



SOUTH AFRICA

Progress Assessment

Global Fund Breaking Down
Barriers Initiative

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DISCLAIMER

Towards the operationalization of the Global Fund Strategy 2023-2028, this progress assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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Abbreviations

ABYM	Adolescent boys and young men
AFSA	AIDS Foundation of South Africa
AGYW	Adolescent girls and young women
AYP	Adolescents and young people
ART	Antiretroviral treatment
BDB	Breaking Down Barriers (Global Fund)
BZ	Beyond Zero
CAO	Community Advice Office
CDA	Central Drug Authority
CDC	Center for Disease Control
CGE	Commission for Gender Equality
CLM	Community-led monitoring
CSF	Civil Society Forum (SANAC)
CSS	Community systems strengthening
DAC	District AIDS Council
DCS	Department of Correctional Services
DDP	Dignity, Diversity and Policing
DOE	Department of Education
DSD	Department of Social Development
FAMSA	Family Association of South Africa
GBV	Gender based violence
HCW	Health care worker
HIV	Human immunodeficiency virus
HRV	Human rights violations

HRWG	Human Rights Working Group (SANAC)
IEC	Information, education and communication
IPOs	Implementing partner organizations
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex people
M&E	Monitoring and evaluation
MDR-TB	Multidrug-resistant tuberculosis
MSM	Men who have sex with men
MTA	Mid-Term Assessment (Global Fund)
NACOSA	Networking HIV AIDS Community of Southern Africa
OPEC	Operational Programme Excellence and Coordination
NDOH	National Department of Health
NPA	National Prosecuting Authority
NSP	National Strategic Plan
PCA	Provincial AIDS Council
PEPFAR	US President's Emergency Fund for AIDS Relief
PLHIV	People living with HIV
PR	Principal Recipient
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
REAct	Rights, Evidence, Action
RR-TB	Rifampicin-resistant tuberculosis
S&D	Stigma and discrimination
SAJEI	South African Judicial Education Institute
SANAC	South African National AIDS Council

SANPUD	South African Network of People who use Drugs
SAPS	South African Police Service
SBCC	Social and Behavioral Change Communication (NDOH)
SGBV	Sexual and gender-based violence
SOP	Standard operating procedure
SR	Sub-Recipient
SSR	Sub-sub Recipient
STI	Sexually transmitted infection
SWEAT	Sex Workers' Education and Advocacy Task Force
TB	Tuberculosis
TCC	Thuthuzela Care Centres
TG	Transgender people
TSU	Technical Support Unit
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
XDR-TB	Extensively drug-resistant TB

1. Executive Summary

South Africa continues to make progress in reducing the disease burden of HIV and tuberculosis (TB). However, these diseases remain a major public health problem, especially in key and other priority populations.¹

Human rights- and gender-related barriers continue to adversely impact the effectiveness of the response and halt progress. These barriers include stigma; multiple and intersecting forms of discrimination, violence, and other rights abuses; discriminatory laws and practices; gender-based inequalities and violence; as well as HIV, TB and other diversity-based human rights violations that limit access to comprehensive and inclusive services.²

Reducing stigma and discrimination (S&D) is critical to South Africa's national response to HIV. A 2018 household survey indicated that HIV-related stigma has declined since 2002 (most people reported positive attitudes towards people living with HIV, up from 85.8% to 91.7%), experiences of stigma and discrimination in communities, health facilities, education settings and the justice sector are still all too common for key and priority populations,³ exacerbated during COVID-19.⁴ Likewise, TB-related stigma remains a challenge, with 14.5% of people diagnosed with TB feeling unclean and almost two-thirds (62.4%) keeping their TB status private outside of their household.⁵ Nearly 20% reported being insulted and over 25% reported being gossiped about because of TB.⁶

Stigma, discrimination and even violence are reported by people living with HIV including women living with HIV, key populations and other priority populations such as young people, and people with disabilities. A 2023 study showed that 8% of gay men and other men who have sex with men, 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. Around 10% of people who use drugs also reported having been denied access to their HIV treatment in the last year.⁷ Adolescent girls report negative attitudes of health providers, fear of reprimand, rejection and lack of support from parents, families and communities as a barrier to access contraceptives, and for adolescent girls and young women (AGYW) and their male partners to access HIV testing. Fear of breaches of confidentiality are common in the health and education sector.⁸ In the health care sector, for instance, 57% of men who have sex with men, 61% of trans people, 65% of sex workers, and 74% of

¹ South African National AIDS Council (SANAC) (2023) National Strategic Plan for HIV, TB and STIs: 2023-2028, p1. Available at <https://sanac.org.za/national-strategic-plan-2023-2028/>

² SANAC (2023) National Strategic Plan for HIV, TB and STIs: 2023-2028, South African National AIDS Council, p16.

³ The National Strategic Plan defines HIV key populations

⁴ South Africa Country Coordinating Mechanism (CCM) (2021) Global Fund C19RM Funding Request: Final Submission. Available at <https://data.theglobalfund.org/location/ZAF/documents>

⁵ SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, p11-12.

⁶ South Africa CCM (2021) Global Fund Funding Request Application: Final Submission. Available at <https://data.theglobalfund.org/location/ZAF/documents>.

⁷ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p25. Available at <https://www.medicalbrief.co.za/wp-content/uploads/2024/03/Ritshidze-State-of-Healthcare-for-Key-Populations-2024.pdf>

⁸ SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, p12.

people who use drugs do not think privacy is well respected.⁹ Furthermore, gender inequality, harmful gender norms, and sexual and gender-based violence (SGBV) remain critical challenges affecting vulnerability to HIV, with alarmingly high levels of SGBV in South Africa. Finally, various challenges remain with regard to the implementation and application of broad laws, policies and guidelines to issues facing specific populations, ages and genders; as well as legal literacy, access to justice, and the enforcement of laws and policies.¹⁰

The Progress Assessment analysed South Africa's national response to HIV, TB and human rights, in terms of the goals set out in the national human rights plan, with a specific focus on the Global Fund-supported human rights programme, but also considering other donor-funded and domestic efforts to reduce human rights and gender-related barriers to HIV and TB.

The Global Fund HIV and TB Programme in South Africa for the period 2022-2025 provides funding to four Principal Recipients (PRs), namely the AIDS Foundation of South Africa (AFSA), the Networking HIV/AIDS Community of Southern Africa (NACOSA), Beyond Zero (BZ) and the National Department of Health (NDOH) – to implement key human rights programmes for both HIV and TB. AFSA, BZ and NACOSA work with Sub-Recipients (SRs), Sub-sub recipients (SSRs) and small- and medium-sized grant organisations to implement a range of human rights programmes for different populations, integrated within their key population and community systems strengthening (CSS) programmes. The NDOH implements training for health workers, as well as TB-related stigma and discrimination reduction.

The Progress Assessment found significant progress in the development of an enabling legal and policy environment for HIV in South Africa, as well as for TB, with the development of a number of updated national strategies, plans and guidance documents for decreasing stigma, discrimination and violence and improving access to health care for people living with HIV, people with TB and key and priority populations, as well as ongoing advocacy for law and policy reform for people who use drugs and sex workers.

Ongoing, steady progress in the implementation of evidence-informed, community-led, coordinated and integrated HIV and TB-related stigma and discrimination reduction programmes and legal literacy campaigns is apparent. Implementers and their partners report scale-up of programmes and noticeable impact, including improved relationships with sensitised service providers at district level. Reports of stigma, discrimination and rights violations have reduced, although they remain a barrier to health services and access to justice for people living with HIV and for key populations.

Efforts at community-led monitoring and documentation of rights violations (supported by the Global Fund and the United States President's Emergency Fund for AIDS Relief (PEPFAR)) also show considerable progress, with Global Fund implementers reporting jointly on rights violations, and stronger linkages and referrals for redress through non-legal mechanisms (e.g. psycho-social support, mediation, sensitisation,

⁹ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p17-20.

¹⁰ SANAC (2019) NSP 2017-2022 Mid-Term Review: Summary of Preliminary Findings, p4. Available at <https://sanac.org.za/wp-content/uploads/2021/05/NSP-MTR-Full-Report-2017-2022-FINAL.pdf>.

advice) as well as various avenues for providing legal support for those whose rights are violated.

There has also been progress in training of law enforcers, including national-level training of metro police as well as ongoing district-level sensitisation by implementers in their stigma and discrimination and community-led monitoring efforts; training of judicial officers, as well as the development of training materials for training of correctional service officers. Programmes to promote rights-based TB programmes in prisons, supported by the Centres for Disease Control (CDC), also showed scale-up and ongoing progress.

There was also important and ongoing progress in implementing integrated efforts to reduce HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity within programmes to address SGBV and to reach adolescents and young people. Further efforts are needed to strengthen collaboration with traditional leaders on gender inequality, harmful gender norms and gender-based violence.

Despite challenges facing Principal Recipients, with new implementation arrangements requiring human rights-related programmes to be split between three Principal Recipients, co-ordination and integration of implementation has also shown improvement at district, provincial and national level, although this is not always consistent across geographic areas. For instance, there are signs of strong and collaborative district-level implementation of stigma and discrimination reduction, legal literacy, community-led monitoring and access to justice programmes in a number of districts. Law and policy reform successes are a result of strong partnerships between government, donor organisations and civil society partners. National-level data collection of human rights violations and redress for rights violated has improved, although implementers acknowledge the need to finalise the National Portal for collating all data, including data on gender-based violence from the Thuthuzela Care Centres (TCCs). They also note the need to improve the use of data to adapt and inform programme implementation.

Significant delays in implementation, including for important ‘inception-level’ work (such as updating key information and training resources and contracting service providers to undertake key elements of the work – such as training of health workers on HIV, TB and human rights, and provision of national-level legal support services) impacted on the level of progress in some areas.

Ongoing challenges remain. Human rights programmes still need updated training and information, education and communication (IEC) materials, and further scale-up to reach rural areas and to reach out to additional sectors (such as the educational sector). There is a need to develop national level plans for the scale up and institutionalisation of HIV, TB and human rights training of health workers and law enforcers. TB programmes remain underserved in relation to HIV and human rights programmes, and there is an urgent need to implement national-level TB stigma and discrimination reduction programmes, as well as to draw in community-level networks and organisations for district-level work. Access to justice requires ongoing strengthening. For instance, an evaluation of the implementers’ different approaches for providing legal support services is necessary, to determine the best national-level approach for reaching out to all those in need across all regions. Efforts to strengthen strategic litigation are also overdue.

Strengthened efforts to address the rights of marginalised populations such as people with TB, people with disabilities, and the rights of lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people in all their diversity, including lesbian and bisexual women, and transgender people, remain priorities.

Coordination still requires strengthening in some districts based on stakeholder mapping and the principles outlined in the Coordination Framework. Outreach to rural areas, where there are limited service providers to partner with in implementation, remains a challenge. While advocacy efforts continue, the ongoing criminalisation of sex work and drug use continues to impact negatively on efforts to reduce stigma and discrimination against sex workers and people who use drugs.

2. Background

2.1 Introduction

South Africa has made progress in reducing the disease burden of HIV and TB. However, these diseases remain a major public health problem, especially in key and other priority populations.¹¹

	KEY POPULATIONS	OTHER PRIORITY POPULATIONS
HIV	<p>Increased risk of acquiring HIV, TB and STIs and suffering from punitive laws, stigma and discrimination.</p> <ul style="list-style-type: none"> • Sex workers and their clients • Trans and gender-diverse people • Men who have sex with men (MSM) • People who use drugs (PWUD) • People in prisons and other closed settings • People living with HIV (PLHIV) 	<p>Increased risk of acquiring HIV, TB and STIs because of biological, behavioural or structural factors.</p> <ul style="list-style-type: none"> • Adolescents and young people, especially AGYW • Survivors of SGBV <p>Face distinct barriers to accessing healthcare services</p> <ul style="list-style-type: none"> • Children, including orphans and vulnerable children • Migrants, mobile populations, and undocumented individuals • People with disabilities • People with mental health conditions • LGBTIQ+ persons • People living in rural areas, informal settlements, and inner cities
TB	<ul style="list-style-type: none"> • PLHIV • Children < 5-years old • Health workers • People in prisons and other closed settings • People living in informal settlements • Mineworkers and peri-mining communities • Sex workers • Migrants, mobile populations, and undocumented individuals 	<ul style="list-style-type: none"> • Contacts of PWTB • People with prior TB • Smokers • People with harmful alcohol- use • The elderly • Adolescents and young people • People with diabetes • Pregnant women • Men • People with disabilities • People with mental health conditions

Figure 1: Source: National Strategic Plan for HIV, TB and STIs 2023-2028

Human rights- and gender-related barriers continue to adversely impact the effectiveness of the response and to halt progress. These barriers include stigma; multiple and intersecting forms of discrimination, violence, and other rights abuses; discriminatory laws and practices; gender-based inequalities and violence; as well as HIV, TB and other diversity-based human rights violations that limit access to comprehensive and inclusive services.¹²

¹¹ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p1.

¹² SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p16.

2.2 Overview of Scorecard Results

The scorecard results by disease component and program area are shown below.

HIV component

Program Area	Baseline (2018)	MTA (2021)	Progress (2023)
Eliminate stigma and discrimination in all settings	2.8	3.2	3.5
Ensure non-discriminatory provision of health care	1.5	2.0	2.2
Ensure rights-based law enforcement practices	1.5	1.9	2.8
Improve legal literacy ("know your rights")	2.8	3.1	3.5
Improve access to justice (HIV-related legal services)	2.8	3.4	3.7
Improve laws, regulations and policies related to HIV and HIV/TB	3.0	3.8	4.0
Reducing HIV-related gender discrimination	3.2	3.2	3.5
Community mobilization and advocacy for HIV/TB	*	*	3.3
Average Score	2.5	2.9	3.3 [#]

[#]: Note that the average scores only consider the first seven indicators so as to ensure consistency.

TB component

Program Area	Baseline (2018)	MTA (2021)	Progress (2023)
Eliminate TB-related stigma and discrimination	2.5	2.9	3.1
Ensure people centered and rights-based TB services at health facilities	2.0	2.0	2.2
Ensure rights-based law enforcement practices	0.0	0.0	2.0
Improve TB-related legal literacy ("know your rights")	2.0	3.0	3.3
Improve access to justice in the context of TB	2.5	3.4	3.5
Improve laws, regulations and policies related to TB	3.0	3.5	3.7
Community mobilization and advocacy, including CLM	1.0	3.0	3.2
Reduce TB-related gender discrimination	0.0	1.5	1.8
Programs in prisons and other closed settings	2.0	3.0	3.5
Average Score	1.7 ^{##}	2.5 ^{##}	2.9

^{##}: Note that the average scores for baseline and mid-term take into account ten program areas, the nine shown above plus "Ensuring confidentiality and privacy" that was removed from the progress assessment.

3. Background and Country Context

3.1 Status of the HIV epidemic

The proportion of people living with HIV (PLHIV) in South Africa was 13,5% in 2022, which equates to approximately 8 million people. HIV prevalence has been stable over the last five years because of the success of antiretroviral therapy (ART) in improving and reducing mortality across all age groups. There has also been marked progress in reducing the number of new HIV infections in South Africa. The number of new HIV infections in 2010 compared to 2021, reduced by 51%.

Although AIDS-related deaths have reduced dramatically over the last two decades, in 2022, there were still 51 000 AIDS-related deaths – only a slight decrease (10%) from 2019. Of these deaths, most were caused by TB and cryptococcal meningitis, preventable causes of HIV-related mortality.

From 2016 to 2021, the decline was 31%, which means that South Africa did not achieve the 63% reduction target in the National Strategic Plan for HIV, TB and STIs 2017-2022 to have new HIV infections less than 100 000 by 2022. In addition, South Africa fell short of the global target set in 2010 to reduce HIV by 75% by 2020.¹³

3.2 Status of the TB epidemic

The country has made progress in the response to tuberculosis (TB), as demonstrated by the declining TB incidence and mortality. Though, the TB incidence has been reduced with 48 % from 2015 to 2021 – which is higher than the End TB Strategy target of a 20% reduction by 2020 - South Africa is still well above the global average of 134 cases per 100 000. With 513 cases per 100 000, South Africa remains one of the 10 countries with the highest TB burdens in the world, accounting for two-thirds of all TB infections globally.

Among the people diagnosed with TB, 4,1% had multidrug-resistant (MDR-TB)/rifampicin-resistant TB (RR-TB) and 0,4% had pre-extensively drug-resistant TB (XDR-TB). The proportion of TB patients coinfecting with HIV in 2021 was 53% and TB is also the leading cause of death for PLHIV, accounting for almost half of deaths.¹⁴

3.3 HIV and TB amongst key populations

Despite significant progress towards HIV control, the incidence remains high, especially among key populations, women and other priority populations.¹⁵ According to the National Strategic Plan for HIV, TB and STIs: 2023-2028 it is expected that key populations and their sexual partners will contribute over 40% of new infections in the next five years. For example, the estimated HIV prevalence among female sex

¹³ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p16-17.

¹⁴ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p19.

¹⁵ Priority populations include adolescents (particularly adolescent girls); orphans; homeless children; people with disabilities; people with mental health conditions; migrants and mobile workers; survivors of SGBV; lesbian, gay, bisexual, transgender/transsexual, intersex queer and questioning (LGBTIQ+) groups; and people living in rural areas, informal settlements, and inner cities. SANAC (2022) p25.

workers is 57,9%, followed by transgender women with 51,9%, and gay men and other men who have sex with men (MSM) with a prevalence of 29,9%. The estimated HIV prevalence among people who inject drugs and people in prisons is 21,8% and 17,5% HIV, respectively.¹⁶

Also, women continue to bear a disproportionate burden of the HIV epidemic. Almost a quarter (24,1%) of South African women aged between 15 and 49 years are HIV positive (compared to 13,1% of men) and 64% of all new infections occur in women. Of these, AGYW constitute more than a third (37%). Notably, across all age groups, the incidence rate was highest in AGYW (1,14%), which was four times higher than the rate in adolescent boys and young men (ABYM) (0,35%).¹⁷

People have different levels of risk of acquiring TB disease based on where they live and work. The TB prevalence is highest among migrants (36%), followed by household contacts (4%), people in prisons (3,9%) and PLHIV (3,0%). TB prevalence is slightly over 1% in health workers (1,4%), mine workers (1,3%) and people with diabetes (1,2%). Other people are at higher risk of developing active TB disease because of biological (PLHIV and children) and behavioural (tobacco and drug use) factors or limited access to quality services (people with disabilities or mental health conditions).¹⁸

3.4 Human rights- and gender-related barriers

Key populations have the highest prevalence and incidence of HIV in South Africa and human rights- and gender-related barriers continue to adversely impact the effectiveness of the response and halt progress. These barriers include stigma; multiple and intersecting forms of discrimination, violence, and other rights abuses; discriminatory laws and practices; gender-based inequalities and violence; as well as HIV, TB and other diversity-based human rights violations that limit access to comprehensive and inclusive services.¹⁹

Stigma and discrimination

Reducing stigma and discrimination is critical to South Africa's national response to HIV. Though a 2018 household survey indicated that HIV-related stigma has declined since 2002 (most people reported positive attitudes towards people living with HIV, up from 85.8% to 91.7%), experiences of stigma and discrimination in communities, health facilities, education settings and the justice sector are still all too common for key and priority populations, exacerbated during COVID-19.^{20 21} Likewise, TB-related stigma remains a challenge, with 14.5% of people diagnosed with TB feeling unclean and almost two-thirds (62.4%) keeping their TB status private outside of their household.²² Nearly 20% reported being insulted and over 25% reported being

¹⁶ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, 24.

¹⁷ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p16-17.

¹⁸ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p24.

¹⁹ SANAC (2022) National Strategic Plan for HIV, TB and STIs: 2023-2028, p16.

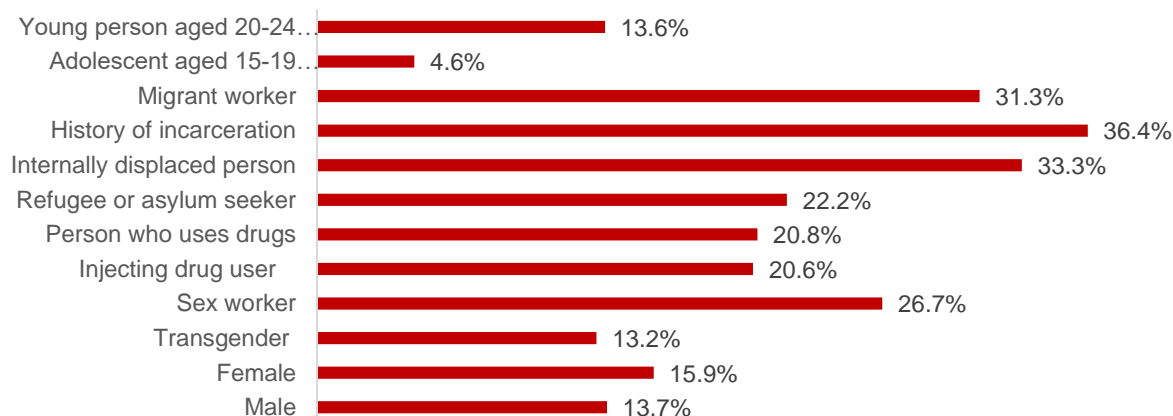
²⁰ South Africa Country Coordinating Mechanism (CCM) (2021) Global Fund C19RM Funding Request: Final Submission.

²¹ South Africa Country Coordinating Mechanism (CCM) (2021) Global Fund C19RM Funding Request: Final Submission

²² SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, p 11-12.

gossiped about because of TB.²³ Results from human rights violation (HRV) monitoring and documenting, carried out by human rights programme implementers, indicate that stigma and discrimination in communities and in the health care setting remain the most problematic issues, as well as violence and abuse from communities as well as service providers.

Figure 1. Proportion of key and vulnerable PLHIV experiencing external stigma in the last 12 months (2021)²⁴



A recently published survey of over 13 000 members of key populations across South Africa found several challenges in the health facilities. For example, the survey, which was conducted by members of the Ritshidze network throughout 2023, shows that some facilities deny people treatment and other health services. Around 8% of gay men and other men who have sex with men, 10% of transgender 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. Around 10% of people who use drugs also reported having been denied access to their HIV treatment in the last year.

In the survey, a person using drugs told:

“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 Panadol. 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.”²⁵

Furthermore, the most common reason for the respondents not getting a sexually transmitted infection (STI) screening was that staff ask too many questions about why they needed it, and worryingly, 11% of respondents were told screening was not

²³ SA CCM (2019) Global Fund Funding Request Application: Final Submission.

²⁴ Human Sciences Research Council (2021) The People Living with HIV Stigma Index in Six Districts of South Africa 2020 – 2021: Study Report, p7. Available at <https://repository.hsrc.ac.za/handle/20.500.11910/19551>.

²⁵ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p25-27.

available for MSM, 11% were told it was not available for transgender people, and 9% were told it was not available for sex workers.²⁶

A large percentage of key populations report health care workers' attitudes to be a barrier to access to health care services. Only 35% of transgender people, 33% of MSM, 26% of sex workers, and as few as 17% of people who use drugs said staff were always friendly at the facility. The unfriendliness of staff was the main reason given by people for not accessing public health services at all (including 72% of sex workers, 72% of transgender people, 78% of MSM, and 80% of people who use drugs). One person said:

*"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."*²⁷

Lastly, the survey showed that privacy violations are alarmingly common. Around 57% of MSM, 61% of transgender people, 65% of sex workers, and 74% of people who use drugs did not think privacy was well respected. A trans woman reported:

*"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 (identity document). So now everyone knows you are trans."*²⁸

Discrimination also has a marked effect on women. In 2020 the Commission on Gender Equality (CGE) investigated 48 cases of forced sterilisation of women with HIV.²⁹ Five percent of women living with HIV say health care workers (HCWs) advise them not to have children, and studies show low willingness amongst HCWs to prescribe pre-exposure prophylaxis (PrEP) to adolescent girls, due to stigmatizing attitudes towards their sexuality. Discriminatory attitudes towards the sexuality of people with disabilities create barriers to access to health care.³⁰

Similarly, health worker's attitudes for young people and misconceptions about different age of consent laws create barriers to health care. Adolescent girls report negative attitudes of health providers, fear of reprimand, rejection and lack of support from parents, families and communities as a barrier to access contraceptives, and for AGYW and their male partners to access HIV testing. Fear of breaches of confidentiality are common, with 17.6% of people living with HIV uncertain if their medical records are kept confidential and 8% certain they are not. A quarter of people interviewed for Ritshidze community-led monitoring in Gauteng said files are stored where patients can access them. Fear of breaches of confidentiality is also reported when accessing school-based services.³¹

²⁶ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p42.

