RITSHIDZE

SAVING OUR LIVES

FREE STATE STATE OF HEALTH

SEPTEMBER 2022

2ND EDITION

PHAHAMENG (BULTFONTEIN) CLINIC

THABONG CLINIC

CONTENTS

DEVELOPING THE REPORT

This is the second edition of the Free State State of Health report; the first was published in September 2021[1]. Like the earlier edition, the second edition of the Free State State of Health report outlines key challenges people living with HIV, key populations and other public healthcare users face in the province. The report focuses on the following critical themes: staffing; waiting times; infrastructure and clinic conditions; ART collection; ART continuity; treatment and viral load literacy; accessibility of health services for key populations; specific services for men; the implementation of index testing to find people living with HIV; and stockouts and shortages of medicines and other health products.

The report has been developed using data from Ritshidze — a community-led monitoring system developed by organisations representing people living with HIV, including the Treatment Action Campaign (TAC), the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network (PWN), and the South African Network of Religious Leaders Living with and affected by HIV/AIDS (SANERELA+).

Community-led monitoring is a systematic collection of data at the site of service delivery by community members that is compiled, analysed and then used by community organisations to generate solutions to problems found during data collection. In Ritshidze, people living with HIV and key populations are empowered to monitor services provided at clinics, identify challenges, generate solutions that respond to the evidence collected, and make sure the solutions are implemented by duty bearers.

Giving communities the ability to monitor the quality-of-service provision and highlight performance problems is an indispensable strategy for improving HIV and TB service delivery across South Africa. Through Ritshidze we have begun to more systematically document the failures in quality HIV, TB, and other health service delivery.

Ritshidze monitoring takes place on a quarterly basis at more than 400 clinics and community healthcare centres across 29 districts in 8 provinces in South Africa — including 29 facilities across the Free State: 1 in Fezile Dabi, 13 Lejweleputswa, 6 in Mangaung, and 9 in Thabo Mofutsanyana. Additional quantitative and qualitative data is collected within the community specific to service acceptability and availability for key populations specifically.

We collect data through observations, as well as through interviews with healthcare users (public healthcare users, people living with HIV, key populations) and healthcare providers (Facility Managers, pharmacists/pharmacist assistants). All Ritshidze's data collection tools, our data dashboard, and all raw data are available through our website: www.ritshidze.org.za

ABOUT THE DATA IN THIS REPORT

Data in this report were collected between July 2022 and August 2022 (Q4 2022) (Table 1).

+ Interviews took place with 29 Facility Managers
+ Observations took place at 28 facilities
+ Interviews took place with 1,349 public healthcare users
+ 54% (728) identified as people living with HIV
+ 71% (952) identified as women
+ 18% (246) identified as young people under 25 years of age

Certain questions are only asked to Facility Managers on a biannual basis given that they do not frequently change (infrastructure, space etc.) These data were collected between April and May 2022 and are marked as such.

Data in this report are compared to data compiled in the first edition of the Free State State of Health report issued in September 2021 to understand progress. These data were collected between April to June 2021 (Q3 2021). Additional sites were monitored this year compared to last year and increased numbers of survey participants of public healthcare users and PLHIV cautions against over-interpretation of the direct comparison to prior year results.

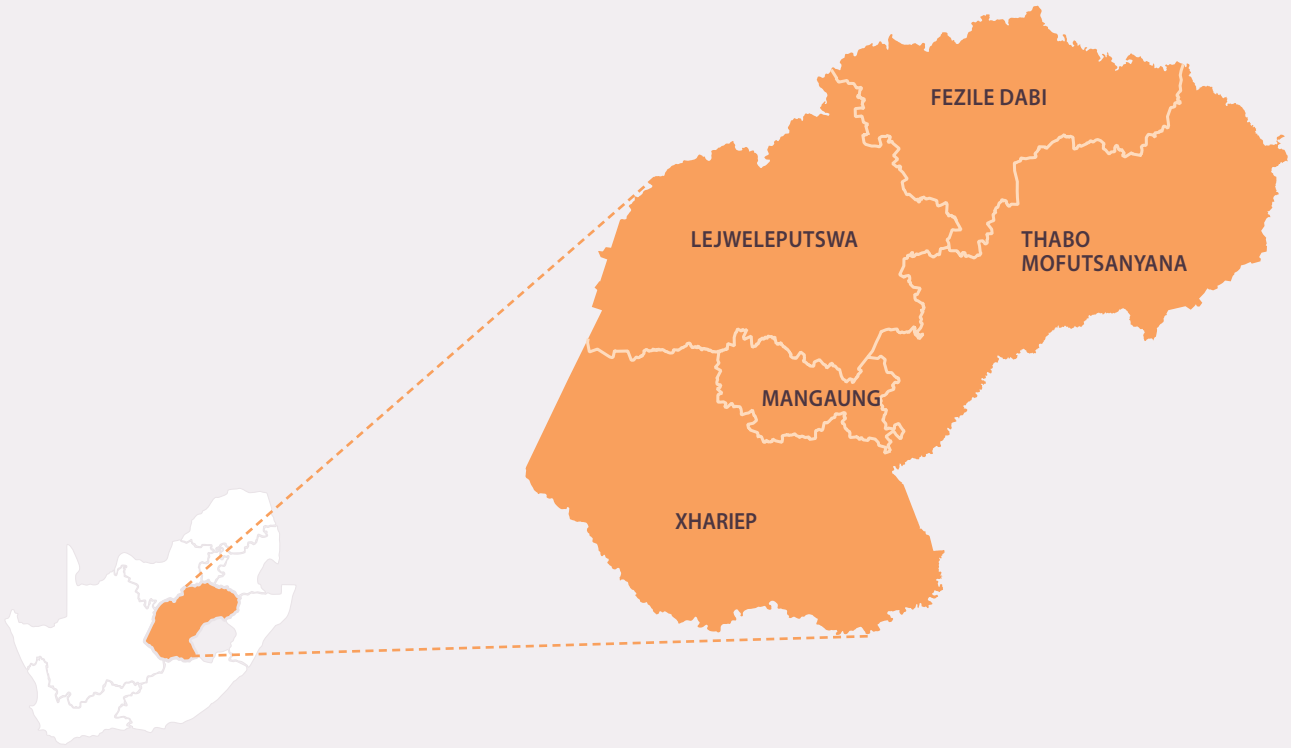
All data are available at: data.ritshidze.org.za

1. 1st edition Free State State of Health report, September 2021. Available at: ritshidze.org.za/wp-content/uploads/2021/09/Ritshidze-State-of-Health-Free-State-2021.pdf

HOOPSTAD CLINIC

Table 1: Facilities included in Q4 2022 monitoring

District	Facility	PEPFAR agency	District support partner (DSP)
Fezile Dabi	Lesedi Clinic	n/a	n/a
Lejweleputswa	Albert Luthuli Memorial Clinic	USAID	Wits RHI
	Hani Park Clinic	USAID	Wits RHI
	Hoopstad Clinic	USAID	Wits RHI
	Kgotsong (Bothaville) Clinic	USAID	Wits RHI
	Matjhabeng Clinic	USAID	Wits RHI
	OR Tambo Clinic	USAID	Wits RHI
	Phahameng (Bultfontein) Clinic	USAID	Wits RHI
	Phomolong (Hennenman) Clinic	USAID	Wits RHI
	Poly Clinic	USAID	Wits RHI
	Rheeders Park Clinic	USAID	Wits RHI
	Thabong Clinic	USAID	Wits RHI
	Tshepong (Welkom) Clinic	USAID	Wits RHI
	Welkom Clinic	USAID	Wits RHI
Mangaung	Bloemspruit Clinic	n/a	n/a
	Chris de Wert (Gabriel Dichabe) Clinic	n/a	n/a
	Freedom Square Clinic	n/a	n/a
	Gaongalelwe Clinic	n/a	n/a
	Kagisanong Clinic	n/a	n/a
	MUCPP CHC	n/a	n/a
Thabo Mofutsanyana	Bohlokong Clinic	USAID	Right to Care
	Boiketlo Clinic	USAID	Right to Care
	Harrismith Clinic	USAID	Right to Care
	Intabazwe Clinic	USAID	Right to Care
	Mphohadi Clinic	USAID	Right to Care
	Namahali Clinic	USAID	Right to Care
	Phuthaditjhaba Clinic	USAID	Right to Care
	Reitumetse Clinic	USAID	Right to Care
	Thusa Bophelo Clinic	USAID	Right to Care



Additional quantitative data related to key populations was collected between August and October 2021. Data collection took place across two districts: Lejweleputswa and Thabo Mofutsanyana (Table 2).

A total of 707 surveys were taken, combining 70 gay men, bisexual men, and other men who have sex with men (GBMSM), 321 people who use drugs, 262 sex workers, and 54 trans* people.

Table 2: Surveys by district and key population group

District	PEPFAR Key Population drop-in centre	Global Fund Key Population Services	Number of surveys by KP group			
			GBMSM	People who use drugs	Sex workers	Trans* People
Lejweleputswa	/	/	35	173	91	24
Thabo Mofutsanyana	/	Sex worker services	35	148	171	30

Ritshidze is not a research project. We are not testing hypotheses. Community-led monitoring is more akin to independent M&E than research. Limitations include:

+ **Generalisability** — Results are from the facilities monitored and may not be generalisable to other facilities in the district or province.
+ **Facility heterogeneity** — Facility results even at the district level are heterogeneous. Challenges and successes should be approached as facility specific unless results consistently identify poor performance and policy level issues.
+ **Non-representative sampling of public healthcare users** — Public healthcare users identified and interviewed at the facility are not necessarily representative of individuals who may have stopped accessing services at a facility. As such further qualitative data is collected in the community to capture the experiences of people who may have already disengaged from care.

> **Giving communities the ability to monitor the quality-of-service provision and highlight performance problems is an indispensable strategy for improving HIV and TB service delivery across South Africa**

INTRODUCTION

In the second edition of the State of Health report, our comparative data reveal that while the Free State has marginally improved in certain indicators, the province has worsened in many others, and too often Free State facilities are among the worst performing sites across all provinces monitored by Ritshidze's community-led monitoring.

These challenges are slowing progress towards the UNAIDS 95-95-95 targets that aim for 95% of people with HIV diagnosed, 95% of people diagnosed on treatment, and for 95% of those on treatment to be virally suppressed.

While 79% of facilities again reported being understaffed and unable to meet the needs of public healthcare users this year, the number of vacancies in sites monitored has almost doubled from 26 to 50. Public healthcare users also reported a worse situation, with only 16% who thought there were enough staff, down from 36% last year.

Inadequate staffing often means longer waiting times, forcing people to arrive early and wait for many hours to be attended to. 82% of public healthcare users thought waiting times were long this year — many blaming too few staff, as well as clinic staff in place working too slowly.

Frustration at waiting all day at the clinic means that often people arrive early in the hopes of being seen more quickly, and being able to get home or to work. Of those who arrived before clinics opened, 65% reported feeling unsafe to do so, more than in any other province. Key measures such as opening the grounds early, and spacing out appointment times throughout the day, should be put in place to ensure that people are not put in danger or unsafe conditions while waiting for healthcare.

On clinic cleanliness, Free State also performed poorly. Only 36% of people said that clinics were clean, and more than a quarter said clinics were dirty in the province.

Positively, there has been an increase in the number of people getting a 3 month refill of ARVs (up to 13%), however this is slow progress compared to 52% in Mpumalanga (the province that is performing the best) and 75% of people are getting 3 to 6 months supply in other PEPFAR supported countries. Extending ARV refills is an important strategy to support people living with HIV to remain on treatment as well as ease the burden on already overstretched facilities.

Repeat prescription collection strategies in the province do make ART collection quicker and people living with HIV are on the whole satisfied with them which is positive. Many more people should be decanted to these options, especially given that 68% of respondents still said they would prefer to collect ARVs closer to home. In regard to facility pick-up points, a substantial number of respondents (31%) were neutral or unsatisfied with services. Once enrolled, reassessment should take place at each clinical consultation to understand if people living with HIV are satisfied with their pick-up point. People who are not satisfied should be offered a different option that better meets their needs.

It remains a priority to urgently improve staff attitudes to ensure friendly and welcoming services for all people living with HIV and key populations, including those returning to care after a treatment interruption. Only 41% of people thought that the staff were always friendly and professional (down from 44% last year) and 56% of people said staff sent them to the back of the queue if they missed an appointment. The fear of poor treatment only discourages people from ever going back to the clinic. Healthcare workers must acknowledge it is normal to miss appointments or have treatment interruptions, and support and empower people living with HIV to improve retention after re-engagement, not shout at them and send them to the back of the queue.

Another key issue revealed is people living with HIV being denied ARVs because of not having a transfer letter. Transfer letters are not required in the national adherence guidelines, yet 573 people in the Free State reported being denied access to services for not having one since we started collecting this data last October. This represents 16% of all public healthcare users interviewed, but given that most people interviewed are unlikely to have attempted to transfer services, it continues to point to a much larger problem regarding the communication and policies regarding transfer letters. There were also 645 reports of people being denied access to services for not having an identity document.

Treatment literacy levels have declined since last year. Ensuring people living with HIV understand the importance of starting on staying on treatment effectively is critical to improve linkage and long term retention, yet just 76% of people living with HIV understood that an undetectable viral load is good for their own health, and only 57% understood that an undetectable viral load means you cannot transmit HIV. This low level of understanding correlates with the fact that only 78% of people living with HIV reported that a healthcare provider actually explained their viral load test result, down from 82% last year. Only Limpopo is performing worse than Free State on this.

It remains a priority to urgently improve staff attitudes to ensure friendly and welcoming services for all people living with HIV and key populations, including those returning to care after a treatment interruption.

ALBERT LUTHULI MEMORIAL CLINIC

BOHLOKONG CLINIC

For key populations, specific services remain unavailable. No facilities monitored reported any key population specific services at all. Lubricants were only available in 23% of sites monitored, and many LGBTQIA+ community members, people who use drugs, and sex workers reported being unable to even get condoms.

Positively, PrEP was reported to be available at all facilities monitored, but far fewer actually actively offered PrEP to key populations. Only 32% of gay, bisexual, and other men who have sex with men, 7% of people who use drugs, 14% of sex workers, and 22% of trans* people reported being offered PrEP at the facility. Having PrEP on site but not educating people on it and offering it to those who could benefit does not support overall HIV prevention efforts.

Another worrying factor is the implementation of index testing in the province. Index testing is a case finding strategy where people living with HIV are asked to disclose their sexual partners so that they can be targeted for HIV testing services. This is always meant to be voluntary, yet worryingly 35% of respondents reported that they could not refuse to give the contacts. Worse, while every precaution should be taken to not put people at risk of violence, 42% of respondents were not asked if their partners had any risk of violence, despite national guidelines mandating this process. Index testing must be suspended in facilities that cannot implement it safely and with consent, and those failing to uphold the safe and ethical index testing standards should be held accountable.

The Department of Health as well as PEPFAR District Support Partners (Right to Care and Wits RHI) must address the challenges identified through Ritshidze in order to ensure more people living with HIV, people with TB and key populations are able to access the HIV and TB prevention and treatment they need. The solutions recommended in this report can help to encourage more people to go to the clinic, and ensure that more people who have interrupted treatment get back to care.

BOHLOKONG CLINIC

PHAHAMENG (BULTFONTEIN) CLINIC

BOHLOKONG CLINIC

RECOMMENDED SOLUTIONS – SEPTEMBER 2022

This table reflects the recommendations in this report. Some are priorities that were included in the 1st Edition of the State of Health report but have not yet been implemented.

