintained.
- Private space to talk and be examined.

The poster features four icons: a rainbow flag, a person in a cage, a red umbrella, and a green heart with hands. At the bottom, it includes the Department of Health logo for the Republic of South Africa and the 2030 NDP logo.

Baseline assessments versus facilities



- The total number of facilities identified (78) includes facilities identified from the previous COP.
- Baseline assessments have been conducted in 24 facilities.



WRAP-UP

