

Report on Co-ordination / Linkages Gaps & Challenges [in context of COVID-19]: SA HIV, TB & Human Rights Programme

TA SUPPORT TO SOUTH AFRICAN HIV, TB
AND HUMAN RIGHTS PROGRAMME
IMPLEMENTATION

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Table of Contents

ABBREVIATIONS	3
EXECUTIVE SUMMARY	5
INTRODUCTION	9
BACKGROUND	9
DISCUSSIONS WITH IMPLEMENTERS	11
AGYW Programme (as per AFSA, NACOSA, Beyond Zero)	11
Opportunities, Gaps and Challenges	14
Recommendations	15
Key Population Programmes (as per NACOSA, Beyond Zero, SANPUD, SWEAT & Sisonke)	16
People who inject drugs and people who use drugs	16
Sex workers	18
Men who have sex with men and transgender people	21
Opportunities, Gaps and Challenges	22
Recommendations	23
Training health workers in human rights (NDOH)	25
Opportunities, Gaps and Challenges	28
Recommendations	29
TB Programme (NDOH and TBHIV Care)	30
Opportunities, Gaps and Challenges	31
Recommendations	32
CRS, Advocacy and Community-Based Monitoring	33
Opportunities, Gaps and Challenges	36
Recommendations	37
National-level Co-ordination by SANAC	39
Opportunities, Gaps and Challenges	40
Recommendations	41
APPENDIX A: SOME SUGGESTED LINKAGES WITH HR PROGRAMMES	43
Stigma and Discrimination Reduction Programmes	43
Human Rights Training of Health Workers Programme	43
Legal Literacy Programmes	44
Community-based Monitoring	44
Legal Support Services	44
Sensitizing law makers and law enforcers	45
Monitoring, Law and Policy Review and Reform	45

ABBREVIATIONS

AFSA	AIDS Foundation of South Africa
AGYW	Adolescent girls and young women
AIDS	Acquired Immune Deficiency Syndrome
CAO	Community Advice Office
CBO	Community Based Organisation
CBM	Community Based Monitoring
CCM	Country Coordinating Mechanism
CRS	Community Response Systems
CSO	Civil Society Organisation
DAC	District AIDS Council
DOE	Department of Education
DOH	Department of Health
DSD	Department of Social Development
GF	Global Fund
HIV	Human Immunodeficiency Virus
HRWG	Human Rights Working Group
IPO	Implementing Partner Organisation
LAC	Local AIDS Council
MDIP	Multi-sectoral District Implementation Plan
MoA	Memorandum/Memoranda of Agreement
MoU	Memorandum/Memoranda of Understanding
NACOSA	National Association of Community Organisations of South Africa
NDOH	National Department of Health
NGO	Non-governmental organisation
OPEC	Operational Performance Excellence and Coordination
PCA	Provincial Council on AIDS
PGT	Peer group trainer
PIP	Provincial Implementation Plan
PR	Principal Recipient
PRC	Programme Review Committee
PrEP	Pre-exposure Prophylaxis
REAct	Rights, Evidence, Action
S&D	Stigma and Discrimination
SANAC	South African National AIDS Council
SANPUD	South African Network for People Using Drugs
SAPS	South African Police Service
SMYN	Show Me Your Number
SR	Sub-Recipient
SSR	Sub-Sub-Recipient
STI	Sexually transmitted infection
SWEAT	Sex Worker Education and Advocacy Task Force
TA	Technical Assistance
TB	Tuberculosis
TCC	Thuthuzela Care Centres
TSU	Technical Support Unit

TTT
WAC

Technical Task Team
Ward AIDS Council

EXECUTIVE SUMMARY

Human rights- and gender-related barriers remain obstacles to the uptake of prevention, treatment and care for HIV and Tuberculosis (TB) in South Africa. The Global Fund-funded Programmes to Reduce Human Rights-Related Barriers to HIV & TB Services (“Human Rights Programme”), aligned with the South African National Strategic Plan for HIV, STIs and TB 2017-2022 (NSP) and the Three-Year National Implementation Plan for a Comprehensive Response to Human Rights-Related Barriers to HIV and TB Services and Gender Equality (“the National Human Rights Plan”), provides support for comprehensive, scaled-up and effective programmes to reduce human rights- and gender-related barriers and increase access to health care for people living with HIV, people with TB and key populations.

The AIDS Foundation of South Africa (AFSA) has been appointed as the Principal Recipient (PR) to implement the Human Rights Programme and has appointed various Sub-Recipients (SRs) to support implementation. Effective implementation of the Human Rights Programme further requires AFSA to coordinate this work with the Advocacy and Community Response Systems (CRS) work undertaken by AFSA, as well as that of the other three PRs, including the National Department of Health (NDOH) – which is also responsible for human rights and medical ethics training of health workers, as well as TB programmes – the National Association of Community Organisations of South Africa (NACOSA), and Beyond Zero (BZ). In this way, the Human Rights Programme can achieve optimal integration within and across all programmes working with people living with HIV, people with TB, adolescent girls and young women (AGYW) and key populations such as people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM) and transgender persons (TG). Coordination will allow for sharing information and resources and ensuring joint review, planning, advocacy and collaboration as well as referrals to respond to key human rights issues arising across all programmes, amongst other things.

Current **gaps and challenges** in co-ordination, linkages, referrals, information-sharing systems and stakeholder engagement across the Human Rights Programme and between this and other Global Fund-supported programmes include the following:

- Currently, the AFSA Human Rights Programme and programmes run by other PRs, including the Advocacy, AGYW, PWID, SW, MSM, TG, Health Worker Training and TB programmes, are not optimally linked. Other GF programmes are, in many cases, not sufficiently aware of the Human Rights Programme partners, what they do, where they are located and how best to access / refer to these services; in many instances they have not mapped and included Human Rights Programme partners in their referral mechanisms or refer only to those they know and have worked with previously, leaving gaps in human rights referrals in some provinces and districts.
- There is a concern that in some locations, the Human Rights Programme SRs and SSRs and other GF programmes (e.g. the Key Populations Programmes) may be providing overlapping services, requiring district-level negotiations and Memoranda of Agreement (MoA) to provide complementary, mutually supportive services to ensure a comprehensive response.
- Links between the NDOH health worker training and other Human Rights and GF Programme partners also require following formal Department of Health (DoH) processes at local and provincial level with Memoranda of Understanding (MoUs), rather than national-level direction.
- Monitoring of human rights violations as well as the progress on and impact of human rights programme implementation requires strengthening and co-ordination. This report focused primarily on the monitoring of and reporting on rights violations by various human rights and other GF programme implementers and identified various challenges. E.g. the Key Populations Programme is currently documenting human rights violations, but the links (including for purposes of referrals, monitoring and evaluation (M&E) and review and adaptation of programmes) have not yet been developed between their documentation, the documentation services of Human Rights Programme

partners able to respond to rights violations, the documentation (to be) carried out in terms of the Rights, Evidence, Action (REAct) system, and the national web-based system of monitoring the national response to HIV, TB and human rights. COVID-19-related rights violations are also currently being monitored by some programmes. At national-level, the South African National AIDS Council (SANAC) noted a need to finalise agreement on key indicators for monitoring and reporting on HIV, TB and human rights in terms of the goals and objectives of the broader Human Rights Plan, including within the context of COVID-19.

- Field workers in some of the GF programmes (e.g. AGYW programme, CRS Community Based Organisation (CBO) small grants, TB Programme) require training on HIV, TB and human rights issues, documentation, and programmatic responses to these issues, in order to improve information-sharing, referrals, documentation of rights violations and collaboration on rights-based issues arising during outreach and service provision.
- Referrals, access to legal support services and follow-up is a critical challenge across all programmes working on human rights, gender equality and with AGYW and key populations (including non-GF programme partners).
- The Human Rights Programme and other GF programme PRs and SRs attend various coordination and multi-stakeholder forums, including at ward, district, provincial and national level. However, there are various challenges within existing structures and forums, including the following:
 - Currently broader forums are often large, not always regular and adequately represented by Human Rights Programmes and focussed on progress reporting and quantitative indicators. The set agendas fail to provide adequate space and time for regular, or even periodic discussions of human rights and gender equity-related issues, which may require focussed, facilitated discussions with follow-up sub-group meetings. It is critical to strengthen the capacity and commitment of these forums to discuss HIV, TB and human rights issues for long-term sustainability of a rights-based response.
 - Communication, information and report-backs from various forums require strengthening, particularly in order to ensure follow-up on resolutions, key actions and responsibilities.
 - The Global Fund Human Rights Programme Operational Performance Excellence and Coordination (OPEC) meetings were not raised by other (non-human rights) GF PRs, perhaps because they are seen as the mainstay reporting forums of the Human Rights Programme, rather than forums for broader engagement on human rights issues affecting all GF programmes.
 - The Human Rights Working Group (HRWG) is predominantly made up of Global Fund programme implementers and requires concerted efforts to increase representation by non-Global Fund human rights programme implementers.
 - The HRWG needs to clarify and strengthen its post-Inception phase role, to co-ordinate and monitor the implementation of human rights programmes, discuss and make recommendations on key human rights issues arising and strategic focus, and report on policy-level issues arising, to the Human Rights Technical Task Team (TTT).
- The country's COVID-19 epidemic and associated lockdown restrictions have exacerbated these challenges, impacted on human and financial resources and access to services, and led to additional human rights violations that appear to disproportionately impact on vulnerable and key populations as well as health workers. As a result, COVID-19 has impacted on all programmes' service delivery in various ways, requiring additional time and resources to access beneficiaries, develop alternative service delivery models and respond to COVID-19-related rights violations and newly arising needs, while themselves adapting to service interruptions and closures due to the impact on their own staff and partner programmes and facilities.
- COVID-19 lockdown restrictions have also impacted on regular coordination forums, which have become less regular (particularly at local-level) and are forced to take place by means of virtual platforms. This means that meetings are, by necessity, shorter and are inaccessible to smaller organisations (e.g. SSRs) who do not have the data and technology to participate.

There are various opportunities, in terms of planned activities, current capacity and existing forums, to strengthen these linkages, which are set out in more detail, below.

As a result, the following **general recommendations** are put forward for strengthening coordination, linkages, referrals and engagement on human rights issues, taking into consideration the constraints imposed by COVID-19 and related lockdowns, closures, restrictions and rights violations:

- Develop **short presentation / e-intro to all Human Rights Programmes** and human rights indicators, to provide GF PRs and SRs across all programmes with an overview as well as clear description of activities and support available for various human rights issues.
- **Map and provide granular detail on human rights programmes** within various districts and provinces for sharing with relevant GF PRs and SRs, for purposes of developing MoA to strengthen linkages, coordination and referrals. *A range of suggested linkages, coordination and referrals are set out in Appendix A.*
- Include key staff members in planned **training in terms of the Human Rights Toolkit** and, where relevant, in **Legal Literacy** and/or **Community-Based Monitoring**, to build capacity amongst GF programme field workers (e.g. the AGYW programme, MSM / TG programme) to understand human rights, identify human rights violations (including COVID-19 related rights violations) and appropriate responses, ensure that rights violations are documented / referred for documentation, conduct relevant referrals to follow-up services and integrate key issues into the Human Rights Programme programmatic responses.
- Developing **COVID-19 specific Information, Education and Communication (IEC) materials** in cooperation with all Human Rights and GF Programme partners, regarding the rights of people living with HIV, people with TB, AGYW and Key Populations during COVID-19.
- Share NACOSA's **COVID-19 rights violation documentation** forms for use / integration within existing methodologies for documentation of human rights violations.
- Encourage all GF programmes to be aware of **human rights indicators** and to include any relevant information in narrative reports, even where not strictly monitoring human rights indicators in their own programmatic responses and performance frameworks.
- **Prioritize the finalisation and implementation of national monitoring of rights violations** including
 - Identification of key human rights indicators for national monitoring of human rights violations [and progress / impact of national human rights programme implementation] and development of national web-based monitoring system
 - Finalising of training on the REAct tool
 - Support for all SRs and SSRs to monitor rights violations, including through training and the deployment of trained REActors to all SRs
 - Develop mechanism to coordinate documentation of human rights violations, including COVID-19 related rights violations, by various Human Rights and other GF programmes for collated reporting at various forums and for purposes of national monitoring system
- Supporting the **adaptation of service delivery models** to ensure outreach to beneficiaries, given the constraints imposed by COVID-19 related restrictions.
- Facilitating / **supporting the development of MOUs / MOAs** between Human Rights Programme PRs, SRs and SSRs and other GF Programmes to strengthen linkages and

collaboration to deal with human rights issues arising across all programmes, including issues arising as a result of COVID-19.

- **Strengthen SANAC, GF and AIDS Council coordination forums** at various levels, to ensure
 - Leadership commitment to ensuring all meetings are held regularly, on accessible virtual platforms in the absence of physical meetings
 - Adequate representation of all programmes, including (GF and non-GF) human rights programme implementers, on relevant structures and forums, as well as representation of other GF Programmes in meetings traditionally seen as 'human rights programme' meetings; e.g.
 - Representation of human rights programme partners on GF district consultative forum meetings, AIDS Council meetings, etc.
 - Representation of other GF programme partners on human rights programme meetings (e.g. Human Rights OPEC, where appropriate; SANAC HRWG meetings)
 - Representation of non-GF human rights programme implementers on Human Rights Working Group meetings etc.
 - Strengthening representation by staff with the capacity to raise, report on and discuss human rights issues at forums
 - Providing technical assistance, sensitization and support to broader forums to strengthen their capacity to discuss and review human rights issues (e.g. CSO Forum, AIDS Council Meetings)
 - Providing for 'issue-based' meetings at regular intervals and/or ensuring human rights issues are placed on the agenda of relevant forums, with provision for expert, facilitated discussion of issues arising
 - Ensuring follow-up, including through the appointment of smaller sub-groups where relevant, to follow up on human rights issues arising for report back.

- **Strengthen capacity of SANAC Human Rights Working Group to review, monitor and evaluate the national Human Rights Plan**, including through:
 - Reviewing the HRWG Terms of Reference to clarify updated roles and responsibilities, with a specific focus on the programme review / monitoring and evaluation (M&E) role of the HRWG and the referral of key policy and advocacy issues to the SANAC TTT.
 - Developing a clear governance diagram to identify the various roles, responsibilities and lines of information sharing, communication and report-back, including M&E, between the various coordination forums well placed to deal with human rights issues.
 - Strengthen communication on key actions and responsibilities arising out of HRWG meetings.
 - Continue efforts to broaden the representation of non-GF human rights programme partners on the HRWG.
 - Conduct a review of progress towards the objectives of the national Human Rights Plan as well as key human rights issues arising and identify key agenda items for strategic focus in the short, medium and long-term.