Priority recommendations	What years did we ask for it?	Do we have it?
1. Staffing		
+ By April 2023, the Free State Department of Health should fill 80% of vacancies in the province (including the 50 vacancies reported at Ritshidze sites), and fill the remaining 20% by the end of the next financial year.	2021, 2022	No
+ The Free State Department of Health should produce annual reports on the numbers of healthcare workers (divided into sub-groups such as CHWs, professional nurses, and doctors) employed in each district and the numbers of people and size of areas covered by these healthcare workers. These reports should also include year-on-year comparisons (from at least 2020) of the number of filled posts in all districts and the cost of these posts to the government.	2022	No
2. Waiting times		
+ From October 2022, ensure the updated 2020 Adherence Guidelines are implemented that state that files are not required for repeat prescription collection strategies (RPCs): Facility pick-up. PLHIV should go directly to pick-up point in the facility to collect their ART refill.	2022	No
+ By October 2022, ensure a functional filing system in Albert Luthuli Memorial Clinic, Gaongalelwe Clinic, Intabazwe Clinic, Kgotsong (Bothaville) Clinic, OR Tambo Clinic, Phahameng (Bultfontein) Clinic, Phomolong (Hennenman) Clinic, Rheeders Park Clinic, Tshepong (Welkom) Clinic, Welkom Clinic, Bloemspruit Clinic, Phuthaditjhaba Clinic, Thusa Bophelo Clinic.	2021, 2022	In part
+ By January 2023, open the grounds of clinics by 5am to ensure safety of public healthcare users waiting to access services in the early mornings.	2022	No
+ By March 2023, extend facility opening hours (as per the NDoH circular from 5am to 7pm on Monday to Friday). People living with HIV should be able to use these extended opening times to pick up their medication.	2021, 2022	No
+ By March 2023, appointment systems should be put in place, including appointment times, to ensure efficient service delivery and to reduce waiting times. Appointment times should be spaced across the day and make use of afternoons before the facility closes.	2022	In part
+ By March 2023, the Free State Department of Health, Right to Care, and Wits RHI should work together to reduce the burden on facilities by getting at least 60% people living with HIV out of the clinic and into external pick-up points or adherence clubs.	2022	In part
3. Infrastructure and clinic conditions		
+ From October 2022, all public healthcare users should be consulted in private rooms. Privacy violations such as being consulted, tested, or counselled in the same room as someone else can lead to people living with HIV disengaging from care.	2022	In part
+ By March 2023, the Free State Department of Health should fill all remaining cleaner vacancies and employ additional cleaners at the 8 sites reporting shortages to ensure clean facilities and toilets.	2022	No
+ By September 2023, where there are small waiting areas that lead to overcrowding (putting patients and staff at risk of TB and COVID-19 infection at the clinic) the Free State Department of Health must implement interim strategies to address these infrastructural issues while waiting for existing projects to be completed, including building temporary structures, as well as decanting more PLHIV out of the facility to external pick-up points or community based adherence clubs, and implementing 3 and 6 month supply of ARVs.	2022	In part
4a. ART collection: multi-month dispensing		
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that no clinically stable PLHIV ever receives less than 2 months supply of ARVs, as per national policy standards. Ritshidze reports of limited supply should be assessed and resolved rapidly.	2022	In part
+ By March 2023, the Free State Department of Health, Right to Care, and Wits RHI should extend and implement ARV refills to at least 3 month supply for all eligible PLHIV.	2021, 2022	In part
+ By end September 2023, the Free State Department of Health, Right to Care, and Wits RHI should extend and implement ARV refills to 6 month supply for all eligible PLHIV.	2021, 2022	No

Priority recommendations	What years did we ask for it?	Do we have it?
4b. ART collection: Repeat prescription collection strategies (RPCs)		
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure every stable PLHIV is offered RPCs options.	2022	In part
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure PLHIV enrolled in RPCs are active (not overdue for RPCs rescript) on the programme. PEPFAR SA to monitor and report on PLHIV enrolled in RPCs that are more than 28 days late for rescript by facility.	2022	No
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that reassessment takes place at each clinical consultation to understand if PLHIV are satisfied with their RPC. PLHIV who are not satisfied should be offered a different option that better meets their needs.	2022	No
+ The Free State Department of Health, Right to Care, and Wits RHI should start and/ or re-establish adherence clubs in the province in order to provide PLHIV with options for quicker ART collection together with peer support and treatment literacy.	2021, 2022	No
+ In COP22, the Free State Department of Health, Right to Care, and Wits RHI should scale implementation of repeat prescription strategies to reach 90% of stable PLHIV and ensure 60% are accessing treatment from community RPCs models (external pick-up point (PuP)/ community-based adherence clubs) and 20% from group-based RPCs (Facility/Community-based Adherence Clubs) — **note PLHIV should be able to choose the modality that suits individual needs.*	2022	In part
+ By March 2023, Right to Care, Wits RHI, and the Free State Department of Health should establish at least two external pick-up points at each site in order to provide greater access to refills closer to home and at more convenient locations to PLHIV.	2022	In part
5. ART continuity		
+ The Free State Department of Health, Right to Care, and Wits RHI should implement with fidelity the 2020 Standard Operating Procedures on National Adherence Guidelines.	2022	No
+ All staff should be trained and held accountable to provide a friendly and welcoming environment for all public healthcare users, including KPs and PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption. Overall accountability should be with the Facility Manager if no improvements are made.	2022	No
+ Healthcare workers must acknowledge it is normal to miss appointments and/ or have treatment interruptions, and support and empower PLHIV to improve retention after re-engagement as per the 2020 Standard Operating Procedures	2022	No
+ Any reports of poor staff attitude should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the Free State Department of Health should respond within 3 months with actions that have been taken.	2021, 2022	No
+ No PLHIV should be sent to the back of the queue if they miss an appointment. This is not a National Department of Health policy. The Free State Department of Health should send communication to all sites withdrawing this measure and highlighting the Welcome Back Campaign strategy that says people returning to care should be triaged.	2021, 2022	No
+ The Free State Department of Health should issue communication that highlights that PLHIV who return from a treatment interruption but have not missed a dose be screened for immediate access to a repeat prescription collection strategy.	2022	No
+ Any reports where immediate treatment continuation or restart is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the Free State Department of Health should respond within 3 months with actions that have been taken.	2022	No
6. Treatment and viral load literacy		
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that all healthcare workers (including CHWs) provide accurate and easily understandable information on treatment adherence and the importance of an undetectable viral load when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.	2021, 2022 2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that viral load test results are properly explained to all PLHIV in a timely manner.	2019, 2020,	In part
+ In COP22, PEPFAR should fund an expansion of PLHIV-led treatment literacy efforts across all provinces — including the Free State — through PLHIV-led training, education and localised social mobilisation campaigns.	2021, 2022	No

BOHLOKONG CLINIC

THABONG CLINIC

Priority recommendations	What years did we ask for it?	Do we have it?
7a. Key populations friendly services		
+ Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused should be urgently investigated by DoH/ PEPFAR and disciplinary action taken where appropriate. Facility Managers should be held responsible for unresolved issues. For facilities we report on here, the DoH/ PEPFAR should respond within 3 months with actions that have been taken.	2022	No
+ DoH and PEPFAR should ensure that all clinical and non-clinical staff (including security guards) across public health facilities are actually sensitised on provision of KP friendly services to ensure a welcoming and safe environment for all KPs at all times. KPs must be involved in the implementation of these training modules.	2021, 2022	In part
+ Post sensitisation training, the Department of Health and PEPFAR should complete follow up to assess the quality of KP service provision at site level (to show the success of the sensitisation programme).	2022	No
7b. Key populations specific services		
+ NDoH and PEPFAR should designate at least 2 public health facilities per population per district to serve as KP designated service delivery centres. Site selection should take into account local context and facilities may serve more than one population, but may not always be appropriate to combine all KPs into single settings given differential needs between KP groups. These sites must be allocated additional staff and resources to provide comprehensive health services to the specific KP population being served.	2022	No
+ The Free State Department of Health, Right to Care, and Wits RHI should ensure that barrier contraception (including condom compatible lubricants, male and female condoms) are easily available at all public health facilities (not only upon request or in public spaces that make it difficult to pick them up).	2022	In part
+ The Free State Department of Health, Right to Care, and Wits RHI should ensure that all KPs are offered PrEP at public healthcare facilities.	2021, 2022	In part
+ DoH and PEPFAR should ensure that harm reduction services — including drug dependence treatment such as methadone — are made available at public health facilities. Where people who use drugs need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.	2022	No

Priority recommendations	What years did we ask for it?	Do we have it?
+ DoH and PEPFAR should ensure that trans* people are able to access hormone therapy and gender affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.	2022	No
8. Specific services for men		
+ By March 2023, Right to Care and Wits RHI should ensure all PEPFAR supported sites have at least one male nurse and one male counsellor in place, leading to a greater uptake of services by men.	2022	No
+ By March 2023, Right to Care and Wits RHI should ensure all PEPFAR supported sites have at least one male clinic day per week or Men's Corners (ensuring male staff are on duty) integrated into service delivery to provide services specific to the needs of men.	2022	No
9. Index testing		
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that all healthcare providers ask if the individual's partners have ever been violent and record the answer to this question, before contacting the sexual partners of PLHIV. No contacts who have ever been violent or are at risk of being violent should ever be contacted in order to protect the individual and other sexual partners the contact may have that are unknown.	2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that after contacting the contacts, healthcare providers must follow-up with the individual after a reasonable period (1-2 months) to assess whether there were any adverse events — including but not limited to violence, disclosure of HIV status, dissolution of the relationship, loss of housing, or loss of financial support — and refer them to the IPV centre or other support services if the answer is yes. Data on such occurrences must be shared by the implementing partners with PEPFAR and civil society.	2021, 2022	No
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate IPV services available for PLHIV at the facility or by referral and all PLHIV who are screened should be offered this information. Referrals must be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.	2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that all implementing partners and healthcare workers understand that index testing is always voluntary, for both sexual contacts and children, where individuals are not required to give the names of their sexual partners or children if they don't want to, and this is explained to all PLHIV. No index testing will occur without the informed consent of a PLHIV.	2021, 2022	In part
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that all adverse events are monitored through a proactive adverse event monitoring system capable of identifying and providing services to individuals harmed by index testing. Comment boxes and other passive systems are necessary but inadequate.	2021, 2022	No
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must suspend index testing at any facility that cannot meet these demands.	2021, 2022	No
10. Stockouts and shortages of medicines and health products		
+ From October 2022, there must be effective and immediate communication of stockouts, between the National Department of Health and Free State Department of Health and to healthcare workers and patients	2021, 2022	No
+ By December 2022, the Free State Department of Health should establish an emergency response team and standard operating procedures to manage crisis situations. We call on them to include clinic committee members, all PLHIV Sector organisations, and the Stop Stockouts Project.	2021, 2022	No
+ By December 2022, the Free State Department of Health should ensure all pharmacists have been trained in SVS and other supply chain systems.	2021, 2022	No
+ From March 2023, the Free State Department of Health should implement a provincial strategy to address stockouts and shortages of medicines and other medical tools and supplies. This must address the impact of human resource shortages, poor management, and infrastructure where these impact on the ability of facilities to order and store supplies. Increasing the number of pharmacy staff in facilities must be a priority as they are often the first to acknowledge a short supply of medication.	2021, 2022	No
+ By December 2023, the Free State Department of Health should employ an additional 10% of pharmacists/assistant pharmacists in Lejweleputswa (where pharmacist shortages were reported at 14% of sites monitored and assistant pharmacist vacancies reported at 9% of sites monitored).	2021, 2022	No

KGOTSONG (BOTHAVILLE) CLINIC

1. Staffing

LAST YEAR

21% of Facility Managers say their facilities have enough staff

36% of public healthcare users say there are always enough staff at facilities

26 vacancies unfilled across 9 facilities

THIS YEAR

21% of Facility Managers say their facilities have enough staff

Only 16% of public healthcare users say there are always enough staff at facilities

50 vacancies unfilled across 10 facilities

Recommendations:

+ **Understaffed clinics mean healthcare workers are overburdened. This leads to longer waiting times, limited time to attend to public healthcare users and at times, bad attitudes and healthcare workers. These factors directly and negatively impact people living with HIV from starting and staying on treatment.**
+ **By April 2023, the Free State Department of Health should fill 80% of vacancies in the province (including the 50 vacancies reported at Ritshidze sites), and fill the remaining 20% by the end of the next financial year.**
+ **The Free State Department of Health should produce annual reports on the numbers of healthcare workers (divided into sub-groups such as CHWs, professional nurses, and doctors) employed in each district and the numbers of people and size of areas covered by these healthcare workers. These reports should also include year-on-year comparisons (from at least 2020) of the number of filled posts in all districts and the cost of these posts to the government.**

Ensuring everyone living with HIV and TB gets access to medicines and care — and that we reach the UNAIDS 95-95-95 targets — depends mainly on having enough qualified and committed staff in place. Last year 21% of Facility Managers (4 facilities) reported that there were enough clinical and non-clinical staff to meet demand. This year, with a bigger sample size, still only 21% of Facility Managers (6 facilities) reported enough staff. Of the facilities with data in both reporting periods, 3 facilities have improved across the time period, now reporting enough staff to meet patients' needs. However 3 facilities have worsened, now reporting not enough staff to meet patients' needs. There is still a way to go to fill the human resource gap, as 79% of facilities (22 facilities) monitored remain with too few staff to meet demand.

Facility Manager: does the facility have enough staff? (July to August 2022)
Facility Staff Surveyed: 28

Facility Manager: does the facility have enough staff?

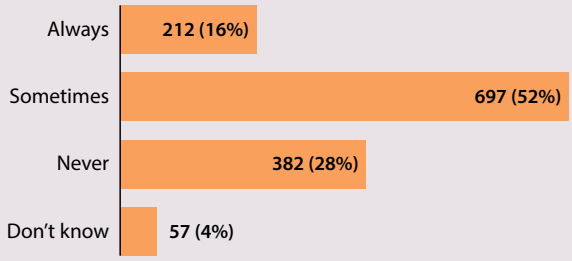
District	Facility	April to May 2021	July to August 2022	Change 2021 to 2022
Fezile Dabi	Lesedi Clinic	Not monitored	No	Not monitored in Q3 2021
Lejweleputswa	Albert Luthuli Memorial Clinic	No	Yes	Improved
	Hani Park Clinic	No	Yes	Improved
	Hoopstad Clinic	No	No	
	Kgotsong (Bothaville) Clinic	No	No	
	Matjhabeng Clinic	No	No	
	Phahameng (Bultfontein) Clinic	No	No	
	Phomolong (Hennenman) Clinic	No	No	
	Poly Clinic	Not monitored	No	Not monitored in Q3 2021
	Rheeders Park Clinic	Not monitored	No	Not monitored in Q3 2021
	Thabong Clinic	No	No	
	Tshepong (Welkom) Clinic	No	No	
	Welkom Clinic	No	No	
Mangaung	Bloemspruit Clinic	Not monitored	No	Not monitored in Q3 2021
	Chris de Wert (Gabriel Dichabe) Clinic	Not monitored	Yes	Not monitored in Q3 2021
	Freedom Square Clinic	Not monitored	No	Not monitored in Q3 2021
	Gaongalelwe Clinic	Not monitored	No	Not monitored in Q3 2021
	Kagisanong Clinic	Not monitored	No	Not monitored in Q3 2021
	MUCPP CHC	Not monitored	No	Not monitored in Q3 2021
Thabo Mofutsanyana	Bohlokong Clinic	No	No	
	Boiketlo Clinic	Yes	No	Worsened
	Harrismith Clinic	No	Yes	Improved
	Intabazwe Clinic	Not monitored	Yes	Not monitored in Q3 2021
	Mphohadi Clinic	Yes	No	Worsened
	Namahali Clinic	Yes	Yes	
	Phuthaditjhaba Clinic	No	No	
	Reitumetse Clinic	Yes	No	Worsened
	Thusa Bophelo Clinic	No	No	

Interviews with public healthcare users reveal a worsening of the situation. According to public healthcare users, there has been an increase from 62% (264 people in Q3 2021) up to 80% (1,079 people in Q4 2022) of respondents reporting that there are never or only sometimes enough staff at the facility. In this reporting period only 16% of public healthcare users (212 people) interviewed reported that there are actually always enough staff at the facility. By district, 14% of respondents in Fezile Dabi (n=5) say there are always enough staff, 15% in Lejweleputswa (n=83), 24% in Mangaung (n=64), and 12% in Thabo Mofutsanyana (n=60). The facilities with the highest and lowest ranking for staffing according to public healthcare users are shown in the table.

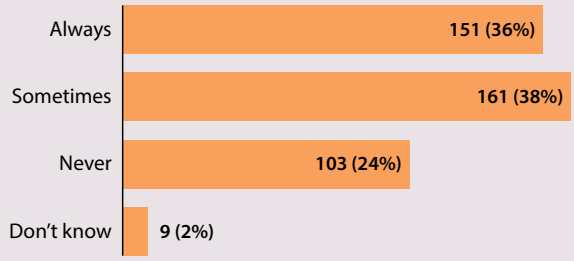
According to Facility Managers, the most commonly understaffed cadres were professional nurses, security guards, enrolled nurse assistants, assistant pharmacists, cleaners, and general assistants.