²⁷ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p13, 16 and 30.

²⁸ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p17-20.

²⁹ Commission for Gender Equality (2020) Launch of Investigative Report on Forced Sterilisation in Public Health Care Facilities. Available at <https://www.gov.za/news/media-statements/gender-equality-launch-investigative-report-forced-sterilisation-public>.

³⁰ SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, p12.

³¹ SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, 12.

Gender inequality, harmful gender norms, and gender-based violence

Gender inequality, harmful gender norms, and SGBV remain critical challenges affecting vulnerability to HIV, with alarmingly high levels of SGBV in South Africa. In 2018, 138 per 100,000 women over 18 years have been raped, yet many still feel unable to report to police; in a 2017 Gauteng study only one in 23 women who reported sexual abuse also reported to police. The 2022 / 2023 Independent Police Investigative Directorate report described the increase of rape by police officers and the 230% increase of sexual abuse cases perpetrated by teachers in the last 5 years.³² Intimate partner violence is also widespread, with 29.1% of ever-married or partnered women aged 15–49 years experiencing physical or sexual violence in the past year. Almost half (46%) of sexual offence complainants to the police are children and TCCs see a large proportion of AGYW. Among sex workers, the prevalence of exposure to physical / sexual violence in the past year was 53.8% by intimate partners, 46.8% by clients, and 18.5% by police.³³ Furthermore, after violence, many victims struggle to get access to post violence services at healthcare facilities such as rapid HIV testing, post-exposure prophylaxis, STI treatment, emergency contraception, completed J88 forms, rape kits, counselling, and referral to domestic violence shelters. Among those who needed services, only 56% of MSM, 56% of trans people, and 47% of sex workers reported being able to access them in the 2023 Ritshidze survey.³⁴

Legal literacy, access to justice and law enforcement

Various challenges remain with regard to the implementation and application of broad laws, policies and guidelines to issues facing specific populations, ages and genders; as well as legal literacy, access to justice, and the enforcement of laws and policies. In a 2017 survey, only half of South Africans knew their constitutional rights,³⁵ and few interventions exist to provide legal literacy in the context of HIV.³⁶ Around a third of respondents in the 2021 Stigma Index Study did not know of protective laws for HIV-related discrimination and 44% said there were no organisations they know of to provide redress.³⁷ Key and priority populations in particular struggle to access quality legal services and to report rights violations to police.³⁸

3.5 Law and policy context

National Strategic Plan for HIV, TB AND STIs: 2023 – 2028

The new fifth National Strategic Plan (NSP) for HIV, TB AND STIs: 2023 – 2028 (NSP 2023–2028) was launched in March 2023. It serves as a road map that guides South

³² Independent Police Investigative Directorate (2023) Annual Report 2022-2023. Available at https://www.gov.za/sites/default/files/gcis_document/202310/ipid-annual-report.pdf.

³³ SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, p13.

³⁴ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p53.

³⁵ SANAC (2018) Global AIDS Monitoring Report, p47. Available at <https://sanac.org.za/wp-content/uploads/2019/08/Global-AIDS-Report-2018.pdf>

³⁶ SANAC (2018) Global AIDS Monitoring Report, p9.

³⁷ HSRC (2021) The People Living with HIV Stigma Index in Six Districts of South Africa 2020 – 2021: Study Report, p16.

³⁸ SANAC (2020) NSP 2017-2022 Mid-Term Review: Summary of Preliminary Findings. Page 4.

Africa's response to addressing the impact of the HIV, TB and STI epidemics. It has four overarching goals and sub-goals.

The NSP notes that although progress has been made in some areas, South Africa was not on track to reach its stated targets in some of the previous NSP goals. The impact of the COVID-19 pandemic on progress was significant, resulting in significant disruption of access to services. The NSP 2023–2028 seeks to accelerate efforts to mitigate against the negative impact caused by COVID–19, by taking lessons learned from global trends and priorities, but also guided by the country's epidemiological context as well as social and structural drivers of the epidemics.

In addition to scaling up on biomedical interventions, the NSP 2023-2028 recognises the importance of combating HIV and TB related stigma and discrimination. Strategic Goal 1 seeks to break down barriers to achieving outcomes for HIV, TB and STIs. The strategic context of this goal recognises the link between inequalities and vulnerability to HIV, TB, mental health conditions related to human rights violations. Therefore, it seeks to:

- Address social and structural drivers of the epidemics, reduce stigma and discrimination, implement protective laws and policies through sensitisation training of law enforcement agencies and health care providers on human rights.
- Close the gap on punitive and discriminatory laws that criminalises activities and behaviours, such as sex work, drug use and drug possession for personal use that further exposes people to stigma and discrimination and other rights violations that limits access to health care as access to justice.³⁹
- Address gender inequalities and violence by supporting the 2022 National Strategic Plan on Gender-Based Violence and Femicide ('the GBVF NSP'),⁴⁰ which aims to reduce "sexual offences, discrimination, political and social cultural dynamics and intersectional power inequalities that continue to drive sexual and gender-based violence in South Africa."⁴¹
- Address the issue of mental health conditions which was increased during COVID–19 especially in people living HIV and people with TB.

Strategic Goal 1 focuses on the following strategic focus areas:

- Strengthen community-led responses to HIV, TB and sexually transmitted infections.
- Contribute to poverty reduction through the creating of sustainable economic opportunities.
- Reduce stigma and discrimination to advance rights and access to services.
- Address gender inequalities that increase vulnerability through gender transformative approaches.
- Enhance nondiscriminatory legislative frameworks through law and policy review and reform.
- Protect and promote human rights and advance access to justice; and

³⁹ SANAC (2023) National Strategic Plan on HIV, TB and STIs 2023 – 2028, p31.

⁴⁰ Department of Women, Youth and People with Disabilities (2022) National Strategic Plan on Gender-Based Violence and Femicide. Available at <https://www.justice.gov.za/vg/gbv/nsp-gbvfinal-doc-04-05.pdf>.

⁴¹ SANAC (2023) National Strategic Plan on HIV, TB and STIs 2023 – 2028, p32.

- Integrate mental health and standardise delivery and access to mental health services.

The NSP 2023 - 2028's main focus of law and policy reform is on certain key and other priority populations and focuses on:

- LGBTQI+ persons: protection against hate crimes, homophobia, transphobia and SGBV by encouraging the legislature to pass the Prevention and Combating of Hate Crimes and Hate Speech Bill which creates criminal offences for hate crimes and hate speech.
- Transgender persons: updating the Alteration of Sex Description and Sex Status Act 49 of 2003 and related policies in order to facilitate access by transgender persons to identity documentation.
- Sex workers and their clients: intensifying the decriminalisation of sex work by asking Parliament to expedite the drafting of amendments to the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 to decriminalise sex work.
- People who use drugs: intensifying advocacy efforts to decriminalise drug use and drug possession for personal use by working with the National Drug Master Plan (2019–2024) and Central Drug Authority to develop policies that are less punitive but support non-criminal justice and harm-reduction strategies for PWUD.

The National Department of Health (2023) TB Strategic Plan 2023-2028 includes a person- and family centred model of care, including an understanding of the barriers to access to health care faced by women, men, children and adolescents in South Africa, including stigma, discrimination and harmful gender norms.

Protective laws and policies

South Africa has a broadly protective legal and policy environment that prohibits discrimination, including on the basis of sexual orientation and gender identity, protects all persons from violence (including intimate partner and sexual violence), and promotes access to non-discriminatory services such as health care. In fact, South Africa is the top country in the world for adopting progressive HIV policies, according to the 2020 Global HIV Policy Report.⁴²

The Constitution has a broad non-discrimination clause, and explicitly prohibits discrimination based on sexual orientation. Amongst its range of relevant human rights protections (e.g. to privacy, security of the person, access to health care), the Constitution provides for freedom from discrimination based on sexual orientation. Section 9(3) provides that '[t]he states may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.'

The Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 seeks to fulfill the constitutional mandate to prohibit unfair discrimination, which includes non-discrimination on the basis of HIV and TB status. Its mandate includes the protection against harassment and hate speech. In addition, the Equality Act entrenches positive

⁴² HIV Policy Lab (2020) Global HIV Policy Report: Policy Barriers to HIV Progress, p 22-23. Available at <https://hivlawcommission.org/2020/11/30/2020-global-hiv-policy-report-policy-barriers-to-hiv-progress/>.

duties in respect of equality by calling on the state and all persons to promote substantive equality. It designates all Magistrate's Courts and High Courts as Equality Courts for their area of jurisdiction to deal with violations of the rights to equality enshrined in section 9.

The National Assembly of South Africa passed the Prevention and Combating of Hate Crimes and Hate Speech Bill⁴³ ('the Hate Speech Bill') on 15 March 2023 and it was approved by the National Council of Provinces in November 2023. When signed by the President into law, this legislation will recognise the notion of hate crimes and hate speech on grounds of race, gender identity and sexual orientation, by imposing harsher sentences in instances where a crime is a hate crime. It will also regulate crimes that are motivated by religious and cultural prejudice which are committed based on an individual's race, nationality, and sexual orientation.

The right to equality and the right not to be discriminated against on the basis of your gender, sex or sexual orientation is reflected in various acts which protect the rights of LGBTQI + persons. The Civil Unions Act 17 of 2006 legalised same-sex marriage. Same-sex couples are also allowed to adopt children after sections of the Children's Act and the Guardianship Act were amended. Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 codified the law on sex offences in gender- and orientation-neutral terms and set 16 years as the uniform age of consent to sex (with a 'close-in-age' defence).

South Africa has two primary statutes that protect employees from workplace discrimination – the Employment Equity Act 55 of 1998 promotes equality and prohibits unfair discrimination in the working environment, and the right not to be unfairly dismissed is protected by the Labour Relations Act 66 of 1995.

The Children's Act 38 of 2005 was enacted 'to fully recognise the rights of the child to participate in decisions affecting them, clarify their right to privacy in respect of disclosure of HIV status, lower the age of consent to promote access to health care services, and allow caregivers (e.g. often grandparents, aunts and uncles) to consent to health treatment for young children in their care. The legislation provides for the HIV-testing of children and sets out rules regarding the child's capacity to consent to an HIV test from the age of 12 years (or less, with capacity), requires that children be given correct pre- and post-test counselling by a trained person and that information on a child's HIV status be kept confidential.

Other statutory protections that regulate issues related to HIV are the Criminal Procedure Second Amendment Act 85 of 1997 which makes the granting of bail more difficult where the suspected offender is known to be HIV positive, and the Criminal Law Amendment Act 105 of 1997 which provides for harsher sentencing of HIV positive offenders who commit sexual assault.

While by no means an exhaustive list, other relevant legislation includes:

- The National Health Act 61 of 2003 which provides a provides the framework for a single national health system and protects user rights (e.g. rights to confidentiality and informed consent for health care)

⁴³ Government Gazette No. 41543 of 29 March 2018. Available at <https://www.justice.gov.za/legislation/hcbill/B9-2018-HateCrimesBill.pdf>.

- The Medicines and Related Substances Control Act 101 of 1995 which regulates the manufacture, distribution, sale, and marketing of medicines under the responsibility of the Medicines Control Council.
- The Medical Schemes Act 131 of 1998 which regulates the private medical schemes industry.
- The Nursing Act 33 of 2005 which introduces mandatory community service for nurses.
- The Mental Health Care Act 17 of 2002, which provides for a process for the development and redesign of mental health services in recognition of the human rights of people with mental illnesses (see also the Mental Health Amendment Bill 2013).
- The Sterilisation Act 44 of 1998 which provides for the right to sterilisation.
- The Health Professions Act 65 of 1974, as amended, which regulates the medical, dental, and related professions, including the conduct of professionals towards their patients.
- The Traditional Health Practitioners Act 22 of 2007, which regulates traditional health practices and traditional health practitioners.

Ongoing gaps and challenges

However, there are remaining discriminatory laws, policies and practices that continue to have a negative impact on the response to HIV and TB, as noted by the NSP. The continued criminalisation of sex work and drug use create barriers to access to services for key populations. There is also a need for more nuanced policies to promote rights-based and gender-transformative protection and treatment of key populations in various sectors, such as health care, social development and the working environment. These issues are discussed throughout section 4, below.

In addition, various challenges remain with regard to the implementation and application of broad laws, policies and guidelines to issues facing specific populations, ages and genders, as well as knowledge of rights, access to justice, and the enforcement of laws and policies. In a 2017 survey, only half of South Africans knew their constitutional rights, and few interventions exist to provide legal literacy in the context of HIV. Around a third of respondents in the 2021 Stigma Index Study did not know of protective laws for HIV-related discrimination and 44% said there were no organisations they know of to provide redress. Key and priority populations in particular struggle to access quality legal services and report rights violations to police.⁴⁴

3.6 Impact of COVID-19

The COVID-19 pandemic heightened underlying inequalities, reversed some gains and added additional strain on already overburdened health, social, economic and legal systems. Non-COVID-related services were deprioritised, causing interruptions and delays in access to prevention, care and treatment services, which negatively affected mental and physical health.⁴⁵

⁴⁴ SANAC (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description, p11.

⁴⁵ SANAC (2023) National Strategic Plan for HIV, TB and STIs: 2023-2028, p15.

Key and other priority populations were worst affected, as demonstrated by the increase in economic hardship, out-of-pocket healthcare spending, mental health conditions, orphanhood, and SGBV. In South Africa, domestic violence cases increased by 37% per week during the COVID-19 lockdown period 2020 - 2021 compared to 2019. At the same time helplines saw an increase of 67% in SGBV-related calls in 2020 and overcrowded shelters for survivors of violence were turning people away.

Service availability disruptions ranged from clinics operating with limited staff, temporary clinic closures because of COVID infections, lockdown measures limiting the number of people allowed on clinic premises and cessation of outreach services for PWUD and other key populations. Mobile units providing primary care and sexual and reproductive health services, especially in rural areas, were transitioned to provide COVID-related services, leaving many women without access to otherwise available services, including contraceptives. HIV testing uptake declined by 57% during the first month of lockdown because of the restriction of movement and fear of contracting COVID-19. Many people disrupted treatment. For example, in Gauteng, approximately 11 000 patients did not collect their HIV treatment, and 1 000 patients did not collect their TB treatment during Level 5 lockdown in 2020. The uptake of TB tests halved during Level 5 of lockdown.⁴⁶

3.7 Investments and Implementation Arrangements

South Africa is one of the twenty-four countries which is a focus of the Global Fund Breaking Down Barriers (BDB) initiative to support the scale up of quality human rights programmes to boost the effectiveness of Global Fund grants and national responses to HIV and TB more broadly. BDB investments include financial support in the form of funding for human rights programming; support for evaluations to support evidence-informed programming, as well as support for various forms of technical assistance.

As part of the BDB initiative, a Baseline Assessment⁴⁷ was conducted in South Africa in 2018 to evaluate human rights- and gender-related barriers to access to, uptake of and retention in HIV and TB services in South Africa, particularly for key and priority populations; existing programmatic responses to these barriers; gaps and challenges; and recommendations for scale-up of existing programmes. South Africa's then National Strategic Plan provided the framework for the development of a National Implementation Plan for A Comprehensive Response to Human Rights-Related Barriers to HIV and TB Services and Gender Inequality ('the National HIV, TB and Human Rights Plan') 2017 – 2022,⁴⁸ further informed by this Baseline Assessment. The National HIV, TB and Human Rights Plan sets out a comprehensive, national response to human rights and gender inequality for HIV and TB in South Africa for people living with HIV, people living with TB, key and priority populations.

Both the previous Global Fund-supported Human Rights Programme 2019-2022, and the current Global Fund Human Rights Programme 2022-2024 are informed by this National HIV, TB and Human Rights Plan (currently being updated). Lessons learned

⁴⁶ Ibid.

⁴⁷ Global Fund (2019) Baseline Assessment: South Africa. Available at https://www.theglobalfund.org/media/8147/crg_humanrightsbaselineassessmentsouthafrica_report_en.pdf

⁴⁸ SANAC (2017). Available at <https://sanac.org.za/wp-content/uploads/2020/03/HR-STRATEGY-FULL-electronic.pdf>

during the period 2019-2022 and a follow-up Global Fund-supported Mid-Term Assessment⁴⁹ have provided further direction to efforts to scale up comprehensive, quality HIV, TB, human rights and gender equality programming over the past few years. These key documents, as well as more recent assessments, strategies and plans, provide a critical framework for this 2023 Progress Assessment.

The Global Fund HIV and TB Programme in South Africa for the period 2022-2025 provides funding to 4 PRs, namely AFSA, NACOSA, Beyond Zero and the National Department of Health – to implement the following core programme modules:

- Prevention programmes for adolescents and young people, in and out of school;
- Comprehensive prevention programmes for sex workers and their clients;
- Comprehensive prevention programmes for men who have sex with men;
- Comprehensive prevention programmes for transgender people;
- Comprehensive prevention programmes people who use drugs and their partners;
- Programmes to reduce human rights-related barriers to HIV services;
- Community systems strengthening (CSS);
- Health management information systems and monitoring and evaluation;
- Health products management system;
- Health sector governance and planning;
- Laboratory systems;
- TB Care and Prevention;
- MDR-TB; and
- Treatment Care and Support.

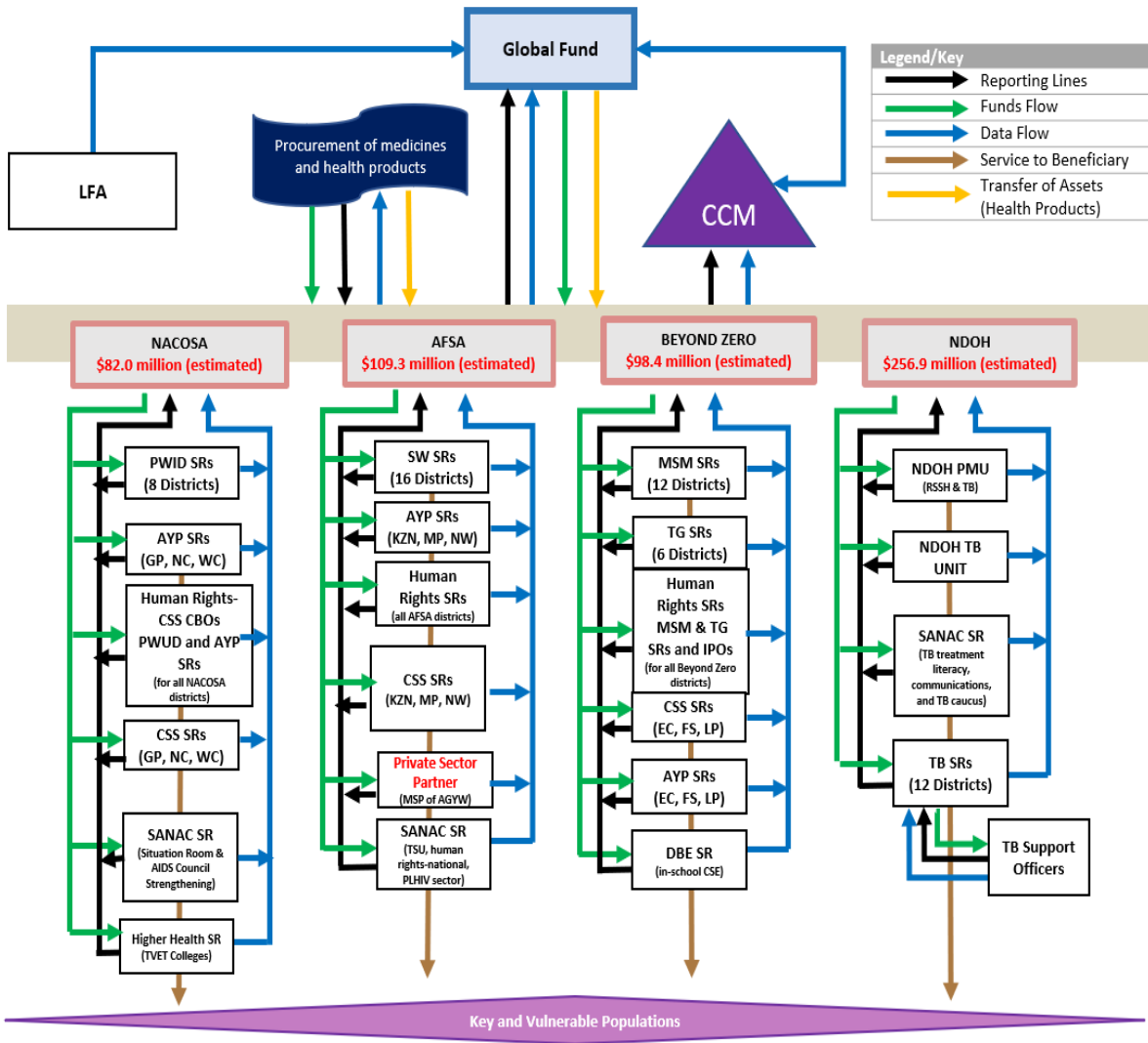
AFSA, BZ and NACOSA work with SRs, SSRs and small- and medium-sized grant organisations to implement a range of human rights programmes for different populations, integrated within their key population and CSS programmes. The NDOH implements training for health workers, as well as TB-related stigma and discrimination reduction.

⁴⁹ Global Fund (2021) South Africa Mid-Term Assessment. Available at https://www.theglobalfund.org/media/11371/crg_2021-midtermassessmentsouthafrica_report_en.pdf

The funding per module and implementation arrangements are set out below:

PRs	AFSA 18 districts	BZ 12 districts	NACOSA 10 districts	NDOH	Total (approx.)
Populations	SW AYP	MSM, TB AYP	PWUD AYP	All	
Stigma and Discrimination Reduction	\$3.4 million	\$2.6 million	\$380 000	\$8.6 million (for TB)	\$15 million
Training HCWs				\$2.25 mill	\$2.25 million
Sensitisation of Law makers and Law Enforcement Agents	\$2 million (SANAC SR)	\$200 000			\$2.2 million
Legal literacy	\$487 000 \$2 million (SANAC SR)	\$480 000	\$250 000		\$3.2 million
Access to Justice	\$523 000	\$ 3 million	\$ 147 000		\$3.7 million
Monitoring and Reforming laws,	\$520 000	\$10 300			\$ 530 000
Reducing gender discrimination and GBV	\$880 500	\$238 000	\$922 000		\$2 million
Community Mobilisation and Advocacy	\$245 900	\$68 200	\$123 700		\$437 800
Total (approx.)					\$29.3 million

IMPLEMENTATION ARRANGEMENT



4. Towards Comprehensiveness: Achievements and Gaps in Scope, Scale and Quality

4.1 Progress to remove barriers to HIV services

(a) Eliminate stigma and discrimination in all settings

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Eliminate stigma and discrimination in all settings	2.8	3.2	3.5
<i>Evidence-informed community-led S&D programmes show increased integration and scale-up, focusing on a range of key populations and issues across provinces and districts. Stigma and discrimination show signs of decreasing, although remaining a barrier to health care especially for key populations.</i>			

The 2021 Global Fund-supported Mid-Term Assessment (MTA) found progress in coordinated implementation of community-level stigma and discrimination reduction interventions in South Africa, and evidence of reduced stigma and discrimination. However, the MTA noted that stigma and discrimination remain a critical barrier to access to health care services for PLHIV and even more so for key and priority populations. The Assessment recommended further scale-up and adapting training materials such as the Human Rights Toolkit, which was developed during the previous grant (GC5), to ensure updated, evidence-informed, focused training and anti-stigma campaigns to respond to new findings, and to reach those locations and populations being ‘left behind,’ such as transgender people, people with disabilities, adolescents and young people, amongst others. It also recommended strengthened research on stigma and discrimination against PLHIV and people with TB, key and priority populations, to inform and improve anti-stigma campaigns.