INTRODUCTION

This brief report sets out the outcome of discussions with AFSA staff, AFSA SRs and other Global Fund PRs regarding gaps, challenges and possible solutions to strengthened linkages, co-ordination and stakeholder engagement across the GF human rights programmes and between these and other GF programmes (e.g. those involving Advocacy, CRS, and services to AGYW and key populations). These discussions form part of Global Fund-supported technical assistance (TA) to the South African HIV, TB and Human Rights Programme implementers, to enhance the implementation and scale-up of effective and comprehensive programmes that reduce human rights barriers to health care, particularly HIV and TB, taking into consideration the impact of COVID-19 on programme implementation and coordination.

BACKGROUND

Human rights-related barriers remain major obstacles to the uptake of prevention, treatment and care for HIV and TB. Various gaps and challenges, including capacity limitations, have hampered optimal implementation of the Global Fund-funded Human Rights Programme to reduce human rights barriers to HIV and TB in South Africa.

A Capacity Needs Assessment, undertaken with support from Frontline AIDS, and a Global Fund-supported 'mini-Deep Dive' identified various critical priorities for strengthening Human Rights Programme implementation, including the need for strengthening the understanding of and mechanisms for co-ordination, linkages, referrals and information-sharing systems and stakeholder engagement across the Human Rights Programme and between the Human Rights and other Global Fund-supported programmes. This will help to contextualise and integrate the Human Rights Programme within the broader HIV and TB response, particularly in relation to programme interventions serving AGYW and key populations, managing TB, supporting advocacy and strengthened community response systems, to ensure a comprehensive, rights-based response.

Specifically, the Capacity Assessment identified the following key challenges around co-ordination and linkages between programmes:

- Implementers raised concerns about the need for effective coordination, linkages and partnerships *amongst all stakeholders involved in human rights programmes*. There was a concern that without a thorough understanding of the comprehensive programme as a whole, implementers may lose sight of the necessary linkages and synergies between the various programmes and their mutual reliance on each other for information, lessons learned, strategic focus and achieving the goals of the human rights programme as a whole. In other words, SRs may fail to appreciate how their work is one piece of the puzzle, that fits together with the other pieces to create the whole picture.
- Linked to the above point, there is a concern that, at district level, there is not enough support for SRs and SSRs to work in partnership and coordinate their efforts. As such, this could potentially be a missed opportunity to streamline efforts and achieve synergies at district level to optimise the reach and impact of the programme.
- In addition to this, there is a need to improve engagement between AFSA and the other PRs, to ensure that human rights priorities are integrated into all modules of the current grant, including the programmes with SW and PWID under NACOSA as PR, the MSM and TG under Beyond Zero as PR, and the AGYW and CRS programmes, shared by all three civil society PRs. Many stakeholders expressed the need for further discussion on how the different PRs' programmes will link and engage with each other, at all levels - national, provincial and district. CRS currently has the role of facilitating these linkages.

Specific Challenges identified during Capacity Assessment interviews with PRs and SRs

Organisation	Co-ordination / Linkages / Alignment Challenges identified
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AFSA	Co-ordination meetings are report-driven, with limited time for discussion or co-ordination of services. Discussions with the CRS programme and the Technical Support Unit (TSU) within the South African National AIDS Council (SANAC) are critical to strengthen linkages between programmes.
NDOH	There has been limited partnership, consultation and co-ordination with other stakeholders and key population networks e.g. through forums such as the Human Rights Working Group (HRWG) or participation in consultative meetings e.g. to develop human rights training materials or national monitoring system.
ProBono.org	Difficulties understanding and aligning the focus on GF districts and specific key populations with Legal Aid / Community Advice Office (CAO) districts. Challenges with general understanding of the comprehensive programme, linkages and co-ordination with other PRs and SRs.
Sex Workers Education and Advocacy Taskforce (SWEAT)	As with other SRs, concern around lack of discussion between Human Rights Programme partners about the programme 'theory of change', and how the partners can create synergies for optimal impact. Particularly interested in leveraging opportunities for strategic litigation with Pro Bono.org
TBHIVCare / South African Network for People Using Drugs (SANPUD)	Lack of understanding, coordination and alignment between the different Human Rights Programme elements amongst SRs.

Other issues, not specifically raised by the Capacity Assessment but nevertheless of importance, include the need for strengthening coordination and engagement between the Human Rights Programme implementers, other GF modules and the Advocacy Implementing Partner Organisations (IPOs), as well as the need to think through the roles of various national coordination forums (e.g. SANAC, the Human Rights Working Group (HRWG) and the Technical Task Team (TTT) on law and human rights) in the coordination framework.

The Capacity Assessment recommended the need for "ongoing support for strengthening co-ordination mechanisms between PRs and SRs to continually discuss and assess the comprehensive human rights programme, understand co-ordination and linkages between the various programmes, transfer knowledge and share learnings" between AFSA and the PRs of other modules (through CRS) and also between the different human rights programme modules.

DISCUSSIONS WITH IMPLEMENTERS

AGYW Programme (as per AFSA, NACOSA, Beyond Zero)

Overview of Programme:

The AGYW programme has the following key objectives:

- Increase retention in school
- Decrease HIV incidence
- Decrease teenage pregnancy
- Decrease GBV
- Increase economic opportunities.

Programme beneficiaries (adolescent girls and young women, adolescent boys and young men) are reached via various entry points, including schools, community hotspots, churches, workplaces and health care facilities, enrolled into the programme, provided with core interventions (a risk assessment including TB, STI and GBV screening, offers of HIV testing, condoms and information on HIV, TB, STIs and GBV) and provided with a service plan.

The programme then provides and/or refers beneficiaries to health services and other activities in 'safe spaces', through home visits and community-based work, through mobile / fixed clinics near schools and in communities. They provide or refer to various forms of biomedical, behavioural and structural support services including the Thuthuzela Care Centres (TCCs) and other services e.g. the AFSA male sexual partners' programme, men's dialogue sessions in specific sub-districts, an Economic Strengthening pilot programme in 3 districts, a Higher Health programme for biomedical services etc., to which AGYW are referred) and also reach out to communities, through community dialogues, to better understand and respond to issues affecting AGYW and adolescent boys and young men.

The AGYW programme supports the TCCs to respond to gender-based violence (GBV). The programme supports 'first responders' who refer and link survivors of GBV to the TCCs to ensure they receive the necessary health and psycho-social support; links them to various other services such as the police and public health facilities, as well as providing ongoing psychosocial support.

Generally, referrals and linkages are done via linkages officers, who link programme beneficiaries to various services they may require either via a referral form or escorting them personally via the 'handshake' method. Referral forms are used, with a reply slip to register their visits to particular service providers, and the referrals and reply slips are recorded in a referral register and followed up on. This information is integrated into monthly and quarterly reports to AFSA, as well as districts (by SRs), and further to provincial and national level (SANAC and the Global Fund).

Linkages officers carry out referrals on the basis of a service directory, based on a mapping exercise conducted with beneficiaries to identify services in the programme area of operation (district-level). These include health service providers (e.g. clinics, hospitals, pharmacies), social development services (e.g. local social service officers, Lifeline Zululand), South African Police Service (SAPS), local police stations and TCCs, Home Affairs offices, and other non-governmental organizations (NGOs) and CBOs providing social and structural interventions such as psychosocial support, support with substance abuse, socio-economic support services etc.

COVID-19 lockdown restrictions have affected various community-level, face-to-face interactions with beneficiaries; the programme has been forced to substitute physical interactions with using virtual / social network platforms (establishing WhatsApp groups, for instance), to retain beneficiaries on the programme, providing them with information and opportunities to speak with service providers (e.g. health worker, social worker). In some cases, where AGYW beneficiaries
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don't have cell phones or data, or are using a parent's phone, they are unable to reach the beneficiaries with regular, confidential services.

Both staff and management processes have had to adapt in various ways. During COVID-19 Level 3, the programme also developed alternative service delivery models, to prevent people from going to clinics, by providing mobile clinics and safe spaces for collecting medication or using linkage officers to assist with collecting medicines and providing home visits. At the same time, the programme has maintained ongoing communication with beneficiaries and has taken steps to document services delivered via these alternative routes.

Where restrictions have begun to ease, the AGYW programme is re-establishing 'safe spaces' from 1 August. In addition, smaller events have been possible with 5 beneficiaries at a time, but this requires additional time. The AGYW programme also report that records show that AGYW are not always attending at services they are referred to; they report fear of infection (e.g. on public transport and at facilities) as a deterrent.

The AGYW programme in schools has also been affected by COVID-19 immediate needs, in some cases diverting peer group trainers (PGTs) from their regular activities in order to support schools with, e.g. COVID-19 screening. It has also required some adaptations to the AGYW programme to re-integrate the programme into schools in a manner that complies with government regulations, and efforts are being made to scale-up the range of activities where possible.

In discussions with AGYW programme staff in the Western Cape and Tshwane, they also reported on the impact of COVID-19 on staff, where staff are testing positive themselves and require to be isolated, as well as the psychosocial impact on staff dealing with affected co-workers; this all impacts on the ability of the programme to deliver regular, quality services.

Human Rights Violations

AFSA reports that in addition to GBV, other human rights issues that have been reported, through community dialogues at community-level in the AGYW programme, that primarily involve law enforcement responses to GBV complaints. AGYW report not feeling comfortable with reporting to local police stations (e.g. to male officers) and not being well attended to when they do so or; these issues have not been rectified and require further action.

The AGYW programme is not specifically monitoring / documenting rights violations in the TCC or AGYW programme, nor does it have identified linkages with Community Based Monitoring (CBM); however the AGYW programme partners expressed an interest in examining the various tools and processes, to identify whether their own field workers could be trained in CBM or refer rights violations for documentation. The TCC programme does encourage SRs to detail qualitative issues in their quarterly narrative reports, where human rights are at times, and can be included. The AGYW programme recognized the benefits in documenting rights violations and triangulating data (e.g. from SAPS, DOH and DSD) to have stronger evidence on how AGYW are affected.

During COVID-19, gender-based violence has arisen as a universal issue during the lockdown period; not specifically in relation to the district(s) of the AGYW programme. NACOSA report a worrying trend in increased sexual assault and even incest, but reduced reports of rape. Their discussions with SRs suggest various reasons for non-reporting, including the fact that the perpetrator is often known, and that as a result of COVID-19 – movement restrictions and fear of infection - complainants are unwilling or feel unable to attend at police stations.

The AGYW programme is not specifically monitoring and recording rights violations in the TCC or AGYW programme and are not aware of / using the NACOSA COVID-19 violations form developed by NACOSA's sex worker (SW) and people who inject drugs (PWID) programme.

Working with Human Rights Programme partners

There are also a couple of processes where NACOSA, for instance, reports that the AGYW programme interacts and refers to other GF programmes, such as the PWID, SW and CRS Programme.

However, AFSA, NACOSA and BZ report that the AGYW programme has had insufficient contact with human rights programme partner(s) supporting human rights issues and are not sufficiently aware of where they work, their focus / activities and how to access these programmes. In KwaZulu Natal, the AGYW programme has partnered with an Advocacy Programme Implementing Partner Organisation (IPO) who is also working on AGYW programmes (through the GF district consultative forums, described below) but there is no broader connection and coordination with the human rights programmes as a whole. As a result, it is unclear whether (i) the human rights programmes working in their districts have been adequately included in the linkages / referral service directory, (ii) whether any referrals are generally made to link beneficiaries with relevant human rights programmes and/or (iii) whether field workers (social workers, PGTs and the beneficiaries themselves) have sufficient capacity on and understanding of human rights violations and human rights programmatic responses to respond to / refer human rights violations affecting AGYW.

Co-ordination forums

Currently the AGYW programme co-ordinates with other GF partner programmes through the GF district consultative forums. These monthly consultative meetings (referred to by the AGYW programme as the GF 'Steering Committee' meetings) bring together district-level and even sub-district / municipal level partners (including representatives from Department of Health (DOH), Department of Social Development (DSD), Department of Education (DOE), AIDS Council member(s), Operation Sukuma Sakhe, PRs implementing GF programmes such as AFSA, Beyond Zero, NACOSA and the NDOH, as well as SRs and SSRs). The purpose of the meeting is for GF partners to discuss progress, highlight successes, challenges and bottlenecks with their GF programme implementation, and to discuss remedial actions required. Partners also use this opportunity to present their upcoming plans and priorities that require support in the period ahead (e.g. if DOH is beginning to implement Pre-Exposure Prophylaxis (PrEP) they may request support from partners in training nurses in the clinics and creating awareness amongst health care users). The district consultative forums identify action points, timelines and responsibilities which are shared amongst programme partners. Follow-up meetings (bilaterals or with various relevant partners) are encouraged to follow up on issues arising and report back at the next forums.

The GF Steering Committee meetings are reported to work well for the AGYW programme in districts, assisting with guiding implementation and reducing duplication; co-ordination of activities amongst stakeholders; facilitating entry points to access beneficiaries and relationship building and resolving bottlenecks with partners (examples included discussing access to schools with DOE for the AGYW programme, which is then taken up by DOE, discussing backlogs of cases with DSD who then follow up, reporting on issues with health commodities which is then taken up at district or sub-district level by DOH). There have been times when human rights programmes have presented at these meetings and human rights issues are discussed in the past, but not on a regular basis.

The AGYW programme also attends other multi-stakeholder co-ordination forums at district and sub-district level. These include, for instance, District AIDS Councils (DACs) and Integrated School Health Forums (district and local-level), and at local level / sub-district level, the AGYW programme is involved in a forum with GF partners where local-level progress, feedback and challenges are discussed and remedial actions proposed, as well as Local AIDS Council (LAC) meetings and Ward AIDS Council (WAC) meetings. NACOSA identified the 'war room' meetings, at ward level, as a potentially useful space for AGYW and human rights programmes to identify, discuss and identify responses to actual cases of human rights violations with key partners (e.g. SAPS, DOH).

Feedback from various meetings takes place and is circulated amongst participants and also reported on at the next level of meetings. For instance, presentations from various sub-district meetings (e.g. Local AIDS Council meetings) are reported in a set template and submitted for consideration at the next level (e.g. to District AIDS Council meetings and then on up to Provincial Council on AIDS (PCA)

meetings. Presentations at GF Steering Committee meetings are consolidated into the minutes of the meetings and circulated to all stakeholders.