> **The most commonly understaffed cadres were professional nurses, security guards, enrolled nurse assistants, assistant pharmacists, cleaners, and general assistants**

Are there enough staff at the facility?
(July to August 2022)
Patients Surveyed: 1 348



Are there enough staff at the facility?
(April to May 2021)
Patients Surveyed: 424



Best performing facilities for "Are there enough staff at the facility?" (July to August 2022)

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
Lejweleputswa	Kgotsong (Bothaville) Clinic	26	14	11	1	0	1.5
Mangaung	MUCPP CHC	34	13	11	5	5	1.28
Mangaung	Freedom Square Clinic	47	16	25	6	0	1.21
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	45	13	23	8	1	1.11
Fezile Dabi	Lesedi Clinic	35	5	27	3	0	1.06
Lejweleputswa	OR Tambo Clinic	29	5	20	4	0	1.03
Thabo Mofutsanyana	Boiketlo Clinic	59	2	57	0	0	1.03
Lejweleputswa	Tshepong (Welkom) Clinic	50	7	36	7	0	1
Lejweleputswa	Thabong Clinic	46	8	27	8	3	1

Worst performing facilities for "Are there enough staff at the facility?" (July to August 2022)

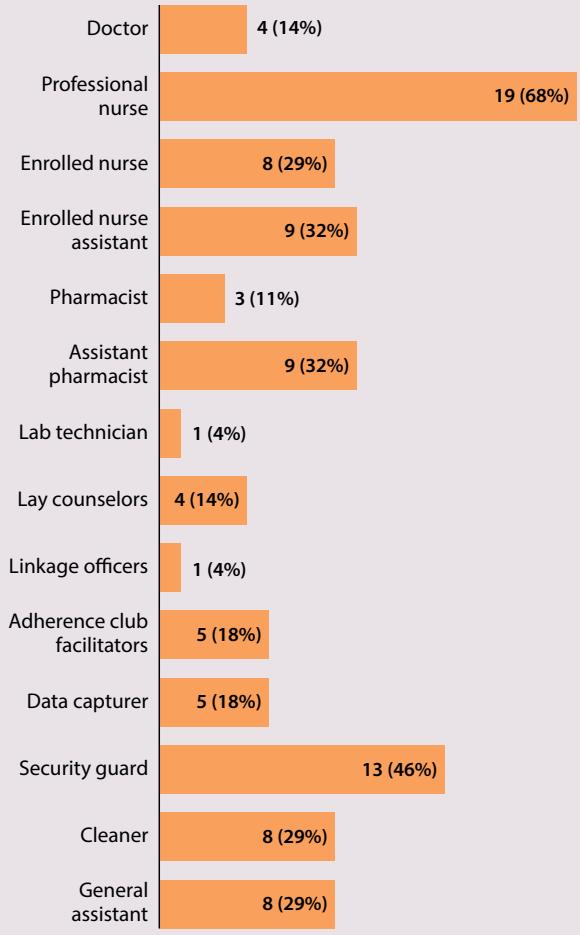
District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
Lejweleputswa	Phomolong (Hennenman) Clinic	31	0	3	26	2	0.1
Lejweleputswa	Hani Park Clinic	44	0	8	11	25	0.42
Thabo Mofutsanyana	Intabazwe Clinic	29	6	3	20	0	0.52
Mangaung	Gaongalelwe Clinic	50	7	17	26	0	0.62
Lejweleputswa	Poly Clinic	51	11	11	26	3	0.69
Thabo Mofutsanyana	Reitumetse Clinic	56	8	21	24	3	0.7
Lejweleputswa	Matjhabeng Clinic	43	0	27	10	6	0.73
Thabo Mofutsanyana	Harrismith Clinic	65	0	50	15	0	0.77
Lejweleputswa	Rheeders Park Clinic	55	10	23	21	1	0.8
Mangaung	Kagisanong Clinic	28	3	16	8	1	0.81
Lejweleputswa	Albert Luthuli Memorial Clinic	40	5	23	12	0	0.82
Lejweleputswa	Welkom Clinic	49	7	26	15	1	0.83
Lejweleputswa	Phahameng (Bultfontein) Clinic	48	11	17	19	1	0.83
Lejweleputswa	Hoopstad Clinic	51	5	32	13	1	0.84

BOIKETLO CLINIC

Which cadres are understaffed by facility (July to August 2022)

District	Facility	Doctor	Professional nurse	Enrolled nurse	Enrolled nurse assistant	Pharmacist	Assistant pharmacist	Lay counselors	Linkage officers	Adherence club facilitators	Data capturer	Security guard	Cleaner	General assistant
Fezile Dabi	Lesedi Clinic			Yes	Yes	Yes	Yes	Yes					Yes	
Lejweleputswa	Albert Luthuli Memorial Clinic	Yes	Yes	Yes	Yes	Yes	Yes					Yes		Yes
	Hani Park Clinic				Yes						Yes			
	Hoopstad Clinic	Yes	Yes				Yes						Yes	
	Kgotsong (Bothaville) Clinic		Yes	Yes	Yes		Yes	Yes			Yes	Yes		Yes
	Matjhabeng Clinic	Yes	Yes	Yes	Yes		Yes			Yes	Yes		Yes	
	OR Tambo Clinic			Yes	Yes							Yes	Yes	
	Phahameng (Bultfontein) Clinic		Yes											
	Phomolong (Hennenman) Clinic		Yes	Yes										
	Poly Clinic		Yes				Yes					Yes		
	Thabong Clinic		Yes	Yes	Yes		Yes	Yes		Yes		Yes	Yes	Yes
	Tshepong (Welkom) Clinic		Yes										Yes	Yes
	Welkom Clinic						Yes						Yes	
Mangaung	Bloemspruit Clinic		Yes		Yes					Yes	Yes	Yes		Yes
	Chris de Wert (Gabriel Dichabe) Clinic			Yes								Yes		
	Freedom Square Clinic		Yes					Yes						
	Gaongalelwe Clinic					Yes			Yes	Yes				Yes
	Kagisanong Clinic											Yes		
	MUCPP CHC		Yes											
Thabo Mofutsanyana	Bohlokong Clinic		Yes									Yes		
	Boiketlo Clinic											Yes		Yes
	Harrismith Clinic		Yes											
	Intabazwe Clinic		Yes		Yes					Yes				Yes
	Mphohadi Clinic		Yes								Yes	Yes		
	Namahali Clinic		Yes											
	Phuthaditjhaba Clinic		Yes											
	Reitumetse Clinic						Yes					Yes	Yes	
	Thusa Bophelo Clinic	Yes	Yes									Yes		

Which cadres are understaffed? (July to August 2022)
Facility Staff Surveyed: 28



Of sites with shortages reported:

Cadre	Reported in
Professional nurse shortages	+ 75% of Lejweleputswa sites (9 sites) + 50% of Mangaung sites (3 sites) + 78% of Thabo Mofutsanyana sites (7 sites)
Security guard shortages	+ 42% of Lejweleputswa sites (5 sites) + 50% of Mangaung sites (3 sites) + 56% of Thabo Mofutsanyana sites (5 sites)
Enrolled nurse assistants shortages	+ 1 Fezile Dabi site + 50% of Lejweleputswa sites (6 sites) + 1 Mangaung site
Assistant pharmacists shortages	+ 1 Fezile Dabi site + 58% of Lejweleputswa sites (7 sites) + 1 Thabo Mofutsanyana site
Cleaners shortages	+ 1 Fezile Dabi site + 50% of Lejweleputswa sites (6 sites) + 1 Thabo Mofutsanyana site
General assistant shortages	+ 33% of Lejweleputswa sites (4 sites) + 2 Mangaung sites + 2 Thabo Mofutsanyana sites

Following a large increase in the number of unfilled vacancies reported in April and May 2022, there has been a marginal decline in the number of open positions (still double the number reported in last year's report). Key positions still remain open creating gaps in capacity to deliver quality services. Currently 50 vacancies remain open across 10 facilities. The most common vacancies by cadre are professional nurses (17 vacancies across 7 facilities), security guards (9 vacancies across 4 facilities), pharmacist assistants (6 vacancies across 4 facilities) and cleaners (6 vacancies across 3 facilities).

58% of Facility Managers in Lejweleputswa and Thabo Mofutsanyana (11 sites) we spoke to specifically wanted additional HRH support from PEPFAR district support partners in PEPFAR supported districts — Right to Care and Wits RHI. However, PEPFAR's funding for critical HR posts has only reduced in recent years.

Overall, not much has changed since last year's report in terms of staffing and vacancies in the province, and from the perspective of public healthcare users, the situation has deteriorated. A gap still remains between the staffing needed to ensure high quality services and the staff present each day at site level.

How many vacancies of each healthcare cadre do you have?

Cadres with vacancies	April to May 2021	July to August 2021	October to November 2021	April to May 2022	July to August 2022
# Facilities monitored with vacancies	9	6	2	12	10
Doctor					
Professional Nurse	10	8	3	22	17
Enrolled Nurse	2	4		4	1
Enrolled Nurse Assistant				4	3
Pharmacist	3			4	3
Pharmacist Assistant	1		1	3	6
Lay Counsellor	2			3	1
Adherence Club Facilitator				1	
Data Capturer	1		1	2	4
Cleaner	4	2		6	6
Security Guard	3	2	2	10	9
Total	**26**	**16**	**7**	**59**	**50**

2. Waiting Times

LAST YEAR

89% of public healthcare users think waiting times are long

5:22am was the average earliest arrival time

66% of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open

0 non-24 hour facilities were open by 5am Monday to Friday

2 out of 22 non-24 hour facilities were open on Saturdays

8 out of 23 facilities had a filing system observed in bad condition

THIS YEAR

82% of public healthcare users think waiting times are long

5:31am was the average earliest arrival time

65% of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open

0 non-24 hour facilities were open by 5am Monday to Friday

2 out of 25 non-24 hour facilities were open on Saturdays

13 out of 26 facilities had a filing system observed in bad condition

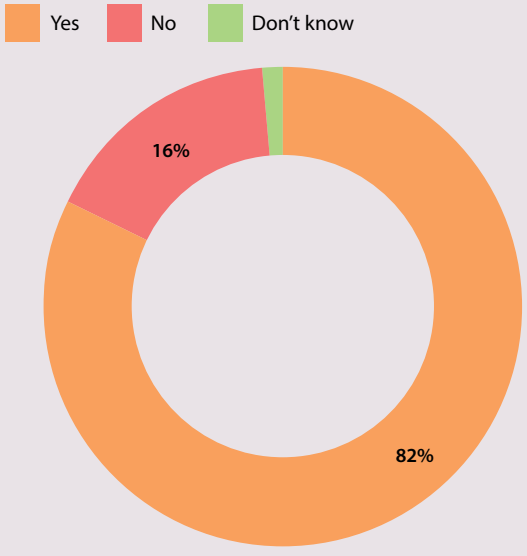
Recommendations:

+ **From October 2022, ensure the updated 2020 Adherence Guidelines are implemented that state that files are not required for repeat prescription collection strategies (RPCs): Facility pick-up. PLHIV should go directly to pick-up point in the facility to collect their ART refill.**
+ **By October 2022, ensure a functional filing system in Albert Luthuli Memorial Clinic, Gaongalelwe Clinic, Intabazwe Clinic, Kgotsong (Bothaville) Clinic, OR Tambo Clinic, Phahameng (Bultfontein) Clinic, Phomolong (Hennenman) Clinic, Rheeders Park Clinic, Tshepong (Welkom) Clinic, Welkom Clinic, Bloemspruit Clinic, Phuthaditjhaba Clinic, Thusa Bophelo Clinic.**
+ **By January 2023, open the grounds of clinics by 5am to ensure safety of public healthcare users waiting to access services in the early mornings.**
+ **By March 2023, extend facility opening hours (as per the NDoH circular from 5am to 7pm on Monday to Friday). People living with HIV should be able to use these extended opening times to pick up their medication.**
+ **By March 2023, appointment systems should be put in place, including appointment times, to ensure efficient service delivery and to reduce waiting times. Appointment times should be spaced across the day and make use of afternoons before the facility closes.**
+ **By March 2023, the Free State Department of Health, Right to Care, and Wits RHI should work together to reduce the burden on facilities by getting at least 60% people living with HIV out of the clinic and into external pick-up points or adherence clubs.**

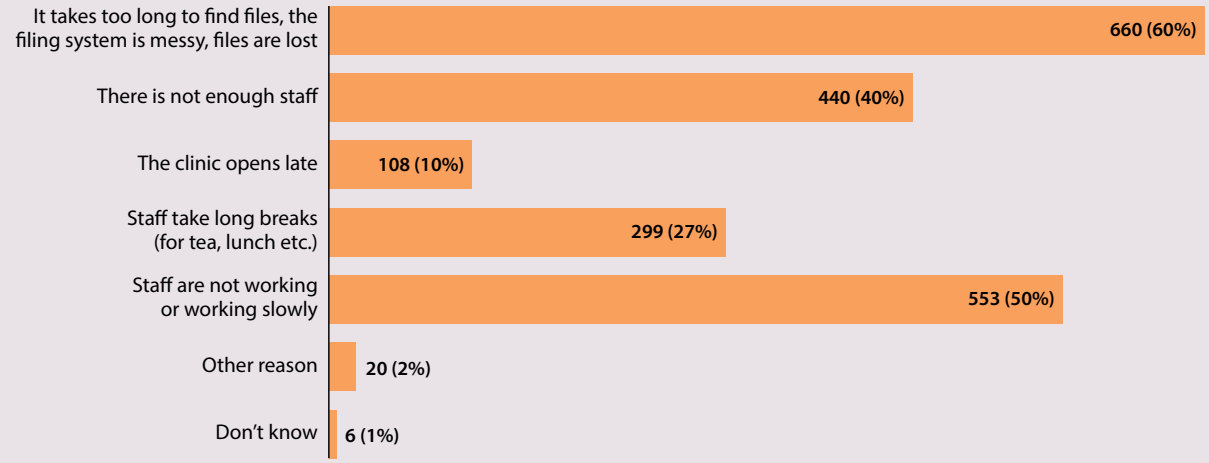
82% of public healthcare users interviewed in the province think the waiting times at the facility are long. This has dramatically worsened since data collected between October and December 2021, where only 57% of public healthcare users thought the waiting times were long. This varied slightly across districts: 71% of respondents in Fezile Dabi think the waiting times are long, 80% in Lejweleputswa, 95% in Mangaung, and 79% in Thabo Mofutsanyana.

The most frequent reason provided by public healthcare users for the long waiting times is that "it takes too long to find files, the filing system is messy, files are lost" (60%), "staff are not working or working slowly" (50%), and "there is not enough staff" (40%). Of 1,292 public healthcare users, 88% think that extended hours would improve access to services.

Do you consider the waiting time at this facility to be long? (July to August 2022)
Patients Surveyed: 1 343



Why do you think the waiting time at this facility is long? (July to August 2022)
Patients Surveyed: 1,100

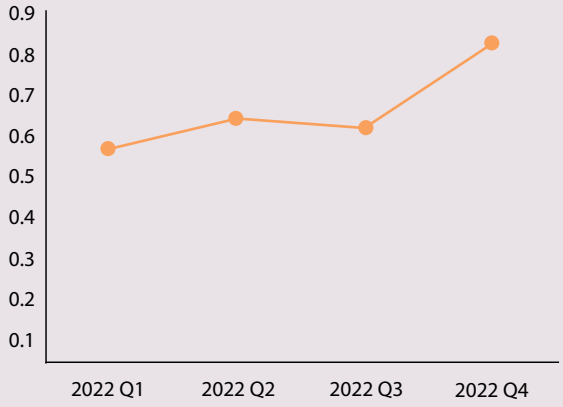


Public healthcare users begin queuing early in the morning in an attempt to get seen more quickly — often so they can make it to work or to take care of their children. All facilities monitored open between 7am and 8am, yet at some clinics monitored, public healthcare users start arriving before 5am in hopes of being seen early. A circular was issued in May 2019 by the National Department of Health calling on facilities to open by 5am on weekdays and 8am on Saturdays. All the facilities monitored in the Free State are non 24 hours, yet unfortunately none of them are reported as opening by 5am on weekdays, and just 2 are even open on Saturdays.

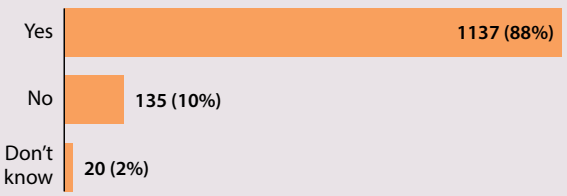
Commonly when this issue is raised at facility level, Facility Managers tell us that they are unable to extend opening hours due to insufficient staffing to cover this time. Many facilities are not even aware of the circular. In order to implement this directive we need to address the human resource shortages in the province.

Do you consider the waiting time at this facility to be long? (Lower scores are better)

Do you consider the waiting time at this facility to be long?



Would more working hours help patients to access services?
Patients Surveyed: 1 292



> **The most frequent reason provided by public healthcare users for the long waiting times is that "it takes too long to find files, the filing system is messy, files are lost" (60%), "staff are not working or working slowly" (50%), and "there is not enough staff" (40%)**

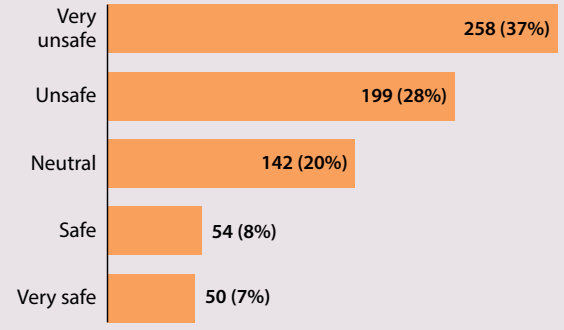
PHAHAMENG (BULTFONTEIN) CLINIC

Facilities with the earliest patient arrival times (July to August 2022)

District	Facility	Surveys Completed	Average earliest arrival time
Lejweleputswa	Hani Park Clinic	44	04:31
Lejweleputswa	Matjhabeng Clinic	43	04:43
Lejweleputswa	Phomolong (Hennenman) Clinic	31	04:53
Lejweleputswa	OR Tambo Clinic	29	04:54
Thabo Mofutsanyana	Mphohadi Clinic	60	05:03
Thabo Mofutsanyana	Thusa Bophelo Clinic	60	05:03
Lejweleputswa	Thabong Clinic	46	05:05
Thabo Mofutsanyana	Reitumetse Clinic	56	05:09
Thabo Mofutsanyana	Bohlokong Clinic	60	05:11
Lejweleputswa	Poly Clinic	51	05:12
Lejweleputswa	Tshepong (Welkom) Clinic	48	05:22
Mangaung	Freedom Square Clinic	47	05:22
Mangaung	MUCPP CHC	33	05:29
Lejweleputswa	Albert Luthuli Memorial Clinic	38	05:29
Lejweleputswa	Kgotsong (Bothaville) Clinic	26	05:30

Of 703 people who arrived before the facility opened, 65% reported feeling "very unsafe" or "unsafe" while waiting for the facility to be open. Free State scored worst out of all provinces in this indicator, with people feeling most unsafe waiting for facilities to open. Key measures such as opening the grounds early, and spacing out appointment times throughout the day, should be put in place to ensure that people are not put in danger or unsafe conditions while waiting for healthcare.