Since that time, there has been further progress despite the initial operationalization challenges (including a requirement for pre-approval by the GF of human resources recruitment for some categories of staff, delayed inception-level activities such as updating of training materials, appointing staff and engaging service providers). Regardless of the challenges, AFSA, NACOSA and BZ continued to contract and trained key staff (including ‘Human Rights Ambassadors’) from well over 50 SRs and implementing partner organisations (IPOs), some of whom are small- and medium-sized grant recipient organisations capacitated during the previous grant. Working with these organisations, PRs have updated their own IEC materials and carried out 386 integrated anti-stigma campaigns from Quarter 3 (October to December 2022) to Quarter 6 (July – September 2023), focusing on different key populations including MSM, transgender people (TG), adolescents and young people (AYP), sex workers and PWUD. Campaigns typically involve a branded, public community outreach event at accessible locations (such as taxi ranks, community halls), that reach out to communities broadly as well as affected populations. PRs also used various modalities like using speakers, community dialogues engaging the community and their leaders, working with service providers such as social workers, teachers, law enforcers and

health workers, and using radio shows, social media and instant messaging services, amongst others. For instance, in Quarter 6 NACOSA Human Rights Ambassadors working in their Community Systems Strengthening (CSS) programme carried out 23 Stigma and Discrimination Reduction campaigns, reaching 1 618 community members, and those working in the AYP programme carried out 13 anti-stigma campaigns to reach AYP on issues of gender equality, SGBV and sexual and reproductive health and rights. In that same period, AFSA held 61 anti-stigma dialogues, as well as information sessions and training workshops on HIV, TB and human rights issues, including engaging with health care providers, law enforcers and social workers. Beyond Zero and its SRs undertook 50 stigma and discrimination reduction activities during that quarter, including three larger human rights campaigns reaching 431 AYP, gay men and other MSM, and TG in the events.⁵⁰

PRs are strengthening efforts to work with organisations and networks representing a range of key and priority populations and providing community systems strengthening and prevention services to key populations and AYP, to improve integrated approaches that reach out to those that were not well reached during the previous grant. PRs acknowledge that efforts at integration have been challenging, requiring extensive support to the programmes 'newer' to human rights (such as AYP and CSS programmes) or providing services to populations they may not have worked with previously, but the programme as a whole reports signs of improved integration and linkages across the work. PRs also report signs of reduced stigma and discrimination and improved relationships with sensitised service providers in their areas of work, especially district level service providers. However, they note that budget constraints limit their ability to strengthen community-level training and follow-up on 'once-off' sessions and campaigns, particularly in rural areas where transport costs are high and opportunities for partnering organisations are scarce.

At national level, South Africa has signed up to the Global Partnership to End All Forms of HIV-Related Stigma and Discrimination, committing to working with partners to strengthen stigma and discrimination reduction with a focus on the family / community setting, and the health and the justice settings, in alignment with national plans. The South African National AIDS Council (SANAC) has led the development of a lengthy, consultative process to develop district-level, provincial level and a national human rights charter to strengthen community-level anti-stigma programmes. The six month process provided the opportunity for learning and sharing between communities across South Africa and national level partners and led to community ownership of district- and provincial-level Charters. Key human rights issues arising across districts included stigma and discrimination against PLHIV and key populations within communities, health care facilities and in schools, harmful gender norms and gender-based violence, including violence against sexual and gender minorities. During the process of development of local level human right charters, researchers reported a marked difference in levels of legal literacy in Global Fund human rights programme districts.

PRs report quarterly on all human rights violations documented by the implementers, and SANAC produces quarterly reports based on these reports. PRs report that they are making efforts to include and integrate the data within their programmes and sex work and drug use advocacy . For instance, BZ reported in Quarter 6 that its

⁵⁰ See Global Fund Principal Recipients' OPEC Progress Reports, Quarter 6.

sensitization efforts with law enforcers and health workers focused on and resulted from human rights violations that had been reported on and documented by their work. NACOSA has identified priorities for Quarter 7 that include integrating and tailoring stigma and discrimination reduction and legal literacy campaigns to respond to HRV experienced in specific communities. Data integration is discussed in more detail in the section 4.1.h, below. SANAC is also currently initiating the Stigma Index Study 2.0 with the strong support of the PLHIV sector. The results from the PEPFAR-supported Stigma Index study in 6 districts were reported in 2022 and are available to inform stigma and discrimination reduction efforts. However, an updated, national level study is critical. All stakeholders interviewed for this Assessment acknowledged the need to promote better use of the wealth of increased data available to PRs, through the monitoring, documenting, collation, analysis and reporting of rights violations at national level.

In 2022, AFSA led a rapid evaluation of the Human Rights Toolkit, consolidating feedback from trainers, beneficiaries and lessons learned during GC5; this has informed the updating of the Toolkit, currently underway with the input of SANAC, the national Human Rights Working Group (HRWG), Civil Society Forum (CSF), PRs and other key stakeholders. It will be critical to ensure that available evidence on stigma and discrimination informs and is integrated within these materials.

SANAC SR is also currently developing a national communications campaign, and information, IEC materials, aligned with anti-stigma campaigns. In order to avoid further delays while waiting for updated IEC materials, a number of PRs initiated the development of their own updated IEC materials, based on their own assessments of needs and priority issues.

Other challenges, in addition to those mentioned above, include:

- The Global Fund grant implementation arrangements, whereby PRs each focus on specific populations, increasing the difficulties in addressing intersectionality between populations.
- The insufficient attention to LGBTQI+ people in all their diversity, the delays in undertaking updated research, including the Stigma Index 2.0 and a study on human rights- and gender-related barriers impacting on people with disabilities.
- The delays in the updating of human rights training and IEC materials.
- Ongoing challenges with operationalising the Human Rights Portal, to collate all human rights data (from Global Fund-supported and other programmes) (discussed further in Community Mobilisation and Advocacy, below).
- Continued criminalisation of sex work and drug use, which impact negatively on efforts to reduce stigma and discrimination against sex workers and PWUD.

Recommendations

While the majority of the recommendations made in the MTA have been implemented, and stigma and discrimination reduction programming has been scaled up, focus should be placed on ensuring that stigma and discrimination data are regularly updated to inform future scaled up programming and on addressing the gaps identified by this assessment, including further scaling up of programming to address stigma and discrimination in the employment, health and education sectors, addressing sensationalist reporting on key populations in the media and the lack of stigma and

discrimination reduction programming in the humanitarian sector. This assessment thus recommends the following:

- Continue scale-up of community-level anti-stigma campaigns based on the newly developed human rights charter/s, using an integrated approach, with increased resources for community-level training, ongoing follow-up, and support of newer organisations.
- Increase targeting of community leaders to support community-level action plans, based on human rights charters, for improved S&D reduction.
- Finalise updated human rights training and IEC materials as a matter of urgency, informed by existing knowledge of gaps (e.g. TB-related stigma and discrimination, SGBV, LGBTQI+, intersectionality), evidence available from monitoring and documenting rights violations as well as human rights charter priorities.
- Given the rights violations documented in schools, consider the extension of stigma and discrimination reduction programming in educational settings, to manage stigma and discrimination against AYP based on HIV status, TB status, sexual orientation, and gender identity.
- Develop national-level consensus on a way forward with the Rights, Evidence and Action (REAct) HRV tools, other HRV and CLM systems, and finalise management of the national Human Rights Portal.
- Develop Standard Operating Procedures (SOPs) to support increased coordination on intersectional work at district level.
- Develop SOPs and user-friendly tools / checklists to support implementers to use new evidence / data, including from the SI study as well as HRV and CLM data, to inform re-programming, advocacy, monitoring and evaluation (M&E).
- Continue to prioritise populations most left behind, including lesbian and bisexual women, transgender people, people with disabilities, AYP.
- Accelerate process to finalise the Stigma Index 2.0 and use the results to inform stigma and discrimination reduction programming.
- Undertake barriers to access study for people with disabilities, including a focus on access to disability grants.
- Develop National Advocacy Strategy informed by evidence, including quarterly reports on HRV, other CLM data.

(b) Ensuring non-discriminatory provision of health care

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensure non-discriminatory provision of health care	1.5	2.0	2.2
<i>Evidence-informed health worker training materials have been updated, including a strengthened focus on populations 'left behind'. Catch-up plans are currently in implementation to meet targets for national-level HCW training, led by the NDOH. Other human rights PRs have undertaken district-level sensitisation of HCWs in the implementation of their human rights, key populations and AYP programmes.</i>			

The MTA and subsequent reviews noted that health care worker training by the NDOH had taken place across South Africa in terms of the fairly modest targets set in the previous grant, although COVID-19 brought challenges. These included the

cancellation or postponement of in person training sessions and the provision of an abridged version of the training online for staff who had access to a good internet connection. The content, quality, inclusion of key populations and impact of the training was unclear. The MTA also found evidence of other relevant efforts to improve human rights-related knowledge, attitudes and practices of health workers towards key populations in different areas (e.g. PEPFAR-supported training of health workers, as well as local-level sensitisation efforts by CSOs and networks). However, it noted that many objectives set out in the National HIV, TB and Human Rights plan were not being addressed.

At that time, priority recommendations for improving health worker training included undertaking an evaluation of all current training, to identify good practices; developing and implementing a National Action Plan for scaling up in-service and pre-service training of all health workers, including community health workers, which should include an M&E systems to monitor the quality and the impact of the training. Key activities should include updating training materials including through integration materials from the Human Rights Toolkit, as well as ensuring the involvement of key populations in the development and delivery of training (virtual or physical).

At the time of the Assessment, there has been progress, albeit serious delays, in continued national-level efforts to train health workers on HIV, TB and human rights, compromising critical efforts to reduce stigma and discrimination in the health sector. Delays in the appointment of key staff by NDOH and the contracting of Training Service Providers have meant that the implementation is at inception stage. Background work has taken place to evaluate the previous curricula and HRV data and to develop comprehensive draft training materials. The materials are based on good practice, include priority issues and have been reviewed by a representative Task Team; materials were piloted and finalised in February 2024. A Human Rights Project Coordinator assumed duties on 1 November 2023, and catch-up plans (see below) have been developed for the training of around 20 000 health care workers across all 9 provinces, through the two Service Providers. Discussions have begun with Provincial Heads of Department in preparation for the development of training plans with Provincial Departments of Health and roll-out of training of 20 000 health care workers, which began in earnest in February 2024.

At district level, human rights programme implementers have conducted sensitisation of health care workers alongside their community-level stigma and discrimination reduction, legal literacy and community-led monitoring, referrals and redress programmes. This means that, even with the national-level delays, there is ongoing ad hoc sensitisation of health care workers taking place through various human rights programme implementers.

Training of Healthcare Workers on Human Rights and Medical Ethics
Total Target = 19502

NICDAM = 9621		
Provinces	Global Fund Supported District	Provincial Target
Gauteng	Johannesburg Health District & Ekurhuleni	4892
North-West	Dr Kenneth Kaunda	1282
Western Cape	City of Cape Town	1933
Northern Cape	Frances Baard	437
Free State	N/A	1076
Nkenke Consulting = 9879		
Provinces	Global Fund District	Provincial Target
Eastern Cape	Amathole, Buffalo City & OR Tambo	2564
Kwa Zulu Natal	eThekweni, Ugu & King Cetshwayo	3997
Mpumalanga	Ehlanzeni	1280
Limpopo	N/A	2038

NDOH have also acknowledged the need to strengthen M&E of training, and to ensure that training data, as well as data on human rights violations, is fed into a broader M&E system. They have also requested support for developing the National Action Plan for pre- and in-service training of health workers. Until it has been developed, there is no clear roadmap for the inclusion of training within the Department’s pre-service training curricula for health care workers, to support long-term and sustainable training. Nor is there clarity on the implementation modality for increased inclusion and collaboration between PRs, their SRs and other CSOs, key population organisations and networks and the health facilities. In addition, other priority activities required to strengthen non-discrimination in the healthcare setting (including interventions to review HIV- and TB-related health care policies and their implementation and enforcement), and to reduce TB-related stigma and discrimination, are still at inception stage. (This is discussed in the TB section, below).

Recommendations

- Provide ongoing support via the established Task Team, to NDOH and its Service Providers, to finalise, evaluate and implement health worker training materials, to ensure ongoing inclusion of all priority issues, gaps and challenges (including data from CLM and HRV on key issues in healthcare for PLHIV, people with TB and key populations) and to align with the Human Rights Toolkit update and the new national human rights plan (to be updated).
- Ensure health worker training is aligned with the activities developed to reduce TB-related stigma and discrimination.
- Develop IEC materials to accompany health worker training.
- Accelerate implementation of training, follow-up, mentoring and support of HCWs.
- SANAC Technical Support Unit (TSU) to provide support to NDOH and Task Team to carry out a consultative process to develop a National Action Plan for training of health workers, including plans to (i) integrate training into pre- and in-service training of HCWs, (ii) extend training to community health workers, (iii) define the

modality for supporting the active participation of PLHIV and key populations in the training of HCWs; and (iv) developing an M&E system for health care worker training (including cascaded training by trained trainers) to feed into national human rights data collection / Human Rights Portal.

- Commission an independent evaluation of the NDOH human rights training, particularly to see if practices improve after a critical mass of staff in a given facility are trained.
- SANAC TSU and Task Team to support NDOH to develop SOPs, complaints mechanisms and performance frameworks aligned with principles and responsibilities reflected in the health care worker training.

(c) Legal Literacy (“know your rights”)

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Legal literacy (“know your rights”)	2.8	3.1	3.5
<p><i>Integrated, coordinated legal literacy programmes continue to show scale-up and progress, reaching out to a range of key and priority populations. Implementers reports show increased community awareness of rights and reporting of rights violations in supported districts. Legal literacy training materials have been evaluated and are currently being updated.</i></p>			

There are mixed reports of the extent of legal literacy across South Africa. On the one hand, key informants note a sense of continuously increasing legal awareness and understanding of HIV-related rights, and established programmes across many areas of South Africa over the years of the programme . On the other hand, the 2021 Stigma Index study in 6 districts found that around a third of respondents still did not know of protective laws for HIV-related discrimination and almost half did not know where to seek redress for rights violations.

In 2021, the MTA found various examples of useful “Know Your Rights” train-the-trainer interventions, including the ongoing training done by various CSOs, as well as training using materials developed during the previous grant cycle (ProBono.org’s paralegal training materials and the Human Rights Toolkit materials). The MTA recommended that there was a need to map and evaluate the various initiatives, and support the scale up of coordinated, standardised legal literacy work across various human rights and health programmes, informed by the evaluations (including of the Human Rights Toolkit).

Legal literacy efforts continue to show progress. AFSA have supported an evaluation of the Toolkit materials, and an Inception Report for the update has been developed, as described in section 4.1.a., above, in order to strengthen the focus on priority issues that are not receiving sufficient attention (e.g. gender and TB), populations most ‘left behind’ (e.g. people with disabilities, transgender people, amongst others) and strengthened information on legal rights in South Africa, and not just human rights.

PRs have also undertaken their own ‘stakeholder mapping’ within their districts, including of previously trained trainers, and have responded to delays in material development by using / adapting the Toolkit and their own IEC materials to conduct

training for a range of staff (paralegals, peer educators, newly appointed Human Rights Ambassadors as well as Advocacy Officers) from SRs, small- and medium-sized grant organisations.

Programme implementation was impacted by delays. However, from late 2022 to 2023 (Quarter 3 to Quarter 6), PRs and their SRs and IPOs report having carried over 800 legal literacy interventions (community outreach, radio, social media campaigns etc.), reaching a range of key and priority populations. Most recently in Quarter 6 AFSA SRs collaborated with legal organisations, to facilitate 81 legal literacy trainings / workshops at key population ‘hotspots’, including collaborative sessions with the South African Police Service (SAPS) and health officials. During that period, NACOSA trained their 3 in-house paralegals and over 30 Human Rights Ambassadors. Their AYP SRs conducted 18 “Know Your Rights” campaigns; their CSS SRs conducted 7 campaigns and they reached 13 756 people who use drugs with legal literacy. In Q6, BZ trained 54 people on legal literacy and reached another 431 MSM, TG and AYP through 3 human rights campaigns that combined S&D reduction and legal literacy interventions, where participants discussed rights violations and strategies to address these.

Given the stage of the grant and the delays in implementation, it is difficult to report on impact. However, PRs, SRs and small- and medium-sized grant organisations report good integration of legal literacy within health programmes, as well as successful partnerships, sometimes relying on their existing networks with local organisations, including legal support service organisations (e.g. Community Advice Offices (CAOs), Access Chapter 2 and other legal NGOs). SRs also report being able to reach more clients with additional staff now trained, and note an increase in engagement, advocacy, reporting of rights violations, including SGBV, and follow-up / referrals, with the increased awareness and empowerment of communities. Conversely, where organisations are only funded to document and monitor rights violations, without carrying out legal literacy, they report difficulties, since legal literacy training opens up discussions on human rights violations. The Human Rights Charter development process reportedly revealed higher levels of legal literacy in Global Fund districts, particularly the high-density areas.

“Stigma and discrimination reduction and legal literacy programmes are reaching some areas better than others. Communities in Global Fund districts have more awareness and education around their human rights relating to health. There’s been a lot of effort put into certain districts by Global Fund and PEPFAR, often the high-density urban areas where we know the problems are. But in other areas, people know the bare minimum about human rights, which makes it hard for them to protect their own rights and respect the rights of others. In those areas, it was good to see how people were keen to learn. But it was clear that many people needed a lot more time than we had available, to really understand human rights.”

Ongoing challenges include the following:

- There remains a need to develop standardised, updated legal literacy materials (i.e., to update the Human Rights Toolkit and corresponding IEC materials) to focus on new evidence, those issues and populations identified as being ‘left behind’, and to increase information regarding South African laws and policies.
- Budget constraints amongst some PRs only allow for lower salaried staff short-term appointments (e.g. for Human Rights Ambassadors), and for ‘once-off’

campaigns, impacting on the quality of service delivery and the ability to ensure ongoing learning through follow-up.

- Outreach to rural areas remains a challenge, given high transport costs and difficulties in navigating the terrain (e.g. in Eastern Cape districts) and limited availability of partner organisations.

Recommendations

- Finalise updated human rights training and legal literacy materials (e.g. the Human Rights Toolkit) and IEC materials as a matter of urgency, in accordance with evaluation outcomes and new evidence (e.g. human rights charter priorities).
- Identify and document good practice models of district stakeholder mapping, integration, collaboration and resource sharing (e.g., between human rights, AYP, TB and key population programmes), to support scale-up and outreach of human rights programme implementation (including S&D reduction, legal literacy, monitoring and documentation and access to justice) at district level.
- Disseminate good practices and continue to provide support to all PRs and their SRs for strengthened scale-up of integrated, collaborative legal literacy implementation, in alignment with local-level data and key issues identified in community-level and provincial human rights charters.
- Ensure sufficient allocation of funds to PRs to allow for longer term, more sustainable staff appointments and legal literacy campaigns.
- Support increased funding / collaboration with other donors and implementers (e.g. PEPFAR-supported programmes conducting CLM), to continue the scale-up of legal literacy, particularly in districts not currently well reached.

See case studies (section 5), for a good practice example of legal literacy using existing networks, to increase reach and impact.

(d) Increasing access to justice

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Increasing access to justice	2.8	3.4	3.7
<p><i>The new NSP includes a strong focus on access to justice for HIV, TB and human rights violations. Human rights programme implementers have mapped legal support services in their areas of operation and have strengthened links and referrals between HIV, key populations and AYP programme efforts to document rights violations and available redress mechanisms; this has been achieved through linking trained human rights staff to capacitated legal support CSOs and/or in-house attorneys. Data on monitoring, referrals and redress shows progress in responding to rights violations through non-legal and legal means.</i></p>			

The MTA noted the progress and ongoing challenges with creating a standardised system of legal support services for people living with HIV, people with TB, key and priority populations in South Africa. It recommended an audit to determine the capacity and accessibility of existing legal services, including the paralegals trained during the previous grant at CAOs, and strengthened scale up of monitoring, documenting and

referral pathways, and access to a network of the most useful methodology for legal and paralegal support, based on the findings. The MTA also recommended the development of a national electronic platform for gathering a broad range of documented data on HIV- and TB-related human rights violations, to monitor and follow-up on legal support.

South Africa's new NSP 2023-2028 includes a strong focus on monitoring, documenting, collating and reporting on HIV and TB related human rights violations, and includes methods to ensure redress for those violations. As noted in the MTA, South Africa has a number of paralegal and legal support services for low-income and marginalised people, including the system of CAOs throughout various districts in the country which were utilised during GC5. There are also university affiliated legal clinics run by law schools; *pro bono* lawyers from law firms facilitated by the Legal Practice Council;⁵¹ and support from NGOs such as ProBono.Org, Section 27, the Women's Legal Centre, the Socio-Economic Rights Institute of South Africa and various other NGOs registered as legal clinics. Access Chapter 2 is currently awaiting the results of its application for registration as a legal clinic. If approved, it will be the first legal clinic which works on LGBTQI+ and sex worker issues in South Africa.

During the previous grant, paralegals at these CAOs were trained to provide legal support services for HIV- and TB-related human rights violations. However, the system fell short in terms of creating strong coordination and linkages between the human rights and health programmes, where human rights violations were identified and documented, and these paralegals. Where organisations had stronger existing relationships with other legal support services, referrals worked well (for instance, Sex Workers Education and Advocacy Task Force (SWEAT) referred complainants to the Women's Legal Centre). However, a number of organisations complained of being unable to access paralegal or legal support for rights violations.

In the period since the MTA, access to legal support services has been delayed in implementation. A formal mapping and evaluation of legal support services, including paralegals trained in the previous grant, has not taken place. The implementation arrangements for the grant provided a large portion of the funding to one PR, Beyond Zero, to devise a national-level system of access to legal support services for all PRs. However, BZ's proposed implementation plan and appointment of a service provider was only submitted in mid- and approved in late 2023.

In the interim, two of the human rights PRs (AFSA and NACOSA) have carried out their own 'audit' in their areas of operation and developed implementation plans for strengthening access to legal support services, based on their assessments of needs, capacities and existing services. BZ is currently mapping legal support services for AYP and MSM / TG programmes.

PRs have appointed and trained a number of different staff members (e.g., Human Rights Ambassadors, Advocacy officers, as well as paralegals) to support monitoring and documenting of rights violations and to provide basic mediation and redress, in order to scale up access to legal support services. PRs have also adapted existing materials for training paralegals and documenters, while waiting for BZ's service provider to update the paralegal training materials. In addition, NACOSA have employed 3 attorneys in-house to provide legal literacy, advocacy and legal support

⁵¹ See Law Society of South Africa, Pro Bono. Available at <https://www.lssa.org.za/pro-bono/>

to their 3 programmes - AYP, CSS and PWUD – and are mapping other service providers in districts. AFSA has outsourced legal support services to a medium-sized grant organisation, Access Chapter 2. These two approaches are reported to have improved access to redress for rights violations.

It is clear that implementers are making stronger efforts to improve linkages and integration and follow-up on issues identified for resolution / advocacy. Indicators show that a larger number of HRVs are documented as being resolved, although often this is via ‘extra-legal’ solutions, where human rights staff are able to work with health care workers and law enforcers to resolve issues. Some PRs, SRs and networks are successfully utilising previously trained paralegals (although many linkages were insufficient to begin with, and subsequently lost with paralegals trained in the previous grant cycle, with the change in human rights PRs and SRs conducting this work). Other implementers rely on their own existing partnerships and networks to resolve human rights issues. For instance, the Lesbian and Gay Centre in Durban refers to its own network of lawyers. Others work with the Office of the Premier’s Rapid Response Team to raise and refer human rights violations against LGBTQI+ communities. Gender Dynamix and SWEAT refer rights violations against sex workers and transgender people to the Women’s Legal Centre.

Monitoring and documenting of rights violations is taking place, as described in sections 4.1.h and 4.2.h PRs are also making concerted efforts to strengthen linkages between the monitoring and documenting of rights violations done by their, and their SR / grant organisations, and legal support services. For example, AFSA reports strengthened linkages between its key population, AYP and human rights programmes. NACOSA has integrated human rights documenting and referrals within existing PWUD, CSS and AYP programmes. BZ refers human rights violations to AFSA SRs, until their legal support services are operational.

The current Global Fund grant provides for additional legal support, in the form of a Strategic Litigation Task Team, and strengthened capacity of the Human Rights Commission and the Commission for Gender Equality, to investigate, monitor and advocate for rights. However, there has been limited progress in either of these objectives.