COVID-19 restrictions have also affected multi-stakeholder forums / committee meetings; however virtual committee meetings will now start to go ahead with a virtual GF Steering Committee meeting having been scheduled. Some of the smaller forum meetings have not taken place, due to limited access to Wi-Fi, computer equipment etc. Integrated school health forums have been held, since schools have been planning for re-opening for a while and have requested support from the AGYW programme with activities.

Opportunities, Gaps and Challenges

Discussions revealed that various opportunities exist for strengthening coordination and linkages between and across the AGYW programme, including the following:

- AGYW field workers receive training, which could be broadened to include training on human rights, legal literacy, CBM etc.
- There is an existing referrals mechanism within the AGYW programme, to link AGYW and other programme beneficiaries to other needed services, based on a service directory developed through mapping exercises conducted in districts. This referral mechanism could be broadened to include referrals to human rights programmes and advocacy IPOs.
- AGYW SRs include qualitative issues in current, quarterly narrative reports that are based on 'most significant change'; this provides an opportunity to ensure inclusion of human rights issues and analysis of trends in these reports.
- Despite various challenges, the AGYW programme has responded to the constraints imposed by COVID-19 restrictions, using alternative communications systems and service delivery models to ensure continued access to services for AGYW.
- The AGYW programme participates in a number of GF and multi-stakeholder forums at district and sub-district level, providing an opportunity to share information and discuss programme progress and bottlenecks with partners, including the opportunity to discuss GBV and other gender-related barriers to access to services. Reports from these various meetings are shared between participants.
- The AGYW Programme's attendance at district GF consultative forums meetings have previously been shown to provide an opportunity to meet with and discuss programme progress with other GF programmes; this provides an opportunity to also discuss human rights / gender-related barriers to access to services within the AGYW programme and to link with other GF programmes to resolve issues and collaborate.

Gaps and challenges raised during discussions include the following:

- The AGYW programme is not sufficiently linked with human rights programme partner(s)
- The AGYW programme is not sufficiently aware of human rights programme locations, activities and how to access their services.
- Current referral mechanisms within the AGYW programme do not generally include human rights programmes, for various reasons including that they have not been mapped and included within the service directory / are not generally part of standard referrals, and it is possible that field workers do not have the required training and capacity to identify and refer human rights violations. As a result, data reported shows gaps in referrals and linkages with Human Rights and Advocacy Programme partners.
- The AGYW and TCC programmes do not currently monitor / document rights violations (including COVID-19 related rights violations), nor do they have specific capacity to do so.
- It appears that human rights / gender-related issues are not regularly discussed at the district-level GF consultative forums.
- COVID-19 restrictions have affected face-to-face interactions with programme beneficiaries, resulted in closures of certain facilities and services, as well as diverted AGYW Programme

resources to support the COVID-19 response (e.g. screening in schools); this requires flexible, ongoing programme adaptations and alternative service delivery models. Adaptations to service delivery have been made, and some of the lockdown restrictions are beginning to ease. However, there are still limitations to service delivery and the need for support for the COVID-19 responses.

- AGYW beneficiaries do not all have access to cell phones / devices and data in order to receive confidential messaging services.
- AGYW beneficiaries report being afraid (due to fears of infection) to visit health facilities, impacting on their access and adherence to treatment and care.
- COVID-19 restrictions have affected physical meetings for purposes of co-ordination, necessitating a reliance on virtual meetings and disproportionately impacting on smaller, local-level forums
- Gender-based violence has been reported to have increased broadly, during COVID-19 lockdowns.
- Problems with law enforcers' inadequate response to GBV have not been rectified and require strengthened linkages and referrals and joint remedial action.

Recommendations

Some suggested immediate actions and strengthened linkages required to respond to these issues include:

- **Developing short presentation / e-intro to all human rights programmes and human rights indicators** – beyond a broad programme description, rather providing a clear description of implementers, activities and support available for various human rights issues.
- **Mapping** all relevant human rights programmes for inclusion in AGYW referrals service directory.
- **Providing human rights training** for field workers in order to ensure they are able to identify and to document and/or know how to respond to issues / who to refer beneficiaries to / where to report trends in human rights violations through, for e.g.
 - Inclusion of human rights training within current training done for field workers (e.g. the WHO Lives training includes a human rights component but could be broadened to include practical information re: reporting and referrals to human rights programmes);
 - Attendance at training on Human Rights Toolkit; and/or
 - Training on CBM / documentation of rights violations, including COVID-19 related rights violations.
- **Encouraging Legal Literacy programme to** include AGYW field workers (e.g. 'first responders' and 'linkage officers') in order that they may be trained as peer educators and include legal literacy within community dialogues, and/or to reach out to AGYW programme beneficiaries. Issues relating to the rights of persons to access existing health care services during COVID-19, as well as the right to non-discriminatory, confidential COVID-19 related services with informed consent, as well as their increased vulnerability to gender-based violence due to COVID-19 to be included in legal literacy training.
- **Encouraging training in human rights monitoring / documentation** to include AGYW programme field workers, if appropriate (alternatively to link with CBM), and to include documentation of COVID-19 related rights violations.
- **Quarterly narrative reporting to include human rights issues – including those relating to COVID-19, where relevant**, in alignment with (rather than strictly reporting on) key human rights indicators.
- **Developing COVID-19 specific Information, Education and Communication (IEC) materials**, in cooperation with Human Rights Programme partners, regarding the rights of AGYW

as health users, their rights to be protected from GBV, and access to complaints mechanisms, during COVID-19.

- **Continuing to adapt AGYW Programmes** to support adapted service delivery models, including adapted communication and referral systems and mobile / outreach health care, and to investigate options / mobilise resources to support confidential access to communications and health care services for all beneficiaries.
- **Strengthening meaningful participation in GF programme forums at district and provincial level** including ensuring invitations to and representation by all GF partners, including Human Rights Programmes; developing the capacity of participants to raise and encourage accountability towards human rights issues; advocating for forums to become enabling spaces for raising and getting responses to human rights issues and ensuring all participants have the means for virtual participation in meetings.
- **Strengthening meaningful participation of GF human rights programmes in AIDS Council meetings** at all levels, including WAC 'war room' meetings.
- **Strengthening Memoranda of Agreement (MOAs), linkages** through various forums and **referrals** via referral mechanisms, with various human rights programmes to respond to issues, including e.g.
 - Linkages with Legal Literacy training to ensure that AGYW field workers are considered for legal literacy training, and to ensure that training deals with key issues facing AGYW, as identified by the AGYW Programme implementers, including in the context of COVID-19.
 - Linkages with Community-Based Monitoring programmes to ensure that GBV, gender-related issues and COVID-19 specific rights violations are adequately recorded, monitored (ideally by AGYW field workers themselves) and shared.
 - Linkages with Advocacy programmes to ensure that, where necessary, advocacy on gender equality, harmful gender norms, GBV and COVID-19 related human rights issues, is carried out with relevant facilities.
 - Linkages with Legal Support Services Programmes to ensure follow-up on gender-related complaints and COVID-19 related rights violations.
 - Linkages with programmes working to sensitize law enforcers to ensure that gender-related issues arising, including GBV and the increased vulnerability of AGYW during COVID-19, including issues around their inability to report GBV, are integrated within relevant work (including e.g. AGWY programme staff and beneficiaries via AFSA, NACOSA and BZ in baseline assessment of law enforcement practices; sensitization of law enforcers, engagements with local-level, district-level and higher-level law enforcement officials).
 - Linkages with training of health workers to ensure that human rights issues arising from the programme that affect AGYW, including during COVID-19 (e.g. refusal to provide abortion services, refusal to provide services or breaches of confidentiality during COVID-19), are prioritized in training.

Key Population Programmes (as per NACOSA, Beyond Zero, SANPUD, SWEAT & Sisonke)

People who inject drugs and people who use drugs

Overview of Programme

The Sex Worker (SW), People who Inject Drugs (PWID) programmes and MSM and transgender (TG) programmes reach out to SW, PWID, MSM and TG people in selected districts with outreach and peer education.

NACOSA and SANPUD work with people who inject drugs (and people who use drugs, in the case of SANPUD). For the PWID programme, peer educators are the first point of contact, reaching a set cohort of beneficiaries at hotspots (e.g. parks, streets, abandoned buildings and railway lines) and providing harm reduction information and services (e.g. clean needles, cookers, water etc.) and mobilizing for clinical services (a primary health care (PHC) packages, e.g. blood pressure and glucose testing, HIV testing, antiretroviral treatment (ART), post-exposure prophylaxis (PEP); SRH services such as contraception and pap smears and wound care at outreach sites or clinics. TB and sexually transmitted infection (STI) screening is also provided, as well as sputum collection where there are partnerships with service providers. The programme also provides social auxiliary workers to support clients (e.g. counselling, group work activities) as well as to refer them to other social services, rehabilitation services where requested etc.

The two organisations have an agreed way of working together, ensuring they do not duplicate services (e.g. where they work in similar districts) and have a strong referral system between each other, where required – however not necessarily in relation to human rights issues.

As a result of COVID-19 lockdown, regulations and law enforcement by police and security forces, many PWID were forced into shelters or went underground to avoid forced removals. This meant that peer educators were not able to easily find their cohorts and they are constantly moving locations. This requires teams to initiate renewed mapping processes weekly and to be creative with their service delivery, but they are often only reaching about 50% of their beneficiaries. They have also struggled to get access to / have been prohibited from shelters to provide services (e.g. OST, clean needles), resulting in many clients being placed at harm and/or going into withdrawal with no support.

Also, teams and cities have shut down sites at least once due to positive cases. Staff are putting themselves at risk daily when carrying out their activities, which is taking a toll on them. COVID-19 test results are taking time, which also means that services are interrupted for longer while waiting for results. Clinic services are also interrupted, making referrals for services difficult and resulting in certain services not being regularly available.

Human Rights Violations

Currently, both organisations also integrate the documentation of rights violations and referrals to rights-related support services, unlinked to that of the other GF human rights programmes. NACOSA recognizes this as a key feature of the system – the peer educators are known and trusted by the cohort they work with, who are thus able to disclose potentially sensitive information – and recommends that all monitoring / documenting of rights violations be integrated within service provision, particularly for key populations. Peer educators have basic training on human rights issues and collate and document information on human rights violations during their work, including information on different types of violations as well as the range of perpetrators. Some outreach workers receive more advanced training on HIV, human rights and the law, rights during arrest etc., and operate as 'human rights defenders' as well as provide mentorship to peer educators on human rights.

Both NACOSA and SANPUD then collect and collate this data and, certainly in the case of NACOSA, have done so for years in terms of their own system. The data goes to a data capturer to be put into the database. The peer educators are trained to differentiate between less serious violations – which they may provide support to resolve (e.g. counselling, sensitization, referrals to social workers) – and more serious violations (e.g. rape, murder, assault) which are referred to the human rights defender or site coordinator (depending on the site) to be dealt with. An Advocacy Officer oversees the Human Rights Defenders and they work in terms of Standard Operating Procedures (SOPs) to provide essential needs and take more detailed documentation of serious rights violations, including details of the violation, witnesses etc. and take decisions regarding referrals. Referrals are made to known service providers (e.g. Legal Aid) for legal support and enforcement, where required. Data is also analysed to develop an understanding of each site, the perpetrators etc. Where trends become visible

(e.g. a particular issue arising in clinics or shelters) an advocacy officer is tasked to address the issue with the service providers in question.

As a result of COVID-19, many PWID were forced into shelters against their will, where they had limited access to drugs leading to withdrawal, and limited access to services such as harm reduction services and OST. They also reported various instances of police brutality, including assault, being shot with rubber bullets and tear gassing.

NACOSA have developed a reporting form for reporting COVID-19-related rights violations. On the basis of data analysis, NACOSA identified 3 police stations responsible for rights violations; they organized successful sensitization with the stations, which resulted in reduced violations. Where violations continue, this is reported during DAC meetings and to the PCA.

Working with Human Rights Programme partners

Given that the programme addresses various human rights issues, the PWID programme does not feel that linkages for e.g. purposes of documenting rights violations is necessary. However other linkages (e.g. for legal support services) are not in place, necessitating a recent referral to the Human Rights Commission (HRC) for relief for rights violations for PWID. NACOSA suggests the need for detailed, granular information of e.g. the GF-funded legal support services - where the trained paralegals / Legal Aid Offices / CAOs are located, which violations they are able to respond to, what the criteria are for e.g. cases to be elevated for strategic litigation etc.) and joint processes to identify minimum, effective referral pathways between the organisations, to strengthen these linkages, as well as to discuss issues such as strategic litigation priorities and past experiences (e.g. in the case of decriminalization of sex work or drug use).

Coordination Forums

NACOSA participates in various coordination forums / meetings through the CRS programme, where they provide feedback and report on progress, for submission to the PCA. However, they have not found much opportunity to interact with the GF human rights programmes or discuss human rights issues through these forums. They have used their participation in DACs to address many of these issues or raised issues with individual stakeholders (e.g. the DOH and SAPS).

COVID-19 restrictions have impacted on meetings, although these are resuming. The PWID programme has, as a result, taken up issues – such as rights violations – directly with service providers such as DOH and SAPS.

Sex workers

Overview of Programme

NACOSA's SW programme works similarly to the PWID programme, centred around peer education by ex or current sex workers, who access beneficiaries at various hotspots (streets, shebeens, taverns, houses, brothels) and provide risk assessments and risk reduction information tailored to SW, condoms and lubricant and access to health services (PHC package centred around HIV testing, blood pressure and glucose testing, HIV self-testing, ART, pre-exposure prophylaxis (PrEP), SRH services such as contraception and pap smears etc.), with SRH often being the inroad to, e.g. HIV testing. The programme reaches female sex workers, as well as, to a lesser extent, MSM and TG sex workers.

The programme also provides adherence groups and support groups for those newly diagnosed, risk reduction workshops and small groups for identified issues e.g. substance abuse, GBV, adherence. The programme also works with social auxiliary workers to provide support (e.g. counselling) and to refer for additional social support required.

Sisonke's peer educators also act as linkage officers, recruiting SW to join Sisonke and ensuring they are linked to clinics and local GF partner organisations, since they don't have the facilities themselves.

They partner with these organisations to mobilise for creative spaces to provide various services, including discussion of human rights issues, holding sensitization sessions with stakeholders such as police, developing SW 'stories' for sensitizing stakeholders, use of mobile clinics to provide SRH services, HIV testing and TB screening etc.

As a result of COVID-19 and lockdown restrictions, sex workers have gone 'underground', hiding in spaces where the programme finds it difficult to reach them or working online. As a result, the programme is struggling to provide services to sex workers, including harm reduction services to sex workers who inject. Programme staff have embarked on new mapping process and creative ways to increase their reach, but this is difficult e.g. in rural areas. Peer educators have also created online platforms to try to reach SW and to link them with services and hotline numbers.