How safe is the facility to wait before it opens? (July to August 2022)
Patients Surveyed: 703



Ritshidze observations reported filing systems to be in a good condition in 50% of sites (13 sites). This has worsened since last year when 65% of filing systems (15 sites) were observed in a good condition, and 35% (8 sites) in a bad condition. While 4 facilities improved in the year, 7 facilities got worse. Messy and disorganised filing systems increase the delays to healthcare users being attended to and increase the burden on already overstretched healthcare workers. Efforts should be made to turnaround those facilities that previously had organised filing systems — and lessons should be learnt by facilities performing well in order to establish and maintain organised filing systems.

What is the condition of the filing system? 2021 Q3 vs 2022 Q4

District	Facility	2021 Q3	2022 Q4	Change 2021 to 2022
Fezile Dabi	Lesedi Clinic	Not monitored	Good condition	Not monitored in 2021
Lejweleputswa	Albert Luthuli Memorial Clinic	Good condition	Bad condition	Worsened
	Hani Park Clinic	Good condition	Good condition	
	Hoopstad Clinic	Good condition	Good condition	
	Kgotsong (Bothaville) Clinic	Good condition	Bad condition	Worsened
	Matjhabeng Clinic	Good condition	Good condition	
	OR Tambo Clinic	Good condition	Bad condition	Worsened
	Phahameng (Bultfontein) Clinic	Good condition	Bad condition	Worsened
	Phomolong (Hennenman) Clinic	Good condition	Bad condition	Worsened
	Rheeders Park Clinic	Bad condition	Bad condition	
	Thabong Clinic	Bad condition	Good condition	
	Tshepong (Welkom) Clinic	Good condition	Bad condition	Worsened
	Welkom Clinic	Good condition	Bad condition	Worsened
Mangaung	Bloemspruit Clinic	Bad condition	Good condition	Improved
	Chris de Wert (Gabriel Dichabe) Clinic		Good condition	
	Gaongalelwe Clinic	Not monitored	Bad condition	Not monitored in 2021
	Kagisanong Clinic	Good condition	Good condition	
Thabo Mofutsanyana	Bohlokong Clinic	Bad condition	Good condition	Improved
	Boiketlo Clinic	Bad condition	Good condition	Improved
	Harrismith Clinic	Good condition	Good condition	
	Intabazwe Clinic	Not monitored	Bad condition	Not monitored in 2021
	Mphohadi Clinic	Good condition	Good condition	
	Namahali Clinic	Good condition	Good condition	
	Phuthaditjhaba Clinic	Bad condition	Bad condition	
	Reitumetse Clinic	Bad condition	Good condition	Improved
	Thusa Bophelo Clinic	Bad condition	Bad condition	

What is observed in bad condition in filing systems (July to August 2022)

District	Facility	The filing system is messy	The space where files are stored is too small	Files are stored where patients can access them	Files are lost, missing or misplaced	There are too few people looking for files
Lejweleputswa	Albert Luthuli Memorial Clinic				Yes	
	Kgotsong (Bothaville) Clinic	Yes	Yes			
	OR Tambo Clinic	Yes				
	Phahameng (Bultfontein) Clinic	Yes	Yes		Yes	Yes
	Phomolong (Hennenman) Clinic	Yes	Yes			Yes
	Rheeders Park Clinic		Yes		Yes	
	Tshepong (Welkom) Clinic		Yes	Yes	Yes	
	Welkom Clinic	Yes				
Mangaung	Bloemspruit Clinic			Yes	Yes	
	Gaongalelwe Clinic	Yes	Yes		Yes	Yes
Thabo Mofutsanyana	Intabazwe Clinic	Yes	Yes	Yes		Yes
	Phuthaditjhaba Clinic	Yes	Yes		Yes	
	Thusa Bophelo Clinic		Yes			

BOIKETLO CLINIC

HARRISMITH CLINIC

REITUMETSE CLINIC

This year 80% of public healthcare users we spoke to were aware of an appointment system at the facility, up from 73% last year. Although just 68% of those people thought they were functional where they were in place. Functional appointment systems, if used effectively, have the potential to reduce waiting times in facilities.

Facilities with less than 90% of public healthcare users aware of an appointment system (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Lejweleputswa	Rheeders Park Clinic	55	15	32	8	32%
Lejweleputswa	Welkom Clinic	50	19	29	2	40%
Lejweleputswa	Poly Clinic	51	30	21	0	59%
Lejweleputswa	Tshepong (Welkom) Clinic	50	30	19	1	61%
Thabo Mofutsanyana	Bohlokong Clinic	60	39	16	5	71%
Lejweleputswa	Albert Luthuli Memorial Clinic	37	26	7	4	72%
Thabo Mofutsanyana	Reitumetse Clinic	55	34	11	10	74%
Thabo Mofutsanyana	Mphohadi Clinic	60	39	12	9	76%
Lejweleputswa	Matjhabeng Clinic	43	30	9	4	77%
Thabo Mofutsanyana	Thusa Bophelo Clinic	60	43	12	5	78%
Mangaung	Gaongalelwe Clinic	50	41	8	1	84%
Lejweleputswa	Phomolong (Hennenman) Clinic	31	22	4	5	85%

3. Infrastructure and clinic conditions

LAST YEAR

18% of facilities in bad condition

95% of facilities needed some additional space

45% of facilities did not have enough room in the waiting area

59% of facility toilets in bad condition

27% of public healthcare users reported that facilities are "dirty" or "very dirty"

11 facilities reported being understaffed on cleaners

THIS YEAR

54% of facilities in bad ondition

90% of facilities needed some additional space

42% of facilities did not have enough room in the waiting area

70% of facility toilets in bad condition

25% of public healthcare users reported that facilities are "dirty" or "very dirty"

8 facilities reported being understaffed on cleaners

Recommendations:

+ **From October 2022, all public healthcare users should be consulted in private rooms. Privacy violations such as being consulted, tested, or counselled in the same room as someone else can lead to people living with HIV disengaging from care.**
+ **By March 2023, the Free State Department of Health should fill all remaining cleaner vacancies and employ additional cleaners at the 8 sites reporting shortages to ensure clean facilities and toilets.**
+ **By September 2023, where there are small waiting areas that lead to overcrowding (putting patients and staff at risk of TB and COVID-19 infection at the clinic) the Free State Department of Health must implement interim strategies to address these infrastructural issues while waiting for existing projects to be completed, including building temporary structures, as well as decanting more PLHIV out of the facility to external pick-up points or community based adherence clubs, and implementing 3 and 6 month supply of ARVs.**

According to observations by Ritshidze, only 42% of facilities monitored in the Free State are in good condition, a dramatic decline from 68% last year. Overall, the Free State is performing worst on this indicator compared to other provinces monitored. At a district level, sites monitored in both Lejweleputswa and Thabo Mofutsanyana have worsened from last year's report resulting in this decline, as outlined in the table.

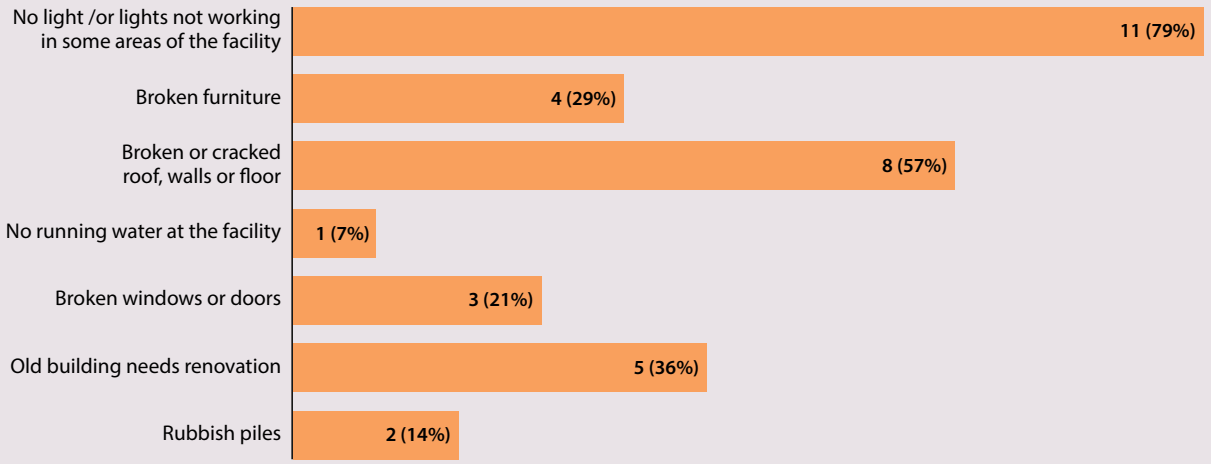
The most commonly provided reasons for what is in bad condition are "no light/or lights not working in some areas of the facility" (79% of sites), "broken or cracked roof, walls or floor" (57% of sites), "old buildings needing renovation" (36% of sites), and "broken furniture" (29% of sites).

Reporting period	What condition is the facility in?	Fezile Dabi	Lejweleputswa	Mangaung	Thabo Mofutsanyana	Free State
July to August 2022	Good condition	1 site	42% (n=5)	100% (n=4)	11% (n=1)	42% (n=11)
	Bad condition	0 sites	50% (n=6)	0% (n=0)	89% (n=8)	54% (n=14)
April to May 2021	Good condition	Not monitored	83% (n=10)	100% (n=2)	38% (n=3)	68% (n=15)
	Bad condition		8% (n=1)	0% (n=0)	38% (n=3)	18% (n=4)

According to observations by Ritshidze, only 42% of facilities monitored in the Free State are in good condition, a dramatic decline from 68% last year.

Overall, the Free State is performing worst on this indicator compared to other provinces monitored.

Concerns with the condition of building (July to August 2022)
Observations Completed: 14

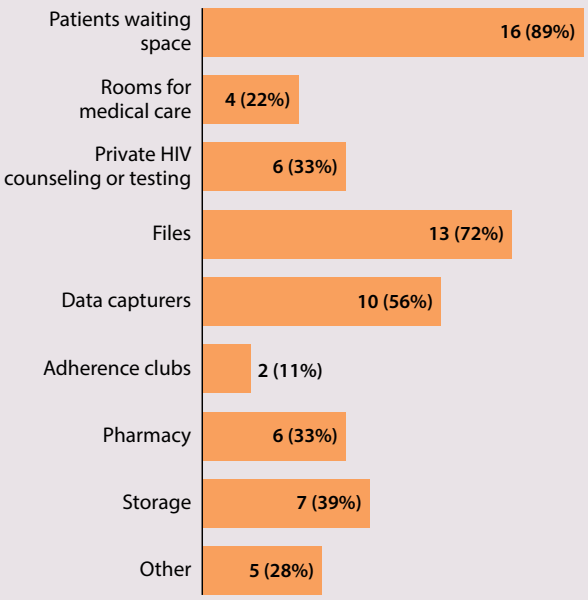


Facilities observed to be in a bad condition (July to August 2022)

District	Facility	What is the condition of the building?
Lejweleputswa	Hoopstad Clinic	Bad condition
	Phahameng (Bultfontein) Clinic	Bad condition
	Phomolong (Hennenman) Clinic	Bad condition
	Rheeders Park Clinic	Bad condition
	Tshepong (Welkom) Clinic	Bad condition
	Welkom Clinic	Bad condition
Thabo Mofutsanyana	Bohlokong Clinic	Bad condition
	Harrismith Clinic	Bad condition
	Intabazwe Clinic	Bad condition
	Mphohadi Clinic	Bad condition
	Namahali Clinic	Bad condition
	Phuthaditjhaba Clinic	Bad condition
	Reitumetse Clinic	Bad condition
	Thusa Bophelo Clinic	Bad condition

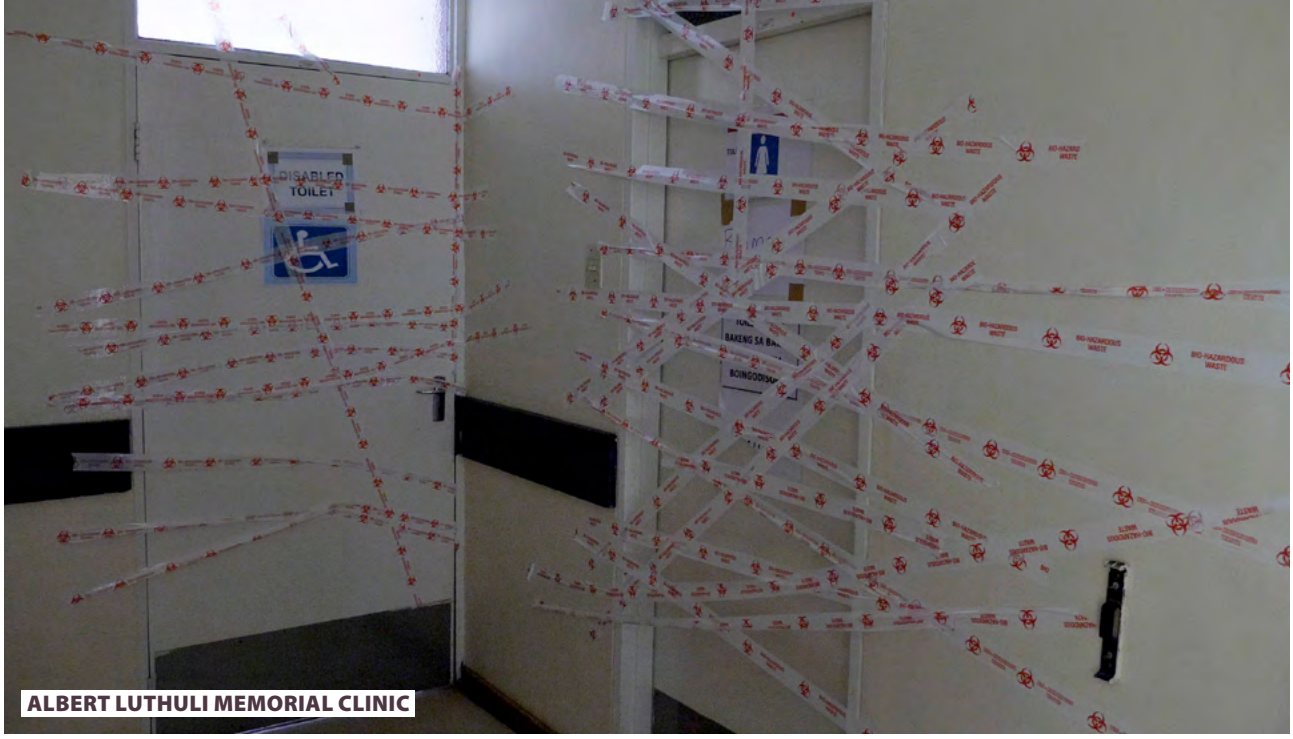
90% of the Facility Managers we spoke to reported needing more space to meet the needs of public healthcare users (in April to May 2022), down from 95% in the same reporting period last year, with similar results in each district: 95% in Lejweleputswa and 88% in Thabo Mofutsanyana. Space for patient waiting areas, files, space for data capturers, and storage were the most common things Facility Managers needed extra space for.

What do you need more space for? (April to May 2022)
Facility Staff Surveyed: 18



Facility Manager responses on "what do you need more space for" by district (April to May 2022)

District	Number of Facilities Assessed	Patients waiting space	Rooms for medical care	Private HIV counseling or testing	Files	Data capturers	Adherence clubs	Pharmacy	Storage	Other
Lejweleputswa	11	10	2	3	8	7	2	3	5	3
Thabo Mofutsanyana	7	6	2	3	5	3	0	3	2	2

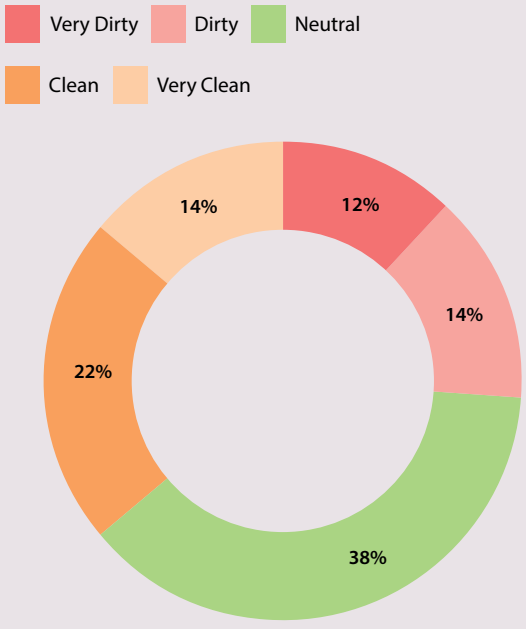


ALBERT LUTHULI MEMORIAL CLINIC

Inadequate space impacts patients in multiple ways. Lack of space for private HIV counselling and testing can mean people living with HIV are consulted, tested, or counselled in the same room as someone else. This lack of privacy and confidentiality can lead to individuals not wanting to get tested, or for people living with HIV to interrupt treatment or disengage from care. Small waiting areas can also lead to overcrowding. The lack of appropriate waiting space, as observed by Ritshidze at 11 sites, has a profound effect on the TB and COVID-19 infection control at the site level.