Recommendations

- Conduct an audit of location, skills and focus areas of all legal and paralegal support services in South Africa. There remains a need to identify the full range of legal support services (e.g. legal aid clinics, community advice offices, legal and human rights NGOs) available in South Africa to provide legal support services for HIV and TB-related rights violations.
- Continue to strengthen existing implementation of paralegal support and redress for HRVs for PRs, SRs and medium grant organisations.
- Support BZ to accelerate the provision of legal support services to supplement the existing efforts of Global Fund human rights programme implementers. This should include more advanced legal support (e.g. for court appearances) where required as well as support for the identification of a small, select number of potentially precedent setting cases for strategic litigation.
- Scale up training of staff in existing, national-level legal support services organisations to provide legal support to PRs and SRs, including for PWUD.

- Collate paralegal training materials used by PRs to standardise interim training; support updating of paralegal training materials in alignment with priority needs and issues.
- Expedite the establishment of the Strategic Litigation Task Team, with clear terms of reference describing its purpose, function and relationship to existing legal support services implementation. Review existing trends and priority issues identified by PRs, for potential strategic litigation.
- Strengthen the commitment and capacity of the Human Rights Commission and Commission for Gender Equality to investigate, monitor and advocate for the rights of people living with HIV, people with TB, key and priority populations.
- Support a full evaluation of the varying efforts to provide legal support services (e.g. through in-house lawyers, links with private lawyers, links with legal NGOs such as Access Chapter 2, the Women’s Legal Centre, and finally links with a national system of legal support services such as CAOs) and the most useful mechanisms (e.g. ‘extra-legal’ support; use of Equality Courts; strategic litigation on select issues) to identify the way forward for future programme implementation, given resource constraints.

(e) Ensuring rights-based law enforcement practices

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensuring rights-based law enforcement practices	1.5	1.9	2.8
<i>National-level training of SAPS police officers has continued, with SAPS support, although DDP training materials have not yet been updated. Human rights programme implementers also conduct ad-hoc district-level sensitisation of traditional leaders, as well as police (and health care workers) in their key population and human rights programmes. National-level training of Metro police, as well as training of the judiciary and prisons officials, has progressed, with new training materials and implementation plans in place.</i>			

In the previous grant, SAPS and COC Netherlands had a Memorandum of Agreement for five years, to undertake sensitising of law enforcers on HIV, TB, key populations and human rights. SAPS and COC developed and piloted a human rights curriculum called Dignity, Diversity and Policing (DDP), which included a strong focus on the rights of key populations. While COVID-19 interrupted training in 2020 and 2021, by 2022 AFSA as PR, SAPS and COC had exceeded law enforcers training targets. Additionally, multi-sectoral consultations with SAPS, the National Prosecuting Authority (NPA), CSOs and key and priority population-led organisations, working through the TCCs, also helped to sensitise law enforcers around issues of SGBV. However, there was limited progress in training of the judiciary, traditional leaders and prison officials. The MTA recommended to continue the scale up of national and local level in-service, as well as pre-service training of law enforcers, as well as to extend training to the judiciary and courts, traditional leaders, Metro police and prisons officials. Subsequent country-level discussions identified the need to update training materials to align with current priorities and updated evidence.

Progress since the MTA in updated, Global Fund-supported training of SAPS law enforcers has initially been slow, with serious inception delays, but is showing signs of working well. The existing SAPS / COC Memorandum of Understanding created a barrier to the adapted implementation modality in this cycle (where this activity is led by SANAC SR), leading to the need for re-engaging with SAPS to secure their commitment to working with SANAC SR's new Service Provider, and to updating the training materials, which are now over 5 years old. This has delayed the scale-up of law enforcers training (which began on a limited scale in Quarter 2) and the updating of materials.

In the interim, SAPS has continued its work on training of law enforcers and has planned for conducting an evaluation of training to share best practices, including within the Southern African Development Community, European and Africa police institutions and ministries. Additionally, with support of the Global Fund and Aidsfonds funding, SANAC's training provider has begun train-the-trainer, and training of the Metro police (starting at a senior level to get political commitment) and has developed a catch-up plan to accelerate training to meet the targets. Training is conducted by supplementing the existing DDP training materials with the Human Rights Toolkit and other national materials, tailored to the needs of Metro police. Over the past 3 months, starting with senior management, 343 law enforcement agents in the cities of Tshwane and Cape Town were trained using interactive methodologies, with a focus on the most common issues they deal with (Metro police interact with key populations on the streets in their daily work, and report their major concerns as being drug use, violence against LGBTQI+ communities and other forms of SGBV). Initial feedback shows that the training is well received, but that participants need more time to absorb materials. It is critical that pre- and post-assessments continue to be undertaken.

SANAC SR has not yet, but plans to draw in key population organisations and networks, to actively participate in training efforts. Unlinked to this, at the same time, other PRs (e.g., NACOSA, AFSA and BZ) and their SRs and small / medium grant organisations, and other CSOs and networks continue district-level sensitisation of law enforcers through their key population and human rights programmes. They report that one-off sensitisation is often an insufficient approach to support change and deal with staff turn-over; where they are able to build longer-term relationships, including between themselves, SAPS and the NPA, PRs and their SRs report successes in sensitising law enforcers and in accessing justice for clients.

"Once off training or sensitisation is not enough. After sensitising SAPS at the end of the year in 2022, we saw a rise in reporting between January to March 2023. During that period, there were 8 rape cases, 17 child neglect cases, 4 sexual harassment cases and 1 murder case reported and properly investigated by SAPS. The number declined between April and June 2023 when we did not have capacity to carry on (with training). At this time, we had 2 rape cases, 10 child neglect cases and 1 murder case. This is likely due to the fact that members of SAPS rotate which means, sometimes, complainants are left with police officers who are not sensitised, which leads to the decline in reporting matters. It does not bring confidence in the communities if programmes are not consistent and sustained".⁵²

⁵² Progress Assessment Key informant interview, Beyond Zero, September 2023.

“Sensitisation needs to be a process, with the same group of people over and over again. You need to work with a cohort of ‘middle management’ beat cops who are respected - work with them over time and shift them gradually. It is important to develop a relationship with them, to engage them in focus group discussions and invite them to conferences. Regular information exchanges and dialogue with this group is critical and you need to create environments where they can speak off the record and share the problems they experience. You need to engage repeatedly over time to figure out how to solve issues together”.⁵³

Discussions with SAPS and SANAC SR are still ongoing to agree on aspects of implementation, including the updating of the existing DDP materials and the institutionalisation of training, through integration within the pre-service training curricula. Other activities still requiring attention are the evaluation of the impact of all training, and support to SAPS to strengthen SOPs to promote police accountability for protecting the rights of key populations. Importantly, the new National Strategic Plan includes objectives around accountability for law enforcers.

There has been progress with training of the judiciary, with a focus on working with the South African Judicial Education Institute (SAJEI) responsible for all judicial training. SAJEI, with the support of the United Nations Development Programme (UNDP) and the International Labour Organization, has developed and piloted judicial training materials for sensitising magistrates on aspects of HIV, TB, law and human rights. The work of the human rights PRs and their SRs as well as small- and medium-sized grant organisations at community level often includes work with traditional leaders, and there are reports of reduced stigma and discrimination (e.g. against sexual and gender minorities). SANAC SR is in the process of contracting a CSO (through onward granting) to conduct training with traditional leaders. However, a National Action Plan has yet to be developed to systematically scale up this work, drawing in all key stakeholders.

Sensitising prisons officials on HIV, TB and the rights of key populations has been a gap, but recent progress will lead to training in 2024. SANAC TSU has undertaken high-level work with the Department of Correctional Services (DCS) to secure commitment to training staff on aspects of law, human rights, HIV and TB. Close collaboration has resulted in the development of HIV, TB and human rights training materials for a range of DCS staff, including psychosocial counsellors and warders, amongst others. There are other NGOs across South Africa working to support prisoners’ rights (for instance, the Southern African Litigation Centre works with judicial prisons’ inspectorates across Southern Africa, to strengthen protection for health and human rights of prisoners). TB-related work in prisons is described in section 4.2.h, below.

Recommendations

- Encourage continued high-level discussions to promote commitment to review and evaluate the SAPS training conducted to date, to institutionalise the ongoing training, to revise / update training materials for SAPS, and to continue the scale-up of training for SAPS, as well as Metro police.

⁵³ Progress Assessment Key informant interview, SANPUD, September 2023.

- SANAC SR to work with stakeholders to review / supplement the existing DDP materials with new data and evidence, including inputs by key population-led organisations and networks, to focus on issues relevant to SAPS and Metro law enforcers.
- Strengthen the meaningful involvement of representatives of PLHIV and key populations in both pre- and in-service training for SAPS and Metro Police.
- Set up regular forums between SANAC SR's Service Provider and the PRs and SRs who are undertaking district-level in-service training and sensitisation, to support collaboration, learning, relationship-building, and M&E of efforts to sensitise law enforcers.
- Develop and implement a comprehensive M&E system to measure and evaluate the impact of both pre- and in-service training.
- Develop and implement SOPs and performance management mechanisms to promote accountability for sensitised policing, in response to HIV and human rights violations data and evidence.
- SANAC SR to support the development of a National Action Plan for the continued scale-up of judicial training, and the training of traditional leaders, based on pilot outcomes.
- SANAC to continue to strengthen partnerships with DCS and to provide technical support for the scale up of training to sensitise prison officials on the rights of key and priority populations in the context of HIV and TB.

(f) Improving laws, regulations and policies relating to HIV and HIV/TB

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Improving laws, regulations and policies relating to HIV and HIV/TB	3.0	3.8	4.0
<i>The new NSP includes a strong focus on law and policy review and reform. Collaborative advocacy for law and policy reform for sex work and drug use issues continues to progress, at both national, provincial and local level. Strengthened, protective national plans and strategies have been developed to support the health rights of key and priority populations and to protect against SGBV.</i>			

The MTA found progress in advocacy for improving the legal and policy framework for sex work and people who use drugs and recommended for continued support for this work. It noted, however, that several other priority issues highlighted in the national HIV, TB and human rights plan (discussed further below) had not progressed, and also needed continued support.

The current human rights programme interventions aim to develop a National Advocacy Strategy, in order to ensure that all priority law and policy reform issues, including emerging issues, receive attention and that government sectors integrate and support key law reform initiatives within their sectors.

Current objectives under the Global Fund grant also include to set up a Strategic Litigation Task Team, in order to identify and support strategic litigation for a select number of cases, on priority issues of concern. At the same time, continued support

for law and policy reform of sex work and drug law and policy issues has been prioritised, with the aim of doing so through the work of key population organisations, networks and advocacy groups, as well as high-level multi-sectoral working partnerships / forums for engagement between government, human rights institutions and key stakeholders.

Additional priority issues identified in the national human rights plan and consultations with stakeholders, include (i) addressing practices of coerced sterilisation of women living with HIV; (ii) strengthening health-care guidelines for rights-based management of TB, management of the health rights of transgender people and for strengthening access to harm reduction for people who use drugs; (iii) strengthening prisons policies for rights-based management of people who use drugs and transgender prisoners; (iv) strengthened protective laws and policies for people with disabilities.

It is important to note that more recently, the new NSP 2023-2028 identifies various additional priority law / policy reform issues that require attention, including:

- Enhancing legal protection against hate crimes based on sexual orientation, gender identity and expression, through advocacy for the enactment of the Hates Crimes Bill.
- Reviewing the Alteration of Sex Description and Sex Status Act 49 of 2003 to enhance access to gender-affirming health care services.
- Harmonising age of consent policies to strengthen access to sexual and reproductive health services for young people; and
- Reviewing laws and policies to integrate traditional health practitioners into health care structures.

This Assessment found that community-led sex worker advocacy with policy makers and at public fora, as well as community mobilisation continues to progress well and there have been significant gains made in the ongoing work by SWEAT, Sisonke, Ubuhlebethu and other AFSA SRs and medium-sized grant organisations, including support for law reform by SANAC SR, SANAC TSU, the CGE and the Department of Social Development (DSD).

In 2019, the Department of Justice and Constitutional Development adopted the National Strategic Plan on Gender-Based Violence and Femicide 2020-2030. This Plan commits to fast-track legislative processes to decriminalise sex work between 2020-2024. In February of 2022, the Deputy Minister of Justice and Constitutional Development began a series of consultative meetings with various stakeholders and interest groups, including key population-led organisations and networks, to find the best way forward with decriminalising sex work. The Criminal Law (Sexual Offences and Related Matters) Amendment Bill, proposing to decriminalise the sale and purchase of adult sex work, was gazetted and circulated for public comment.

AFSA is supporting sex worker and human rights programme SRs to coordinate advocacy efforts, including drawing on current evidence gathered during human rights violations documenting and monitoring, to raise awareness and advocate for the rights of sex workers and for the decriminalisation of sex work. Advocacy and awareness raising has been done at national level, as well as with the provincial legislatures. The momentum with the Amendment Bill on sex work has recently stalled due to a call for regulations to accompany the Bill; however advocacy for the decriminalisation of sex work continues. There is an urgent need to keep up this momentum and to ensure ongoing political leadership to follow through on the gains made towards the

decriminalisation of sex work, particularly with the Deputy Minister of Justice, a champion for decriminalisation of sex work, retiring soon.

The Cannabis for Private Purposes Bill, which seeks to decriminalise cultivation and possession of cannabis for own use, was introduced in November 2023. Advocacy for improved drug law and policies is also progressing through various other avenues. NACOSA and the South African Network of People who Use Drugs (SANPUD) continue to advocate for the decriminalisation of drug use and for improved drug policies. SANPUD has received (limited) Global Fund funding for community-led monitoring activities to support this advocacy, and NACOSA paralegals are able to provide more technical, legal support to support decriminalisation advocacy. NACOSA has also worked with PWUD organisations to advocate with NDOH for needle and syringe exchange programmes for people who use drugs, and with the DSD, providing legal research and guidance on the provision of harm reduction services to minors. SANAC TSU has also taken up advocacy issues for people who use drugs, advocating for a pilot programme for providing methadone, opioid substitution therapy and needle and syringe exchange within public health facilities, with public funds.

This advocacy needs ongoing efforts to improve the regulatory framework for PWUD, through working with the Central Drug Authority (CDA) who is required to oversee the implementation and evaluation of the National Drug Master Plan (2019–2024) on drug regulation, treatment, and prevention. The CDA reports to the Inter-Ministerial Committee on Substance Abuse and Provincial Substance Abuse Forums that in turn are informed by and support Local Drug Action Committees; these committees and forums are linked to the community of people who use drugs and are able to raise issues of concern at the various levels. Provincial PWUD civil society sectors have been established through the Civil Society Forum; however, there is still no national PWUD representative on the Forum - this representation is an important avenue to provide ongoing information on challenges and rights violations experienced by PWUD.

At national level, SANAC (as AFSA's SR) as well as SANAC TSU and SANAC's Plenary Platform is collaborating with various partners - CSOs, various donors and partners (such as Global Fund, PEPFAR, UNDP (SCALE initiative) and UNAIDS, on the review and reform of criminal laws. For instance, SANAC TSU has convened the first of several SCALE meetings in 2023. The SCALE Initiative is a 2 year UNDP-supported initiative to support and scale up innovative key population-led efforts to address criminal laws affecting key populations in South Africa. It involves collaboration between UNDP, UNAIDS, PEPFAR, the Global Fund, as well as SWEAT, Sisonke and Access Chapter 2, and provides low value grants to support advocacy efforts for the decriminalisation of sex work and drug use in South Africa (and other countries in sub-Saharan Africa⁵⁴), with a follow-up consultation planned for Quarter 1 in 2024. SANAC SR has also supported work with the Central Drug Authority, and a national drug summit is planned for 2024.

In addition, SANAC continues to engage with and make progress with various government departments (e.g., NDOH, SAPS, DSD) to support work on reviewing other priority policies and guidelines. There have been several achievements in the development and updating of health plans and policies, informed by HRV data. A Key

⁵⁴ Angola, Cameroon, Côte d'Ivoire, Eswatini, Namibia and Zambia.

Population Health Plan has been developed and launched; Transgender Policy Briefs have been developed; Young Key Populations Guidelines have been developed; a National Drug Master Plan has been developed; the National LGBTQI+ Plan has been reviewed and updated, as has the National Sex Worker Plan. However, SANAC TSU staff are overwhelmed by high levels of technical support required for law/policy review and reform, with inadequate staff to support all technical support requests and lengthy processes required for high-level sign-off and approval of updated policies and plans.

The Commission for Gender Equality and the PLHIV sector have done extensive preparatory work to push for policy reform with NDOH around the practice of coercive sterilisation of women living with HIV in some facilities; however, the NDoH has not followed through on commitments to respond to complaints of coercive sterilisation and this work has since stalled and needs reinvigorating. Previously, there were discussions of the potential use of strategic litigation to respond to the practice (as with Namibia⁵⁵ and Kenya⁵⁶). However, there has been limited progress on formalising a Strategic Litigation Task Team. Despite this, PRs are beginning to identify some additional key trends for potential strategic litigation. Common issues of concern for AYP include issues around access to identity documentation which impacts on access to health care; and issues of bullying of young people in schools on the basis of their / parents' HIV status or on the basis of sexual orientation or gender identity. For PWUD, issues of unlawful arrests and confiscation of medicines and needles continue to be a common complaint, and the need to strengthen access to affordable harm reduction interventions for PWUD remains a priority. For transgender people, access to hormonal therapy continues to be a critical issue. Addressing gender-based violence, including sexual and gender-based violence for women and girls as well as sexual and gender minorities, is another key concern.

Recommendations

- Develop the National Advocacy Strategy, including integrating updated law / policy reform priorities (e.g., those identified by PRs and networks, those within the new NSP) into the National Advocacy Strategy as well as any further key issues arising from HRV and CLM data.
- Consider appointment of dedicated law/policy review staff member at SANAC TSU, with additional staff for other technical support needs
- Re-focus law/policy reform initiatives at provincial and district level with PRs, SRs and key population and community-led organisations and networks.
- Provide continued support, including from SANAC TSU, for law/policy reform agenda on sex work and drug use, to ensure ongoing momentum, including support for responding to the recent call for regulations.
- Continue strengthening political commitment amongst and working with all key government departments and Chapter 9 institutions on prioritised law and policy reform initiatives (e.g. expediting the development of regulations to support the

⁵⁵ Southern African Litigation Centre (2014) Namibia: Coerced Sterilisation of HIV Positive Women. Available at <https://www.southernafricalitigationcentre.org/2014/11/03/namibia-coerced-sterilisation-of-hiv-positive-women/>

⁵⁶ KELIN (2023) Court Victory: Landmark Ruling Exposes Discrimination in Forced Sterilization of HIV-Positive Women. Available at <https://www.kelinkenya.org/court-victory-landmark-ruling-exposes-discrimination-in-forced-sterilization-of-hiv-positive-women/>.

decriminalisation of sex work, reviewing operational guidelines and SOPs (see also section 4.1.b).

- Create awareness of and disseminate updated guidelines and plans, including through communications strategies and trainings.
- Identify priority issues and potential strategic litigation cases for uptake, based on National Advocacy Strategy, HRV data, PR reports, as identified.

(g) Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

HIV program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	3.2	3.2	3.5
<p><i>There is a strengthened national framework to respond to SGBV. There are also signs of improved integration of SGBV issues across human rights, AYP and other programmes to respond to SGBV (including SGBV against sexual and gender minorities), as well as within training of health care workers and law enforcers and sensitisation of traditional leaders.</i></p>			

The MTA found a wide range of activities addressing HIV-related discrimination and SGBV against women but focused its reporting on those most closely related to the human rights plan, including the Global Fund, PEPFAR and German Development Bank-supported ‘She Conquers’ campaign, the PEPFAR / CDC supported DREAMS Programme, Global Fund-supported AGYW programmes across 7 provinces and the TCCs, for survivors of sexual violence. The MTA also took note of specific CSO activities to address violence against sex workers, to support the rights of women who use drugs, and to mobilise community-led organisations around the rights of transgender and gender non-conforming people. It recommended the scale-up and prioritisation of gender discrimination and SGBV activities, suggesting the need for mapping the nature and coverage of gender discrimination and SGBV activities, and responding appropriately, including through further support for TCCs, scaling up and integrating prioritised activities to deal with gender discrimination, and ensuring a strengthened focus on responding to violence against transgender women.

At a national level, the most important new development is the long-awaited adoption of the National Strategic Plan on Gender-Based Violence and Femicide 2020-2030 to guide the national response to SGBV, with a specific focus on violence against women (across age, physical location, disability, sexual orientation, sexual and gender identity, gender expression, nationality and other diversities) and violence against children. The new NSP for HIV, TB and STIs incorporates priorities from this GBVF NSP, and it is critical to ensure that the updating of the national HIV, TB and human rights plan (currently underway) aligns with the framework and national SGBV priorities. The new HIV NSP recognises various priority populations for HIV, including adolescents, particularly adolescent girls, survivors of sexual and gender-based violence (SGBV) and LGBTQI+ groups. Objective 1.4 aims to support and strengthen community-led actions for gender-transformative responses, to change harmful

gender norms, as well as to better respond to SGBV, increase access to services for SGBV through the expansion of TCCs and provision of services by CSOs where TCCs are not available, and to increase access to shelter. It also aims to strengthen the capacity of leaders at all levels of decision-making to advance gender equality.

Current work around reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity focuses on scaling up ongoing work to respond to the needs of adolescents and young people, including adolescent girls and young women, with a strong focus on responding to SGBV, e.g. through the TCCs. However, the mapping exercise has not taken place, which is unfortunate given that SGBV remains a critical issue of concern which PRs feel is still not sufficiently funded, addressed, documented and able to be referred to available services in all areas. In addition, PRs and SRs still feel that there is insufficient understanding of gender-related barriers to HIV services, and gender-transformative responses to HIV and TB, beyond SGBV issues.

The current Global Fund-supported human rights programme aims to better integrate gender-related issues and barriers to access to HIV services within human rights programme interventions. For instance, stigma and discrimination reduction campaigns aim to integrate issues of gender discrimination – including discrimination against sexual and gender minorities - through updating training and IEC materials, and training human rights ambassadors as well as key cadres of staff from relevant community-led, women's, young people's and transgender organisations and networks, persons to conduct stigma and discrimination reduction, legal literacy as well as monitor and document gender-based rights violations.

There are reports of progress in integrating human rights programming within AYP programmes and within TCCs, although there were challenges at inception, and it is still a new area of focus for many of the programmes. The AYP programme deals with issues of gender inequality, harmful gender norms and GBV (e.g., through the Stepping Stones programme, documenting SGBV and providing post-violence care and referrals to other support). SANAC TSU has supported an AYP and human rights consultation, to discuss and provide support for integration of human rights interventions into AYP programmes. NACOSA, for instance, reports that although there were some initial capacity limitations, key cadres of staff from these AYP programmes have now been trained on human rights and are integrating additional human rights programming (stigma and discrimination reduction, legal literacy and HRV monitoring and documenting) within their ongoing interventions and refer violations and issues to their employee lawyers.

Other PRs are using linkages officers to create linkages and referrals between their human rights programmes and the key populations and AYP programmes in those districts; the key population programmes working with transgender people report a strong focus on issues of gender discrimination and SGBV. In November, Beyond Zero, for instance, launched its #BeyondSilence communications and community mobilisation campaigns during the 16 days of activism against SGBV, to reach 2000 people with increased awareness of SGBV, including SGBV against sexual and gender minorities.

Work is being undertaken with the men's sector to engage men and boys around gender inequality, harmful gender norms and SGBV. For instance, Azali Healthcare is the Secretariat of the Men's Sector, a network of organisations working with men and

boys under SANAC. Azali Healthcare works with traditional leaders and with men and boys at community level, engaging them around issues of combating SGBV and HIV.

The current Human Rights Toolkit addresses issues of gender and sexuality well and is being used and adapted to support interim training; the updated version, when finalised, will include strengthened materials on various key issues identified in the 2022 evaluation. NACOSA is currently developing a gender transformation curriculum, to train PRs, SRs, medium-sized grant organisation staff and traditional leaders on removing gender-related barriers to access to HIV and TB services. This kind of training is critical, given reports of lack of understanding of gender-transformative programming. In addition, the NDOH has updated its health care worker training materials with a strong focus on the national framework and commitments to respond to gender inequality, harmful gender norms and SGBV, and sensitisation materials to support health care workers to respond appropriately.