Staff are also affected; they have required data, additional equipment (e.g. masks) and alternative transport options to ensure they are also at reduced risk, and have not been able to provide the range of services usually available. Also, due to many clinics closing now that many staff are testing positive, sex workers are unable to access medication.

Sisonke has also noted that some sex workers do not have basic information about COVID-19 and hopes to begin to hold smaller support groups and do mini-workshops around COVID-19 for sex workers, and to try to increase their access to a range of organisations and facilities. However, this needs to be done in compliance with government regulations, which also requires time and effort. They have also connected a broader group of SW from all 9 provinces to support advocacy during COVID-19 for the rights of sex workers.

Human Rights Violations

Similarly to the PWID programme, both NACOSA and Sisonke's SW programme use peer educators, who are trusted by their beneficiaries, to document human rights violations and to respond or refer issues onwards. In the NACOSA programme, peer educators work with advocacy officers who support them to respond to issues by e.g. sensitizing police stations, clinics etc. Similarly, Sisonke uses the documentation of rights violations to identify trends, locations and perpetrators and to undertake advocacy with identified perpetrators (e.g. specific clinics, health workers, police stations).

Serious rights violations (there are a number of deaths, and rape) are referred to legal support services (generally SWEAT or to Sisonke offices in districts where Sisonke is working) to respond to the issues and also to discuss and identify opportunities for advocacy and strategic litigation (e.g. for decriminalization of sex work). Sisonke reports that they have linkages with organisations who they have worked with previously in certain areas, and where need be they link with these organisations to respond to human rights violations.

During COVID-19, the programme suggests a potential increase in human rights violations against sex workers who they are able to reach, since they are increasingly isolated and as a result more vulnerable. It appears that this may be especially so for male and TG sex workers. NACOSA anticipates that if they are able to increase their reach, they will note an increase in rights violations. NACOSA and Sisonke have responded to these issues in various ways – e.g. by creating advocacy forums; by providing sensitization training to advocacy officers and stakeholders to deal with this and to support the programme to run effectively.

Sisonke reports that SW have been particularly hard hit by movement restrictions in being unable to earn an income. The enforcement of COVID-19 regulations by police and security forces appears to have targeted brothels and SW, who are threatened with arrest when they attempt to work and are beaten up by police.

In addition, due to the politicisation of food aid and exclusion of non-citizens from food aid, sex workers have also struggled to access social relief schemes such as food parcels. Many have been

evicted from brothels, which have been unable to even operate as guest houses due to lockdown restrictions, or are restricted to sole occupancy in rooms. Siskonke has advocated for the inclusion of sex workers in food aid schemes in various communities.

Access to health information – including COVID-19 information - medication and other health services is also reported to be a problem.

Working with Human Rights Programme partners

The SW programme does not have ongoing links with all GF human rights programmes (e.g. ProBono, Show Me Your Number (SMYN)'s stigma and discrimination (S&D) reduction programmes, GBV programmes) to provide legal support services, and recognises the need to strengthen these linkages since they are not able to provide them and SWEAT's services are not sufficient to respond to the many requests, particularly outside of the Western Cape.

Sisonke reports existing linkages with some organisations who their offices have worked with previously but don't know of all the newer GF-funded organisations and their activities. Also, although they have peer educators trained in documentation and to be 'first responders', they do not have trained paralegals or human rights defenders to take documented issues further, so these linkages are critical to provide further support to SWs.

Sisonke do report having had some interaction with ProBono.org, where cases were shared, but have not received any feedback. They are concerned about beneficiaries being discouraged having to report their human rights violations to too many organisations, often with newly trained paralegals, without receiving feedback or remedies.

Similarly, SMYN have attended at a consultative workshop with Sisonke and presented on their human rights programmes, proposing the election of SWs as S&D champions as part of the S&D programme; however it is unclear how far this programme has advanced since COVID-19.

Coordination Forums

NACOSA participates in various coordination forums / meetings through the CRS programme, where they provide feedback and report on progress, for submission to the PCA. However, they have not found much opportunity to interact with the GF human rights programmes or discuss human rights issues through these forums. They have used their participation in DACs to address many of these issues or raised issues with individual stakeholders (e.g. the DOH and SAPS).

Likewise, Sisonke reports on attendance at various forums, including GF partner forums at district and provincial level, as well as AIDS councils, but reports little interaction with human rights programmes at these forums with a stronger representation of health services. They have encouraged representation by their peer educators in different districts. However, they suggest that GF district consultative forums may be more appropriate forums for raising human rights issues and raising issues with e.g. SAPS or DOH at district level. Sisonke feels that Provincial and District AIDS Council meetings often provide limited opportunity for discussion on issues outside of the fixed agenda and peer educators may not feel they have a platform to provide input. Even in the event that human rights is placed as a standing agenda item on these forums, they are unsure if issues with non-health providers (e.g. with SAPS) will lead to resolution in AIDS Council forums.

They, and NACOSA, are also part of SANAC's Human Rights Working Group (HRWG) where there is an opportunity to discuss national level human rights issues (e.g. work around the decriminalisation of sex work), as well as the Country Coordinating Mechanism (CCM).

COVID-19 restrictions have impacted on meetings, although these are resuming. The SW programme has, as a result, taken up issues – such as rights violations – directly with service providers such as DOH and SAPS.

Men who have sex with men and transgender people

Overview of Programme

The MSM and TG programme under Beyond Zero works in a number of districts – 8 for MSM and 4 districts for TG people - providing combination prevention services, including biomedical, structural and behavioural interventions. Structural interventions include addressing human rights violations and violence, through e.g. S&D reduction programmes, community dialogues and engaging traditional leaders. They also provide social support e.g. counselling through their social workers, or refer beneficiaries for further social support, where required.

COVID-19 and lockdown / movement restrictions has curtailed the work of the MSM/TG programme in various ways, particularly since it is an outreach-based programme, working through peer educators who now are not able to easily reach their beneficiaries. The programme reported difficulties with undertaking many activities during GF Quarter 5. They are adapting their service delivery model, moving towards online platforms / social media to drive service delivery, but are not able to reach as many beneficiaries. However, in some areas they are noting a higher uptake of HIV testing as people are wanting to know their HIV status and begin ART, if possible, to minimize their risks of illness if infected with COVID-19.

In addition, staff members are testing positive for COVID-19, leading to interruptions in service delivery.

Human Rights Violations

The MSM / TG programme has been part of the REAct training and currently undertakes monitoring of rights violations; however, this is done using its own documenting tools. The data is collated and analysed on a monthly basis. The programme refers those who require further legal support services, but to date have not had a major issue requiring legal support.

The MSM / TG programme has not documented / noted increased incidents of violence, including GBV, during the COVID-19 epidemic.

Working with Human Rights Programme Partners

The programme is aware of the various GF-funded human rights programmes and what they aim to achieve and has established linkages with some other GF-funded programmes doing similar work – e.g. SMYN's SSRs doing S&D reduction in some districts - to ensure they are working together, referring to fill gaps in service provision and to avoid duplication of services. Where these MoA are developed, the MSM/TG programme feels that this works well and enables improved service provision. However, in many districts BZ was concerned that this is not happening adequately. Challenges include that they are not aware of the various SRs and SSRs in some operational districts, that some organisations may have limited experience with working with MSM and TG and require technical support and/or training, and that there was a danger of duplication of services.

Coordination forums

The MSM/TG programme attends various GF and multisectoral stakeholder meetings at district and provincial level, where they have interacted with a number of the GF-funded human rights programmes. However, they were concerned that outside of the meeting space, there is often little follow up with other programmes; the programme partners may require a dedicated space to further discuss how to work together on various issues. BZ further suggest that the GF PR/SR meetings at provincial level would provide a good space for raising and discussing human rights issues, and that this should be taken up by the designated PRs responsible for coordinating the meetings in the respective forums. Furthermore, district-level meetings, such as the district "steering committee"

meetings, are useful for raising issues (including human rights issues) that impact at local level. They are spaces where they feel able to put challenges on the table for discussion, in addition to the reporting in terms of the standard template. However, this may require having a designated session and facilitator, to ensure adequate discussion of human rights issues.

BZ felt that the AIDS Council meetings were less useful spaces for raising and discussing human rights issues for various reasons. At district level, the DACs are attended by a wide range of stakeholders, leaving little time to interrogate issues; BZ felt that the higher-level AIDS Council meetings (e.g. the PCA) would not be appropriate for discussing local-level human rights issues.

Opportunities, Gaps and Challenges

Discussions revealed that various opportunities exist for strengthening coordination and linkages between the human rights, advocacy, key populations, AGYW and CRS programme, including the following:

- The PWID, SW and MSM/TG programmes have existing human rights capacity, advocacy capacity and some linkages with human rights organisations.
- PWID, SW and MSM/TG peer educators are already trained in human rights documentation and referrals and are undertaking human rights documentation in terms of their own systems and tools; in addition, advanced training is provided to human rights defenders and advocacy officers.
- Despite various challenges, the PWID, SW and MSM/TG Programmes have responded to the constraints imposed by COVID-19 restrictions, using alternative communications systems and service delivery models to ensure continued access to services for key populations as far as possible.
- NACOSA have developed a COVID-19 rights violation reporting form and is collecting information on rights violations arising out of the COVID-19 lockdown period. This has also led to the resolution of disputes, e.g. with law enforcers, in some districts.
- The MSM/TG programme has achieved successful partnerships in some operational districts with GF human rights programmes.
- There is an existing referrals mechanism within the PWID, SW and MSM/TG programme to link beneficiaries to other needed services, including legal support and advocacy services, based on their pre-existing relationships with human rights / advocacy / legal support services organisations. This referral mechanism could be broadened to include referrals to GF human rights programmes and advocacy IPOs, particularly in those areas where they do not have already partnered organisations.
- The KP programmes ensure that documentation of human rights violations is captured, collated and analysed for follow-up advocacy, sensitization and, in some cases, further legal support services and strategic litigation. This includes COVID-19 related rights violations.
- The PWID, SW and MSM / TG programmes have had some interactions (including outside of coordination forums) with other GF-funded human rights programmes (e.g. ProBono.org, SMYN, including their SSRs in some operational districts) and are able to identify the potential for linkages and coordinated efforts. However, these interactions have not been comprehensive or regular and have not achieved follow-up action.
- The PWID, SW, MSM and TG programmes participate in a number of GF, AIDS Council and other multi-stakeholder forums at sub-district, district, provincial and national level, providing an opportunity to share information and discuss programme progress and bottlenecks with partners, including the opportunity to discuss rights violations against key populations. Reports from these various meetings are shared between participants. This provides an opportunity to strengthen interaction and collaboration with other GF-funded programmes to discuss human rights issues.
- The GF programme coordination forums are identified by various programmes as potentially useful spaces for discussion of human rights issues.
- NACOSA indicate that DAC meetings have been used to address human rights issues with stakeholders where required, as have individual follow up meetings with stakeholders (e.g. DOH and SAPS). However, this is not the experience of all key population programmes.

Gaps and challenges raised during discussions include the following:

- The PWID, SW, MSM and TG programmes note that they are not sufficiently linked with various GF-funded human rights programme partner(s) and interactions (e.g. at GF programme meetings) do not necessarily lead to follow up.
- The PWID, SW, MSM and TG programmes are not sufficiently aware of these human rights programme locations, activities and when and how to best access their services, including for legal support services - for which there is a critical need. Where referrals have taken place, there has been limited feedback, perhaps due to the lack of a specific feedback mechanism. Granular information is required in order to ensure effective collaboration, coordination and referrals and an effective feedback mechanism for cases referred is required.
- The REAct community-based monitoring tool is still not being used by the programmes undertaking documentation of human rights; it is unclear what the bottleneck is and how a system of these two monitoring tools will align in the future to develop a common, national-level database for human rights monitoring.
- There is a concern that in some districts, GF human rights programmes and key population programmes may duplicate services and that some GF human rights programmes lack experience with working with key populations on human rights issues; this requires specific MOAs to complement skills and services.
- Current referral mechanisms within the programmes do not, as a result, include referrals to other GF-funded programmes outside of their experience; they tend to refer beneficiaries and human rights issues to those organisations they know from previous work (e.g. SWEAT) or those that they have specifically established MOAs with, in the case of BZ. This means that in certain districts and provinces, there is e.g. limited interactions on S&D reduction campaigns and work with law enforcers and in particular, limited legal support for rights violations when needed.
- COVID-19 restrictions have affected face-to-face interactions with programme beneficiaries and have resulted in beneficiaries 'going underground', requiring online outreach as well as renewed mapping of hotspots, resulting in peer educators struggling to access their beneficiaries with services. A number of facilities are also closing periodically, as staff are increasingly affected by COVID-19.
- It appears that human rights / gender-related issues are not regularly discussed at the district-level GF district consultative forums and may require specific actions to set down agenda items for discussion and ensure skilled facilitation of discussions.
- Similarly, it appears that human rights / gender-related issues are not regularly discussed at the provincial level GF PR / SR meetings and may require specific actions by the responsible PR in each province to ensure they are placed on the agenda. It may also require specific action (e.g. creation of sub-groups and task teams) to ensure follow-up.
- Some beneficiaries appear to have limited accurate understanding of COVID-19, requiring the programme to provide such information as part of their services.
- Lockdown restrictions have also impacted on coordination meetings, although these are now beginning to resume.
- The epidemic has COVID-19 restrictions and associated law enforcement have led to socio-economic hardship as well as increased rights violations against key populations who report harassment, forced removals, denial of access to services (e.g. harm reduction) in shelters, arrest etc.

Recommendations

Some suggested immediate actions and strengthened linkages required to respond to these issues include:

- **Developing short presentation / e-intro to all human rights programmes and human rights indicators** – beyond a broad programme description, rather providing a clear description of activities and support available for various human rights issues, and particularly clarity on what forms of legal support are available for which complaints.