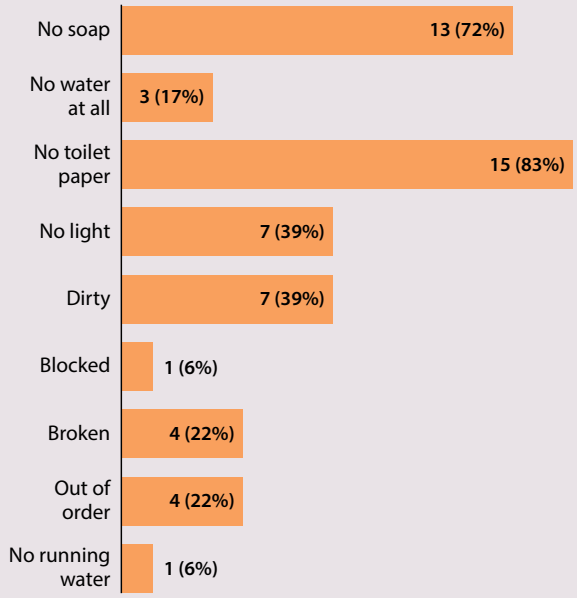
On overall clinic cleanliness, according to public healthcare users, sites monitored in the Free State are some of the dirtiest when compared to other provinces: only 36% of public healthcare users reported that clinics were "very clean" or "clean" — and 26% of public healthcare users reported that facilities were "very dirty" or "dirty."

How clean is the facility (July to August 2022)
Patients Surveyed: 1 342



Furthermore, toilets are often found in a bad condition. 69% of Ritshidze observations still found that toilets were in bad condition, with wide variation among districts: 67% of toilets in bad condition in Lejweleputswa (8 sites), 2 sites in Mangaung, and 89% Thabo Mofutsanyana (8 sites). No toilet paper, no soap, dirty toilets, and no light were the most common concerns.

Concerns with the condition of the toilets (July to August 2022)
Observations Completed: 18



The number of facilities reporting cleaners shortages has also improved. Last year 11 facilities reported shortages compared to 8 facilities this year. In relation to vacancies, 3 Facility Managers reported a total of 6 cleaner vacancies that need to be filled, 4 of which are in Phomolong (Hennenman) Clinic. The overall number of open positions for cleaners is an improvement from the same reporting period last year, when 6 cleaner vacancies were reported.

4. ART Collection

4a. Multi-month dispensing

LAST YEAR

26% of PLHIV received one month or less supply of ARVs

67% of PLHIV received two months supply of ARVs

7% of PLHIV received three or six months supply of ARVs

THIS YEAR

24% of PLHIV received one month or less supply of ARVs

61% of PLHIV received two months supply of ARVs

13% of PLHIV received three or six months supply of ARVs

Recommendations:

+ **Unnecessary trips to the clinic just to collect an ARV refill adds both a burden on PLHIV and to the already overwhelmed clinic and healthcare worker staff. This inefficiency can also contribute to PLHIV disengaging from care directly impacting the province's attainment of 95% of PLHIV on treatment. Extending treatment refills, also known as providing "multi-month dispensing" or MMD, is one strategy to reduce unnecessary burdens and support both PLHIV and the health system to be more efficient.**
+ **From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that no clinically stable PLHIV ever receives less than 2 months supply of ARVs, as per national policy standards. Ritshidze reports of limited supply should be assessed and resolved rapidly.**
+ **By March 2023, the Free State Department of Health, Right to Care, and Wits RHI should extend and implement ARV refills to at least 3 month supply for all eligible PLHIV.**
+ **By end September 2023, the Free State Department of Health, Right to Care, and Wits RHI should extend and implement ARV refills to 6 month supply for all eligible PLHIV.**

The revised National Adherence Guidelines Standard Operating Procedures (SOPs) note that time constraints represent a challenge to many people living with HIV and that efforts should be made to support people living with HIV with suppressed viral loads to receive extended refills and/or enrollment in a repeat prescription strategy. Implementing this SOP is vital to supporting improved long-term adherence and retention.

Ritshidze data reveal that while there has been an improvement since last year, overall the Free State is performing poorly in terms of extending ARV refills to 3 month supply, with just 13% of PLHIV interviewed reporting 3 month ART refills. This compares to 52% in Mpumalanga, 42% in KwaZulu-Natal, 41% in Gauteng, 35% in Eastern Cape and Limpopo, and 32% in the North West.

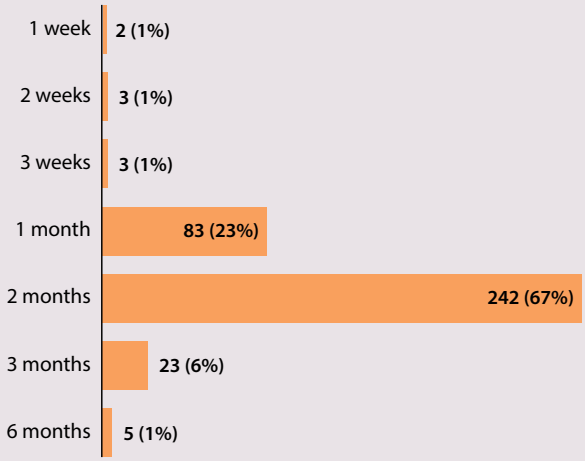
This is also very low in comparison to other PEPFAR supported countries who are implementing multi-month dispensing much more rapidly. For example, while 86% of Ritshidze respondents in the Free State still received refills of less than 3 months, only 20% of PLHIV in other PEPFAR supported countries had refills of less than three months. Between October and December 2021 in 21 PEPFAR supported countries, 44% of people living with HIV received 3-5 month ART refill and 36% received 6 months supply. South Africa is far behind most countries in terms of maximum duration of ART (both as a national policy, and a COVID-19 adaptation).

There were also a number of reports of less than 2 months supply. We recognise that the 22% of PLHIV interviewed who received 1 month supply may have been newly initiated, however at some sites there were as many as 21 reports (Chris de Wert (Gabriel Dichabe) Clinic, Hani Park Clinic), 16 reports (Freedom Square Clinic), or 15 reports (Kgotsong (Bothaville) Clinic) which warrants a deeper look to determine if this is due to new initiates, or supply issues. There were 20 reports of 2 or 3 weeks supply that also require investigation considering that South Africa's national policy standard is for two months. ARV refill length has improved since last year.

Data across time periods: Length of HIV medicine refill

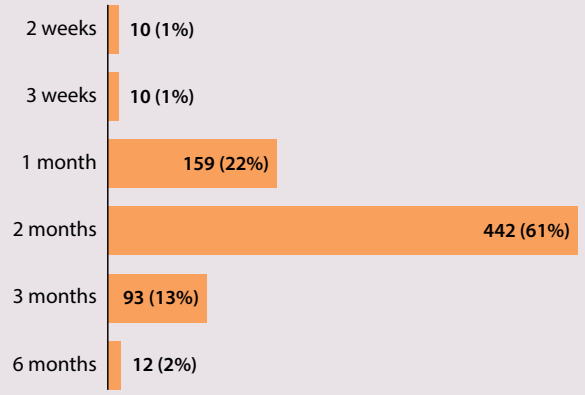
2021 Q3

April to May 2021
PLHIV Surveyed: 361



2022 Q4

July to August 2022
PLHIV Surveyed: 726



Highest reports of PLHIV receiving 3 and 6 month supply of ARVs (July to August 2022)

District	Facility	Surveys completed	1 month or less	2 months	3 months	6 months
Lejweleputswa	Thabong Clinic	25	3	5	17	0
	OR Tambo Clinic	24	2	8	13	1
	Matjhabeng Clinic	25	11	3	10	1
Mangaung	Bloemspruit Clinic	32	11	14	6	1
Thabo Mofutsanyana	Intabazwe Clinic	23	4	8	11	0
	Bohlokong Clinic	25	2	16	6	1
	Mphohadi Clinic	25	6	11	5	3

Highest reports of PLHIV receiving 2 week, 3 week, and 1 month supply of ARVs (July to August 2022)

District	Facility	Surveys completed	2 weeks	3 weeks	1 month	2 months	3-6 months
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	28	0	0	21	6	1
Lejweleputswa	Hani Park Clinic	26	0	0	21	3	2
Mangaung	Freedom Square Clinic	27	0	0	16	10	1
Lejweleputswa	Kgotsong (Bothaville) Clinic	22	0	5	15	0	2
Lejweleputswa	Matjhabeng Clinic	25	0	0	11	3	11
Mangaung	MUCPP CHC	18	0	0	9	8	1
Lejweleputswa	Welkom Clinic	29	0	0	9	20	0
Mangaung	Kagisanong Clinic	20	0	0	8	10	2
Thabo Mofutsanyana	Thusa Bophelo Clinic	24	4	1	2	12	5
Thabo Mofutsanyana	Mphohadi Clinic	25	3	1	2	11	8
Thabo Mofutsanyana	Intabazwe Clinic	23	1	1	2	8	11
Lejweleputswa	Phahameng (Bultfontein) Clinic	25	0	1	2	22	0
Thabo Mofutsanyana	Bohlokong Clinic	25	2	0	0	16	7
Fezile Dabi	Lesedi Clinic	27	0	1	0	26	0

THUSA BOPHELO CLINIC

4b. Repeat prescription collection strategies (RPCs)

LAST YEAR

98.5% of PLHIV think facility pick-up points make ARV collection quicker

100% of PLHIV think external pick-up points make ARV collection quicker

66% of PLHIV would like to collect ARVs closer to their home

THIS YEAR

92% of PLHIV think facility pick-up points make ARV collection quicker

94% of PLHIV think external pick-up points make ARV collection quicker

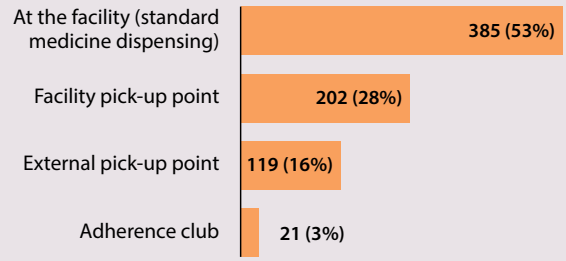
66% of PLHIV would like to collect ARVs closer to their home

Recommendations:

+ Long waiting times and frequent trips to the clinic place an unnecessary burden on PLHIV, health facilities and healthcare workers. This directly impacts the province's ability to reach 95% of PLHIV on treatment and 95% of PLHIV virally suppressed.
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure every stable PLHIV is offered RPCs options.
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure PLHIV enrolled in RPCs are active (not overdue for RPCs rescript) on the programme. PEPFAR SA to monitor and report on PLHIV enrolled in RPCs that are more than 28 days late for rescript by facility.
+ From September 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that reassessment takes place at each clinical consultation to understand if PLHIV are satisfied with their RPC. PLHIV who are not satisfied should be offered a different option that better meets their needs.
+ The Free State Department of Health, Right to Care, and Wits RHI should start and/or re-establish adherence clubs in the province in order to provide PLHIV with options for quicker ART collection together with peer support and treatment literacy.
+ In COP22, the Free State Department of Health, Right to Care, and Wits RHI should scale implementation of repeat prescription strategies to reach 90% of stable PLHIV and ensure 60% are accessing treatment from community RPCs models (external pick-up point (PuP)/ community-based adherence clubs) and 20% from group-based RPCs (Facility/Community-based Adherence Clubs) — ***note PLHIV should be able to choose the modality that suits individual needs.***
+ By March 2023, Right to Care, Wits RHI, and the Free State Department of Health should establish at least two external pick-up points at each site in order to provide greater access to refills closer to home and at more convenient locations to PLHIV.

Repeat prescription collection strategies (RPCs) can simplify and adapt HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system. Most of the PLHIV interviewed collected at facility's standard medicine dispensing (53%), with 28% collecting at facility pick-up points, 16% using an external pick-up point, and 3% using an adherence club.

Where do you collect ARVs? (July to August 2022)
PLHIV Surveyed: 727



From interviews in April to May 2022, 85% of facilities reported having facility pick-up points (PuPs) and 90% have external PuPs available to decant stable PLHIV to. In order to be effective, RPCs should make ARV collection quicker, easier and more satisfactory for PLHIV. Out of 201 PLHIV interviewed using facility PuPs, 92% thought they made ARV collection quicker. Out of 119 PLHIV interviewed using external PuPs, 94% thought they made ARV collection quicker.

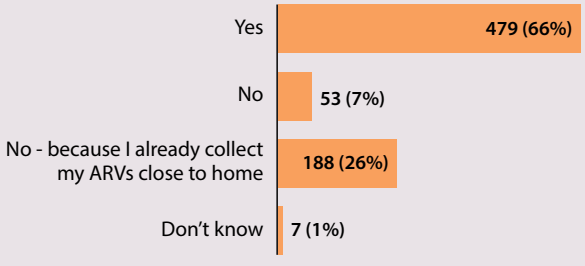
While the majority of PLHIV were either "satisfied" or "very satisfied" with both facility and external PuPs, a substantial number of respondents (31%) were "neutral", "unsatisfied" or "very unsatisfied" with facility pick-up points.

It is important to ensure that as many clinically stable PLHIV as possible are voluntarily enrolled in RPC that suits their needs. Once enrolled in RPCs, every effort should be made to keep PLHIV active in their chosen RPCs with facility required rescripting for RPCs continuation taking place when due. Reassessment should take place at each clinical consultation to understand if PLHIV are satisfied with their RPC. PLHIV who are not satisfied should be offered a different option that better meets their needs.

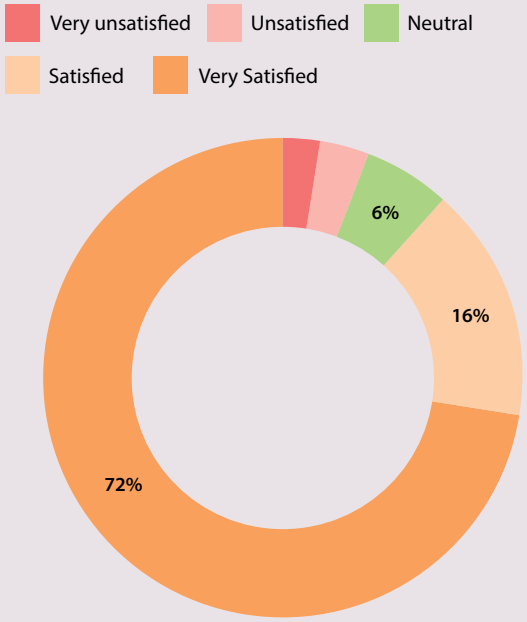
Adherence clubs in the Free State declined dramatically since 2019 when Global Fund resources for clubs were redirected. This shift was compounded by COVID-19 where additional clubs were suspended, or reduced to a pick-up point as is the case in Lejweleputswa, Thabo Mofutsanyana and Mangaung. The Free State Department of Health must work together with PEPFAR district support partners to ensure that clubs are revived at all sites as they play an important role in providing adequate treatment literacy information to ensure PLHIV stay on treatment.

Most PLHIV who were surveyed (66%) said that they would like to collect ARVs closer to their home if it were possible. This points towards the fact that facilities should be working towards enrolling many more PLHIV out of the facility standard dispensing or facility PuPs, and into external PuPs or community adherence clubs closer to home.

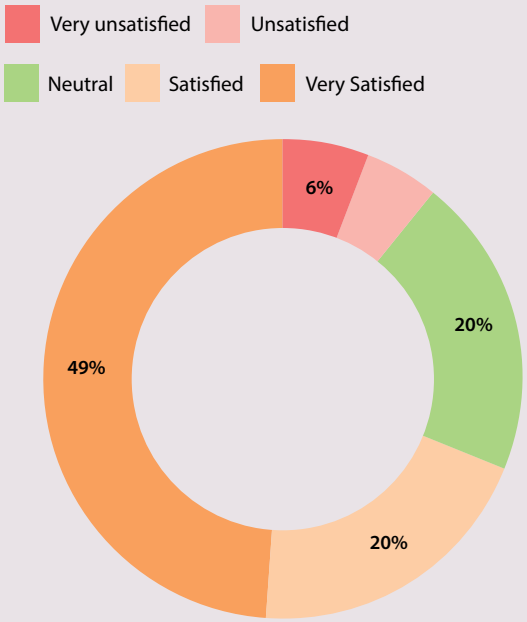
Would PLHIV like to collect ARVs closer to home? (July to August 2022)
PLHIV Surveyed: 727



On a scale of 1 to 5, how satisfied are you with the external pick-up point you use? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED. (July to August 2022)
PLHIV Surveyed: 119



On a scale of 1 to 5, how satisfied are you with the facility pick-up point you use? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED (July to August 2022)
PLHIV Surveyed: 202



5. ART Continuity

LAST YEAR

44% of public healthcare users thought that the staff were always friendly and professional

23% PLHIV at 12 facilities say they are welcomed back if they miss an appointment

28% of PLHIV at 16 facilities say they are sent to the back of the queue if they miss an appointment.

23% PLHIV at 15 facilities say they are shouted at if they miss an appointment

THIS YEAR

41% of public healthcare users thought that the staff were always friendly and professional

31% of PLHIV at 25 facilities say they are welcomed back if they miss an appointment

56% of PLHIV at 25 facilities say they are sent to the back of the queue if they miss an appointment.