Sensitising of traditional leaders on stigma and discrimination, including gender discrimination, harmful gender norms and SGBV needs to be scaled up. There remains a strong need to sensitise traditional leaders on harmful gender norms and cultural practices, such as ‘forced marriage’), particularly in relation to girl children. These issues should be integrated within the planned gender transformation materials and training.

In addition, Global Fund-supported PRs, SRs and medium grant organisations are documenting cases of SGBV within the post-violence care interventions undertaken by their AYP programmes and the SGBV services provided at TCCs. The rich data on SGBV from the TCCs, however, is recorded separately from, and not always as well captured within the HRV documenting and monitoring or reported at human rights OPEC meetings between Global Fund-supported PRs. There is a need for a strengthened focus on SGBV within the HRV documenting and monitoring and to integrate all data collated to reflect GBV as one of various forms of human rights violations taking place. Law enforcers are being trained by SAPS using the DDP training materials, and Metro police are being trained by SANAC, as set out above – this training includes sensitisation on SGBV experienced by all people, including women and girls and key populations. The difficulties with updating DDP materials have been set out in the law enforcers section 3.1.e, above.

PRs and SRs refer cases of SGBV that arise during service delivery for the AYP and key populations programmes (e.g. with sex workers, MSM, transgender people and people who use drugs) to support services, including the TCCs, as well as other services within their existing networks and partnerships, including government psycho-social support services provided by the DSD, as well as to law enforcers. However, as set out above, there is a need for increased community-led services to respond to SGBV, particularly in areas where there are no TCCs. There are some reports that TCCs are not always operating optimally to refer cases for legal support services.

“I used to work at a Thuthuzela Care Centre assisting survivors of SGBV with access to biomedical services, for example, access to rape kits and PrEP but we understood that the TCCs are supposed to assist survivors in preparing them for court hearings and explain to them what the court process is. The legal service is often bypassed and when survivors see the perpetrator roaming the streets, they lose hope because they do not understand the legal processes related to bail etc. Hence there is a lack of

reporting on SGBV. I did not even know that TCC's are linked to the NPA. So, we need to strengthen both biomedical and legal services at TCCs which include preparing the survivor by explaining the Sexual Offences Act processes as well as their rights. For example, HIV testing of perpetrators, issues on secondary victimization both before and during hearings are not well understood by staff at TCCs."

Finally, there is also a reported need for strengthened support and services to respond to GBV against LGBTQI+ people. The PRs and SRs dealing with sexual and gender-based violence affecting sexual and gender minorities report that forums and programmes geared towards women and girls do not always provide adequate support for LGBTQI+ people who experience SGBV, resulting in key populations being unable to access critical post violence services. In a survey conducted by Ritshidze in 2023, only 56% of MSM, 56% of transgender people, and 47% of sex workers who needed post violence services such as rapid HIV testing, post-exposure prophylaxis, STI treatment, emergency contraception, completed J88 forms, rape kits, counselling, and referral to domestic violence shelters were able to access them. Of those who did get access, only 52% of MSM, 52% of transgender people, and 50% of sex workers thought staff were well trained to care for those who experience violence.⁵⁷ Further, only 40% of MSM, 31% of sex workers, and 31% of trans people said staff were respectful.⁵⁸

Recommendations

- Map the nature and coverage of gender discrimination and SGBV activities.
- Provide for ongoing capacity development, mentoring, support for integrated approaches to human rights programming within AYP / gender programmes, to build on gains.
- Provide ongoing support and training for all human rights and key populations programmes to integrate issues of gender discrimination, harmful gender norms and cultural practices, SGBV issues, building on existing work (e.g. NACOSA's gender transformation materials and training).
- Ensure that the updated HR Toolkit training, as well as the materials for training of law enforcers, updates the current focus on gender inequality, harmful gender norms and SGBV with a focus on priority issues set out in the new HIV NSP and GBV NSP and on SGBV experienced by key and priority populations.
- Include M&E indicators to measure gender-transformative and gender responsive approaches in human rights programme implementation.
- Ensure the National Action Plan includes provision for strengthening the sensitisation of traditional leaders on harmful gender norms, cultural practices and SGBV.
- Continue to strengthen capacity of TCCs to integrate human rights documentation and referrals to legal support services.
- Develop methodology for integrating TCC's SGBV data into the National Portal of HRV data.
- Strengthen access to TCCs and alternative violence response mechanisms that cater to needs of LGBTQI+ people.

⁵⁷ Ritshidze (2024) State of Healthcare for Key Populations (3rd edition), p53.

⁵⁸ Ibid.

(h) Community mobilization & advocacy for HIV and TB

HIV program area	Score		
	Baseline (2021)	Mid-Term (2022)	Progress (2023)
Community mobilization and advocacy for HIV and TB	*	*	3.3
<p><i>There has been substantial progress in scaling up monitoring and documenting rights violations at national and district level, although various challenges remain. Global Fund-supported programmes have appointed and trained staff within human rights, key population and AYP programmes to support scale-up of HRV documentation, and PEPFAR's Ritshidze programme continues to operate at health facilities. National-level collation and analysis of Global Fund HRV data is taking place.</i></p>			

The MTA found some progress in advocacy efforts towards improving the legal and policy framework for sex work and drug use, described in section 4.1.f, above. It also reported on notable efforts across various organisations and networks to mobilise community-led monitoring and documenting of rights violations against people living with HIV, people with TB, key and priority populations, but noted the challenges in developing standardised, national-level human rights reporting. The MTA identified this as a priority area for increased focus, based on lessons learned from existing (and varied) methodologies being used to monitor rights violations and advocate for reform. Specifically, it recommended the scale up of coordinated efforts to monitor and document human rights violations by human rights and other health programmes, based on what's working well; and the standardisation of monitoring and documentation efforts based on agreed, priority indicators and tools (such as, e.g., REAct) to feed into an established national system to collect and collate this data. Finally, it recommended the improved use of CLM and HRV data to inform advocacy and implementation e.g. through rapid monitoring system to assess activities on a quarterly basis.

There has been substantial progress in scaling up monitoring and documenting rights violations, although various challenges remain. While a formal evaluation and mapping of CLM and HRV initiatives across the country has not taken place, human rights programme implementers have had a number of meetings to review the systems, identify challenges and lessons learned, and strategize the way forward. This has also resulted in an updated HRV Guidance Document to develop minimum standards for quality monitoring and documenting of rights violations, including standardised approaches in collecting and reporting on data and categorising rights violations, albeit with various tools. The Human Rights Toolkit and HRV training materials are still being updated at the time of the assessment.

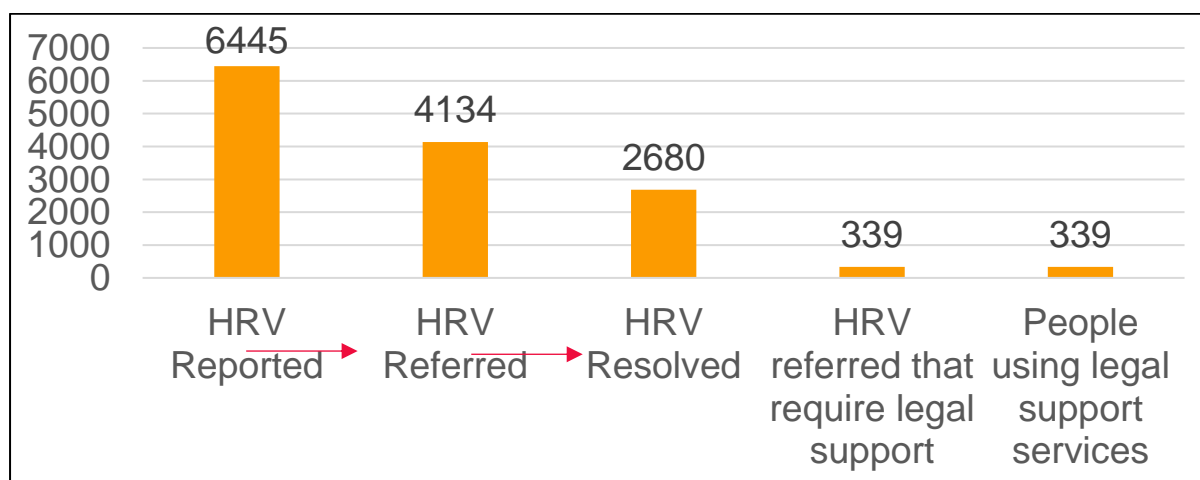
Various organisations continue to undertake a variety of forms of HRV / CLM across South Africa, some of whom have been doing so for years (prior to Global Fund support) successfully, using their own existing tools and networks. Global Fund programme implementers have appointed and trained a number of different staff members and outreach workers within human rights, key population and AYP organisations (e.g., Human Rights Ambassadors, advocacy officers, paralegals, peer educators) to support the monitoring and documenting of HRV and report being able to reach more clients and conduct increased documentation. REAct monitoring and

documenting is also being used by Frontline AIDS-supported organisations. Integration within TB programmes remains limited (discussed in section 4.2, below). Ritshidze ('Saving Our Lives') community-led monitoring at clinics, working through networks such as the Treatment Action Campaign, the National Association of People Living with HIV, the Positive Action Campaign, the Positive Women's Network and the South African Network of Religious Leaders Living with HIV, has reached 13 832 people in 2024.

There is now an increasingly strong focus on reporting of HRV at human rights Global Fund OPEC meetings, with PRs reporting on the numbers of HRVs documented, referred and resolved at meetings, in terms of core indicators. The latest reports for Q6 reported on a total of 6 445 HRVs monitored and documented in that period. AFSA reported on 3 356 cases (around two-thirds from sex workers and a third from AYP), of which 58% were referred for further interventions and 59% of those were resolved, with 709 cases pending resolution. BZ documented 1 878 HRVs (from MSM, TG and AYP), referred 99% of those and resolved 1 257 cases, internally and externally. The delays in BZ's implementation mean that reports of rights violations from MSM and TG are still severely underrepresented; this remains a critical challenge which is hoped to improve, now that implementation is well underway. NACOSA documented 1 341 HRVs in its PWUD, CSS and AYP programmes. Of these, 31% were referred and 72% of those have been successfully resolved, including by 'in-house' lawyers. NACOSA noted that 747 sexual violence cases were reported in that period.

Human Rights Violations Cascade Q3 to Q6				
Reporting Indicators	Reporting Quarter			
	Q3	Q4	Q5	Q6
Number of HRVs reported	10396	7791	5753	6445
Number of HRVs Referred	7318	4271	3744	4134
Number of HRVs Successfully Resolved	6530	3835	3165	2680
Number of HRVs Referred that require legal support	2181	2170	768	339
Number of people using legal support services	1694	1683	375	339

HRV Cascade for Quarter 6 across all PRs:



The highest number of cases relate to various forms of stigma and discrimination, assault and violence, followed by rights violations in the health care sector (inaccessibility, poor quality service) and, for people who use drugs, rights violations involving confiscation of needles and personal property predominate. Perpetrators are mainly community members, followed by state officials (e.g. law enforcers, health care workers, social workers / the DSD) and then family members.

As can be seen, the quality and quantity of collated data on HRV, follow-up and the outcomes of cases, is much improved (although arguably documenters themselves need ongoing monitoring and support). The documentation provides rich sources of data, and it is critical that this data is used appropriately in programming and advocacy. In addition, the groundwork has been done for the collation of Global Fund HRV data nationally and it is currently collated by AFSA, albeit manually (using Excel). Phase 1 of a national Human Rights Portal has been developed; Phase 2 is currently underway with the contracting of a Service Provider to manage the collation of generated data into the system; and Phase 3 (the extending of data collection to other, external data such as that collected by the justice sector and by other donor-supported efforts such as Ritshidze) is still to be undertaken. A national-level meeting is planned in early 2024 to finalise Phase 2 of the national Human Rights Portal.

SANAC SR generates quarterly reports on HRV data, although there is a need for this to be used to link to national- and local-level advocacy efforts. There are reports (albeit mixed) of PRs working with their SRs to use HRV data to inform stigma and discrimination reduction, legal literacy, sensitisation efforts as well as advocacy. While not necessarily systematic, implementing PRs and SRs are developing their own tools to flag HRV issues. E.g. NACOSA has developed a tool to flag recurrent HRV issues for advocacy and follow-up. Trends for HRV experienced by PWUD are well understood. Implementers also report using data to some extent e.g., for decriminalisation of sex work and for advocacy with NDOH regarding improved harm reduction for people who use drugs and with SAPS on issues of confiscation of needles, as well as advocacy with the Task Team on Hate Crimes for LGBTQI+-related violence).

SANAC SR works with key and priority population networks and has developed a National CLM Framework and has recently appointed networks to conduct CLM across districts. A workshop was held to discuss strengthened interactions between the HRV work and CLM at health facilities / health services, as this remains an area of need.

Recommendations

- Ensure that the (updated) Coordination Framework and Action Plan integrates efforts to co-ordinate HRV and CLM implementation, monitoring and oversight.
- Support strengthened collaboration and linkages between identifying and collating CLM data by key population networks, and Global Fund-supported HRV documenting, responding, and referrals to legal support services.
- Finalise and implement the HRV Guidance Document to support standardised understanding, categorisation and reporting of HRV, even with the use of different tools.
- Scale up HRV and redress, through advocacy and referrals for paralegal and legal support services.

- Ensure the development of safety and security plans for key population-led organisations.
- Continue to analyse trends in responding and resolving HRVs, and find ways to ensure the use of this data to inform advocacy, identify lessons learned and support re-programming.
- Finalise collation of national-level data from Global Fund-supported and other sources within National Portal.

4.2 Progress to remove barriers to TB services

(a) Eliminate TB-related stigma and discrimination

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Eliminating TB-related stigma and discrimination	2.5	2.9	3.1
<i>There is an improved framework for responding to TB-related stigma and discrimination, with stronger evidence of TB-related stigma and discrimination, and integration of rights-related issues in the TB strategic plan and communications strategy. TB has been better integrated into human rights programmes such as S&D reduction, legal literacy, training of health workers, and monitoring and documenting of rights violations, although HIV-related issues still remains underprioritised.</i>			

In 2021, the MTA found that there were efforts underway to increase the understanding of, and to respond to TB-related stigma and discrimination. There had been some progress in establishing TB support groups and providing social support for people with TB. However, it was still a neglected area of the response, requiring strengthened focus. The MTA recommended the need to improve the understanding of TB-related stigma and discrimination (e.g. using the Stigma Index results), to inform updated strategies for reducing TB stigma and discrimination. It furthermore recommended the integration of TB-related stigma and discrimination reduction activities into TB programmes with community groups, and to strengthen social support for internal stigma.

Current priorities for addressing TB-related stigma and discrimination include not only integrating more TB-related questions within the Stigma Index study, but also undertaking a separate TB Stigma Assessment, to inform programming and the updating of human rights training and IEC materials. The current grant also prioritises the integration of TB-related stigma and discrimination reduction within all S&D programmatic activities, including the Human Rights Charter, and emphasises working with TB champions as Human Rights Ambassadors, as well as working with people with TB-led networks and organisations to do community-led stigma and discrimination reduction work.

There is a growing body of increased evidence of TB-related stigma and discrimination in South Africa since the MTA, including updated evidence from the Stigma Index 2021 and the background research to the NDOH's Social and Behaviour Change Communications (SBCC) Strategy. The new National Strategic Plan has a stronger link between HIV, TB and sexually transmitted infections, and includes a focus on strengthening support groups and networks for people with TB, to manage internal

stigma. The planned 2023 / 2024 TB Stigma Assessment budget is currently in the planning stages. Although the Human Rights Toolkit update is still in progress, the Inception Report includes an emphasis on integrating updated guidance on managing TB-related stigma and discrimination.

However, progress on TB-related stigma and discrimination reduction interventions has been limited. PRs are conducting community-level anti-stigma campaigns that integrate HIV and TB-related issues, as described in HIV Programme Area 1, but acknowledge that they are awaiting updated materials, and that currently their human rights programming efforts prioritise HIV-related human rights activities over TB activities and their human rights violations monitoring and documenting raises far less TB, than HIV-related violations. Some TB support groups have been set up, but it is unclear to what extent the work engages with these, or other TB-related organisations and networks, in carrying out campaigns. Similarly, with AYP organisations, community organisations working on TB service delivery are relatively 'new' to human rights programming and more accustomed to implementing biomedical interventions (TB screening and testing, contact tracing, referral for treatment and loss to follow up). SANAC TSU is aware that PRs, SRs and smaller organisations may also require a dedicated staff person, focused capacity strengthening and technical support to fully understand and integrate TB human rights programming within their existing work.

The NDOH holds an additional \$8.5 million for TB S&D Reduction programmes but with limited TB and human rights expertise, they have only recently begun developing an action plan to complement existing S&D reduction communications and activities. In 2022 / 2023, the NDOH developed an SBCC Strategy and Action Plan (currently being validated at provincial level), including detailed TB-related stigma and discrimination reduction communications needs, for implementing social behaviour change. It was initiated through a consultative process, including community research, to look at health seeking behaviour in high TB burden communities, the experiences and expectations of care from the perspective of health care providers and affected people, and TB knowledge. The qualitative research found that stigma towards people with TB, their families and households, inhibits access and adherence to care, as well as making the provision of care challenging for community health workers. The SBCC strategy aims to improve knowledge and awareness about TB, including the health and human rights of people with TB amongst affected people as well as health care providers, through various forms of mass media, community media, web-based platforms, IEC materials and through TB ambassadors and CSOs. It aims to strengthen demand for rights-based care and treatment.

The NDOH have since developed a 2-day training session and a Toolkit to support rolling out the SBCC campaign. Some of the Global Fund grant will be used to support this communications strategy. Other key suggested activities include supporting a national-scale TB Stigma Assessment (mentioned above) and sensitising community health workers on TB-related stigma and discrimination.

Recommendations

- NDOH to accelerate efforts to undertake the national-level TB Stigma Assessment to inform S&D related activities for TB.
- NDOH to prioritise the finalisation of the proposed TB stigma and discrimination reduction activities, in alignment with current HIV, TB and human rights-related activities.

- Prioritise TB stigma and discrimination materials in the review / updating of all training materials and IEC materials, including modules that specifically address anticipated, enacted and self-stigma to guide health workers, legal support service providers and community leaders to identify and combat TB-related stigma and discrimination.
- Enhance funding for and prioritization of community-led TB-related stigma and discrimination reduction initiatives, informed by evidence of what works to change behaviour. Human rights implementers to appoint TB-specific focal point persons within their human rights programmes, to promote a strengthened focus on TB-related activities.
- Identify and locate TB organisations, networks and survivor / support groups during stakeholder mapping exercises, in order to prioritise their inclusion in national human rights- and gender-related programmatic responses within communities and health care facilities.
- Continue to scale up and integrate TB related S&D reduction activities within all human rights programmes, including within SBCC campaigns, stigma and discrimination reduction programmes at health care facilities and communities.
- Prioritise the engagement of TB survivors as Human Rights Ambassadors, and the training of staff within TB service delivery organisations and TB-led organisations and networks, in order to support increased survivor talks and peer support at health care facilities and community outreach of anti-stigma campaigns and
- Ensure support and capacity development for increased TB support groups to be set up and to undertake S&D reduction programmes, including providing counselling and mental health services to address the links between self-stigma, mental health and substance use.
- Require all PR's progress reports at OPEC to specifically report on TB-related HRVs, and TB-related human rights interventions.
- Ensure that community-led monitoring and feedback on anti-stigma initiatives is used to continuously monitor and evaluate the effectiveness of stigma and discrimination reduction initiatives, and to adapt and improve strategies so that they remain responsive and address TB-related stigma and discrimination.

(b) Ensuring people-centered and rights-based TB services at health facilities

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensuring people-centered and rights-based TB services at health facilities	2.0	2.0	2.2
<i>The NDOH has included a strengthened focus on TB-related stigma and discrimination in its updated health worker training materials. Their TB SBCC strategy identifies TB-related S&D as a barrier to access to services, to be addressed in communications. District-level sensitisation of health workers by other PRs also deals with TB-related S&D, to some extent.</i>			

In the previous grant cycle, the MTA found some *ad hoc* efforts to identify the nature and extent of, and to address TB-related stigma and discrimination in health care. The extent to which TB was included in the NDOH training of health workers curriculum

was unable to be determined. However, the Human Rights Toolkit did address TB-related stigma and discrimination. The MTA noted that the training of community health workers was critical for TB-related interventions. The Assessment and follow up evaluations recommended that health worker training be strengthened to include updated TB-related information, including based on updated research findings, CLM and HRV data and other input from TB organisations and networks.

The current grant responds to these recommendations, as described in the HIV Programme Area on sensitising workers, above. It also proposed strengthening partnerships with TB-led community organisations and networks to ensure their participation in the design, as well as the delivery of training. The delays in implementation of health worker training have been described in the HIV Programme Area on training of health workers, above. NDoH is currently updating health worker training materials, which should be finalised by early 2024. The draft materials include a strengthened focus on TB-related stigma and discrimination.

Recommendations

- SANAC TSU to provide support to NDOH and Task Team to facilitate the development of a National Action Plan for training of health workers, including plans to (i) integrate TB, HIV, human rights and medical ethics training into pre- and in-service training, (ii) extend training to community health workers, (iii) define the modality for supporting the active participation of people with TB and affected TB key populations in the training of HCWs; and (iv) develop an M&E system for health care worker training (including cascaded training by trained trainers) to feed into national human rights data collection / National Portal.
- Ensure inclusion of representatives of people with TB, TB survivors and / or TB technical experts on the Task Team set up to support the human rights training of health workers.
- Ensure health worker training IEC materials and SBCC materials are aligned with efforts to reduce TB-related stigma and discrimination.
- Accelerate implementation of training, follow-up, mentoring and support of HCWs, including on issues of TB-related human rights and medical ethics.
- Prioritise training of community health workers working with people with TB, on TB, human rights and medical ethics.
- Commission an independent evaluation of the NDOH human rights training, particularly to see if practices improve after a critical mass of staff in a given facility are trained.
- SANAC TSU and Task Team to support NDOH to develop SOPs, complaints mechanisms and performance frameworks in line with the healthcare worker training, and to review health care guidelines to ensure rights-based and gender-transformative TB services.

(c) Ensure rights-based law enforcement practices for TB

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Ensuring rights-based law enforcement practices for TB	0.0	0.0	2.0
<i>National and local level efforts to sensitise law enforcers include sensitisation on TB-related human rights issues and key populations. Materials have been developed with</i>			

DCS and training for prisons officials will begin in 2024. Efforts are also underway to establish community-led networks of former detainees, to engage in TB-related stigma and discrimination and other services.

Efforts to support people-centred and rights-based law enforcement practices in the context of TB are fairly new to the national response to HIV and TB in South Africa. To date, efforts to sensitise law enforcers have primarily focussed on the rights of HIV-related key populations, such as sex workers, people who use drugs, men who have sex with men and transgender people. However, many of these same populations are vulnerable to TB, including those who are homeless and mobile / migrant populations; people in places of detention are also vulnerable to TB-related rights violations.

Currently, human rights programmes to sensitise law enforcers aim to integrate both HIV and TB-related human rights issues. For instance, national, and local-level work with police officers and other law enforcers is aimed at sensitising them on the rights of people living with HIV, people with TB and key and priority populations. Similarly, work with Correctional Services aims to support the sensitisation of correctional facility officials on the rights of people living with HIV, people with TB and key and priority populations, as well as support DCS to develop policies and strategies to provide improved access to HIV- and TB-related prevention and care services, including linkages to services on release. Efforts are also underway to establish community-led networks for former inmates, to strengthen advocacy and service provision for former inmates.

Challenges and progress in training of SAPS and updating of Dignity, Diversity and Policing materials, as well as with engaging DCS, have been described in 3.1.5, above. As mentioned, SANAC SR and its' Service Provider are currently conducting training with metro police, and has supplemented existing materials with updated information, including on the rights of people with. Training with prisons officials is due to begin in 2024. The monitoring and documenting of rights violations has reportedly documented around 250 cases of rights violations against people with TB; it is critical that this information be used to inform law enforcers and correctional services training.