- **Mapping** all relevant human rights programmes for inclusion in KP referrals mechanism
- **Providing human rights / CBM / legal literacy training** for any field workers not yet trained in human rights, in order to ensure they are able to identify and to document and/or know how to respond to issues / who to refer beneficiaries to / where to report trends in human rights violations through, for e.g.
 - Attendance at training on Human Rights Toolkit
 - Attendance at legal literacy training
 - Training on CBM / documentation of rights violations, including COVID-19 related rights violations
- **Ensuring feedback at various levels on human rights violations that are documented and referred** to the individual client(s) as well as ensuring this is including in reporting to various committees (e.g. SMYN Human Rights Standing Committees to be set up in districts, district consultative forums, AIDS Council meetings etc).
- **Developing COVID-19 specific Information, Education and Communication (IEC) materials**, in cooperation with Human Rights Programme partners, regarding the rights of key populations as health users including during COVID-19, their rights to be protected from discrimination and violence, and access to complaints mechanisms, during COVID-19.
- **Continuing to adapt Key Populations Programmes** to support adapted service delivery models, including adapted communication and referral systems, and to work with law enforcers and investigate options / mobilise resources to support confidential access to communications and health care services for all beneficiaries.
- **Identifying reasons for delayed implementation of REAct** and supporting strengthened CBM systems, including documentation of COVID-19 related rights, where existing systems are used
- **Strengthen national web-based monitoring system**, including identifying linkages with REAct and other human rights documentation processes to support a common database for national-level collation of human rights violations, including COVID-19 related rights violations.
- **Sharing / adapting the NACOSA COVID-19 rights violations form** for use by other programmes (e.g. AGYW, MSM/TG programmes) until such time as REAct systems are finalized.
- **Strengthening meaningful participation in GF programme forums at district, provincial and national level** including
 - ensuring invitations to and representation by all GF partners, including human rights programmes;
 - mandating responsible PRs to include human rights issues on the agenda and to provide for skilled facilitation of discussions
 - developing the capacity of participants to raise and encourage accountability towards human rights issues;
 - advocating for forums to become enabling spaces for raising and getting responses to human rights issues
 - ensuring that discussions are followed up, including by means of appointing sub-committees where required
 - identifying a process for national-level legal / policy / programmatic issues requiring to be raised at national forums e.g. OPEC meetings, SANAC HRWG meetings.
- **Strengthening meaningful participation of GF human rights programmes in AIDS Council meetings** at all levels

- **Strengthening Memoranda of Agreement (MOAs) and operational planning between organisations, linkages** to jointly collaborate to respond to issues, including COVID-19 related human rights issues, e.g.
 - Linkages with Stigma and Discrimination Reduction programmes to ensure integration of human rights issues arising, including as a result of COVID-19, and/or involvement of key population programmes in campaigns
 - Linkages with Legal Literacy training to ensure that field workers are considered for legal literacy training, where still required, and to ensure that training deals with key issues arising during Key Population programme implementation, including in the context of COVID-19.
 - Linkages with Legal Support Services to ensure follow up and report back on human rights violations, including COVID-19 related rights violations, and undertaking of strategic litigation where required.
 - Linkages with REAct and other community-based monitoring mechanisms to ensure adequate capturing of all key population-related human rights violations, including those arising during COVID-19, towards national monitoring
 - Linkages with Advocacy programmes to ensure that, where necessary, advocacy on human rights violations affecting key populations is carried out with relevant facilities, including urgent issues arising out of COVID-19 restrictions.
 - Linkages with programmes working to sensitize law enforcers to ensure that rights violations against key populations are integrated within relevant work (including e.g. inclusion of KP programme staff and beneficiaries via NACOSA, SANPUD and BZ as participants in baseline assessment of law enforcement practices; sensitization of law enforcers, engagements with local-level, district-level and higher-level law enforcement officials) and that particular attention is given to violence, harassment, denial of access to services and the increased vulnerability of key populations during COVID-19.
 - Linkages with training of health workers to ensure that issues arising from the programme, affecting key populations (e.g. S&D, denial of health care), including as a result of COVID-19 are prioritized in training / used as case studies for discussion.

Training health workers in human rights (NDOH)

Overview of Programme

The NDOH training unit provides training, using NDOH master trainers to sensitise health workers in health facilities (including medical students, nurses, security guards, cleaners and has plans to include clinicians), as well as community health workers, on HIV, TB and human rights for PLHIV, TB and key populations across all health districts, including 9 TB focus districts with plans to extend to all districts.

Previous trainings were focused on sensitising health workers to the rights of adolescents and young people and were limited to training health care workers. The current training focuses on all levels of health workers and is broader, including sensitisation on all key populations. In April to November 2019, the NDOH focused on developing and updating existing training materials and liaising with health facility management in preparation for the training. From November 2019 to March 2020 it conducted training of 158 health workers in 3 provinces – KwaZulu Natal, Eastern Cape and Gauteng. It will take time to reach all intended districts since they are a small Unit and can only provide training to a maximum of 40 health workers at a time.

Post-training evaluation by NDOH has shown that language barriers are a challenge in some areas, which may be something the curriculum (and potentially the Human Rights Toolkit) should accommodate in the future, through translation of key content / development of supplementary materials (e.g. brochures, flyers) in all languages etc., including for security and cleaning staff.

Face-to-face training workshops with health care workers have been halted as a result of the COVID-19 lockdown restrictions, with no trainings having been done since March 2020.

NDOH is currently exploring whether online training may be an option; however, there are concerns regarding the feasibility of this and the resource implications this may have, particularly in some locations where access to the internet and data may be limited for trainees. Other challenges may include the availability of health workers for lengthy training, given the demands placed on them as a result of COVID-19, as well as maintaining the quality of training and learning when delivered in e.g. an all day, online training session.

The NDOH also reported that many patients were unsure of / afraid of accessing health care services, particularly during the initial lockdown period.

The NDOH also has funding to develop a national action plan for human rights and medical ethics training for health workers. It includes funding for holding stakeholder consultations to develop the plan, which could also incorporate a review of the process to date, gaps and challenges, linkages, roles and responsibilities for priority actions. The NDOH have requested TA and support with undertaking this activity.

Human Rights Violations and working with Human Rights Programmes

The NDOH recognizes the benefit of linkages with the other human rights programmes, since the trainings are not simply for the benefit of health care workers but also linked to the experiences of community members, who should be able to report violations back to the facilities.

Currently, the NDOH conduct pre- and post-training assessments. However, they do not systematically document rights violations, or experiences arising during the training, nor do they have established linkages with GF human rights programmes – such as those undertaking CBM or S&D reduction in communities. It's primary link with the GF human rights programme has been its relationship with AFSA, to try to build these linkages, particularly in those areas where training has already been conducted. The NDOH has held discussions with AFSA to identify opportunities for linking trained health worker with CBM in communities, to facilitate responses to reports of health care-related discrimination and rights violations. It is important to engage with SRs to ensure that CBM takes place in the districts and provinces where health workers have already been trained, to inform future training as well as to draw these links between the training and its potential impact.

Various upcoming activities (AFSA and NDOH) may provide opportunities for strengthening these linkages, including through the development of the health worker training national action plan and AFSA's planned review of the human rights programme. Furthermore the S&D Reduction programme may be in a position to work with the NDOH to review pre- and post-training assessments to identify health workers' perceptions of the experiences of PLHIV, people with TB and key populations, as well as the experiences of health workers themselves, to further inform S&D community campaigns to respond to issues.

A key challenge is the need to work within the DOH processes at local and provincial level to develop MOUs or 'in principle letters' that set out the working relationship between specific SRs and health care facilities; this needs to take place before collaboration between individual health workers and human rights programmes (e.g. those undertaking community-based monitoring) can take place. The provinces are autonomous; as a result, provinces and districts are more comfortable developing these agreements themselves and the NDOH recommends that district-level negotiations should be the first point of engagement, with referrals up to PCA and national, if further intervention is required.

The NDOH suggested that stigma and discrimination related to COVID-19 is an issue, for both patients and health workers, exacerbating existing prejudices against certain populations. They are not documenting rights violations, but this is the feedback they are receiving anecdotally through their work.

It appears that health workers (and their families, by association) are experiencing stigma in communities, due to being perceived as being infected with COVID-19 or being at high risk of infection. They are also experiencing fears in their working environment – fear of infection when caring for patients and fear of bringing COVID-19 into their own homes, from the workplace.

Similarly, patients are afraid of stigma and discrimination and there are accounts of those who hide their test results – including in the workplace – for fear of discrimination. Patients are also afraid to attend at health care facilities at times, impacting on their access to health care services.

They would like to document fears, stigma and rights violations – both that of health care workers and patients – and incorporate information regarding COVID-19 stigma and discrimination in the training of health workers. AFSA suggests possibly linking the S&D Reduction programme with the health worker training, e.g. to conduct short surveys with health workers to identify and address COVID-19-related S&D arising (for both health workers and health users) in community-level campaigns.

Coordination Forums

The NDOH engages with other partners in various platforms, including in GF PR/SR meetings and also in AIDS council meetings at provincial level. Where training has taken place in a specific province, they have participated in e.g. the PCAs and had an opportunity to present the work being done.

They also attend the CCM meetings where all PRs are invited to present the work being done, share information and progress on activities, understand what other programmes are doing and identify opportunities for linkages and sharing; this is a good national level opportunity to link across all GF programmes. The GF country portfolio review meetings provide an opportunity to discuss data in more granular detail.

The NDOH felt that these meetings, while useful, are long and often presentation-heavy, not necessarily providing the space and format for focused discussions on critical matters arising during presentations, which would be better served by smaller group meetings to allow for focused and more robust discussions on specific issues. AFSA suggests that this could be remedied by having meetings be 'issue-focused' – outlining issues / challenges and allowing for discussion on joint roles and responsibilities for action and to give guidance to SRs for their provincial and district level-work. A further possibility would also be to ensure that issues arising during larger meetings are followed up by representative sub-groups / task teams to take the matter forward for further discussion and report back.

COVID-19 lockdown has impacted on forums, since face-to-face meetings have not been possible. The meetings have continued virtually; this has also impacted on the ability to have full day meetings.

NDOH and AFSA suggest that it may be more practical to deal with human rights issues, initially at least, where they arise – e.g. at district level – where community-based organisations, key population networks and their district level partners can jointly collaborate to provide immediate responses to address human rights issues. However, where issues are not able to be addressed at that level, and/or require changes in laws, policies or practices at a national level, it would be critical to escalate them upwards to influence advocacy for national-level reform.

In terms of reporting on progress, the NDOH reports to the Global Fund, and also shares information with SANAC and the CCM, in terms of the number of health workers trained; they are looking to break down this indicator a little further to report on the categories of health workers trained, to ensure that there is proper coverage in terms of covering all cadres of staff needing to be trained. They also share this information at provincial level (e.g. at PCAs) when attending, and this information can also be made available to provinces on request. They do not report on human rights

issues, or changes in attitudes / practices amongst health workers. There has not been an evaluation of the training, but there is a budget available for a programme evaluation at a later stage.

Opportunities, Gaps and Challenges

Discussions revealed that various opportunities exist for strengthening coordination and linkages between the human rights training for health worker programme, other human rights programmes and other GF programmes:

- The NDOH training unit has existing capacity and updated materials for training health workers, including on HIV, TB, health and human rights
- The training provides an opportunity, through pre- and post-training assessments, to gather and document information on health-related rights violations against health users and health workers, for inclusion / addressing in the health worker training as well as within S&D Reduction campaigns.
- A range of health workers (including nurses, cleaners, security staff) have been trained on human rights and medical ethics in 3 provinces in terms of these materials, with the intention of conducting training across all districts in the country and including doctors in future training.
- The NDOH recognizes the benefit of linkages with human rights programmes and has had discussions with AFSA regarding linking community-based monitoring of rights violations with health facilities / health workers, particularly in provinces and districts where health workers have undergone training. This provides an opportunity to further these discussions to develop standard procedures and referrals.
- Once training resumes, there is a further opportunity to link other human rights and GF programmes to the training, (e.g. the S&D Reduction campaigns, Legal Support Services, CBM, AGYW and key population programmes) in a number of ways – some suggestions include use of pre- and post-training assessments to inform the S&D Reduction campaigns; to share information on accountability mechanisms available for health-related rights violations; to share information on human rights violations identified by CBM; to provide field workers in the AGYW and key population programmes an opportunity to present and share documentation of rights violations etc. Information on rights violations, including COVID-19 related rights violations, is being documented by some programmes (e.g. the key population programmes) and could be shared with the NDOH for reference in training.
- AFSA and the NDOH have funding for processes – a review and an action planning process, respectively – that may provide an opportunity to bring stakeholders together to review the health worker training, identify gaps and challenges and priorities for collaborative action moving forward.
- The NDOH human rights training for health workers programmes participates in a number of GF and AIDS Council meetings, primarily at national level, including the GF PR/SR meetings, SANAC Human Rights Working Group (HRWG) meetings and the CCM. This provides an opportunity to share information and discuss programme progress and bottlenecks with partners and including the opportunity to discuss human rights issues affecting the health sector. Reports from these various meetings are shared between participants. This provides an opportunity to strengthen interaction and collaboration with other GF-funded programmes to discuss human rights issues.
- NACOSA indicate that DAC meetings have been used to address human rights issues with stakeholders where required, as have individual follow up meetings with stakeholders (e.g. DOH and SAPS). However, this is not the experience of all key population programmes.

Gaps and challenges raised during discussions include the following:

- The NDOH training unit reports on a number of challenges in implementing the human rights and medical ethics training for health workers, including that they are a small training unit, are only able to train 40 health workers at a time, and that the training materials are only available in English, which has presented language barriers in some cases.
- The human rights and medical ethics training for health workers has limited collaboration with other human rights programme partners.

- The NDOH unit also requires TA to support the development of the national action plan for training of health workers.
- No training has taken place since COVID-19 lockdown restrictions. The possibility of online training is being explored; however, there are concerns regarding the feasibility and related costs of doing so, as well as the time available to health workers for training, given the additional demands of COVID-19.
- There is no evaluation of changes in attitudes and practices and the impact of the training, and current M&E focuses on reporting on the number of health workers trained.
- Currently, the NDOH health worker training programme is not sufficiently linked with other GF human rights programmes. Setting up linkages between the NDOH and other programmes requires following formal DOH processes at local and provincial level, developing MoUs etc.
- COVID-19 has reportedly led to specific stigma and discrimination affecting both health workers (and their families) who are perceived to be at risk of infection, as well as patients, and leading to fear, including fear of disclosure, and creating barriers to access to testing. These are not currently documented by NDOH, but they would like for this to be done, and to incorporate this information into their training.
- The NDOH felt that current meetings do not provide the opportunity to discuss human rights issues in depth and require specific “issue-focused” meetings and/or smaller sub-group meetings to allow for discussion on joint roles and responsibilities for follow-up action.
- COVID-19 restrictions have affected face-to-face meetings, requiring shorter, virtual meetings and leaving less time and space for issue-based discussions.