20% of PLHIV at 19 facilities say they are shouted at if they miss an appointment

181 people at 23 facilities had been refused access to services for not having a transfer letter

Recommendations:

+ **PLHIV lead complicated lives and may miss appointments and even miss taking some pills. When they do, meeting them with support when they return to the clinic helps ensure long term adherence. But PLHIV who return to the clinic and are treated badly, or who fear they will be, will often not come back. Often staff do not treat people properly due to stress, exhaustion, and burn out as a result of the malfunction in the health system including, lack of time, tools, equipment or medicines. This directly impacts our ability to reach the 2nd and 3rd 95 targets.**
+ **The Free State Department of Health, Right to Care, and Wits RHI should implement with fidelity the 2020 Standard Operating Procedures on National Adherence Guidelines.**
+ **All staff should be trained and held accountable to provide a friendly and welcoming environment for all public healthcare users, including KPs and PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption. Overall accountability should be with the Facility Manager if no improvements are made.**
+ **Healthcare workers must acknowledge it is normal to miss appointments and/or have treatment interruptions, and support and empower PLHIV to improve retention after re-engagement as per the 2020 Standard Operating Procedures**
+ **Any reports of poor staff attitude should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the Free State Department of Health should respond within 3 months with actions that have been taken.**
+ **No PLHIV should be sent to the back of the queue if they miss an appointment. This is not a National Department of Health policy. The Free State Department of Health should send communication to all sites withdrawing this measure and highlighting the Welcome Back Campaign strategy that says people returning to care should be triaged.**
+ **The Free State Department of Health should issue communication that highlights that PLHIV who return from a treatment interruption but have not missed a dose be screened for immediate access to a repeat prescription collection strategy.**
+ **Any reports where immediate treatment continuation or restart is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate. For facilities Ritshidze reports on, the Free State Department of Health should respond within 3 months with actions that have been taken.**

People living with HIV live dynamic lives, may miss appointments, and may even miss taking some pills. When they do, the public health system should meet them with support when they return to the clinic. But often, when people living with HIV return to the clinic they are treated badly. This poor treatment and unwelcoming environment is a significant reason for people living with HIV and key populations to disengage from care. A study from Zambia showed that patients were willing to wait 19 hours more or travel 45 km further to see nice rather than rude providers.[2]

Staff attitude remains a major barrier. Across facilities, out of 1,346 respondents, only 41% of people thought that the staff were always friendly and professional. This has slightly worsened since last year — where 44% of people thought staff were always friendly and professional. Free State is performing worst across all provinces on this indicator. There is still a long way to go to ensure all public healthcare users, including PLHIV and key populations, are treated with dignity, respect, and compassion at all times.

Public healthcare user reports of friendly and professional staff across time (higher scores are better).

2. Understanding preferences for HIV care and treatment in Zambia: Evidence from a discrete choice experiment among patients who have been lost to follow-up. August 2018. PLoS Med. Available at: https://pubmed.ncbi.nlm.nih.gov/30102693/

Best performing facilities on staff attitudes (July to August 2022)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
Fezile Dabi	Lesedi Clinic	35	35	0	0	2.00
Thabo Mofutsanyana	Intabazwe Clinic	29	24	4	1	1.79
Lejweleputswa	Kgotsong (Bothaville) Clinic	26	19	5	2	1.65
Lejweleputswa	Phahameng (Bultfontein) Clinic	48	26	19	3	1.48
Thabo Mofutsanyana	Thusa Bophelo Clinic	60	34	21	5	1.48
Thabo Mofutsanyana	Bohlokong Clinic	60	33	22	5	1.47
Thabo Mofutsanyana	Mphohadi Clinic	60	34	20	6	1.47

Worst performing facilities on staff attitudes (July to August 2022)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
Lejweleputswa	Phomolong (Hennenman) Clinic	31	5	12	14	0.71
Lejweleputswa	Matjhabeng Clinic	43	6	19	14	0.79
Mangaung	Bloemspruit Clinic	59	13	24	22	0.85
Mangaung	Kagisanong Clinic	28	7	10	11	0.86
Lejweleputswa	Hani Park Clinic	42	4	24	7	0.91
Lejweleputswa	Thabong Clinic	46	11	21	14	0.93
Thabo Mofutsanyana	Phuthaditjhaba Clinic	51	6	42	3	1.06
Lejweleputswa	Welkom Clinic	50	17	23	10	1.14
Thabo Mofutsanyana	Boiketlo Clinic	59	10	49	0	1.17
Lejweleputswa	Poly Clinic	51	25	10	16	1.18
Lejweleputswa	Rheeders Park Clinic	54	18	28	8	1.19
Mangaung	Freedom Square Clinic	47	17	22	8	1.19
Mangaung	Gaongalelwe Clinic	50	23	14	13	1.20
Thabo Mofutsanyana	Harrismith Clinic	65	17	46	2	1.23

Many people we spoke to had never missed a visit to collect ARVs. Out of the 205 PLHIV who had missed appointments, only 31% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit and only 4% reported that staff provide counselling on adherence if you return to the clinic. In contrast, 56% said that staff send

It is critical that PLHIV who interrupt treatment are supported to re-engage in care. It is essential to support this re-engagement by reducing or removing health system barriers to being retained in care.

you to the back of the queue the next time you come in and 20% said that staff shout at them. It is important to note that Ritshidze interviews take place at the facility, therefore these numbers do miss PLHIV who have already disengaged from care and are not at the facility.

It is important to note that there is no national policy that says PLHIV must be sent to the back of the queue if they miss an appointment. According to the South African National Welcome Back Campaign Strategy: "PLHIV returning after a treatment interruption should be triaged in separate streams instead of being sent to the back of the queue".

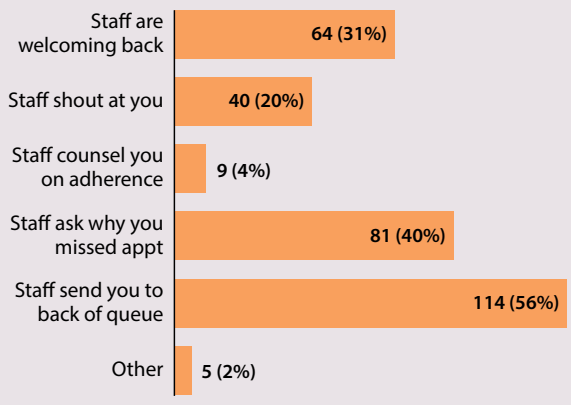
It is critical that PLHIV who interrupt treatment are supported to re-engage in care. It is essential to support this re-engagement by reducing or removing health system barriers to being retained in care. The revised National Adherence Guidelines SOPs include a new SOP, "SOP 9 Re-engagement in care". The guiding principles of this SOP describe how staff should be friendly and welcoming and acknowledge the challenge for life-long adherence.

While 86% of PLHIV feel that facilities keep their HIV status private and confidential, this needs to be at 100%. The privacy concerns reported by PLHIV included staff disclosing people's HIV status in the waiting area, more than one person being consulted in one room, and people living with HIV being separated from other chronic patients.

Transfer letters are not required in the guiding principles of the Re-engagement SOP which states: "If a patient comes from a different facility (transfers in) DO NOT require the patient to provide transfer documents or delay restarting treatment as per procedure in 2019 ART Clinical Guideline". 573 people interviewed by Ritshidze in the last year reported having been denied access to services for not having a transfer letter across 27 facilities.

There were also 645 reports of people who had been denied access to services for not having an identity document across 27 facilities.

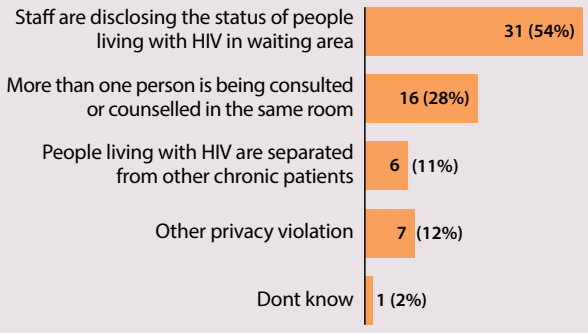
Of PLHIV who had missed a visit, what happens the next time you come to collect ARVs? (July to August 2022)
PLHIV Surveyed: 205



Facilities with reports of PLHIV being sent to the back of the queue and/or shouted at for missing an appointment (July to August 2022)

District	Facility	Staff shout at you	Staff send you to back of queue
Fezile Dabi	Lesedi Clinic	0	1
Lejweleputswa	Albert Luthuli Memorial Clinic	1	2
	Hani Park Clinic	0	7
	Hoopstad Clinic	1	1
	Kgotsong (Bothaville) Clinic	1	16
	Matjhabeng Clinic	6	8
	OR Tambo Clinic	2	2
	Phahameng (Bultfontein) Clinic	1	0
	Phomolong (Hennenman) Clinic	2	3
	Rheeders Park Clinic	0	3
	Tshepong (Welkom) Clinic	5	3
	Welkom Clinic	1	2
Mangaung	Bloemspruit Clinic	4	5
	Chris de Wert (Gabriel Dichabe) Clinic	1	2
	Freedom Square Clinic	1	10
	Kagisanong Clinic	5	5
	MUCPP CHC	1	6
Thabo Mofutsanyana	Bohlokong Clinic	2	2
	Boiketlo Clinic	1	7
	Harrismith Clinic	3	7
	Mphohadi Clinic	0	3
	Namahali Clinic	1	3
	Phuthaditjhaba Clinic	1	12
	Reitumetse Clinic	0	1
	Thusa Bophelo Clinic	0	3

How are staff not respecting the privacy of people living with HIV at the facility?
PLHIV Surveyed: 57



THABONG CLINIC

Been refused access to services in the facility for not having a transfer letter

District	Facility	Q4 2022	Q3 2022	Q2 2022	Q1 2022
Lejweleputswa	Albert Luthuli Memorial Clinic	11	10	6	4
	Hani Park Clinic	14			1
	Hoopstad Clinic	2	5	10	8
	Kgotsong (Bothaville) Clinic	5		5	5
	Matjhabeng Clinic	15		1	3
	OR Tambo Clinic	8		5	7
	Phahameng (Bultfontein) Clinic	6	10	6	6
	Phomolong (Hennenman) Clinic	8			3
	Poly Clinic	18			
	Rheeders Park Clinic	6	6	5	1
	Thabong Clinic	14		2	2
	Tshepong (Welkom) Clinic	8	7	4	6
	Welkom Clinic	7	3	8	2
Mangaung	Bloemspruit Clinic	3			
	Chris de Wert (Gabriel Dichabe) Clinic	5			
	Gaongalelwe Clinic	1			
	Kagisanong Clinic	7			
	MUCPP CHC	1			
Thabo Mofutsanyana	Bohlokong Clinic	14	11	13	3
	Boiketlo Clinic		16	27	4
	Harrismith Clinic		11	20	
	Intabazwe Clinic	1			
	Mphohadi Clinic	7	10	21	5
	Namahali Clinic		16	10	9
	Phuthaditjhaba Clinic		10		1
	Reitumetse Clinic	5	14	17	19
	Thusa Bophelo Clinic	15	13		1

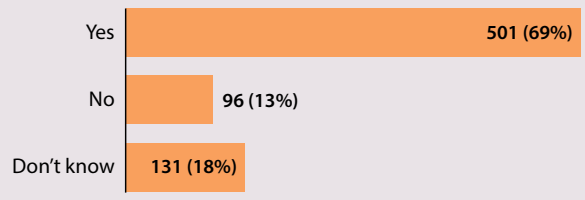
Been refused access to services in the facility for not having an identity document

District	Facility	Q4 2022	Q3 2022	Q2 2022	Q1 2022
Lejweleputswa	Albert Luthuli Memorial Clinic	6	8	6	4
	Hani Park Clinic	9	3		1
	Hoopstad Clinic	8	22	10	8
	Kgotsong (Bothaville) Clinic	7	1	5	5
	Matjhabeng Clinic	24		1	3
	OR Tambo Clinic	11		5	7
	Phahameng (Bultfontein) Clinic	6	40	6	6
	Phomolong (Hennenman) Clinic	12	1		3
	Poly Clinic	7			
	Rheeders Park Clinic	3	2	5	1
	Thabong Clinic	23	1	2	2
	Tshepong (Welkom) Clinic	4	1	4	6
	Welkom Clinic	8	3	8	2
Mangaung	Bloemspruit Clinic	5			
	Chris de Wert (Gabriel Dichabe) Clinic	2			
	Gaongalelwe Clinic	15			
	Kagisanong Clinic	1			
	MUCPP CHC	1			
Thabo Mofutsanyana	Bohlokong Clinic	18	12	13	3
	Boiketlo Clinic		10	27	4
	Harrismith Clinic		10	20	
	Intabazwe Clinic	4			
	Mphohadi Clinic	15	9	21	5
	Namahali Clinic		13	10	9
	Phuthaditjhaba Clinic		7		1
	Reitumetse Clinic	8	22	17	19
	Thusa Bophelo Clinic	15	18		1

The majority of facilities monitored in the Free State had reports of people being denied services because of no transfer letter or not having an identity document. While results are not heterogeneous across a province, the department should investigate to assess if there are challenges in the province more broadly, as well as investigating each facility listed. Again it is important to note that Ritshidze interviews take place at the facility, therefore people who have already disengaged from care due to challenges accessing a transfer letter or not having an identity document would not be at the facility to interview.

Psychosocial support is a critical element to ensure ART continuity. As we know, there continues to be a high number of PLHIV disengaging from care and there have been a number of losses in the past few years of people becoming treatment fatigued, stopping ARVs, and passing away. Ritshidze data show that 31% of PLHIV interviewed in the Free State do not have access to psychosocial support, or do not know if it is available.

Is psycho-social counselling available for PLHIV? (July to August 2022)
PLHIV Surveyed: 728



> **Ritshidze data show that 31% of PLHIV interviewed in the Free State do not have access to psychosocial support, or do not know if it is available.**

BOIKETLO CLINIC

COMMUNITY STORY

Grade 10 was a life-changing year for *Zinhle: it was the year she found out she was born with HIV.

She remembers becoming ill and having to go to her local clinic in Welkom for medical attention. The nurses tested her and she was diagnosed HIV positive.

"At the time I didn't think about what HIV positive meant because I was a child. The only part that I didn't like was taking the medicine, which was a liquid and I really didn't like the taste of it," she says.

She wasn't offered any psychological counselling or any support from the Gold Fields Clinic in Welkom at the time and hasn't been offered any psychosocial support since. Zinhle, who is now 20-years-old, says it would have been helpful to have had someone to turn to, someone to answer her questions and just to help her to understand the dual load of being an awkward, anxious teenager and also having HIV. She says it made the last few years of high school really hard to bear.

"The problems started later when boys would be approaching and there was no way I could talk about my status – there was no support or help and I didn't know what I was supposed to tell them or what I was supposed to do," she says.

As she finished school she became more and more withdrawn and today she says she's an introvert. She doesn't leave home much and group interactions make her uncomfortable.

"The HIV together with some other problems in my family did make me very depressed. My father doesn't even know I am HIV positive. He didn't raise me and when I went to boarding school he didn't even know which school I was in. Even today he doesn't even know how old I am.

"Back in high school there was a counsellor and I was encouraged to write everything down so I kept a lot of diaries at that time, but now I just stay at home and just go to the clinic to get my ARVs every second month," she says.

Zinhle says two of her cousins are both HIV positive and are open about their statuses but she says their openness makes her even more unsettled because she isn't able to share her status openly with them.

"It's also difficult when I meet someone new, because you don't know what they will think or what they will say about me – maybe they will gossip about me. Even when my cousins talk about their HIV I just go 'okay' and then I keep quiet," she says.

Zinhle believes that the clinic should have been able to guide her better about the psychological burden of being told she was born with HIV.

"They could have just talked to me and offered me counselling. They must do that even now – because there are other young people like me in a similar situation. And even now there's a lot for me to process," she says.

** Name has been changed to protect identity*

KGOTSONG (BOTHAVILLE) CLINIC

6. Treatment Viral Load Literacy

LAST YEAR

92% of PLHIV had a viral load test in the last year

82% of PLHIV said that a healthcare provider had explained the results

83% agreed that having an undetectable viral load means treatment is working well

63% agreed that having an undetectable viral load means a person is not infectious

THIS YEAR

86% of PLHIV had a viral load test in the last year

78% of PLHIV said that a healthcare provider had explained the results

76% agreed that having an undetectable viral load means treatment is working well

57% agreed that having an undetectable viral load means a person is not infectious

Recommendations:

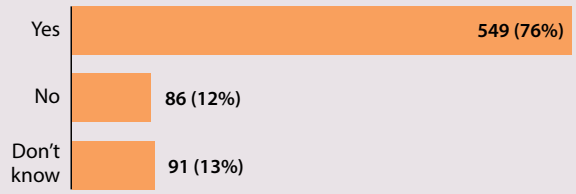
+ **Treatment literacy improves linkage and retention rates as people understand the importance of starting and remaining on treatment effectively, directly contributing to reaching the 95-95-95 targets.**
+ **From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that all healthcare workers (including CHWs) provide accurate and easily understandable information on treatment adherence and the importance of an undetectable viral load when talking to PLHIV, through consultations, counselling, outreach, and health talks at clinics.**
+ **From October 2022, the Free State Department of Health, Right to Care, and Wits RHI should ensure that viral load test results are properly explained to all PLHIV in a timely manner.**
+ **In COP22, PEPFAR should fund an expansion of PLHIV-led treatment literacy efforts across all provinces — including the Free State — through PLHIV-led training, education and localised social mobilisation campaigns.**

Treatment literacy improves linkage and retention rates as people understand the importance of starting and remaining on treatment effectively. By becoming as informed as possible, people living with HIV are empowered to take control of their own health and sex lives.