Recommendations

- Encourage high-level discussions to promote commitment to institutionalise training and to revise / update training materials for SAPS, and to continue the scale-up of training for SAPS and the Metro law enforcement officers, to sensitise them to the rights of both people with HIV and people with TB, and related key and priority populations.
- SANAC SR to work with stakeholders to review / supplement the existing DDP materials with new data and evidence on TB-related rights violations, including inputs by TB-led organisations and networks of TB survivors and family members, as well as the newly established community-led networks for former inmates, in materials development.
- Strengthen the meaningful involvement of representatives of TB survivors and family members, and TB key populations in both pre- and in-service training for SAPS and Metro Police.
- Set up regular forums between SANAC SR's Service Provider and the PRs and SRs who are undertaking district-level in-service training and sensitisation, to support collaboration, learning, relationship-building, and M&E.

- Develop and implement a comprehensive M&E system to measure and evaluate the impact of both pre- and in-service training.
- SANAC to continue to seek high-level political commitment from DCS; to provide technical support to DCS to scale up sensitisation of prison officials on the rights of both people living with HIV and people with TB and relevant key and priority populations.
- SANAC TSU to provide support to DCS to strengthen policies and strategies to support strengthened access to TB prevention and care services in places of detention, including linkages to care on release.

(d) Improving TB-related Legal literacy ("know your rights")

TB program area	Score		
	Baseline (2021)	Mid-Term (2022)	Progress (2023)
Improving TB-related legal literacy ("know your rights")	2.0	3.0	3.3
<i>Human rights programme implementers have strengthened the integration of TB within scaled-up stigma and discrimination reduction and legal literacy programmes. However, TB remains underprioritised compared with HIV.</i>			

In 2021, the MTA found that there was limited TB-related legal literacy being undertaken, although some TB-related information had been included in the paralegal training materials developed by ProBono.org under the Global Fund grant. It recommended the need for gathering more evidence on key issues facing people with TB, for integration into legal literacy training and IEC materials, to scale up training on TB-related legal literacy.

Since that time, national strategies and priorities have emphasised the importance of integrating TB-related legal literacy training into human rights interventions, for example through updating training and IEC materials, informed by updated studies, assessments and other data; and through inclusion of TB-related legal literacy in the legal literacy training of paralegals, as well as peer educators within community key populations programmes, AYP and TB prevention programmes and from previously capacitated small / medium grant organisations.

As reported in HIV Programme Area 1, above, the Human Rights Toolkit materials have been evaluated and are currently being updated, including to strengthen inclusion of TB. In the interim, PRs are undertaking legal literacy with their adaptations to existing materials. However, PRs acknowledge that HIV receives far greater focus than TB in the current materials and are awaiting updated materials. In the meantime, PRs and their SRs have conducted legal literacy training for a range of staff, including peer educators, outreach workers, newly appointed Human Rights Ambassadors, Advocacy Officers and paralegals, to carry out legal literacy. The NDOH is currently finalising its plans and proposes to supplement this work with additional (stigma and discrimination reduction) and legal literacy activities.

Recommendations

- Ensure that stakeholder mapping exercises identify and locate TB organisations, networks and survivor / support groups to prioritise their inclusion in national human rights- and gender-related programmatic responses.
- Prioritise the finalisation of updated human rights training and IEC materials that include updated TB-related human rights issues.
- Increase funding for, and scale up the integration of TB-related legal literacy in all human rights interventions currently carrying out legal literacy. Use TB survivor talks, personal stories of overcoming stigma and discrimination, peer support and digital campaigns to educate on the rights of people with TB and the importance of addressing stigma and discrimination.
- Prioritise training of staff within support groups and organisations led by, supporting or working with people with TB, to conduct legal literacy campaigns.
- Ensure the inclusion of TB-related legal literacy messaging in national-level SBCC campaigns, and the use of evidence-informed methods to change behaviour.

(e) Increasing access to justice in the context of TB

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Increasing access to justice in the context of TB	2.5	3.4	3.5
<i>Monitoring and documenting of TB-related rights violations is taking place, although reports are limited in relation to HIV. Access to justice initiatives have shown signs of progress, although legal support services for TB are underutilised.</i>			

The MTA found that HIV-related legal support services were also available for people with TB. However, there was limited demand for TB-related legal support services, although support for accessing disability grants, particularly in the event of limited employment income, was needed. The MTA recommended that the audit (see section 4.1.d, above) also assess the capacity and accessibility of legal support services, including trained paralegals at CAOs, to provide redress for people with TB, and TB key populations (e.g. in the health care sector, in communities, and in working environments, in particular). It further recommended the scale-up and strengthening of legal support for people with TB, including updated training for documenters and paralegals, and strengthened linkages between and across programmes, including between TB programmes, CLM, HRV monitoring, and referrals to legal support services.

It is not entirely clear to what extent people with TB-led organisations and networks have been linked with work undertaken to support access to justice in current efforts to strengthen access to justice, described in section 4.1.d, above. Human rights violations monitoring and documenting reports identify TB-related rights violations, but they are a less than 10% of all violations reported. Moving forward, it seems critical to prioritise the establishment of more concrete links between TB programmes, people with TB-led organisations, networks and support groups, and human rights programmes, including those dealing with access to justice for rights violations. See Community Mobilisation Programme Area, below.

Recommendations

- Review paralegal training materials utilised by PRs to train paralegals and legal support services, to ensure there is an adequate focus on TB-related human rights and gender issues.
- Prioritise training and linkages between TB programmes, people with TB-led organisations, networks and support groups, and human rights programmes providing access to justice for rights violations.
- Train staff in national level legal support services to provide legal support, including for people with TB to respond to common HRVs experienced.
- Support community mobilization and advocacy to address TB-related rights violations, to challenge problematic laws, policies and practices.

(f) Improve laws, regulations and policies related to TB

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Progress on improving laws, regulations and policies related to TB	3.0	3.5	3.7
<i>National-level engagements on rights-based TB responses and frameworks have been strengthened. Human rights violations monitoring and documenting has begun to document TB-related rights violations, although far less so than HIV-related rights violations.</i>			

In 2019, South Africa conducted a Community, Rights and Gender Assessment to review laws, human rights and gender-related issues impacting on TB in South Africa. Amongst its various findings, it made several recommendations for law and policy review and reform, in particular noting the need to strengthen gender-transformative health care policies, plans and programmes in the context of TB, that take into account the vulnerabilities of men, women and transgender people to TB, and review workplace laws and policies, including occupational health laws and policies, in specific sectors to encourage rights-based TB prevention and care e.g. for farm workers, health workers (including community health workers)

The MTA found evidence of TB-related advocacy for some priority issues (such as the rights of employees with TB in the mining sector and strengthened laws/policies on occupational health care for HCWs, including community health workers, affected by TB). However, a number of other TB-related law and policy reform objectives set out in the National HIV, TB and Human Rights Plan had not been attended to (such as protective health care guidelines for TB, workplace policies to increase support for affected families of employees, and the review of disability grant criteria). The Assessment recommended further consultations with TB-led organisations and networks to identify issues of priority concern, and the development of law and policy review and reform advocacy campaigns. It furthermore recommended TB sector representation at the Civil Society Forum, as well as the collation of TB-related human rights violations data, through national HRV monitoring and documenting, and CLM efforts, in order to strengthen understanding and responses to TB-related stigma and discrimination.

The current Global Fund-supported human rights programmes aim to consult widely to develop a National Advocacy Strategy that incorporates both HIV- and TB-related law and policy reform priorities. These issues are to be taken up through support for advocacy by key population-led organisations and networks, as well as through support for high-level multi-sectoral forums between CSOs, government and other partners. The Global Fund-supported programme draws on the CRG findings, identifying law and policy reform priorities for strengthening gender-transformative responses to TB in the health sector as a critical issue. In addition, the recently developed NSP 2023-2028 reinforces the need for strengthened occupational health policies for health care workers and mine workers in the context of TB.

There has been limited specific progress in reviewing and reforming laws and policies in the context of TB. Human rights violations monitoring and documenting is documenting rights violations in the context of TB, although far less so than HIV-related rights violations. The TB Stigma Assessment is planned for but has not yet started. The National Advocacy Strategy (for HIV and TB) has not yet been developed. There is no TB sector representative at CSF. However, SANAC has engaged, and continues to engage with various government departments, including the National Department of Health, around human rights-based responses to TB, and SANAC SR aims to support the NDOH to develop and implement TB-related human rights programmatic interventions, including efforts to review healthcare guidelines in the context of TB.

Recommendations

- Develop National Advocacy Strategy that includes advocacy priorities for addressing human rights and gender-related issues in the context of TB.
- Use interim data (e.g. from the 2021 Stigma Index study, current HRV data as well as the findings of the SBCC consultations) to inform TB-related advocacy initiatives.
- Investigate reasons for low reports of TB-related HRV and develop recommended response, in order to strengthen monitoring and support community-led advocacy for TB-related human rights issues.
- Continue high-level advocacy with government departments, such as the NDOH and labour sector, to support the review of health care and occupational health care guidelines in the context of TB.
- Support community-led advocacy for TB-related human rights issues.
- Ensure TB representation at Civil Society Forum.

(g) Reducing TB-related gender discriminations, harmful gender norms and violence

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Reducing TB-related gender discrimination, harmful gender norms and violence	0.0	1.5	1.8

All human rights interventions, including gender equality programmes, integrate both HIV and TB issues; however TB does not receive as much attention as HIV-related human rights issues.

The MTA found limited programmes to address gender-related barriers to access to TB treatment, although the United States' Agency for International Development's TB South Africa Project had interventions to increase women's access to TB treatment through provision of services at antenatal clinics and training community health workers to reach out to women's groups. At that time, the Assessment recommended the need to scale up efforts to reach women with TB information and services through training of all HCWs, including community HCWs, on the importance of reaching out to women with prevention and care services, and including TB information and services through women's health organisations and at sexual and reproductive health care facilities for women.

SA's Community, Rights and Gender Assessment noted the gendered impact of TB not only on women, but on men who were less likely to seek care. The CRG Assessment identified a number of key issues for reviewing laws, policies and programmes to integrate TB-related human rights and gender-related barriers. More recently, the NDOH's SBCC Strategy also recognises the need to ensure that health workers are trained in gender- and rights-based TB communication.

The Global Fund has provided funding to support the integration of interventions to address human rights and gender-related barriers to TB services, within human rights and health interventions for people living with HIV, people with TB and key populations. All of the human rights programmes, for instance, are intended to integrate gender-transformative elements to deal with gender discrimination, harmful gender norms and SGBV in the context of both HIV and TB. Similarly, all work with key population-led organisations and networks is required to target TB-led groups, as well as women's groups and networks, young people, and LGBTQI+ organisations and networks. However, PRs acknowledge that this is an area of work that has received insufficient attention and they have had challenges in integrating human rights issues into existing gender programmes (e.g. AYP programmes) and TB programmes. They also acknowledge the prioritisation of HIV-related human rights issues over TB issues. Consultations have been held between human rights PRs, including the NDOH, to discuss key priority activities to scale-up of programmes to address human rights and gender-related barriers to TB services.

Recommendations

- Finalise consultations with all human rights programme implementers to identify key activities to address gender-related barriers to TB within their current programme interventions, including human rights programmes, AYP programmes, key population programmes and TB programmes.
- Prioritise the engagement of TB Human Rights Ambassadors and training of staff on TB and human rights issues within women's health organisations, key population-led organisations, and sexual and reproductive health and rights organisations.
- Ensure updated training materials to sensitise health workers, as well as law enforcers, address gender-related aspects of TB.

(h) Programs in prisons and other closed settings

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Progress on programs in prisons and other closed settings	2.0	3.0	3.5
<i>CDC-supported rights-based programmes in prisons continue to be scaled up in prisons throughout the country. Training materials have been developed to sensitise prison staff on HIV, TB and human rights issues affecting key and priority populations, and training will be implemented in 2024.</i>			

The MTA found that some NGOs and PEPFAR / CDC were providing rights-based services in prisons, including sensitisation of prison health workers on the rights of prisoners in the context of TB. The DDP training materials for law enforcers contain limited information on TB and rights. Given the findings on prison conditions, work in prisons was noted to be an area of concern. The MTA recommended the need to support improved rights-based management of TB in prisons, including by developing training materials on HIV and TB-related human rights issues for prison officials and developing advocacy initiatives to strengthen protection for prisoners in the context of TB (e.g., by reducing pre-trial detention).

The human rights plan notes the need to support the sensitisation of prisons' officials on the rights of key and priority populations. Law and policy reform initiatives also mention several issues of concern in prisons (e.g. the need to strengthen access to health care for HIV and TB in prisons, and to improve management of transgender prisoners and people who use drugs who are incarcerated. SANAC TSU is undertaking high-level work with the DSC to secure commitment to developing these programme interventions within the sector. SANAC SR have successfully worked with DCS to develop a training manual for training DCS staff on HIV, TB, law and human rights including psychosocial counsellors and warders, amongst others. Programmes to promote rights-based TB programmes in prisons, supported by the Centres for Disease Control (CDC), also showed scale-up and ongoing progress.

Recommendations

- SANAC SR to continue to strengthen work with DCS to implement training of prisons officials on HIV, TB and human rights issues, using newly developed training materials.
- National Advocacy Strategy discussions to prioritise TB advocacy issues, including for prisoners with TB.

(i) Community mobilization and advocacy, including community-led monitoring

TB program area	Score		
	Baseline (2018)	Mid-Term (2021)	Progress (2023)
Community mobilization and advocacy, including community-led monitoring	1.0	3.0	3.2
<i>Progress has been made. Community TB organisations and networks have been supported to engage in human rights programmes. The updated HRV Guidance document includes reference to and examples of both HIV- and TB-related rights violations. There</i>			

are indications that TB-related human rights violations are being reported on, although to a far lesser extent than HIV.

At mid-term, there was limited work around community mobilisation and advocacy for TB besides some examples of support for outreach and capacity building on awareness-raising, mobilisation and advocacy, and organising support groups for people with TB and their families. The Assessment recommended increased support for community mobilisation around human rights and gender-related TB issues through the human rights programmes.

In response, the Global Fund-supported human rights programmes identified the need to map, evaluate and identify lessons learned from the various monitoring initiatives underway, and to scale up HRV and CLM activities with improved and updated training to cadres of staff across HIV, TB, key populations and human rights programmes, as discussed in section 4.1.h, above. All of the activities aimed to strengthen CLM and HRV data collection at district, provincial and national level were intended to integrate work on TB-related human rights issues, through the work of TB organisations and networks and linkages with the TB programmes.

The updated HRV Guidance document includes reference to and examples of both HIV- and TB-related rights violations. There are indications that TB-related human rights violations are being reported on, although to a far lesser extent than HIV. There is a need to update the training of monitors and documenters, and to ensure that trainees draw more from, or strengthen links with those who work for and with TB programmes, organisations and networks.

Recommendations

- Identify reasons for low levels of reporting on TB-related HR violations.
- Reinvigorate efforts to reach out and train staff, and / or create linkages between people with TB and TB survivor-led organisations, networks and support groups and the efforts to undertaken CLM, HRV documenting and monitoring in the country.
- Identify trends, priority issues and sectors in which TB-related HRV are reported.
- Ensure inclusion of TB-related advocacy issues in National Advocacy Strategy and in national and local-level advocacy effort.

5. Impact of programs on uptake, access and retention in prevention and care, and enabling environments.

5.1 Optimising human rights interventions: community human rights charters

South Africa has committed to the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, a global UN, Global Fund, Global Network of People Living with HIV and CSO partnership initiative, aiming to accelerate implementation of commitments to end HIV-related discrimination in six settings. South Africa committed to focusing stigma and discrimination reduction efforts in three settings - the community, health and justice sectors. This commitment is also in alignment with the NSP 2023-2028 and the National HIV, TB and Human Rights Plan, which include a strong focus on community-led responses to reduce stigma and discrimination. The plan describes detailed interventions to address discrimination against people living with HIV, people with TB, key and priority populations in their families and communities, in the health sector, and in their ability to access justice for rights violations.

The Global Fund-supported human rights programmes in South Africa include a comprehensive, integrated and evidence-informed approach towards reducing stigma and discrimination, working at national and down to local level, including (i) district level anti-stigma campaigns working with ambassadors and champions of people living with HIV, TB and key and priority populations within communities and health facilities, as well as national and community-level communications campaigns and distribution of IEC materials. A specific and unique initiative in South Africa is development of community-level, provincial and a national Human Rights Charter to supplement and strengthen the anti-stigma campaigns at all levels and to promote accountability for protecting and promoting human rights at all levels.

Starting in February 2023, SANAC undertook a 7 month process working with CSOs across 6 provinces, providing 3-day training to 60 key CSO stakeholders from Global Fund- and non-Global Fund-supported districts in each province, on aspects of HIV, TB, law and human rights, and how to work with communities to develop Community Human Rights Charters. The Community Human Rights Charters were used in a 2-day consultation to develop provincial Human Rights Charters, and ultimately a national South Africa Human Rights Charter on HIV, TB and STIs for key and other priority populations.

Research shows that the majority of rights violations experienced by people living with HIV and people with TB are experienced at the community level, including gossiping, verbal insults, abuse and threats as well as, at times, physical threats and abuse. The 2021 People Living with HIV Stigma Index in Six Districts of South Africa found that over 15% of participants reported experiences of HIV-related stigma, and over 46% of participants reported TB-related stigma. Community-level stigma and discrimination against people on the basis of HIV status included being excluded from social

gatherings (reported by 5.3% of participants), exclusion from family activities (5.4%), verbal harassment (5.4%), discriminatory remarks by family members (9.5%), and discriminatory remarks by others towards them regarding their HIV-positive status (9.9%). Almost 20% of people with TB reported being teased, insulted or sworn at; and over 25% reported being gossiped about, since falling sick with TB. This suggests a need to ensure that all stigma and discrimination reduction work engages with and focuses on community-level initiatives to increase understanding of the rights of people, and to decrease HIV- and TB-related stigma and discrimination.

The 2021 study furthermore found that around a third of respondents did not know of protective laws for HIV-related discrimination and 44% said there were no organisations they knew of to provide redress. During the Human Rights Charter process, researchers echoed this finding, noting that in many communities, awareness of human rights and how to seek redress was limited – however, with noticeably higher levels of legal literacy in Global Fund-supported districts - requiring researchers and the CSO facilitators to provide substantial information and guidance during the consultations.

“Stigma and discrimination reduction and legal literacy programmes are reaching some areas better than others. Communities in Global Fund districts have more awareness and education around their human rights relating to health. There’s been a lot of effort put into certain districts by Global Fund and PEPFAR, often the high-density urban areas where we know the problems are. But in other areas, people are lacking information on human rights, which makes it hard for them to protect their own rights and respect the rights of others. In those areas, it was good to see how people were keen to learn. But it was clear that many people needed a lot more time than we had available, to really understand human rights.”

Common human rights issues of concern included discrimination and undignified treatment in health care facilities, breaches of confidentiality and related fears of discrimination against children and their parents in education settings (due to requested disclosures of parents’ and children’s health status on required ‘road to health’ cards), harmful cultural and gender norms impacting on children’s rights, violence, including intimate partner violence and gender-based violence against women, girls and sexual and gender minorities and an inability to access justice for these violations. Communities also raised concerns of corporate social responsibility initiatives, and donor funding not benefitting prioritised community needs.

The consultative, ‘bottom-up’ process was, indirectly, an important avenue for awareness-raising and legal literacy. Researchers and facilitators reflected that participants were eager for information and participated actively in the process. It also resulted in the development of community-led and owned charters that, according to a NACOSA paralegal, *“represent a true reflection of people on the ground”*, supporting sustainable action and addressing community priorities. These charters informed provincial-level charters (to be launched in each province in 2024), and the development of a South Africa Human Rights Charter on HIV, TB and STIs, launched on 1 December 2023. The human rights charters will support and inform future community-led anti-stigma work.

5.2 Optimising human rights interventions: community mobilization and advocacy for people who use drugs

Global Fund supports human rights programmes for people who use drugs through NACOSA, as Principle Recipient, and its' SRs such as TBHIVCare. TBHIVCare's Key Populations programme provides mobile outreach services and drop-in centres, to reach out to people who use drugs with HIV testing services, linkage to ART services, TB screening, testing and linkage to treatment, viral hepatitis B and C screening and treatment, STI screening and treatment, needle and syringe services and opioid substitution therapy. With Global Fund funding, via NACOSA as PR, TBHIVCare has incorporated human rights interventions, such identifying, monitoring and documenting human rights violations against people who use drugs, to minimise punitive and discriminatory behaviour towards people who use drugs and to promote access to health services, including harm reduction.

Organisations such as TBHIVCare, and networks such as SANPUD, recognise that rights violations against people who use drugs (e.g. from the police and health workers) receive insufficient attention for various reasons including the lack of adequate representation of people who use drugs on SANAC's Civil Society Forum and within the law and human rights sector representation. To strengthen advocacy for people who use drugs, SANPUD and TBHIVCare work closely at district level with other organisations, local SAPS offices and health care facilities. TBHIVCare's partnership strategy includes sensitisation of relevant departments as well as the establishment of community-level task teams. These task teams ensure community-level involvement in changing the perceptions of people who use drugs from 'criminals' to people in need of health care; developing solutions to address issues facing people who use drugs, and minimising human rights violations.

Through community mobilisation and relevant stakeholder relationship building, the organisation established homeless task team, sensitising community members with training to reduce stigma and discrimination towards people who use drugs and provide information on the importance of harm reduction. The task team includes law enforcement officials and private security companies, representatives of the Department of Social Development and representatives from the Office of the Premier. They meet monthly to discuss and address issues affecting people who use drugs to find solutions, including for the provision of shelter. Partnerships with the city of Cape Town, Cape Town Central City Improvement District and a non-governmental organisation Streetscapes also provides further support Partnerships and funding provided by the City of Cape Town also supports for cleanup of discarded needles in the city, employment opportunities and psychosocial support for people who use drugs and live on the streets. Through these interventions, and harnessing improved relationships with law enforcers, health workers and other local government partners, the organisation/ programme does not only address the health needs of people who use drugs but is also able to deal with structural and societal challenges that block their access to health service.

A staff member from TBHIVCare notes that:

"It is making a difference. We have established a Homeless Task Team now - it never existed prior to this, it was only angry community members complaining about people who use drugs, that they are a crime risk, and bad for the neighbourhood. Initially they

just wanted people to be sent away. Now we are engaging with the communities. We're doing training on the rights of people who use drugs and the importance of harm reduction, and now communities see the importance of the help we're giving to people who use drugs. People may have different opinions about drug use but they're now seeing how they are all affected as families and communities. We can now dialogue with the communities about the real issues and how to find solutions, like finding shelter for clients."

5.3 Optimising human rights interventions: use of CSS small- and medium-sized grant organizations to do human rights and gender responsive work with key populations

NACOSA, one of the Global Fund-supported PRs, has found ways to successfully capacitate, and to integrate human rights programmes into not only its key population programmes, but also its AYP and CSS programmes, for longer-term sustainability.

A particularly interesting example has been the way in which it has integrated human rights work into its CSS activities with eligible medium-sized grant organisations – many of which were small-sized grant organisations, capacitated in the previous funding cycle, who are now well positioned to broaden the scale and reach of their work.

For instance, in the Western Cape, Northern Cape and Gauteng, peer educators and human rights ambassadors have been appointed to work within CSS medium-sized grant organisations and other SRs, allowing the new, human rights-related work to build on the organisations' existing relationships within these communities. The human rights staff have been trained by NACOSA's three, newly employed in-house lawyers to support stigma and discrimination reduction, gender responsive programmes and HRV monitoring and documentation, focusing on various beneficiary populations (sex workers, transgender people, PWUD) to align with the Global Fund-supported work in their district of operation.

The in-house lawyers - one allocated for each of the PWUD, AYP and CSS programmes - conduct training and mentoring on human rights, including how to monitor, document and follow up on HRV. They provide IEC materials and data collection tools to support staff. They also provide legal advice and opinions, support dispute resolution, referrals and advocacy, and co-ordinate regular human rights meetings for their SRs and medium grant organisations at district and provincial level. They also help to analyse the HRV data to flag recurrent issues, in order to inform their ongoing support to the organisations.

The work is still in its early stages. However, site visits to two of these Western Cape organisations - Lifeline in Sedgefield and the Family Association of South Africa (FAMSA) in Oudtshoorn – provided important insights into the sustainability of this integrated approach that builds on previous community systems strengthening efforts.