Recommendations

Some suggested immediate actions and strengthened linkages required to respond to the health worker training & coordination challenges, assuming that the NDOH is able to access and redirect resources to deliver online health worker training, include:

- **Developing short presentation / e-intro to all human rights programmes and human rights indicators** – beyond a broad programme description, rather providing a clear description of activities and support available for various human rights issues, to facilitate discussions and thinking around linkages between the NDOH and other GF programmes, including human rights programmes.
- **Mapping** all relevant human rights programmes, including legal support services and other accountability mechanisms, for linkages with health facilities / districts and provinces where training of health workers has taken place, in consultation with DOH.
- **Supporting NDOH to mobilise / reallocate resources and adapt training materials**, through discussions with Human Rights Programme Partners, to develop IEC materials, information platforms and online training suited to the various constraints facing health workers and that include COVID-19 related human rights issues facing both health workers and health users, as well as their rights.
- **Facilitating a process (virtual if required) to bring programmes together** to develop MoAs, discuss detailed potential operational linkages, service delivery, technical support and referrals (see further below)
- **Strengthening MOAs and operational planning between organisations, linkages** through various forums and **referrals** via referral mechanisms, with various human rights programmes to respond to issues, including e.g.
 - Linkages with all S&D and CBM Programmes to review / develop pre- and post-training assessments in order to identify key health-related human rights issues, including issues faced by health users and health workers as a result of COVID-19, to incorporate these issues into training and S&D campaigns, and to support M&E of post-training outcomes.

- Linkages with AGYW and Key Populations Programmes to support the planning and delivery of health worker trainings – online and face-to-face, when this is possible; this may also help overcome language barrier issues at local-level
 - Linkages with key population, AGYW, advocacy and CBM programmes with health workers / facilities where training has taken place, for collaboration to support resolution of human rights issues arising, including those arising during COVID-19.
 - Linkages with Legal Literacy and Legal Support Services Programmes, to support inclusion of information regarding the rights of health users and health workers during COVID-19, and regarding accountability mechanisms (including health-related complaints mechanisms) and other support services available for redress, in trainings of all partners.
- **Strengthening meaningful participation, including virtual participation where required as a result of COVID-19, in GF programme forums at provincial and national level** including
 - mandating responsible PRs to include human rights issues on the agenda and to provide for skilled facilitation of discussions
 - ensuring that national-level human rights issues raised during training of health workers and rights violations in the health sector documented by other programmes, including during COVID-19, are brought forward to national meetings and the SANAC HRWG meetings
 - ensuring that discussions are followed up, including by means of appointing sub-committees where required.
 - **Strengthening meaningful participation of NDOH in AIDS Council meetings** at all levels, including virtual participation where required.

TB Programme (NDOH and TBHIV Care)

Overview of Programme

The TB programme works in both health facilities and at community level, integrating TB services with HIV. Their primary objective is to ensure that people are accessing appropriate care for TB, including ensuring people are tested for TB (and HIV) and placed on care, those lost to follow-up are returned to care, and strengthening TB health programmes within facilities to sustain this work.

Services include TB screening, testing, linking patients with TB into care, undertaking contact tracing to provide testing, preventive treatment and care, tracing and supporting those lost to follow-up, and more recently, including x-rays now in health facilities and in communities.

The work includes comprehensive services in various TB high-burden, priority districts and support for quality improvement of TB services in other districts. In these districts, the work is carried out in select health facilities and includes a range of clinical staff who work within facilities to strengthen service delivery. In communities, there are also various levels of health workers who provide community outreach in hotspots, engaging with community stakeholders and conducting community mobilization, as well as providing services (e.g. screening, psycho-social support, adherence support), and then linking beneficiaries back to the health facilities for treatment protocols, adherence support and other services.

It appears that TB services have been heavily impacted by COVID-19 lockdown, closures of some facilities, the effect of COVID-19 on health workers, and restrictions on movement. For instance, quarterly reports indicated a 40% drop in TB testing nationally, during April to May. Reasons for this may be that health services were forced to focus on COVID-19 as a priority, or that people stayed away from health services – traditionally people's visit to health facilities provides an opportunity to conduct TB screening.

However, in recent weeks things have settled, and there has been a recognition of the need to ensure full access to pre-existing services. A TB Recovery Plan forum has been set up, and services have encouraged co-testing for COVID-19 and TB.

The TB Programme recognizes challenges in having to review programme implementation and service delivery models, to be able to continue to provide the necessary services, and the impact COVID-19 has particularly on reaching out to marginalized populations such as people who use drugs. They note the need to increase awareness and sensitization of available services and the need for home visits, in order to reach beneficiaries.

Human rights violations and working with human rights programme partners

The TB programme is aware of the NDOH Human Rights Training for Health Workers' Programme and that human rights issues, including those facing people with TB, are to be addressed by this training. However, they do not regularly engage with Human Rights Programme partners and indicated an interest in (i) increasing their understanding of the stigma, discrimination and human rights issues facing people with TB (e.g. through an evaluation of attitudes and practices); (ii) documenting and monitoring human rights violations experienced by patients with TB; (iii) reviewing their strategies to integrate human rights issues; and (iv) identifying potential linkages for patients with TB. There is some baseline data on TB-related stigma and discrimination, to inform the work in the interim, as well as the possibility of documenting current violations; however, an assessment / evaluation would be valuable for evidence-informed strategies and programme design and implementation.

Currently they are linking with the PWID programme to provide TB services to people who inject, and people who use drugs in communities. Through this and the community-level work, they have identified human rights issues from patients, including undignified treatment and discriminatory attitudes by health workers against patients with TB; inadequate health information; and discrimination against foreign patients and former prisoners, who complain of mistreatment, being referred elsewhere for treatment rather than receiving services and being seen last, even when arriving early. The community-level TB programmes have dealt with these human rights issues through engagements with the health facilities themselves.

Coordination Forums

The TB Programme participates in various coordination forums and is involved with Global Fund partners, CSOs as well as government partners, at local, provincial and national level. This includes participation in GF coordination forums as well as AIDS Council meetings at various levels, including participation of their community liaison officers, who work at ward-based level, in local-level forums. At national level, they also participate in the CSO platform with SANAC and are part of the TB Think Tank, which also includes an advocacy role.

The TB Programme felt that all of the various forums should provide an opportunity to liaise on human rights issues with partners. They felt that PCAs were one of the strongest platforms for raising both client- and health worker-related issues, including human rights and advocacy issues relating to the TB and TB/HIV programmes, and ensuring that grassroots issues are brought from here to national level, through to the SANAC CSO forum to inform the advocacy agenda, and onwards to law and policy makers.

Opportunities, Gaps and Challenges

Discussions revealed the following opportunities and challenges for strengthened coordination and linkages between the human rights training for health worker programme, other human rights programmes and other GF programmes:

- The TB programme has a presence both within health facilities and within the community. The community-based work, in particular, provides an opportunity to gather and document information on TB-related human rights violations against patients with TB.

- The TB Programme is aware of the human rights and medical ethics training being done by the NDOH's training unit, for health workers.
- The TB Programme recognizes human rights issues that affect patients with TB, particularly through its work with the PWID programme; staff further recognize the benefits of linkages with human rights programmes and are interested to ensure gathering increased information on TB-related stigma and discrimination, improved integration of human rights within their strategies and more systematic linkages with the Human Rights Programme in the future.
- The Human Rights Programme has funding for various assessments and evaluations, which provides an opportunity to work with the TB Programme to seek further information on TB-related stigma, discrimination and rights violations that affect both health users and health workers.
- The NDOH human rights training for health workers programmes participates in a number of GF and AIDS Council meetings, primarily at national level, including the GF PR/SR meetings, SANAC Human Rights Working Group (HRWG) meetings and the CCM. This provides an opportunity to share information and discuss programme progress and bottlenecks with partners and including the opportunity to discuss human rights issues affecting the health sector. Reports from these various meetings are shared between participants. This provides an opportunity to strengthen interaction and collaboration with other GF-funded programmes to discuss human rights issues.
- NACOSA indicate that DAC meetings have been used to address human rights issues with stakeholders where required, as have individual follow up meetings with stakeholders (e.g. DOH and SAPS). However, this is not the experience of all key population programmes.

Gaps and challenges raised during discussions include the following:

- The TB Programmes are currently not well linked with human rights programme partners
- The TB Programme identified the need for greater understanding of TB-related stigma and discrimination
- Programme implementers have identified human rights issues, particularly affecting marginalized populations such as migrants, foreigners, former prisoners and people who use drugs and have taken steps to resolve issues with local facilities; there is no process, however, for regular documentation of human rights issues arising.
- COVID-19 lockdown and restrictions have impacted on TB screening and diagnosis and there is a recognized need for improved information, education around health rights and outreach to ensure access to TB-related health care services during COVID-19.

Recommendations

Some suggested immediate actions and strengthened linkages required to respond to the human rights challenges facing TB programmes include:

- **Developing short presentation / e-intro to all human rights programmes and human rights indicators** – beyond a broad programme description, rather providing a clear description of activities and support available for various human rights issues, to facilitate discussions and thinking around linkages between the TB programmes and Human Rights Programme partners.
- **Mapping** all relevant human rights programmes, including human rights and medical ethics training for health workers, stigma and discrimination reduction programmes, community-led monitoring, legal literacy, legal support services and other accountability mechanisms, for linkages with health facilities / districts and provinces where training of health workers has taken place, in consultation with DOH.
- **Considering provision of human rights / CBM / legal literacy training** for outreach workers not yet trained in human rights, in order to ensure they are able to identify and to document and/or know how to respond to issues / who to refer beneficiaries to / where to report trends in human rights violations through, for e.g.
 - Attendance at training on Human Rights Toolkit
 - Attendance at legal literacy training

- Training on CBM / documentation of rights violations, including COVID-19 related rights violations
- **Working with NDOH human rights and medical ethics training for health workers** to collaborate to ensure inclusion of TB-related stigma and discrimination issues in health worker training, consider participation in training and to develop links with trained health workers at facilities
- **Working with Human Rights Programme partners** to develop / share access to IEC materials, including COVID-19 related human rights information on access to services such as co-testing for COVID-19 and TB.
- **Facilitating a process (virtual if required) to bring programmes together** to develop MoAs, discuss detailed potential operational linkages, service delivery, technical support and referrals (see further below)
- **Strengthening MOAs and operational planning between TB programme and other organisations, linkages** through various forums and **referrals** via referral mechanisms, with various human rights programmes to respond to issues, including e.g.
 - Linkages with NDOH health worker training to ensure pre- and post-assessments of TB-related stigma and discrimination, inclusion of TB-related S&D issues in training, and collaboration to support resolution of human rights issues arising, including those arising during COVID-19, amongst health workers / facilities where training has taken place.
 - Linkages with S&D reduction programmes and advocacy programmes to ensure inclusion of TB-related stigma and discrimination issues in campaigns and community-level collaboration
 - Linkages with CBM to ensure monitoring and documentation of TB-related human rights violations
 - Linkages with Key Population Programme partners to support identification and referral of TB-related stigma, discrimination and human rights violations
 - Linkages with Legal Literacy and Legal Support Services Programmes, to support inclusion of information relating to TB-related stigma and discrimination, the rights of health users and health workers, including during COVID-19, and accountability mechanisms (including health-related complaints mechanisms) and other support services available for redress, in trainings of all partners.
- **Strengthening meaningful participation, including virtual participation where required as a result of COVID-19, in GF programme forums at provincial and national level** including
 - mandating responsible PRs to include human rights issues on the agenda and to provide for skilled facilitation of discussions
 - ensuring that national-level human rights issues raised during TB programme implementation and rights violations in the health sector documented by other programmes, including during COVID-19, are brought forward to national forums
 - ensuring that discussions are followed up, including by means of appointing sub-committees where required.

CRS, Advocacy and Community-Based Monitoring

Overview of Programme

The Community Response Systems (CRS) programme has various components which include supporting governance and leadership, capacity building and support to CBOs, CBM as well as social mobilization. The CBM component of the CRS programme provides a critical opportunity for consolidating data on human rights violations, and both this and the social mobilization aspect of the CRS programme lend themselves to support for coordinating and linking across the GF programme.

A key responsibility of the CRS programme is social mobilization. In order to further this objective, the CRS programme takes responsibility for convening various multi-stakeholder forums to co-ordinate activities across the GF programme, as well as facilitating strategic partnership meetings.

PR co-ordination meetings are held every quarter for all the PRs under the GF programme that are implementing in the specific province (e.g. MSM programme under Beyond Zero in KwaZulu Natal (KZN), as well as AFSA SRs and SSRs) to discuss programmes, share lessons learned, share best practices and plan together. The Lead PR in each province takes the lead in coordinating these meetings (e.g. in KZN and Mpumalanga it's AFSA, in other provinces, BZ and NACOSA). The CRS programme considers these meetings to be a very useful space for discussing GF programme issues, and a potentially important space for improving coordination and linkages between GF programmes.

The CRS programme also coordinates district consultative forum meetings every quarter, which are a 'build-up' to the provincial PR co-ordination meeting. These meetings bring all GF partners together at district level together with other partners at district level, to report on progress. These consultations are 'themed' and focus on different programme / service issues each time (e.g. the upcoming quarterly meeting will focus on TB - Information Education and Communication (IEC) materials and TB programmes). They assist the district to report to the District AIDS Council and to feed-back from and to the Local AIDS Council. The meetings have been useful; however it is important to strengthen the attendance of all SRs at these meetings, with the right representation, rather than PRs viewing it as a strictly 'CRS' meeting.

It is possible to raise and discuss human rights issues at these district consultative forums and report them to other forums (e.g. the DAC, LAC and WAC meetings) and find ways to resolve them. The meetings are considered by CRS to be highly effective for reviewing progress and resolving issues between GF programmes at district level. There are successful examples of this having been done (e.g. GBV issues in eThekweni was reported, remedial actions were deliberated at a follow-up multi-sectoral meeting, the issues were resolved, and beneficiaries were referred to relevant service providers). However, there are currently various limitations to discussions at district consultative forums:

- (i) Districts vary in strength, political commitment, presence of all sectors, and commitment to human rights issues
- (ii) The TCC programme implementers are able to raise issues of GBV in district consultative meetings and AIDS Council meetings; however, it is important that other human rights programme implementers are present to discuss how they can support taking these issues forward;
- (iii) Attendance by human rights programme implementers (e.g. AFSA SRs such as ProBono.org, Show Me Your Number (SMYN), NAPWA's work with Rights, Evidence, Action (REAct)) is not always possible in all district and requires strengthening to ensure that human rights issues are adequately discussed at district consultative forums. Increased attention to virtual representation at such meetings, in the absence of physical attendance, should be strengthened. SMYNS' appointment of SSRs in February, and NAPWA's appointment of 'REActors' should allow for strengthened representation of and discussion, at district consultative forums, of human rights issues and documentation of rights violations.
- (iv) There is also at times a tendency to focus on reporting numbers reached in terms of targets, rather than identifying key issues such as human rights and gender-related barriers to care.
- (v) Since AFSA's human rights programme is new to the organisation, and in many cases implementation by SRs is only gaining strength at this time, partners are still fairly new to human rights issues and responses.
- (vi) It is critical that human rights and gender equality-based issues raised at these forums and not resolved at district-level, or requiring higher-level attention, are able to be brought up to provincial, and if need be national level.