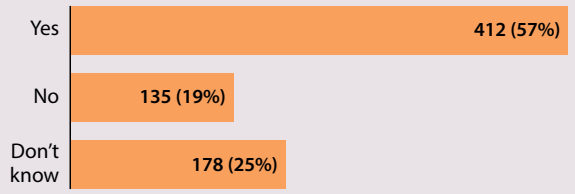
Only 86% of PLHIV we spoke to had gotten a viral load test in the last year, and only 71% of participants reported that they knew their viral load. In this quarter, just 76% of PLHIV agreed with the statement; "having an undetectable viral load means the treatment is working well", and 57% agreed with the statement "having an undetectable viral load means a person is not infectious." This has worsened compared to last year's report, when 83% agreed with the statement; "having an undetectable viral load means the treatment is working well" and 63% agreed with the statement "having an undetectable viral load means a person is not infectious."

> **The department must ensure that healthcare providers properly explain the results of viral load tests and use this time to explain treatment literacy (including U=U) to ensure that all PLHIV understand the benefits of adhering to treatment.**

Treatment Literacy: Do PLHIV understand viral load and their health? (July to August 2022)
PLHIV Surveyed: 726



Treatment Literacy: Do PLHIV understand viral load and transmission? (July to August 2022)
PLHIV Surveyed: 725



Worryingly, only 78% of PLHIV reported that a healthcare provider explained the results of their viral load test result, down from 82% last year. The Free State is the second worst performing province on this indicator, following Limpopo. The department must ensure that healthcare providers properly explain the results of viral load tests and use this time to explain treatment literacy (including U=U) to ensure that all PLHIV understand the benefits of adhering to treatment.

Facilities with 90% or more of PLHIV knowing that an undetectable viral load means treatment is working well (July to August 2022)

District	Facility	Surveys collected	Yes	No	Don't know	Score
Thabo Mofutsanyana	Intabazwe Clinic	23	23	0	0	100%
Lejweleputswa	Hoopstad Clinic	28	27	1	0	96%
Lejweleputswa	Tshepong (Welkom) Clinic	34	32	1	1	94%
Lejweleputswa	OR Tambo Clinic	25	23	0	2	92%
Lejweleputswa	Phahameng (Bultfontein) Clinic	25	23	1	1	92%
Lejweleputswa	Kgotsong (Bothaville) Clinic	22	20	0	2	91%
Lejweleputswa	Welkom Clinic	29	26	2	1	90%

Worst performing facilities on PLHIV knowing that an undetectable viral load means treatment is working well (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Mangaung	Bloemspruit Clinic	32	14	13	5	44%
Mangaung	Freedom Square Clinic	27	14	10	3	52%
Mangaung	Kagisanong Clinic	20	11	2	7	55%
Mangaung	Gaongalelwe Clinic	25	14	9	2	56%
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	28	17	8	3	61%
Lejweleputswa	Poly Clinic	23	14	8	1	61%
Mangaung	MUCPP CHC	18	11	3	4	61%
Lejweleputswa	Phomolong (Hennenman) Clinic	21	13	4	4	62%
Thabo Mofutsanyana	Thusa Bophelo Clinic	24	15	7	2	63%
Lejweleputswa	Matjhabeng Clinic	25	17	0	8	68%
Thabo Mofutsanyana	Harrismith Clinic	32	22	0	10	69%

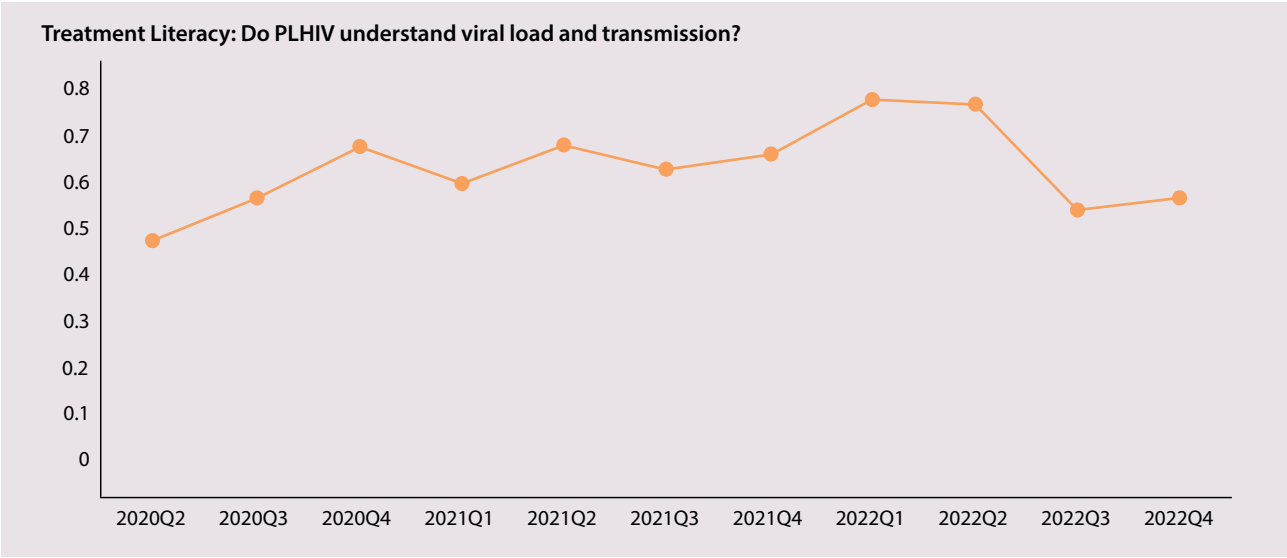
Facilities with 90% or more PLHIV knowing that an undetectable viral load means a person is not infectious (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
Lejweleputswa	Kgotsong (Bothaville) Clinic	22	20	0	2	91%

Worst performing facilities on PLHIV knowing that an undetectable viral load means a person is not infectious (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Thabo Mofutsanyana	Phuthaditjhaba Clinic	26	5	2	19	19%
Thabo Mofutsanyana	Harrismith Clinic	32	8	0	24	25%
Mangaung	Bloemspruit Clinic	32	10	14	8	31%
Thabo Mofutsanyana	Boiketlo Clinic	29	10	3	16	34%
Lejweleputswa	Rheeders Park Clinic	23	8	10	5	35%
Thabo Mofutsanyana	Namahali Clinic	23	9	1	13	39%
Thabo Mofutsanyana	Reitumetse Clinic	20	8	9	3	40%
Lejweleputswa	Thabong Clinic	25	10	0	15	40%
Mangaung	Freedom Square Clinic	27	12	10	5	44%
Lejweleputswa	Matjhabeng Clinic	25	12	0	13	48%
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	28	14	11	3	50%
Lejweleputswa	Phomolong (Hennenman) Clinic	21	11	5	5	52%
Mangaung	MUCPP CHC	18	10	4	4	56%
Mangaung	Gaongalelwe Clinic	25	14	9	2	56%
Mangaung	Kagisanong Clinic	20	12	0	8	60%
Lejweleputswa	Poly Clinic	23	14	7	2	61%
Thabo Mofutsanyana	Thusa Bophelo Clinic	24	15	5	4	63%
Lejweleputswa	Welkom Clinic	28	18	8	2	64%
Lejweleputswa	OR Tambo Clinic	25	17	1	7	68%
Thabo Mofutsanyana	Bohlokong Clinic	25	17	5	3	68%
Thabo Mofutsanyana	Mphohadi Clinic	25	17	7	1	68%
Lejweleputswa	Albert Luthuli Memorial Clinic	16	11	5	0	69%
Lejweleputswa	Hani Park Clinic	26	18	0	8	69%

PLHIV who understand U=U across time (higher scores are better)



7. Key Populations

7a. Key populations friendly services

Majority of KPs use public health facilities to access services

0 PEPFAR supported drop-in entres in the Free State

Clinical staff most often reported as being unfriendly to key populations in the province

Recommendations:

+ **Any reports of poor staff attitude, privacy violations, verbal or physical abuse/harassment and/or of services being restricted or refused should be urgently investigated by DoH/PEPFAR and disciplinary action taken where appropriate. Facility Managers should be held responsible for unresolved issues. For facilities we report on here, the DoH/PEPFAR should respond within 3 months with actions that have been taken.**
+ **DoH and PEPFAR should ensure that all clinical and non-clinical staff (including security guards) across public health facilities are actually sensitised on provision of KP friendly services to ensure a welcoming and safe environment for all KPs at all times. KPs must be involved in the implementation of these training modules.**
+ **Post sensitisation training, the Department of Health and PEPFAR should complete follow up to assess the quality of KP service provision at site level (to show the success of the sensitisation programme).**

The majority of key populations interviewed use a public health facility to access their health services (84% of gay, bisexual, and other men who have sex with men (GBMSM), 87% of people who use drugs, 85% of sex workers, and 82% of trans* people). Yet at public health facilities, KPs are often treated very poorly by clinic staff who at times shout or verbally abuse people, questioning people's sexuality or gender, and how or why they engage in sex work or take drugs. Some people who use drugs we spoke to even told us that clinic staff refused to give them ARVs. Other KPs report being humiliated in front of other healthcare users. Some key populations we spoke to had stopped accessing services altogether because of these challenges.

% (n) of respondents reporting they are very satisfied with the services offered at their facility (July to October 2021)

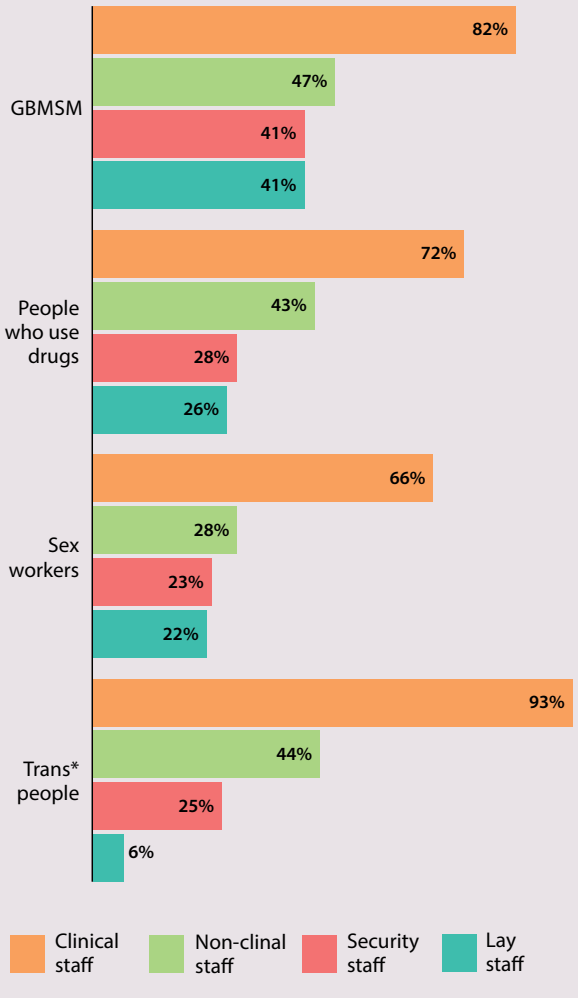
Respondents	Percentage (%)
GBMSM	30% (17)
People who use drugs	18% (42)
Sex workers	28% (58)
Trans* people	34% (14)

Only 48% of respondents reported that facility staff are always friendly and professional towards GBMSM; 31% towards people who use drugs; 49% towards sex workers; and 48% towards trans* people. Clinical staff were most commonly reported as being unfriendly and unprofessional by all KP groups followed by non clinical staff.

% (n) of respondents reporting staff are always friendly and professional at facilities across provinces (July to October 2021)

Respondents	Percentage (%)
GBMSM	48% (27)
People who use drugs	31% (71)
Sex workers	49% (101)
Trans* people	49% (20)

Percentage of respondents reporting staff as unfriendly and unprofessional (percentage) (July to October 2021)



KGOTSONG (BOTHAVILLE) CLINIC

KPs were also concerned about ongoing privacy violations as clinic staff were known to disclose people's HIV status, or the fact that they are a KP, in front of other healthcare users, or to invite other clinicians into private consultations in order to mock or judge people's symptoms.

In order for KPs to actually uptake KP specific services offered at the facility, spaces are needed that feel safe, comfortable, and private enough to disclose you are a KP without fear of poor attitude, discrimination, abuse, or lack of confidentiality. Feeling unsafe and uncomfortable at the clinic, or fearing that your privacy will be violated, discourages KPs from going to access services, impacting the uptake of HIV testing and prevention services, as well as undermining long-term adherence.

These issues must be addressed to ensure that KPs are not left behind in the prevention of HIV and reaching the UNAIDS 95-95-95 targets.

Despite commitments by PEPFAR and the National Department of Health to rollout a robust KP sensitization toolkit as part of standard in -service training for all facility staff, disrespect, ill-treatment, and dehumanisation of KPs remain a widespread challenge that needs to be urgently fixed — with consequences for clinic staff who commit privacy violations.

COMMUNITY STORY

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

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

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

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

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

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

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

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

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

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

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

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

** Name has been changed to protect identity*

7b. Key populations specific services

40% of people who use drugs want access to methadone at facilities

Only 66% of gay, bisexual and other men who have sex with men (GBMSM) say external condoms are available at the facility

29% of trans* people want hormone therapy to be available at facilities

Only 14% of eligible sex workers reported having been offered PrEP at the facility

0 facilities report any key population specific services at all

Recommendations

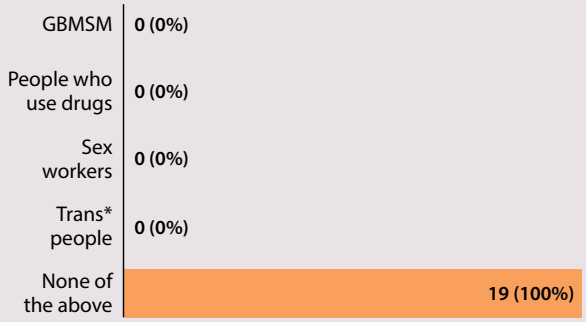
+ **NDoH and PEPFAR should designate at least 2 public health facilities per population per district to serve as KP designated service delivery centres. Site selection should take into account local context and facilities may serve more than one population, but may not always be appropriate to combine all KPs into single settings given differential needs between KP groups. These sites must be allocated additional staff and resources to provide comprehensive health services to the specific KP population being served.**
+ **The Free State Department of Health, Right to Care, and Wits RHI should ensure that barrier contraception (including condom compatible lubricants, male and female condoms) are easily available at all public health facilities (not only upon request or in public spaces that make it difficult to pick them up).**
+ **The Free State Department of Health, Right to Care, and Wits RHI should ensure that all KPs are offered PrEP at public healthcare facilities.**
+ **DoH and PEPFAR should ensure that harm reduction services — including drug dependence treatment such as methadone — are made available at public health facilities. Where people who use drugs need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/ money for transport) to uptake those services.**
+ **DoH and PEPFAR should ensure that trans* people are able to access hormone therapy and gender affirming services closer to home. Where trans* people need specialised care from a drop-in centre or public health facility offering specialised care, they should be provided with easy referral and adequate resources (including transport/money for transport) to uptake those services.**

KPs are disproportionately affected by HIV and face many additional challenges in accessing HIV prevention, testing and treatment services than the general population. It is therefore critical that KPs can access specific services to meet their specific needs. However, monitoring of Ritshidze sites from April to May 2022 revealed that no facilities responded affirmatively to providing any specific services for KPs.

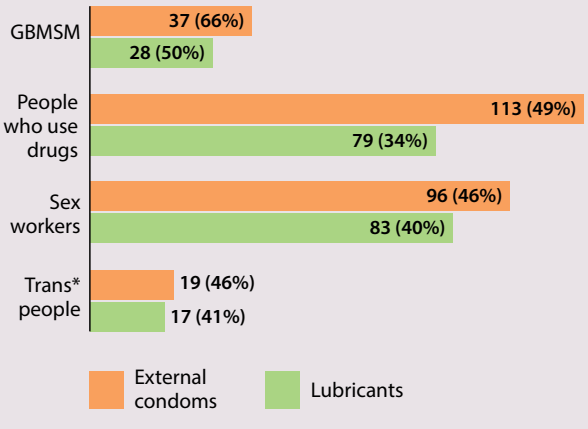
KPs often struggle to access basic prevention tools like condoms and especially lubricants, either because those commodities are simply not available at all, or KPs are questioned for taking them or refused access. Ritshidze data gathered in 26 facilities show that lubricants were only available in 23% of sites in this reporting period. Data collection among key populations also found low availability with only 50% of GBMSM, 34% of people who use drugs, 40% of sex workers, and 41% of trans* people using public healthcare facilities who said they could access lubricants. Condoms and lubricants should be available at all facilities and can easily be placed in the toilets or other areas of the clinic where people could take them without the fear of being seen by others.

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

Are there specific services for any key populations? (April to May 2022)
Facility Staff: 19



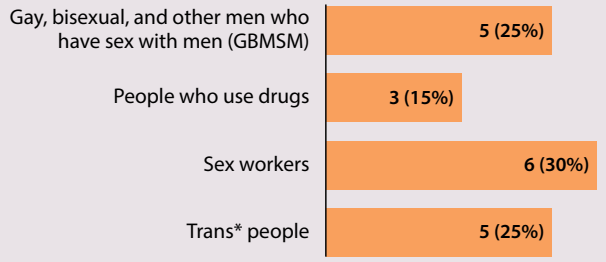
Percentage of respondents reporting that external condoms and lubricants are available at their facility (July to October 2021)



NAMAHALI CLINIC

Positively, interviews with Facility Managers reveal that PrEP was reported as available at 20 facilities monitored in April to May 2022. However, the number reporting offering PrEP to KPs was far low for each KP group: GBMSM (5 sites), people who use drugs (3 sites), sex workers (6 sites), and trans* people (5 sites).