For example, FAMSA in Oudtshoorn has integrated human rights-related work into their existing health and wellness and social support programmes, with a focus on working with LGBTQI+ communities (with a particular focus on transgender people) and their family members. They note that there are high levels of stigma, hate speech and discrimination, including police harassment, against transgender people, in the area. Family members, communities, schools and local churches are still struggling to

accept the transgender community, and law enforcers reportedly lack sensitivity to the rights of LGBTQI+ populations. Communities also report being unwilling / unable to speak out and try to get redress for rights violations e.g. in the health sector or against local police, in these small communities where access to alternative local services and service providers is limited.

NACOSA has worked with FAMSA to train peer educators (previously community health worker with solid connections in the community); linkage officers and a human rights ambassador on the Human Rights Toolkit. The peer educators hold information and sensitisation sessions with community members, including an LGBTQI+ support group, where they provide HIV and human rights information and IEC materials, refer people for HIV, STI and TB testing, (or PrEP and ART, if necessary), conduct counselling, document rights violations and provide follow-up psycho-social and legal support services. The NACOSA in-house lawyer provides additional legal advice and support and is currently supporting the organisation take up a magistrate's court matter involving a rights violation against a local transgender person. FAMSA have also met with the local police, and are in discussions regarding conducting sensitisation with the local and regional police training colleges in the area.

Despite the challenges faced by organisations, many of whom are operating at larger scale, with new programmes and in some cases, new target beneficiaries, NACOSA are already reporting signs of community acceptance, as well as increased awareness and sensitisation of transgender people. They attribute early successes to various factors including (i) the partnerships with engaged organisations grown from small- to medium-sized grant organisations; (ii) the immersive integration approach which has led to a strong understanding of the link between human rights programmes and other service delivery; (iii) the intensive support provided by the in-house lawyers, which has helped to speed up quality integration and support access to justice; and (iv) district mapping efforts to reduce duplication and gaps, build on strengths and improve co-ordination, linkages and referrals between the CSS and other organisations providing HR programmes and services in the areas.

5.4 Cross sectoral approaches: strengthening access to justice for LGBTQI+ people

Same-sex sex has been decriminalised for a number of years in South Africa. Nevertheless, LGBTQI+ people continue to experience marginalisation, stigma, discrimination and violence in South Africa, impacting on their ability to access HIV prevention, treatment, and other health care services and putting them at risk for HIV infection.

Global Fund human rights programmes in South Africa have provided support to organisations that advocate for the rights of LGBTQI+ people, to increase awareness and understanding of rights, and to monitor, document and respond to rights violations. PRs and their SRs, including key population networks and civil society organisations, work in various districts, using peer educators and outreach workers and integrating human rights programmes with other key population, adolescent and young people, PLHIV and TB prevention programmes, at health care facilities and in communities. Importantly, successful implementation has used a cross-sector approach to scale up outreach to beneficiaries and to strengthen access to various avenues for redress for rights violations. This includes working private institutions (such as radio stations and

private education institutions) and with the relevant government departments (Departments of Justice, Health, Education and Social Development) to enable access to various forums and partnerships, amongst others.

For example, the Durban Lesbian and Gay Community and Health Centre, is a drop-in centre for sexual and gender minorities in Durban and KwaZulu-Natal. The Centre has used a cross sectoral approach to programme implementation, collaborating with government and other institutions to share resources and optimise the reach and impact of its programmes. The Centre raises awareness on the rights of sexual and gender minorities, providing forums for dialogue through public education campaigns on HIV, sexual health and LGBTQI+ people. Through these activities, and its support groups, counselling, and home-based care activities, the Centre is also able to identify, monitor and document human rights violations and refer rights violations to various forums and services for advocacy and redress.

Even with delays in funding disbursements, the Centre was able to rely on existing partnerships and 'piggy-back' on existing events, forums and spaces, to continue providing services to raise awareness and increase access to justice for LGBTQI+ people. For example, the Centre collaborates with various local radio stations to disseminate information, raise awareness and strengthen legal literacy on the rights of LGBTQI+ people, reaching out to large numbers of listeners. It also collaborates with Lifeline, sensitising call staff to respond appropriately to callers requiring support. The Centre also partners with local educational institutions, using career open days as opportunities to provide legal literacy, document rights violations and provide preventive health services.

To increase access to legal services, the Centre has collaborated with Pro Bono.org, the Commission for Gender Equality and the Equality Court, to refer clients whose rights are violated, for legal support services. Also, the Centre works with government-supported Rapid Response team, set up by the Office of the Premier to address rights violations, which has also opened avenues for strengthened collaboration with other RRT partners such as the Directorate of Status of Women and Children, to address issues on SGBV. The Centre is also involved with in the Secretariat on the Provincial Task Team on Hate Crimes, chaired by the Minister of Justice, which provides additional avenues for advocacy on hate crimes and support for work on the Prevention and Combating of Hate Crimes and Hate Speech Bill. Finally, the Centre's strengthened partnership with the Department of Social Development provides an avenue for referring LGBTQI+ clients for psychosocial and other forms of social support.

5.5 Cross sectoral approaches: strengthening district-level coordination across programmes and sectors to promote rights-based HIV and TB responses for people living with HIV, people with TB and key populations

Coordination has previously been identified as an area requiring improvement in the implementation of HIV, TB and human rights programmes. The current grant's implementation arrangements, in some respects, brought new coordination challenges and required forging new partnerships. As set out above, human rights

interventions were allocated to three PRs, each responsible for specific populations (e.g. sex workers or people who use drugs), at times operating within the same districts. The training of health workers in HIV, TB and human rights was allocated to a fourth PR, the NDOH. This case study highlights some of the achievements to overcome coordination barriers at local level, in district implementation of human rights programmes. Achievements and ongoing challenges in national-level co-ordination are described further below (Section 5).

PRs report seeing the benefits, in some respects, in the new implementation arrangements, but note the challenges it posed at inception stage and for ongoing coordination. For instance, in rural areas, there are limited programmes available for partnering implementation efforts. Conversely, in other areas there are multiple PRs, e.g. a PR may be working on human rights programmes targeting their specific beneficiary population, alongside other CSS, key population and AYP programmes. While the opportunities for linkages are good, this also creates challenges in potential duplication of efforts (e.g. monitoring and documenting the same rights violations by all programmes), as well as not being able to focus on other populations and/or potentially ignoring the intersectionalities between key populations, in the required focus on one beneficiary population. This is further exacerbated by the co-ordination and capacity challenges some PRs face in working on new programmes, new beneficiary populations and in new geographic locations.

While some districts are still struggling to integrate, or coordinate linkages between health and human rights programmes, in a number of districts, coordinated implementation is working well. The assessment found examples of successful alignment, partnerships, linkages and referrals between human rights, CSS, key population and adolescent and young people programmes; where PRs, SRs, SSRs, small- and medium-sized grant organisations and other (non-Global Fund-funded) organisations, as well as government actors, work together to deliver coordinated and cohesive services.

For instance, TBHIVCare implements human rights programmes primarily for people who use drugs. However, in its districts of operation, it also collaborates with AFSA and other CDC-funded organisations working with sex workers, to link rights-based interventions such as anti-stigma campaigns and legal literacy campaigns. AFSA integrates its human rights work within the 18 districts where its sex worker and AYP programmes are implemented, using linkage officers to identify, record and refer rights violations documented in the sex worker programmes to their human rights implementers, to review and to refer on to Access Chapter 2 for legal support services where necessary.

Other PRs have used their existing networks with other, non-Global Fund funded organisations to provide legal and other forms of support. For instance, Beyond Zero uses its partnerships with Technical and Vocational Education and Training institutions to refer people whose rights are violated for psycho-social support. In response to severe instances of hate speech, violence and corrective rape against sexual and gender minorities, the Lesbian and Gay Centre in KwaZulu-Natal works with rapid response teams, drawing on existing networks in the province and districts to respond to hate crimes, hate speech and violence against sexual and gender minorities. Rapid response teams are supported by the Civil Society Forum's sectoral representatives, including an LGBTQI+ representative, working with the Office of the Premier, and are

increasingly being adopted into government structures and services, such as the District AIDS Councils (which are active in the wards) and municipal gender offices providing SGBV services.

OPEC progress reports illustrate the dramatic improvement in documentation, responding and resolving complaints of people living with HIV, people with TB and key populations. PRs reflect on various reasons for the achievements in a number of districts, including their efforts to (i) map out partners in the district to figure out how to build on strengths, skills, experience and resources, refer between each other for support services and reduce duplication; (ii) provide intensive support for implementation and coordination, e.g. by conducting focussed training and development workshops to capacitate staff on implementing human rights interventions and managing rights violations; (iii) engage with small and medium-sized grant organisations capacitated in the previous grant, to link to human rights or to integrate human rights programmes; and (iv) work together, through District AIDS Councils (DACs) – where there are strong councils - and other government structures, to coordinate the delivery of activities within districts and provinces.

It is imperative that districts learn from successes, to replicate these efforts in all areas. Additionally, a key, remaining challenge is to coordinate local-level work that involves the district-level sensitisation and training of health workers and law enforcers, with SANAC SR's national-level initiatives undertaking similar work with health providers and law enforcers.

5.6 Cross sectoral approaches: advocacy for the decriminalisation of sex work

The criminalisation of sex work barriers to access to services for key populations. In the last quarter of Global Fund reporting, SRs reported a staggering 2241 HRV against sex workers. To mitigate this, the NSP 2023 – 2028 calls for the strengthening of advocacy strategies aimed at addressing the gaps on punitive and discriminatory laws that criminalises activities and behaviours such as sex work, that further expose people to stigma and discrimination and other rights violations, limiting access to health care and access to justice.

With the support of the Global Fund (and other donors), PRs and their SRs such as Sisonke, Sonke Gender Justice, SWEAT, Ubuhle Bethu and S.H.E. (the Social, Health and Empowerment Feminist Collective of Transgender Women in Africa) have all formed various partnerships and done work at multiple levels, to support advocacy for decriminalisation of sex work, including increased awareness-raising and sensitisation, collecting data on rights violations against sex workers, through identifying, documenting and monitoring human rights violations, and actively engaging with policymakers and statutory human rights institutions, participating in public forums and policy dialogues to advocate for the decriminalisation of sex.

For instance, at community level, organisations have led various campaigns targeting different communities to impart information and advocate for the rights of sex workers and for the decriminalisation of sex work. Sisonke, a membership movement formed by sex workers, has engaged with students through educational institutions and via online platforms; and their community outreach workers have taken opportunities to reach out to communities through community meetings, such as Presidential

Community Imbizo held at Intsika Yethu District Municipality in Tsomo, Eastern Cape. Ubuhle Bethu, an AFSA SR implementing a sex worker programme in the Amathole and Alfred Nzo districts of the Eastern Cape, works with other SRs implementing key population programmes to support identifying, documenting and monitoring human rights violations. In this way they are able to share resources (including vehicles), cover more ground in rural areas and widen the scope and scale of their work. Sonke Gender justice and SWEAT have formed the 'Asijiki' coalition ('we are not turning back') to strengthen advocacy for the decriminalisation of sex work, raising public awareness of the human rights violations against sex workers through media engagement and advocacy. Through Asijiki, the coalition have engaged with the South African Law Reform Commission, the Minister of Justice and Constitutional Development, SANAC and the National Department of Health, leading to the successful implementation of the National Strategic Plan for HIV Prevention, Care and Treatment for Sex Workers and the inclusion of the decriminalisation of sex work as a key priority in the GBV NSP. In addition, it has engaged stakeholders, such as the police and parliamentarians to gain support for sex workers' rights and protection. PRs and their SRs have also partnered with other PLHIV and KPV led organisations through the PEPFAR and UNDP-supported SCALE initiative to drive progress and commitment to remove punitive and discriminatory laws such as those laws that criminalise sex work in South Africa.

These cross-sectoral approaches have led to the passing of a Bill to decriminalise sex work. Public comments have been received on the Bill, with the view to expedite the passing of the Bill to law in 2024, although recent calls for regulations to accompany the Bill have stalled progress.

5.7 Comparing varying methodologies to provide access to justice

Access to legal services for people living with HIV, those that have TB and key populations is an essential intervention in removing human rights related barriers to HIV and TB services. There were challenges in implementing access to legal justice in the previous grant period for various reasons: (i) some organisations reported lacking sufficient financial resources to provide legal services; (ii) some organisations were not aware of, or had not worked with / were not sufficiently linked with the paralegals trained to provide services at CAOs - in some provinces, there was no access at all; (iii) In most cases there was insufficient follow-up and resolution of cases referred for legal services; and (iv) there was insufficient access to lawyers in those cases where legal, and not just paralegal support was required (e.g. to write letters of demand, issue summons etc). As a result, the MTA suggested the need for strengthened co-ordination and referral systems across the HR Programme areas.

To address these challenges, various approaches were used by the human rights PRs to strengthen monitoring, documenting, referring and follow-up for resolution of rights violations. For example, in provinces lacking sufficient access to legal support services, AFSA and its SRs worked with AFSA's medium grant organisation, Access Chapter 2, an organisation that promotes human rights and empowerment of women and girls, and LGBTI+ person in all their diversities, to provide clients with access to legal services. Access Chapter 2's legal and advocacy programmes, through satellite offices in 7 out of 9 provinces, facilitated access to legal support services particularly

for SGBV, to support complainants through the justice system, as well as advocacy for issues arising out of rights violations.

Another approach used by PRs and their SRs was to rely on their long-term partnerships with organisations that provide human rights related legal services. AFSA's SR, Ubuhle Bethu, and Beyond Zero's SR, SHE, referred clients to their long-term partners, such as the Women's Legal Centre, the Legal Resources Centre, and ProBono.org (in addition to establishing safe spaces and support networks for individuals affected by gender-based or targeted violence).

NACOSA addressed the limited access to legal support services by employing three qualified lawyers to provide legal support for rights violations referred by NACOSA SR organisations. NACOSA also trained peer educators, human rights ambassadors, and advocacy officers in human rights and to identify and document HRV, linked with their PWUD, AYP and CSS programmes. For instance, one of the NACOSA SRs, TBHIV Care, hired human rights ambassadors – all from the PWUD community – to document human rights violations. TBHIVCare staff noted that:

“Clients feel more comfortable discussing rights violations with the ambassadors, who understand the issues well. They then are able to refer issues to Advocacy Officers who are better placed to take up difficult matters with service providers, for example, engaging with and sensitising SAPS on the impact of the police confiscating needles.”

NACOSA's in-house lawyers also provide further legal guidance and support to SRs like TBHIVCare, where required, and refer cases for redress to CAOs throughout various districts in the country.

For other SRs working in rural communities in Global Fund districts where customs and traditions mean that disputes are resolved through informal court structures, work with traditional leaders has shown success. SRs work with traditional leaders to sensitise leaders, and communities, about human rights and gender equality and the impact of rights violations, and to promote traditional, restorative justice to resolve issues. For example, Songe Social Change, an SR implementing the AYP programme in the Eastern Cape has been successful in using this avenue to sensitise traditional leaders. It reports that *“hatred has gone down because traditional leaders are involved and form part of the solution in resolving HRV in communities they lead”*. Songe Social Change uses opportunities to impart HIV and human rights information at meetings with traditional leaders (e.g. with *Amakhosi at Ubuhlanti Imbizos* and with *I Mbumba ya makhosikazi* where the Queen of Nyandeni holds weekly economic empowerment meetings for women on agriculture), and to support access to justice through the traditional informal court system.

OPEC progress reports show increased identification, documentation, follow-up, and resolution of rights violations. There are also signs of collaboration and coordination not only between Global Fund-supported organisations, but also with other community-led monitoring conducted by PLHIV networks (the 'Ritshidze' project) at clinics across all provinces. Organisations collaborate to identify challenges and 'problem' areas where HRV are high, to generate solutions.

Challenges remain with mapping all legal support services currently underway, understanding and addressing the reasons for some not accessing justice for rights violations, as well as with integrating strong referral mechanisms across all programmes and services (e.g. referrals from TCCs to legal support services still

require strengthening). PRs have planned to map all current legal support services into a national database (e.g. CAOs, Legal Aid South Africa, legal NGOs, law clinics at universities, pro bono lawyers and paralegals that were trained in the previous grant) in 2024, as had been recommended by the MTA.

The MTA also recommended that South Africa evaluate and identify the most useful methodology for providing access to legal support services, as part of efforts to scale up access to justice. This has not taken place and arguably, there remains a need to assess the current grant's different approaches to providing legal support services, moving forward; or alternatively to accept that organisations may choose to provide access to legal support services in different ways – and to focus efforts on strengthening these various different approaches to ensure access to justice for all those in need.

6. National Ownership and Enabling Environments to Address Human Rights-related Barriers

South Africa has a new, inequalities focused National Strategic Plan for HIV, TB and STIs 2023-2028 which includes a strong focus on community responses and human rights issues; reiterating those issues that need continued and ongoing focus, as well as identifying new issues of concern. Goal 1 of the NSP 2023-2028 aims to break down barriers to achieve solutions to HIV, TB and STIs, including:

- Strengthening community-led responses to HIV, TB and STIs.
- Contributing to poverty reduction through sustainable economic opportunities.
- Reducing stigma and discrimination to advance rights and access to services.
- Addressing gender inequalities that increase vulnerabilities through gender-transformative approaches.
- Enhancing non-discriminatory legislative frameworks through law and policy review and reform.
- Protecting and promoting human rights and advancing access to justice.
- Integrating and standardising delivery and access to mental health services.

Notably, the NSP 2023-2028 includes further details on critical key population-led law and policy reform issues, from decriminalisation of sex work and drug use (personal use), to also looking at key reforms for young people (e.g. age of consent laws) and LGBTQI+ people, such as the enacting the Hate Crimes Bill. (see section 4.1.e for more information). It also has a strengthened focus on SGBV, drawing on the GBV NSP. Other notable inclusions are a strong focus on community-led monitoring, documenting and collating of data on human rights violations, including at national level, and enforcing accountability (e.g. in health care, social development and law enforcement) for failure to protect and promote rights.

The process to update the National HIV, TB and Human Rights Plan was delayed, but is now underway. The Plan will align with the new NSP 2023-2028, as well as findings from ongoing consultations and this Progress Assessment, and will inform the future work of the national HIV, TB, and human rights response. This may require some adaptations and refocusing of implementation efforts.

Various assessments of the Global Fund Human Rights Programme from 2019 onwards⁵⁹ found fragmented implementation and inadequate coordination and linkages both within the various human rights interventions of the Human Rights Programme (such as stigma and discrimination reduction campaigns and training of health workers), and between the Human Rights Programme and other Global Fund Programmes (such as Key Populations and TB Programmes). These challenges were only exacerbated by the COVID-19 epidemic. Recommendations highlighted the need

⁵⁹ See, for instance, assessments (such as the Global Fund (2021) South Africa: Mid-Term Assessment) and programme documents such as the Frontline AIDS (2019) South Africa Human Rights Programme Implementers Capacity Assessment; Global Fund (2019) Mini Deep Dive; Global Fund (2022) Human Rights Kick-Off Meeting Report; Global Fund (2022) Coordination Framework for Global Fund Human Rights and other Programmes etc.

for a coordinated response anchored within a human rights framework, bringing partners together at national, provincial and district level, to deliver a high-quality and comprehensive response. The MTA and subsequent follow up assessments (including, e.g., the Technical Needs Assessment conducted with Global Fund support in 2022) noted the need to strengthen co-ordination of the HIV, TB and human rights response through existing human rights, HIV, health, CSO, government and Global Fund-supported structures, and including with other donor-supported programmes (such as PEPFAR-supported Ritshidze programmes).

Coordination and integration of implementation has improved in many respects, although certain challenges remain, and a number of structures / forums still need strengthening. With the more complex implementation arrangements in the current grant cycle, perhaps there was an underestimation of the strong support needed at each level, to optimise coordination.

A Coordination Framework was developed to support this work, identifying key areas for strengthening of structures and linkages between programmes, to strengthen national-level co-ordination of HIV, TB, human rights and gender-related programmes, cascading down to provincial and district-level. It included recommendations for including capacity-building on human rights in all efforts to strengthen existing structures, including national committees and forums and provincial, district and local-level AIDS council structures (through the CSS Programme). A Concept Note for stakeholder mapping has also been developed, since implementation of the Co-ordination Framework requires contextualised approaches depending on the stakeholders and partners in each province and district.

National-level oversight and co-ordination of HIV, TB, human rights and gender-related issues and programmes is taking place through various SANAC structures, with high-level strategic oversight from the Human Rights Technical Task Team (chaired by the Deputy Minister of Justice and Constitutional Development) and SANAC Plenary, the established 'Situation Room' with oversight of the national response, and further, specific technical oversight and support for human rights-related work from staff within the SANAC TSU, the SANAC-supported representative Human Rights Working Group, the Civil Society Forum, and meetings of Global Fund-supported human rights PRs through quarterly OPEC progress meetings, as well as their self-initiated PRs' 'Core Group'. The PRs are now reporting jointly on progress towards human rights programme area objectives and targets at OPEC meetings, which provides a far stronger sense of a coordinated joint response to address human rights- and gender-related barriers to HIV and TB. SANAC TSU compiles reports on the progress and reports to the Country Coordinating Mechanism (CCM).

However, various stakeholders expressed the need for stronger clarity on an overall oversight lead for the programmes, and clear Terms of Reference (TORs) and responsibilities for all structures, forums, partners and sectors, perhaps within the Coordination Framework. There is a sense that the various structures still work in silo's, and inadequate monitoring of the programme and its progress – in terms of the national human rights plan and NSP - is taking place. (This was a key challenge expressed in the past, and recommendations were made to strengthen the monitoring and oversight role of the HRWG in the Coordination framework). Other challenges are that SANAC TSU and SR had delayed appointments of key staff and are still understaffed, given the overwhelming requests for technical support. PRs also had

delayed appointments (staff, SRs, SPs). The HRWG is still not functioning optimally and there is a sense that it was stronger in previous years; perhaps it will be galvanised by the updated national human rights plan. It does provide an opportunity for reporting on and discussing some key issues but needs stronger technical oversight. It still lacks consistent representation across the various sectors, PRs and other partners, and there is a sense that up until recently, implementers have been overwhelmed with their own catch-up plans for implementation. The CSF has strong human rights representation through the Law and Human Rights sector, but this sector needs better guidance on its role within this broader oversight and implementation framework. There is still no PWUD and TB sector representation on the CSF, which is a critical gap.

In terms of South Africa's Global Partnership commitment, implementers have initiated efforts to co-ordinate with PEPFAR and UNAIDS in policy development and programme implementation on HIV and human rights, with a particular focus on strengthening efforts to co-ordinate national-level responses to stigma and discrimination reduction in 3 settings (health care, justice and communities), and to co-ordinate efforts at community-led monitoring of service delivery and sensitisation of health workers to promote rights-based health care. The partners are also working together on the UNDP-supported SCALE initiative, with a specific focus on further support to community-led law and policy reform to decriminalise sex work. Formal efforts to ensure Focal Country Collaboration partnership efforts between UNAIDS, PEPFAR and Global Fund need renewed commitment and focus and strengthened operationalisation in the upcoming years.

Through SANAC, there is strengthened collaboration across government sectors to integrate human rights-related responses to HIV and TB, with SANAC working with DSD, the Department of Justice and Constitutional Development, SAPS, as well as the Department of Education (DOE) and the DCS. The inter-governmental work needs sustained commitment and support, particularly from key ministries such as from DSD, DOE and DCS.

There are reports of strengthened provincial level co-ordination through Provincial Councils for AIDS (PCAs) in some provinces and through DACs in some districts / with some programmes. However, this is not consistent; in some districts DACs are not functional, with insufficient capacity and resources to function adequately. CSF noted the need to strengthen the interactions between the various levels of councils – to improve provincial-level support for work at district and local level.

“The provincial AIDS council must improve. But more attention must be given to district and local municipalities. They are excluded. Provinces fail to coordinate local district municipalities in the right manner. We must be able to share information on what is happening at national and provincial level. Right now, there are no clear directives on what locals are supposed to do. So, PCA is not coordinating properly.”

In terms of co-ordination of implementation, PRs have used different implementation arrangements and staffing models to either completely integrate, or to link the human rights and other programmes in provinces and districts, and report varied success in strengthened district-level co-ordination and integration amongst SRs – in some districts there is excellent progress, while others are still struggling. The changed implementation arrangements for the Global Fund grant in this cycle came with positives, but also required new relationships, new SRs, in some cases a new

population focus for organisations, and new co-ordination arrangements across allocated districts. This resulted in the loss of institutional memory, key SRs and their work in some cases. District-level co-ordination between PRs, SRs, IPOs, small / medium grant organisations, CSOs and government officials, varies from district to district. In some districts, especially where partners have existing relationships, co-ordination works well. Other districts are extremely complicated with multiple PRs and SRs, with a different population and programme focus (advocacy, human rights AYP, different key and priority populations) resulting in duplications as well as intersectionalities that require co-ordination. Examples of this are illustrated in the case study (above).