Note: SMYN's S&D Reduction campaign plans to set up district-level Human Rights Standing Committees to bring together partners to discuss human rights-related issues across the 25 districts, in order to inform S&D Reduction campaigns and to collaborate on joint initiatives. This forum,

although still in its infancy, will allow for district-level discussions and coordination on human rights issues and to ensure that these discussions are brought forward to the district consultative forums.

The CRS programme also takes responsibility for coordinating ad hoc strategic partnership / multi-stakeholder co-ordination meetings with key stakeholders, such as bringing together partners for the AGYW / TCC programme – such as the DOH, DSD, political leaders, NGOs and traditional leaders at local level, to ensure that GF programmes are collaborating with key partners in their districts, to harmonise the programmes and to ensure support for the programmes at local level. These ad hoc strategic partnership meetings provide an opportunity to discuss and coordinate work on human rights issues arising with broader partners. However, CRS has noted the need to strengthen representation of other stakeholders (e.g. from the DSD, the National Prosecuting Authority (NPA) if need be) to strengthen uptake of e.g. GBV and human rights issues.

In addition, the CRS programme is responsible for engagement with people living with HIV (PLHIV) and key population (KP) networks, collaborating primarily with the Advocacy Programme. They bring together engagements with PLHIV, people with TB and KP networks to discuss key issues of concern and to jointly plan for how to address these issues. The outcome of these engagements are also used to feed into sensitization work done at community-level, through community dialogues. It is critical that these community dialogues seek greater collaboration with community-level work being done by Advocacy IPOs and Stigma and Discrimination Reduction Programme partners.

In terms of the CRS programme's work to support governance and leadership, it also provides support to the Provincial Council on AIDS (PCA), working closely with the Secretariat and taking part in PCA meetings to ensure the GF programme work is known, supported and linked with other partners at provincial and district level. As with district-level meetings, it is critical to strengthen the representation of the GF programme at these meetings, with the right representatives able to speak on all aspects of the GF programme, rather than it simply being viewed as a 'CRS function'. It is an important space for reviewing GF programme progress with other stakeholders implementing similar / related programmes and thus also critical for strengthening coordination and linkages.

Further support to the PCA also includes, e.g. supporting the finalization and annual review of provincial implementation plans (PIPs) and multi-sectoral district implementation plans (MDIPs) for HIV and AIDS to ensure they are fully developed, costed and responsive to key issues. It furthermore includes support for mapping and data analysis at provincial and district level for purposes of producing quarterly PCA reports, through a Provincial Liaison Officer and Focus for Impact / Monitoring and Evaluation (FFI / M&E) officer. In addition, the programme provides technical assistance and workshops to support the leadership and functioning of the various provincial AIDS structures, including the DACs, LACs and Ward AIDS Councils (WACs), based on functionality assessments.

The CRS programme has noted that AIDS Council meetings vary in strength. In some provinces and districts, the PCAs and DACs are strong; in others they are reportedly irregular, based on the level of political commitment, inadequately represented by all stakeholders (e.g. DSD) and allow limited opportunity for reporting or deliberating on the GF programme and insufficient follow-up on issues. It may be critical to engage with the Office of the Premier on this, to ensure that PCAs, DACs and LACs are strengthened and that political commitment to such meetings is assured.

Monitoring and evaluation (M&E) of the CRS programme is conducted in terms of set tools with indicators, as with each and every programme. A standardized template has been developed by the CRS, based on key indicators for all GF programme areas, and verification by the M&E manager, for reporting to the PR Coordination meeting at provincial level, as well as the PCA. The PCA then develops a composite report that includes reports from the GF programmes, as well as the DOH, DSD and other partners, for discussion, feedback, resolutions and recommendations. These same reports are also shared at higher level, with the GF Country Coordinating Mechanism (CCM) as well as at district level with DACs, so that it reaches various platforms on a quarterly basis. This provides a further opportunity for key human rights issues to be discussed, recorded and taken forward.

Human Rights Violations and Working with Human Rights Programme and other partners

The CRS programme facilitates the work of various CBOs (25 currently, with 50 planned through project) to work alongside and provide needed programmatic support to various programme implementers. The CRS programme first provides accredited training and capacity building to identified CBOs, building their organizational capacity, followed by the provision of small grants, facilitating these CBOs to sign service agreements with various SRs as well as the DOH Ward Based Primary Care Outreach Teams (WBPCOT) within the district, to support their work (e.g. If AGYW programme requests support to retain beneficiaries on their programmes, the CBO will support this activity; if WBPCOTs need support with beneficiaries lost to follow up, a CBO may receive a small grant to work with outreach teams to identify those beneficiaries and support their return to treatment). The 25 CBOs identified during this phase of the grant have been divided up to ensure support to all aspects of the GF programmes within each districts; a mapping exercise has been undertaken to indicate which organisations they are linked with and the work being undertaken. This provides an opportunity to ensure that CBOs are providing rights-based support (e.g. supporting stigma and discrimination reduction for the programmes working with people who use drugs (PWUD) and AGYW), and are attending and feeding into the relevant forums at district and local-level.

The CRS programme also supports community-based monitoring, and is currently looking for SRs to implement CBM, to strengthen the quality of and accountability for quality care for all people living with HIV, people with TB, key populations and AGYW and to increase the capacity for advocacy. Ideally, these SRs and SSRs will be those working on advocacy, to ensure seamless linkages with advocacy work and will focus on AGYW, MSM and TB, given that the other Key Populations Programmes are conducting CBM. However, it will also be critical to formalize the linkages between their CBM, that carried out by other Key Populations Programmes, and the work done by ProBono.org to strengthen access to legal support services, amongst other things. ProBono.org has developed a proposed linkages and referral framework which needs to be incorporated within the CRS work.

The CRS programme furthermore notes that, through the various forums, processes and activities outlined above, some linking between human rights programmes, CRS and other GF programmes is taking place. However, there is a need to ensure further linkages are in place e.g. between the CBOs providing human rights-related support through the small grants and programmes working with people living with HIV and key populations including MSM and sex workers; between advocacy programmes and the human rights programme (e.g. advocacy IPO working with AGYW); with NAPWA; TB programmes; between PLHIV sector partners working at different levels (national and district) etc. It would be good to identify and share learnings from programmes that are currently linking – e.g. the link between SANPUD and the SR providing services to people who use drugs – to see what we can learn from these programmes, and to ensure the same kind of linkages are established throughout.

Opportunities, Gaps and Challenges

Opportunities available to integrate and coordinate human rights work through the CRS programme include the following:

- The capacity building and provision of small grants to CBOs is an opportunity to include capacity building on human rights, the provision of small grants to CBOs to support human rights work (stigma and discrimination) – particularly in areas where there are no Stigma and Discrimination Reduction programme implementers, to fill gaps - and the linking of CBOs to other programmes to identify and refer human rights issues that arise in their support work to various SRs. It also provides an opportunity to respond to COVID-19 related rights issues.
- The support the CRS programme provides to CBM is an opportunity to ensure that human rights violations are documented, referred, and linked to the work of other human rights programmes and GF programmes, including rights issues arising as a result of COVID-19.
- Various GF co-ordination meetings are currently in place with regular meetings, creating opportunities for strengthening discussion of human rights issues arising amongst all GF programmes, including PR co-ordination meetings and district consultative forums. District

consultative forums, in particular, have been identified as useful forums for discussing and resolving issues and a useful opportunity for increased focus on human rights issues.

- SMYN is currently setting up Human Rights Standing Committees, which are closed, smaller action groups useful for supporting district-level action on human rights programme implementation and dealing with issues arising. This provides an opportunity to ensure a strong linkage with the CRS Programme district consultative forums, to ensure any issues needing discussion with broader GF programme partners are brought forward to the GF district consultative forums.
- CRS programme also supports various additional multi-stakeholder meetings that bring together the GF programme partners and other programme partners, providing a further opportunity for discussing, collaborating on and resolving human rights issues arising from the programme. Strategic partnership meetings are an opportunity to bring together strategic partners to discuss and respond to key human rights issues arising from the human rights and other GF programmes. AIDS Council meetings are a further opportunity to address these issues.
- The appointment by SMYN of SSRs to carry out human rights programmes and NAPWA's appointment of 'REactors' should allow for strengthened representation of and discussion, at district consultative forums, of human rights issues and documentation of rights violations.
- Engagements with key population networks provide an opportunity to identify and raise key human rights issues affecting key populations and to ensure these are referred / reported for discussion to human rights, advocacy and GF programmes.

Challenges include:

- Ensuring CBOs have sufficient capacity to either work on human rights issues in support of human rights-specific SR programmes, and/or identify other human rights issues arising in their work with other SRs, including those arising as a result of COVID-19, and sufficient linkages to e.g. advocacy IPOs and other relevant programmes
- Ensuring CBM activities are able to document COVID-19 related rights violations and are linked with work done by other programmes documenting rights violations (e.g. REAct), referral mechanisms between human rights programmes are in place (e.g.) with legal support services, stigma and discrimination reduction programmes etc.; and that information from their documentation is shared at various forums with other GF programmes and ultimately feeds into national monitoring systems
- Strengthening the functioning of AIDS Council meetings in some provinces and districts and increasing political commitment, regular and multi-stakeholder representation and time for discussion of human rights issues, particularly given COVID-19 related constraints.
- Ensuring increased political commitment, appropriate representation by all human rights and GF programmes at key forums (including virtually, where need be), ensuring human rights issues are included as a regular agenda item on e.g. AIDS Council meetings, PR coordination meetings and district consultative forums, and ensuring that unresolved issues are tabled at other meetings (from local-level to higher level).
- Ensuring linkages and referral mechanisms are identified, established, adapted for COVID-19 and/or strengthened between human rights programmes, CRS CSO small grant, advocacy and CBM and other GF programmes, including those working with PLHIV and key populations and TB programmes and at national and district level.

Recommendations

Linkages / immediate action required to respond to these issues include:

- **Training in human rights, including COVID-19 related rights information and including monitoring and advocacy** for CRS CBO small grants, advocacy IPOs, key and vulnerable population CSOs and networks
- **Mapping** and listing all human rights organisation implementers, including CRS CBO small grant projects and advocacy IPOs, for dissemination to GF programmes

- **Sharing** human rights programme materials (e.g. information brochures re: rights violations, documenting violations) across all GF and partner programmes and developing materials to set out the rights of all persons during COVID-19.
- **Strengthen strategic engagement with CSOs on human rights & advocacy** including by supporting the establishment of non-existing civil society sectors in various districts, strengthening their engagement with other key population networks, advocacy IPOs and supporting their uptake of advocacy responses to human rights violations, including COVID-19 related rights violations affecting people living with HIV, people with TB, AGYW and key populations.
- **Strengthening CRS CBO small grants** to ensure programmatic and geographical alignment with GF programmes and to strengthen focus on human rights issues (stigma and discrimination reduction), including issues arising during COVID-19, amongst others.
- **Strengthening linkages through strengthening coordination forums** including
 - Ensuring regular and appropriate representation in PCA meetings, even if virtually, where necessary, and including representation by 'guest speakers' to share issues relating to human rights and gender-related barriers to access and adherence to service for key and vulnerable populations; inclusion of human rights as standing agenda item; alignment of reporting to goals and objectives of NSP, PIP and MDIPs
 - Strengthening PR / SR Quarterly Meeting to ensure engagement and collaboration between all PRs and human rights programme sub-recipients
 - Strengthened DAC and LAC meetings through efforts to increase political commitment to meetings, strengthened representation of all GF partners at DACs and LACs and requests for a standalone agenda item to present human rights issues / human rights violations
 - Optimizing District Consultative Forum meetings and linking with SMYN's Human Rights Standing Committee meetings as an opportunity to identify and align programmatic responses to district priorities, strengthening representation of human rights programmes in meetings
 - Setting up smaller, subgroup and strategic partnership meetings, where necessary, to follow up in response to human rights issues and the need for collaborative action amongst human rights programmes and other GF programmes, particularly given the constraints of COVID-19 on meeting length and participation.
- **Strengthening referral mechanisms within and between** human rights programmes and other GF programmes to adequately respond to human rights barriers, including COVID-19 specific human rights and gender-related issues e.g.
 - Strengthening referral mechanisms across all GF-supported service provision interventions at both provincial and district level – human rights programmes, AGYW, PWID, sex workers, MSM, NDOH Health Worker Training and TB programmes, to ensure, amongst other things, that human rights issues are referred to and acted upon by various service providers and human rights programmes
 - Strengthen referral mechanisms between key population networks, CSOs, CBM, Advocacy IPOs, and other human rights programmes to ensure that key human rights issues identified by key populations are taken up, responded to, included in interventions and reported on at relevant levels.
 - Strengthening referral mechanisms between human right programmes, including CRS CBO programmes to support various SRs, to ensure that key human rights issues are identified and supported, where possible.

National-level Co-ordination by SANAC

The South African National AIDS Council Human Rights Working Group (HRWG), Technical Task Team (TTT) and Technical Support Unit (TSU) (as well as the CCM Secretariat) all have a role to play in supporting a coordinated, integrated and comprehensive human rights and gender-related response to HIV and TB.

The HRWG originally had a very specific, hands-on technical role to play in the development of the South African Human Rights Plan. Subsequently it provides technical guidance and strategic focus to the national (beyond GF) human rights programme implementation – e.g. examples of work done include technical support and guidance to AFSA in supporting the development of the Human Rights Training Toolkit, support for the baseline survey for law enforcers and now, the national web-based monitoring system – as well as ongoing review and M&E of the human rights programme implementation, which it sees as a primary role of the HRWG. It differs from the GF Human Rights OPEC in that the OPEC is specific to Global Fund programmes, whereas the HRWG ideally should be supporting all national human rights programmes, including e.g. government and CSO programmes funded through domestic and other resources, PEPFAR programmes that include human rights elements. It is critical, as a result, that HRWG representation includes human rights, gender-related and key population programmes beyond GF-funded programmes and is able to address and take up national-level human rights issues.

Where need be, the HRWG has established smaller working groups (e.g. to provide guidance on specific programme elements and for M&E of the human rights programmes.) Since it is made up of many representatives who are involved in human rights and gender-related programme implementation (beyond the GF Human Rights Programme), it is well placed to undertake these roles at a broader, country level. However, during discussions the HRWG expressed a recognition of the need for an updated discussion on its role at this point in the implementation of the programme.

The agenda of the HRWG meetings tends to be driven by a core team at SANAC and the chairs of the HRWG. As set out above, initially there was a strong focus on developing and finalising the Human Rights Plan, and subsequently providing technical guidance to priority programmes being developed for implementation. The expectation is that the HRWG will move towards a greater focus on the coordination and M&E of the Plan – at a granular detail, reviewing programme implementation, identifying issues, gaps and challenges and making recommendations, as well as reporting on policy-level issues to the TTT. However, it appears there is still a need to clearly define the roles and responsibilities of partners and representatives on the HRWG, in terms of the Human Rights Plan, and the different demands on the HRWG can create challenges. For instance, COVID-19 has also resulted in the need to address rights-related issues arising and report to the TTT on these issues.

The HRWG also reports to the TTT, the PRC and Plenary. It is furthermore tasked with liaising with the CSO Forum to ensure that there is coordination amongst CSOs and government in the implementation of the human rights programme.

The HRWG felt it was critical that local, district and provincial-level human rights issues are able to filter up to their meetings, both through GF forums but also through AIDS Council meetings, so as to ensure they are able to review and address human rights programme issues arising nationally, identify and advocate for key policy issues and report these onward to the TTT, where need be.

The TTT acts as a further, higher level guidance 'plenary', where the discussions from the HRWG are reported for oversight, guidance and feedback, particularly on broader legal and policy issues arising.

The SANAC TSU also provide technical assistance and support to the human rights and other programmes.

The CCM Secretariat is the ultimate body providing technical guidance, oversight and ensuring coordination of the Global Fund grant as a whole.

As a result of COVID-19 and lockdown restrictions, most meetings have had to be held virtually. This has created some difficulties as not all partners have been able to access and attend virtual forums.

A number of human rights issues have arisen as a result of COVID-19, which need to also be raised and addressed during the various coordination forums. The HRWG has been asked to report to the TTT on COVID-19-related human rights issues arising.

Opportunities, Gaps and Challenges

Opportunities identified during discussions with SANAC and the HRWG included the following:

- There are a number of existing co-ordination forums, some of which are GF-specific and others of which are HIV and AIDS-specific, all of which provide opportunities to strengthen co-ordination on human rights issues and ensure that issues are raised towards national-level.
- Monitoring and documentation of human rights violations is taking place, and training and implementation of the REAct tool will strengthen and extend this to other partners. The development of a national web-based platform for collating and analysing this documentation will help to strengthen information sharing on human rights violations for discussion at national level.
- Data has recently been consolidated from 3 PRs for reporting to the Office of the Deputy Minister, this should be shared with relevant forums to strengthen the national snapshot of human rights issues.

Gaps and challenges identified included the following

- There is a need for strengthened clarity on the roles and responsibilities of the HRWG as a body, as well as of its representatives in terms of the Human Rights Plan, with a proposed moving towards a greater focus on programme review and broader M&E of the Human Rights Plan as a whole.
- The HRWG has had to spend much of its time 'fire-fighting' to respond to human rights and gender-related priorities arising during the inception of the human rights programme implementation; it is critical that it is able to move towards a focus on discussing the strategic national focus of the human rights programmes and the Plan as a whole.
- Strengthened co-ordination of the GF programme is required in order to filter human rights issues up to national level. AFSA recognises and is currently responding to the need to ensure improved coordination on the ground, between the GF human rights, CRS and other programmes, using the various existing structures, so that key human rights issues arising, including those through monitoring and documentation of rights violations, are filtered up to the Human Rights OPEC and HRWG for discussion and programme review.
- It is critical to broaden representation on the HRWG of all human rights programme partners and other key stakeholders, beyond the GF programme, so that the mandate of the HRWG to coordinate and oversee all human rights and gender-related programmes is extended beyond GF; currently it was felt that primarily GF programme partners make up attendance and GF programme issues dominate the agenda.
- Informants further recognised the challenges in ensuring other, non-GF structures have strengthened capacity and commitment to addressing human rights issues on a regular basis, including the various AIDS Councils, as well as the CSO Forum, to ensure long-term, sustained commitment to a coordinated, rights-based response to HIV and TB. In particular, they noted the critical challenge of ensuring that PCAs are also reporting on and raising human rights issues to national-level bodies such as the HRWG.

- Communication was identified as a challenge: there is a need to strengthen communication, information-sharing and report-backs from the various forums. Various issues are raised at meetings, and minutes shared, but it is critical to identify ways to strengthen clear and concise communication on resolutions and key actions for dissemination to key stakeholders.
- The need for strengthening national monitoring of rights violations, including agreeing on key indicators, over and above those set out in the NSP, in terms of the goals and objectives of the national Human Rights Plan and the various human rights and gender-related programmes.
- The need for strengthened access to legal support services across all programmes, not just GF-funded programmes, working on human rights, gender equality and with key populations.

Recommendations

Recommendations and actions to respond to these issues including many of those arising in other discussions, including:

- **Strengthening linkages and coordination on human rights within various coordination forums** including
 - Strengthening coordination on human rights issues within and between all GF programmes, from local to national level.
 - Considering extending representation of non-GF partners in Human Rights OPEC meetings, where appropriate, or alternatively including human rights as a standing agenda item on all OPEC meetings.
 - Ensuring regular and appropriate representation in AIDS Council meetings and supporting (including through TA and sensitization) increased focus on human rights issues, including as a standalone agenda item, in all meetings.
 - Strengthening the focus on human rights issues within the CSO Forum
- **Strengthening the HRWG to review, monitor and evaluate the national Human Rights Plan**, including through:
 - Reviewing the HRWG TORs to clarify updated roles and responsibilities, with a specific focus on the programme review / M&E role of the HRWG and the referral of key policy and advocacy issues to the TTT.
 - Developing a clear governance diagram to identify the various roles, responsibilities and lines of information sharing, communication and report-back, including M&E, between the various coordination forums able to deal with human rights issues.
 - Strengthen communication on key actions and responsibilities arising out of HRWG meetings.
 - Continued efforts to broaden the representation of non-GF human rights programme partners on the HRWG
 - Conduct a review of progress towards the objectives of the national Human Rights Plan as well as key human rights issues arising, and identify key agenda items for strategic focus, including roles, responsibilities and partners for priority actions.
- **Prioritize the finalization and implementation of national monitoring of rights violations** including
 - Finalisation of training on the REAct tool
 - Ensuring that all SRs have support with monitoring of rights violations (e.g. through deployment of trained REActors to all SRs)
 - Coordination of reporting by various partners conducting monitoring of rights violations, towards national level
 - Identification of key human rights indicators for national M&E of human rights
 - Development of the national web-based monitoring system.
- **Strengthening referral mechanisms within and between the legal support services and other programmes** e.g.

- Holding a consultation between ProBono.org and all GF and other programmes working on human rights, gender and with key populations to identify opportunities for referral of rights violations and redress
- Mapping and listing all legal support services available, for dissemination to GF and other programmes working on human rights, gender and with key populations

APPENDIX A: SOME SUGGESTED LINKAGES WITH HR PROGRAMMES

Stigma and Discrimination Reduction Programmes

- Stigma and Discrimination Reduction campaigns to be informed on an ongoing basis by reports / documentation of human rights violations by CBM Programmes. At local / district level, Human Rights Programme and other GF Programme partners to share anecdotal reports, case studies for inclusion / addressing by S&D Reduction campaigns; at national level composite reports to inform review and direction of all S&D Reduction activities.
- Stigma and Discrimination Reduction Programmes to consider collaborating with AGYW, Key Population, NDOH Health Worker Training and TB Programmes, Advocacy and CRS work with key population networks and CBO small grant programmes in identifying key issues (e.g. information arising during pre- and post-assessments at health worker training), developing and delivering S&D and advocacy campaigns, community dialogues, work with traditional leaders, mentoring 'champions' for Anti-Stigma Community Campaigns etc., as well as informing the information, education, training and sensitisation work of their partners.
- Human Rights Training to include staff / fieldworkers from other GF programmes, where required (e.g. fieldworkers from AGYW programme, TB Programme, CRS CBO small grants).
- S&D Reduction campaigns to document cases arising during campaigns / refer for documentation by CBM and for legal support services.
- Stigma and Discrimination Reduction Human Rights Standing Committees to discuss district-level action on human rights issues and raise relevant issues at district-level consultative forums, to ensure follow up with other GF Programmes, where required.

Human Rights Training of Health Workers Programme

- Health Worker Training Programme to work with S&D Reduction Campaigns and CBM to review / develop pre- and post-training assessments, to inform further work of the respective programmes and to support M&E of training outcomes.
- Health Worker Training Programme to work with CBM programmes to be informed on an ongoing basis by reports / documentation of health care-related human rights violations. At local / district level, Human Rights and GF programme partners to share anecdotal reports, case studies for inclusion / addressing by Health Worker Training Programmes; at national level composite reports to inform review and direction of health worker training and for reporting on activities. This should include information on COVID-19-related rights violations against health workers and health users.
- Health Worker Training Programme to consider collaborating with other Human Rights Programmes, AGYW, Key Population, TB, Advocacy and CRS CBO small grant programmes in identifying key issues, developing and delivering health worker training, inclusion of key and vulnerable populations to provide personal testimonies during training etc.
- Health Worker Training Programme to refer cases arising during training (involving S&D, rights violations against health workers themselves) for documentation by CBM and legal support (see below)
- Health Worker Training Programme to collaborate with Legal Literacy / Legal Support Services Programme to integrate content on accountability mechanisms within training and provide information for referrals to legal support services, where necessary.
- Health Worker Training Programme to develop consultative process, including other Human Rights and GF Programmes, with the support of the HRWG, to develop national action plan for health worker training in alignment with the Human Rights and Plan and evidence gathered during the course of its implementation.
- Health Worker Training Programme to share information on trained health workers / trained health facilities to encourage local-level linkages with Human Rights and Advocacy Programme implementers to address healthcare related human rights violations arising.
- Health Worker Training Programme to develop evaluations of health worker training programme, including in collaboration with local-level Human Rights Programmes (e.g. S&D Reduction

campaigns, CBM and Advocacy Programmes) to further inform M&E of the impact of health worker training.

Legal Literacy Programmes

- Legal literacy campaigns to be informed on an ongoing basis by reports / documentation of human rights violations to inform review and direction of legal literacy training, provide case studies for discussion etc.
- As above, Legal literacy campaigns to include COVID-19-related rights violations and information arising.
- Legal literacy training to target staff / fieldworkers from Human Rights Programmes, Key Population Programmes, AGYW Programmes, TB Programmes and CRS partners, amongst others, as determined by capacity needs.

Community-based Monitoring

- CBM Programme to work with all other Human Rights and GF programmes conducting CMB in terms of REAct, or own documentation tools, in order to align monitoring of rights violations.
- CBM training to target staff / fieldworkers from Human Rights Programme and other GF programmes, where required (e.g. peer educators, field workers, linkage officers from AGYW programme, TCCs; peer educators and outreach workers from Key Populations Programmes such as the MSM / TG Programme, outreach workers in TB Programmes etc.) in order that they are able to contribute to CBM.
- CBM programme to include monitoring of COVID-19 related rights violations
- All Human Rights Programme implementers and other GF programme implementers to set up referral mechanisms with local CBM, where necessary, to ensure that human rights violations and GBV reported during the course of the work are referred for monitoring, documentation and follow-up, where this is not being done by programme itself
- All monitoring reports conducted by various organisations to be collated and compiled for presentation at various coordination forums, from district to provincial to national level.
- CBM to develop links with Legal Support Services campaigns for referring unresolved issues for paralegal / legal support and to ensure feedback to referring organisations.
- CBM to develop links with NDOH, S&D Reduction campaigns, Advocacy campaigns and CRS CBO small grants for referring unresolved issues for engagement, sensitization and advocacy.

Legal Support Services

- Legal Support Services programme to target key staff members of AGYW, NDOH, TB and Key Populations programmes (e.g. peer educators, 'first responders', human rights defenders, advocacy officers, health workers, outreach workers) in refresher / paralegal training, where relevant.
- Human Rights Programmes and other GF Programmes to work with Legal Support Services Programme to identify local-level legal support service providers for referring unresolved issues for paralegal / legal support and feedback.
- Legal Support Services to be informed on an ongoing basis by reports / documentation of human rights violations and to respond accordingly to address / resolve issues arising across all Human Rights and GF Programmes, where possible.
- Legal Support Services to set up regular meetings to work with Human Rights Programme and other GF Programmes to review regular reports of human rights violations in order to (i) identify higher-level issues for possible strategic litigation and (ii) identify advocacy initiatives for review and reform of laws, policies and practices.

Sensitizing law makers and law enforcers

- Planned Baseline Assessment of attitudes and practices of law enforcers to include participants from across all Human Rights and other GF programmes, to identify staff and beneficiary survey / focus group discussion participants
- Sensitizing Law Makers and Law Enforcers Programmes to be informed on an ongoing basis by reports / documentation of human rights violations. At local / district level, Human Rights Programme and GF programme partners to share anecdotal reports, case studies for inclusion / engagements by programmes to sensitize law-makers and law enforcers; at national level composite reports to inform review and direction of programmes to sensitize law-makers and law enforcers as well as national-level efforts to engage with decision-makers.
- Sensitizing Law Makers and Law Enforcers Programme to collaborate with SAPS, Legal Support Services Programme, CBM Programme and other GF Programmes (e.g. AGYW, Key Population, NDOH, TB, Advocacy and CRS CBO small grant programmes) in identifying key issues, developing and delivering sensitization, training and advocacy campaigns, supporting community dialogues, resolving issues to provide remedial action etc.

Monitoring, Law and Policy Review and Reform

- Monitoring and advocacy for law and policy reform to be informed on an ongoing basis by reports / documentation of human rights violations. At local / district level, Human Rights and GF Programme partners to share anecdotal reports, case studies for inclusion / addressing through advocacy and engagement; at national level composite reports to inform review and direction of all advocacy activities
- Monitoring of laws, policies and their implementation and enforcement to direct the design and implementation of other Human Rights Programmes (e.g. S&D Reduction Campaigns, Legal Literacy Campaigns, Health Worker Training).
- Development / amendment of laws, policies, guidelines, SOPs to be integrated into human rights training programmes (e.g. Legal Literacy Campaigns, Health Worker Training, Sensitizing Law Makers and Law Enforcers, S&D Reduction campaigns).