PRs report that M&E has improved considerably since the previous grant cycle. For monitoring and documenting rights violations and their outcomes, human rights programme implementers have strengthened the quality of monitoring and documenting, as well as the M&E frameworks and indicators together with SANAC, to feed into the national Human Rights portal of human rights violations (although this is currently being done manually, as set out above). There is far stronger data now on not just HRV, but on the outcomes of cases (including targets for case resolution of 70%). Also, in terms of M&E of implementation, PRs, SRs and other organisations have developed various indicators, including management indicators, set targets using baseline information from the previous grant. There is a shift from using output indicators, to link indicators to more strategic objectives within each human rights programme area.

Recommendations

- Review Co-ordination Framework and Action Plan. Identify any gaps in the Framework, in terms of lead, roles and responsibilities of various structures and partners in national rights-based response, including the Technical Task Team, HRWG, CSF sectors, SANAC TSU, Global Fund-supported programmes and others, donors, UN etc, within broader Coordination Framework.
- Revise Co-ordination Framework workplan, with concrete timelines, outputs and TS needs for operationalising coordination.
- Support the use of quarterly reporting (OPEC progress reports, national reports on collation of HRV and CLM data) for oversight by the relevant structures, in order to improve monitoring and oversight.
- Identify good practice models of coordination and integration of human rights programme implementation in districts, provinces by PRs and SRs to support ongoing strengthened co-ordination. Districts need increased support to follow programme.
- Develop clear TORs and SOPs for stakeholder mapping and coordination at district level, based on revised Coordination Framework, to support implementers to contextualise their coordination, depending on the stakeholders and partners in each province and district.
- Ensure representation of PWUD and TB sector in CSF Law and Human rights sector.
- Provide focused support for strengthened Global Fund PR Core Group meetings, involvement of CSF and key sectors.
- Accelerate process to update National HIV, TB and Human Rights Plan.
- Align all programmes with new NSP, national HR plan.

7. Key Recommendations

7.1 Recommendations for Programs to Reduce Barriers to HIV Services

The following recommendations are proposed to strengthen programs to reduce human rights-related barriers to HIV services.

Program Area	Recommendations
Eliminate stigma and discrimination in all settings.	<ul style="list-style-type: none"> ● Continue scale-up of community-level anti-stigma campaigns based on the newly developed human rights charter/s, using an integrated approach, with increased resources for community-level training, ongoing follow-up and support of newer organisations. ● Increase targeting of community leaders to support community-level action plans, based on human rights charters, for improved S&D reduction. ● Finalise updated human rights training and IEC materials as a matter of urgency, informed by existing knowledge of gaps (e.g. TB-related stigma and discrimination, SGBV, LGBTQI+, intersectionalities), evidence available from monitoring and documenting rights violations as well as human rights charter priorities. ● Given the rights violations documented in schools, consider the extension of stigma and discrimination reduction programming in educational settings, to manage stigma and discrimination against AYP based on HIV status, TB status, sexual orientation and gender identity. ● Develop national-level consensus on way forward with the Rights, Evidence and Action (REAct) HRV tools, other HRV and CLM systems, and finalise management of the national Human Rights Portal. ● Develop Standard Operating Procedures (SOPs) to support increased coordination on intersectional work at district level. ● Develop SOPs and user-friendly tools / checklists to support implementers to use new evidence / data, including from the SI study as well as HRV and CLM data, to inform re-programming, advocacy, monitoring and evaluation (M&E). ● Continue to prioritise populations most left behind, including lesbian and bisexual women, transgender people, people with disabilities, AYP. ● Accelerate process to finalise the Stigma Index 2.0 and use the results to inform stigma and discrimination reduction programming. ● Undertake barriers to access study for people with disabilities, including a focus on access to disability grants. ● Develop National Advocacy Strategy informed by evidence, including quarterly reports on HRV, other CLM data.
Ensure non-discriminatory	<ul style="list-style-type: none"> ● Provide ongoing support via the established Task Team, to NDOH and its Service Providers, to finalise, evaluate and implement health worker training materials, to ensure ongoing

<p>provision of health care</p>	<p>inclusion of all priority issues, gaps and challenges (including data from CLM and HRV on key issues in healthcare for PLHIV, people with TB and key populations) and to align with the Human Rights Toolkit update and the new national human rights plan (to be updated).</p> <ul style="list-style-type: none"> ● Ensure health worker training is aligned with the activities developed to reduce TB-related stigma and discrimination. ● Develop IEC materials to accompany health worker training. ● Accelerate implementation of training, follow-up, mentoring and support of HCWs. ● SANAC Technical Support Unit (TSU) to provide support to NDOH and Task Team to carry out a consultative process to develop a National Action Plan for training of health workers, including plans to (i) integrate training into pre- and in-service training of HCWs, (ii) extend training to community health workers, (iii) define the modality for supporting the active participation of PLHIV and key populations in the training of HCWs; and (iv) developing an M&E system for health care worker training (including cascaded training by trained trainers) to feed into national human rights data collection / Human Rights Portal. ● Commission an independent evaluation of the NDOH human rights training, particularly to see if practices improve after a critical mass of staff in a given facility are trained. ● SANAC TSU and Task Team to support NDOH to develop SOPs, complaints mechanisms and performance frameworks aligned with principles and responsibilities reflected in the health care worker training. ●
<p>Ensure rights-based law enforcement practices</p>	<ul style="list-style-type: none"> ● Encourage continued high-level discussions to promote commitment to review and evaluate the SAPS training conducted to date, to institutionalise the ongoing training, to revise / update training materials for SAPS, and to continue the scale-up of training for SAPS, as well as Metro police. ● SANAC SR to work with stakeholders to review / supplement the existing DDP materials with new data and evidence, including inputs by key population-led organisations and networks, to focus on issues relevant to SAPS and Metro law enforcers. ● Strengthen the meaningful involvement of representatives of PLHIV and key populations in both pre- and in-service training for SAPS and Metro Police. ● Set up regular forums between SANAC SR's Service Provider and the PRs and SRs who are undertaking district-level in-service training and sensitisation, to support collaboration, learning, relationship-building, and M&E of efforts to sensitise law enforcers. ● Develop and implement a comprehensive M&E system to measure and evaluate the impact of both pre- and in-service training. ● Develop and implement SOPs and performance management mechanisms to promote accountability for sensitised policing, in response to HIV and human rights violations data and evidence.

	<ul style="list-style-type: none"> ● SANAC SR to support the development of a National Action Plan for the continued scale-up of judicial training, and the training of traditional leaders, based on pilot outcomes. ● SANAC to continue to strengthen partnerships with DCS and to provide technical support for the scale up of training to sensitise prison officials on the rights of key and priority populations in the context of HIV and TB.
Improve legal literacy	<ul style="list-style-type: none"> ● Finalise updated human rights training and legal literacy materials (e.g. the Human Rights Toolkit) and IEC materials as a matter of urgency, in accordance with evaluation outcomes and new evidence (e.g. human rights charter priorities). ● Identify and document good practice models of district stakeholder mapping, integration, collaboration and resource sharing (e.g., between human rights, AYP, TB and key population programmes), to support scale-up and outreach of human rights programme implementation (including S&D reduction, legal literacy, monitoring and documentation and access to justice) at district level. ● Disseminate good practices and continue to provide support to all PRs and their SRs for strengthened scale-up of integrated, collaborative legal literacy implementation, in alignment with local-level data and key issues identified in community-level and provincial human rights charters. ● Ensure sufficient allocation of funds to PRs to allow for longer term, more sustainable staff appointments and legal literacy campaigns. ● Support increased funding / collaboration with other donors and implementers (e.g. PEPFAR-supported programmes conducting CLM), to continue the scale-up of legal literacy, particularly in districts not currently well reached.
Improve access to justice	<ul style="list-style-type: none"> ● Conduct an audit of location, skills and focus areas of all legal and paralegal support services in South Africa. There remains a need to identify the full range of legal support services (e.g. legal aid clinics, community advice offices, legal and human rights NGOs) available in South Africa to provide legal support services for HIV and TB-related rights violations. ● Continue to strengthen existing implementation of paralegal support and redress for HRVs for PRs, SRs and medium grant organisations. ● Support BZ to accelerate the provision of legal support services to supplement the existing efforts of Global Fund human rights programme implementers. This should include more advanced legal support (e.g. for court appearances) where required as well as support for the identification of a small, select number of potentially precedent setting cases for strategic litigation. ● Scale up training of staff in existing, national-level legal support services organisations to provide legal support to PRs and SRs, including for PWUD. ● Collate paralegal training materials used by PRs to standardise interim training; support updating of paralegal training materials in alignment with priority needs and issues. ● Expedite the establishment of the Strategic Litigation Task Team, with a clear terms of reference describing its purpose,

	<p>function and relationship to existing legal support services implementation. Review existing trends and priority issues identified by PRs, for potential strategic litigation.</p> <ul style="list-style-type: none"> ● Strengthen the commitment and capacity of the Human Rights Commission and Commission for Gender Equality to investigate, monitor and advocate for the rights of people living with HIV, people with TB, key and priority populations. ● Support a full evaluation of the varying efforts to provide legal support services (e.g. through in-house lawyers, links with private lawyers, links with legal NGOs such as Access Chapter 2, the Women’s Legal Centre, and finally links with a national system of legal support services such as CAOs) and the most useful mechanisms (e.g. ‘extra-legal’ support; use of Equality Courts; strategic litigation on select issues) to identify the way forward for future programme implementation, given resource constraints.
<p>Improving laws and policies relating to HIV and HIV/TB</p>	<ul style="list-style-type: none"> ● Develop the National Advocacy Strategy, including integrating updated law / policy reform priorities (e.g., those identified by PRs and networks, those within the new NSP) into the National Advocacy Strategy as well as any further key issues arising from HRV and CLM data. ● Consider appointment of dedicated law/policy review staff member at SANAC TSU, with additional staff for other technical support needs ● Re-focus law/policy reform initiatives at provincial and district level with PRs, SRs and key population and community-led organisations and networks. ● Provide continued support, including from SANAC TSU, for law/policy reform agenda on sex work and drug use, to ensure ongoing momentum, including support for responding to the recent call for regulations. ● Continue strengthening political commitment amongst and working with all key government departments and Chapter 9 institutions on prioritised law and policy reform initiatives (e.g. expediting the development of regulations to support the decriminalisation of sex work, reviewing operational guidelines and SOPs) (see also section 4.1.b). ● Create awareness of and disseminate updated guidelines and plans, including through communications strategies and trainings. <p>Identify priority issues and potential strategic litigation cases for uptake, based on National Advocacy Strategy, HRV data, PR reports, as identified.</p>
<p>Reduce HIV-related gender discrimination</p>	<ul style="list-style-type: none"> ● Map the nature and coverage of gender discrimination and SGBV activities. ● Provide for ongoing capacity development, mentoring, support for integrated approaches to human rights programming within AYP / gender programmes, to build on gains. ● Provide ongoing support and training for all human rights and key populations programmes to integrate issues of gender discrimination, harmful gender norms and cultural practices, SGBV issues, building on existing work (e.g. NACOSA’s gender transformation materials and training).

	<ul style="list-style-type: none"> ● Ensure that the updated HR Toolkit training, as well as the materials for training of law enforcers, updates the current focus on gender inequality, harmful gender norms and SGBV with a focus on priority issues set out in the new HIV NSP and GBV NSP and on SGBV experienced by key and priority populations. ● Include M&E indicators to measure gender-transformative and gender responsive approaches in human rights programme implementation. ● Ensure the National Action Plan includes provision for strengthening the sensitisation of traditional leaders on harmful gender norms, cultural practices and SGBV. ● Continue to strengthen capacity of TCCs to integrate human rights documentation and referrals to legal support services. ● Develop methodology for integrating TCC's SGBV data into the National Portal of HRV data. ● Strengthen access to TCCs and alternative violence response mechanisms that cater to needs of LGBTIQI+ people.
Community mobilization and advocacy for HIV/TB	<ul style="list-style-type: none"> ● Ensure that the (updated) Coordination Framework and Action Plan integrates efforts to co-ordinate HRV and CLM implementation, monitoring and oversight. ● Support strengthened collaboration and linkages between identifying and collating CLM data by key population networks, and Global Fund-supported HRV documenting, responding, and referrals to legal support services. ● Finalise and implement the HRV Guidance Document to support standardised understanding, categorization and reporting of HRV, even with the use of different tools. ● Scale up HRV and redress, through advocacy and referrals for paralegal and legal support services. ● Ensure the development of safety and security plans for key population-led organisations. ● Continue to analyse trends in responding and resolving HRVs, and find ways to ensure the use of this data to inform advocacy, identify lessons learned and support re-programming. ● Finalise collation of national-level data from Global Fund-supported and other sources within National Portal.

7.2 Recommendations for Programs to Reduce Barriers to TB Services

The following recommendations are proposed to strengthen programs to reduce human rights-and gender-related barriers to TB services.

Program Area	Recommendations
Eliminate TB-related stigma and discrimination	<ul style="list-style-type: none"> ● NDOH to accelerate efforts to undertake the national-level TB Stigma Assessment to inform S&D related activities for TB. ● NDOH to prioritise the finalisation of the proposed TB stigma and discrimination reduction activities, in alignment with current HIV, TB and human rights-related activities. ● Prioritise TB stigma and discrimination materials in the review / updating of all training materials and IEC materials.

	<ul style="list-style-type: none"> • Human rights implementers to appoint TB-specific focal point persons within their human rights programmes, to promote a strengthened focus on TB-related activities. • Identify and locate TB organisations, networks and support groups during stakeholder mapping exercises, in order to prioritise their inclusion in national human rights- and gender-related programmatic responses. • Continue to scale up and integrate TB related S&D reduction activities within all human rights programmes, including within SBCC campaigns. • Prioritise the engagement of TB Human Rights Ambassadors, and the training of staff within TB service delivery organisations and TB-led organisations and networks, in order to support increased outreach of anti-stigma campaigns. • Ensure support and capacity development for increased TB support groups to be set up and to undertake S&D reduction programmes, including addressing self-stigma. • Require all PR's progress reports at OPEC to specifically report on TB-related HRVs, and TB-related human rights interventions.
Ensure people-centered and rights-based TB services at health facilities	<ul style="list-style-type: none"> • SANAC TSU to provide support to NDOH and Task Team to facilitate the development of a National Action Plan for training of health workers, including plans to (i) integrate TB, HIV, human rights and medical ethics training into pre- and in-service training, (ii) extend training to community health workers, (iii) define the modality for supporting the active participation of people with TB and affected TB key populations in the training of HCWs; and (iv) develop an M&E system for health care worker training (including cascaded training by trained trainers) to feed into national human rights data collection / National Portal. • Ensure inclusion of representatives of people with TB / TB technical experts on the Task Team set up to support the human rights training of health workers. • Ensure health worker training IEC materials and SBCC materials are aligned with efforts to reduce TB-related stigma and discrimination. • Accelerate implementation of training, follow-up, mentoring and support of HCWs, including on issues of TB-related human rights and medical ethics. • Prioritise training of community health workers working with people with TB, on TB, human rights and medical ethics. • Commission an independent evaluation of the NDOH human rights training, particularly to see if practices improve after a critical mass of staff in a given facility are trained. • SANAC TSU and Task Team to support NDOH to develop SOPs, complaints mechanisms and performance frameworks in line with the healthcare worker training, and to review health care guidelines to ensure rights-based and gender-transformative TB services.
Improve legal literacy	<ul style="list-style-type: none"> • Ensure that stakeholder mapping exercises identify and locate TB organisations, networks and support groups to prioritise their inclusion in national human rights- and gender-related programmatic responses.

	<ul style="list-style-type: none"> ● Prioritise the finalisation of updated human rights training and IEC materials that include updated TB-related human rights issues. ● Scale up the integration of TB-related legal literacy in all human rights interventions currently carrying out legal literacy. ● Prioritise training of staff within support groups and organisations led by, supporting or working with people with TB, to conduct legal literacy campaigns. ● Ensure the inclusion of TB-related legal literacy messaging in national-level SBCC campaigns.
Increase access to justice	<ul style="list-style-type: none"> ● Review paralegal training materials utilised by PRs to train paralegals and legal support services, to ensure there is an adequate focus on TB-related human rights and gender issues. ● Prioritise training and linkages between TB programmes, people with TB-led organisations, networks and support groups, and human rights programmes providing access to justice for rights violations. ● Train staff in national level legal support services to provide legal support, including for people with TB to respond to common HRVs experienced.
Ensuring rights-based law enforcement practices for TB	<ul style="list-style-type: none"> ● Encourage high-level discussions to promote commitment to institutionalise training and to revise / update training materials for SAPS, and to continue the scale-up of training for SAPS and the Metro law enforcement officers, to sensitise them to the rights of both people with HIV and people with TB, and related key and priority populations. ● SANAC SR to work with stakeholders to review / supplement the existing DDP materials with new data and evidence on TB-related rights violations, including inputs by TB-led organisations and networks of TB survivors and family members, as well as the newly established community-led networks for former inmates, in materials development. ● Strengthen the meaningful involvement of representatives of TB survivors and family members, and TB key populations in both pre- and in-service training for SAPS and Metro Police. ● Set up regular forums between SANAC SR's Service Provider and the PRs and SRs who are undertaking district-level in-service training and sensitisation, to support collaboration, learning, relationship-building, and M&E. ● Develop and implement a comprehensive M&E system to measure and evaluate the impact of both pre- and in-service training. ● SANAC to continue to seek high-level political commitment from DCS; to provide technical support to DCS to scale up sensitisation of prison officials on the rights of both people living with HIV and people with TB and relevant key and priority populations. ● SANAC TSU to provide support to DCS to strengthen policies and strategies to support strengthened access to TB prevention and care services in places of detention, including linkages to care on release.

<p>Improve laws, regulations and policies relating to TB</p>	<ul style="list-style-type: none"> ● Develop National Advocacy Strategy that includes advocacy priorities for addressing human rights and gender-related issues in the context of TB. ● Use interim data (e.g. from the 2021 Stigma Index study, current HRV data as well as the findings of the SBCC consultations) to inform TB-related advocacy initiatives. ● Investigate reasons for low reports of TB-related HRV and develop recommended response, in order to strengthen monitoring and support community-led advocacy for TB-related human rights issues. ● Continue high-level advocacy with government departments, such as the NDOH and labour sector, to support the review of health care and occupational health care guidelines in the context of TB. ● Support community-led advocacy for TB-related human rights issues. ● Ensure TB representation at Civil Society Forum.
<p>Reduce TB-related gender discrimination</p>	<ul style="list-style-type: none"> ● Finalise consultations with all human rights programme implementers to identify key activities to address gender-related barriers to TB within their current programme interventions, including human rights programmes, AYP programmes, key population programmes and TB programmes. ● Prioritise the engagement of TB Human Rights Ambassadors and training of staff on TB and human rights issues within women's health organisations, key population-led organisations, and sexual and reproductive health and rights organisations. ● Ensure updated training materials to sensitise health workers, as well as law enforcers, address gender-related aspects of TB.
<p>Address needs of people in prisons and other closed settings</p>	<ul style="list-style-type: none"> ● SANAC SR to continue to strengthen work with DCS to implement training of prisons officials on HIV, TB and human rights issues, using newly developed training materials. ● National Advocacy Strategy discussions to prioritise TB advocacy issues, including for prisoners with TB.
<p>Support community mobilization and advocacy</p>	<ul style="list-style-type: none"> ● Identify reasons for low levels of reporting on TB-related HR violations. ● Reinvigorate efforts to reach out and train staff, and / or create linkages between people with TB and TB survivor-led organisations, networks and support groups and the efforts to undertaken CLM, HRV documenting and monitoring in the country. ● Identify trends, priority issues and sectors in which TB-related HRV are reported. ● Ensure inclusion of TB-related advocacy issues in National Advocacy Strategy and in national and local-level advocacy effort.

Annex 1: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition ⁶⁰
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population.
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)

⁶⁰ The definition of the term “comprehensive” has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)
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Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Annex 2: List of Documents Reviewed

- Alteration of Sex Description and Sex Status Act 49 of 2003.
- Children’s Act 38 of 2005.
- Civil Unions Act 17 of 2006.
- Commission for Gender Equality (2020) Launch of Investigative Report on Forced Sterilisation in Public Health Care Facilities.
- Constitution of South Africa, 1996.
- Criminal Law Amendment Act 105 of 1997.
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.
- Criminal Procedure Second Amendment Act 85 of 1997.
- Labour Relations Act 66 of 1995.
- Department of Women, Youth and People with Disabilities (2022) National Strategic Plan on Gender-Based Violence and Femicide.
- Employment Equity Act 55 of 1998
- Frontline AIDS (2019) Capacity Assessment of South African Human Rights Programme Implementation.
- Global Fund and SANAC Human Rights Programme documents from 2019 to 2020-2022 including, e.g., capacity and technical needs assessments, reports of meetings, ‘deep dives’ and ‘mini deep dives’; coordination frameworks Principal Recipients’ implementation plans, monitoring and evaluation frameworks, budgets and OPEC progress reports.
- Global Fund (2019) Baseline Assessment – South Africa
- Global Fund (2021) South Africa: Mid-Term Assessment.
- Health Professions Act 65 of 1974.
- HIV Policy Lab (2020) Global HIV Policy Report: Policy Barriers to HIV Progress.
- Human Sciences Research Council (2021) The People Living with HIV Stigma Index in Six Districts of South Africa 2020 – 2021: Study Report.
- Independent Police Investigative Directorate (2023) Annual Report 2022-2023.
- KELIN (2023) Court Victory: Landmark Ruling Exposes Discrimination in Forced Sterilization of HIV-Positive Women.
- Medical Schemes Act 131 of 1998.
- Medicines and Related Substances Control Act 101 of 1995.
- Mental Health Care Act 17 of 2002.
- National Health Act 61 of 2003.
- Nursing Act 33 of 2005.
- Prevention and Combating of Hate Crimes and Hate Speech Bill
- Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000
- Ritshidze (2024) State of Healthcare for Key Populations (3rd edition).

- South African National AIDS Council (2017) National Implementation Plan for A Comprehensive Response to Human Rights-Related Barriers to HIV and TB Services and Gender Inequality
- South African National AIDS Council (2018) Global AIDS Monitoring Report.
- South African National AIDS Council (2019) NSP 2017-2022 Mid-Term Review: Summary of Preliminary Findings.
- South African National AIDS Council (2020) National Strategic Plan for HIV, TB and STIs 2023-2028.
- South African National AIDS Council (2020) NSP 2017-2022 Mid-Term Review: Summary of Preliminary Findings.
- South Africa Country Coordinating Mechanism (2021) Global Fund C19RM Funding Request: Final Submission.
- South Africa Country Coordinating Mechanisms (2021) Global Fund HIV / TB Funding Request Application: Final Submission.
- South African National AIDS Council (2022) Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services in South Africa (April 2022-March 2025): Programme Description.
- South African National AIDS Council (2023) National Strategic Plan for HIV, TB and STIs: 2023-2028.
- South African National AIDS Council (2023) South African Human Rights Charter on HIV, TB and STIs for Key and other Priority Populations
- Southern African Litigation Centre (2014) Namibia: Coerced Sterilisation of HIV Positive Women.
- Sterilisation Act 44 of 1998.
- Traditional Health Practitioners Act 22 of 2007.
- United Nations Development Programme (2023) The SCALE Initiative.

Annex 3: Key informant interviews

Informant interviews were conducted with key persons from organizations, including management, human rights focal point persons, legal support service persons, M&E staff, and advocacy officers):

- Access Chapter 2
- AIDS Foundation of South Africa
- Beyond Zero
- Civil Society Forum (SANAC)
- Human Rights Working Group (SANAC)
- NACOSA
- National Department of Health
- NDOH Service Providers
- SANAC consultants (Human Rights Toolkit; Human Rights Charters)
- South African Network of People who use Drugs
- South African National AIDS Council (Sub-Recipient)
- South African National AIDS Council (Technical Support Unit)
- Sex Workers Education & Advocacy Task Force
- TBHIVCare