Who is offered PrEP at the facility? (April to May 2022)
Facility Staff Surveyed: 20



Of KPs interviewed, only 32% of GBMSM, 7% of people who use drugs, 14% of sex workers, and 22% of trans* people reported being offered PrEP at the facility. Having PrEP on site but not educating people on it and offering it to those who could benefit will ultimately not improve uptake of PrEP services.

Percentage of eligible respondents reporting being offered PrEP at their facility (July to October 2021)

Respondents	Percentage (%)
GBMSM	32%
People who use drugs	7%
Sex workers	14%
Trans* people	22%

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

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

In terms of the accessibility of harm reduction services, 40% of respondents wanted methadone to be available at facilities and 28% of respondents wanted access to drug dependence support groups at the facility. Service accessibility must be improved to ensure that the needs of people who use drugs are met and no additional barriers are created to being able to take drugs safely, or be supported to stop.

The availability of gender affirming services for those who need them is also critically important. In addition to the psychological impact of gender dysphoria, in the context of South Africa, a country rife with transphobia and attacks on trans* individuals, access to hormone therapy could mean life or death. However, gender affirming care is mostly only available in big cities. Trans* people in the Free State must travel to Johannesburg, to get these services. This keeps it out of reach for those without access to transport money and places to stay. 29% of trans* people we spoke to wanted access to hormones at their facilities, 29% wanted outreach services for trans* people, and 26% wanted trans* friendly STI prevention, testing and treatment.

> ***"I use the clinic in town which is one taxi away as I feel that my local clinic would not be able to offer me services with respect. I have not been offered services that are specific to my gender identity."*** — A trans* person using Harrismith Clinic, interviewed in August 2022.

A minimum package of KP specific services should be made available to meet KP specific needs at at least two designated sites per district in the province. Where KPs need specialised care from one of these public health facilities providing specialised care, easy referral and adequate resources (including transport or transport costs) should be provided to ensure uptake of those services. In the table we outline the package of KP services.

PACKAGE OF KP SPECIFIC SERVICE PROVISION

ALL KPS

+ Peer educators/navigators at the facility level

GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN

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

PEOPLE WHO USE DRUGS

+ Outreach services for people who use drugs
+ On site or referral to drug dependence initiation and treatment (e.g. methadone)
+ On site or referral to drug-dependence counselling and support
+ Resources to take up referred services (e.g. taxi fare)
+ Risk reduction information
+ Wound and abscess care
+ Unused needles, syringes, or other injecting equipment
+ Overdose management and treatment (e.g. naloxone)
+ Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV)
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ Internal condoms
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Gender-based violence services on site or by referral
+ PWUD friendly HIV testing and counselling
+ HIV care and treatment
+ PWUD focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), PWUD adherence clubs and PWUD friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ Drug dependence support groups
+ Psycho-social support
+ Mental health services
+ Information packages for sexual and reproductive health services
+ PWUD friendly STI prevention, testing & treatment
+ Hepatitis C (HCV) screening, diagnosis and treatment
+ Cervical cancer screening

SEX WORKERS

+ Sex worker outreach services
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ Internal condoms
+ Sex worker friendly HIV testing and counselling
+ HIV care and treatment
+ Sex worker focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), sex worker adherence clubs and sex worker friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ Psycho-social support
+ Mental health services
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Information packages for sexual and reproductive health services
+ Gender-based violence services on site or by referral
+ Sex worker friendly STI prevention, testing & treatment
+ Cervical cancer screening
+ Treatment or support services for sex workers who use drugs

TRANS* PEOPLE

+ Transgender outreach services
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ Internal condoms
+ Trans friendly HIV testing and counselling
+ HIV care and treatment
+ Trans* focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), Trans* adherence clubs and Trans* friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ Psycho-social support
+ Mental health services
+ Hormone therapy
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Information packages for sexual and reproductive health services
+ Gender-based violence services on site or by referral
+ Trans friendly STI prevention, testing & treatment
+ Cervical cancer screening
+ Hepatitis C (HCV) screening, diagnosis and treatment
+ Treatment or support services for transgender people who use drugs

RHEEDERS PARK CLINIC

THABONG CLINIC

HOOPSTAD CLINIC

8. Men

LAST YEAR

3 facilities have male nurses, counsellors and/or other healthcare workers

9 facilities had no male specific services at all

THIS YEAR

3 facilities have male nurses, counsellors and/or other healthcare workers

0 facilities have Men's Corners

0 facilities have male clinic days

9 facilities had no male specific services at all

Recommendations:

+ **By March 2023, Right to Care and Wits RHI should ensure all PEPFAR supported sites have at least one male nurse and one male counsellor in place, leading to a greater uptake of services by men.**
+ **By March 2023, Right to Care and Wits RHI should ensure all PEPFAR supported sites have at least one male clinic day per week or Men's Corners (ensuring male staff are on duty) integrated into service delivery to provide services specific to the needs of men.**

The proportion of men who know their HIV status and are accessing ART is much lower compared to women in South Africa. While men only account for a third of new infections, they account for more than half of the HIV related deaths, pointing to a major challenge in men's uptake of HIV treatment services. This is not unique to South Africa. Research in many African countries has shown that HIV-positive men are less likely to initiate ART, and those who do are more likely to present to clinics later, more ill, and have poorer retention and worse clinical outcomes.

Explanations put forward for men's low attendance and poor outcomes include notions of masculinity that are at odds with illness and 'good patient' behaviour, public health systems that are historically built around maternal and child health and systematic under-funding of men's services compared to women.

About 30% of HIV transmission occurs among stable partners and the HIV positive partner amongst sero-discordant couples is more commonly male than female. This together with growing evidence that ART reduces HIV mortality and morbidity more so if treatment is started early and potential benefits of viral load suppression in reducing transmission, make men a critical target population to reduce HIV incidence and mortality.

Ritshidze data shows that just 3 facilities reported having male nurses, counsellors, and/or healthcare workers at the facility. PEPFAR should ensure that there is at least one male nurse or counsellor at each site to support male uptake of services. Further there needs to be male specific services available at all sites. Between April and May 2022, 0 facilities said they had Men's Corners and/or male clinic days, and only 2 facilities said they had male outreach services.

What services are available for men according to Facility Managers per district (April to May 2022)

District	Number of Facilities Assessed	Surveys Completed	Voluntary male medical circumcision (at facility or referral)	Access to lubricant	Male outreach services (outside facility setting)	Male only after-hours clinics	Male nurses, counsellors, and/or healthcare workers	Mens corners	Male clinic days	No — we do not have services specific to men
Thabo Mofutsanyana	8	8	1	0	1	1	0	0	0	5
Lejweleputswa	12	12	5	3	1	0	3	0	0	4

> **While men only account for a third of new infections, they account for more than half of the HIV related deaths, pointing to a major challenge in men's uptake of HIV treatment services.**


THABONG CLINIC

9. Index Testing

LAST YEAR

59% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing

52% of PLHIV reported that they were asked about the risk of violence from their partner

74% of facilities always screen PLHIV for intimate partner violence

13% of facilities trace all contacts regardless of reports of violence reported violence

THIS YEAR

64% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing

57% of PLHIV reported that they were asked about the risk of violence from their partner

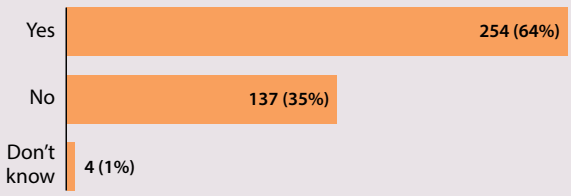
81% of facilities always screen PLHIV for intimate partner violence

30% of facilities trace all contacts regardless of reports of violence reported violence

Recommendations:

+ While index testing has the ability to help identify individuals who may have been exposed to HIV earlier, if implemented in ways that cause harm to individuals, undermine their rights to consent, privacy, safety and confidentiality, it erodes communities' trust of healthcare providers.
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that all healthcare providers ask if the individual's partners have ever been violent and record the answer to this question, before contacting the sexual partners of PLHIV. No contacts who have ever been violent or are at risk of being violent should ever be contacted in order to protect the individual and other sexual partners the contact may have that are unknown.
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that after contacting the contacts, healthcare providers must follow-up with the individual after a reasonable period (1-2 months) to assess whether there were any adverse events — including but not limited to violence, disclosure of HIV status, dissolution of the relationship, loss of housing, or loss of financial support — and refer them to the IPV centre or other support services if the answer is yes. Data on such occurrences must be shared by the implementing partners with PEPFAR and civil society.
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that prior to implementing (or re-implementing) index testing in any facility, there are adequate IPV services available for PLHIV at the facility or by referral and all PLHIV who are screened should be offered this information. Referrals must be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that all implementing partners and healthcare workers understand that index testing is always voluntary, for both sexual contacts and children, where individuals are not required to give the names of their sexual partners or children if they don't want to, and this is explained to all PLHIV. No index testing will occur without the informed consent of a PLHIV.
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must ensure that all adverse events are monitored through a proactive adverse event monitoring system capable of identifying and providing services to individuals harmed by index testing. Comment boxes and other passive systems are necessary but inadequate.
+ From October 2022, the Free State Department of Health, Right to Care, and Wits RHI must suspend index testing at any facility that cannot meet these demands.

Did a health worker tell you you can refuse to participate in index testing? (July to August 2022)
PLHIV Surveyed: 395



100% of facilities monitored in the Free State through Ritshidze report implementing index testing. While index testing has the ability to help identify individuals who may have been exposed to HIV earlier, thereby protecting their health and interrupting onward transmission of HIV, if implemented in ways that cause harm to individuals, undermine their rights to consent, privacy, safety and confidentiality, it erodes communities' trust of healthcare providers. This is extremely important in the context of South Africa where the country faces a well-documented epidemic of gender-based violence (GBV).

The most recent South African Demographic and Health Survey (DHS) reports that more than a quarter (26%) of ever partnered South African women have experienced some type of physical, sexual, or emotional violence by a partner. Evidence shows that HIV diagnosis is an increased risk factor for violence and improperly conducted or pressured participation in index testing exacerbates these risks. Given this, activists have been raising multiple concerns about the index testing programme.

Data from Ritshidze shows that of 721 PLHIV interviewed, 55% said that a healthcare worker had ever asked them for the names and contact information of their partners so that they may be able to test them for HIV respectively. Worryingly, of the 395 who were asked to disclose their contacts, only 64% reported that the healthcare worker explained that they were allowed to "say no" or refuse to give the names of their partners. Only 2 facilities had perfect scores with 100% of PLHIV reporting that they were told they could refuse. At 13 facilities less than 60% of PLHIV reported being told they could refuse, with some sites scoring particularly low.

Facilities with perfect scores: all PLHIV report being told they could refuse to participate in index testing (July to August 2022)

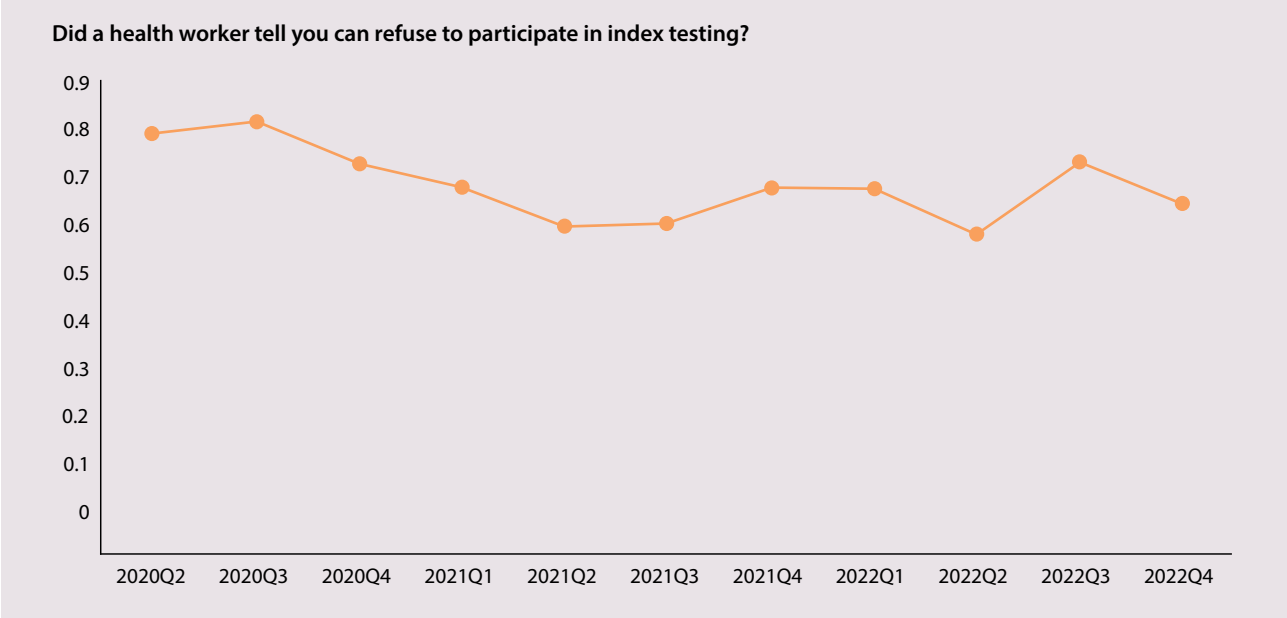
District	Facility	Surveys Completed	Yes	No	Score
Lejweleputswa	Hani Park Clinic	25	25	0	100%
Fezile Dabi	Lesedi Clinic	8	8	0	100%

Less than 60% of PLHIV reported that they were told they could refuse to engage in index testing (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Lejweleputswa	Poly Clinic	4	0	4	0	0%
Thabo Mofutsanyana	Namahali Clinic	20	4	16	0	20%
Thabo Mofutsanyana	Phuthaditjhaba Clinic	16	5	11	0	31%
Thabo Mofutsanyana	Boiketlo Clinic	25	8	17	0	32%
Mangaung	Bloemspruit Clinic	12	4	8	0	33%
Thabo Mofutsanyana	Harrismith Clinic	23	8	15	0	35%
Mangaung	Kagisanong Clinic	5	2	3	0	40%
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	10	4	6	0	40%
Lejweleputswa	Albert Luthuli Memorial Clinic	6	3	3	0	43%
Mangaung	Gaongalelwe Clinic	8	4	4	0	50%
Mangaung	MUCPP CHC	10	5	4	1	56%
Mangaung	Freedom Square Clinic	14	8	6	0	57%
Lejweleputswa	Matjhabeng Clinic	22	11	8	3	58%

> **Evidence shows that HIV diagnosis is an increased risk factor for violence and improperly conducted or pressured participation in index testing exacerbates these risks.**

PLHIV who report that a healthcare worker explained that index testing is voluntary over time (higher scores are better)

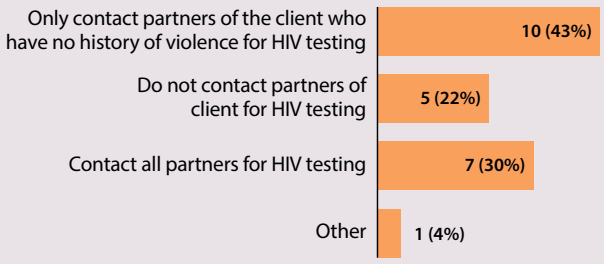


Furthermore, while there has been improvement, still only 81% of Facility Managers say that they always screen PLHIV for intimate partner violence (IPV) as part of their index testing protocol (up from 74% last year). 30% of those that do screen, report that when they do screen for IPV the practice is still to contact all the partners of PLHIV regardless of reported violence. This is a major concern and violation of people's safety and privacy. 65% said that they don't trace the contacts for which there was reported violence for HIV testing or don't contact any partners. There is no point to the IPV screen if contacts are just notified of their exposure anyway. The concerns regarding contacting partners who have screened positive for IPV must also extend to other partners that the contact may have. Even if the index client's individual belief is that they are no longer in danger from the contact, that contact may have other partners who index testing may put at risk if contacted.

Again worryingly, across the province only 57% of PLHIV reported that they were asked about the risk of violence from their partners, a marginal improvement from 52% last year, but still far too few. Only 1 facility had a perfect score with all PLHIV reporting being asked about the risk of violence, at 17 facilities less than 60% of PLHIV reported being screened for IPV, with some sites scoring particularly low.

The Free State Department of Health, Right to Care, and Wits RHI must act urgently to ensure that all sites across all districts follow the protocols outlined in the National Department of Health guidelines on index testing. Index testing must be suspended in poorly performing sites until it can be carried out safely and with consent (including implementing all recommendations outlined in this State of Health report). There should be an investigation into all sites carrying out index testing urgently to understand if this is a broader challenge in the province or not. The findings of this investigation should be shared transparently. Those failing to uphold the safe and ethical index testing standards should be held accountable and action taken.

In case of violence from a sexual partner, what do you do with the contact information of the sexual partner? (July to August 2022)
Facility Staff Surveyed: 23



The majority of sites said that if PLHIV screen positive for IPV they offer them services either on site (40% of sites/10 sites) and/or by referral (56% of sites/14 sites). This is positive, yet all facilities should be able to provide on site or referred services for IPV. Screening for IPV without adequate IPV services to respond to an individuals 'positive' screen is dangerous and unethical. Referrals must be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.

Facilities with perfect scores: all PLHIV report being about risk of violence from partner(s) (July to August 2022)

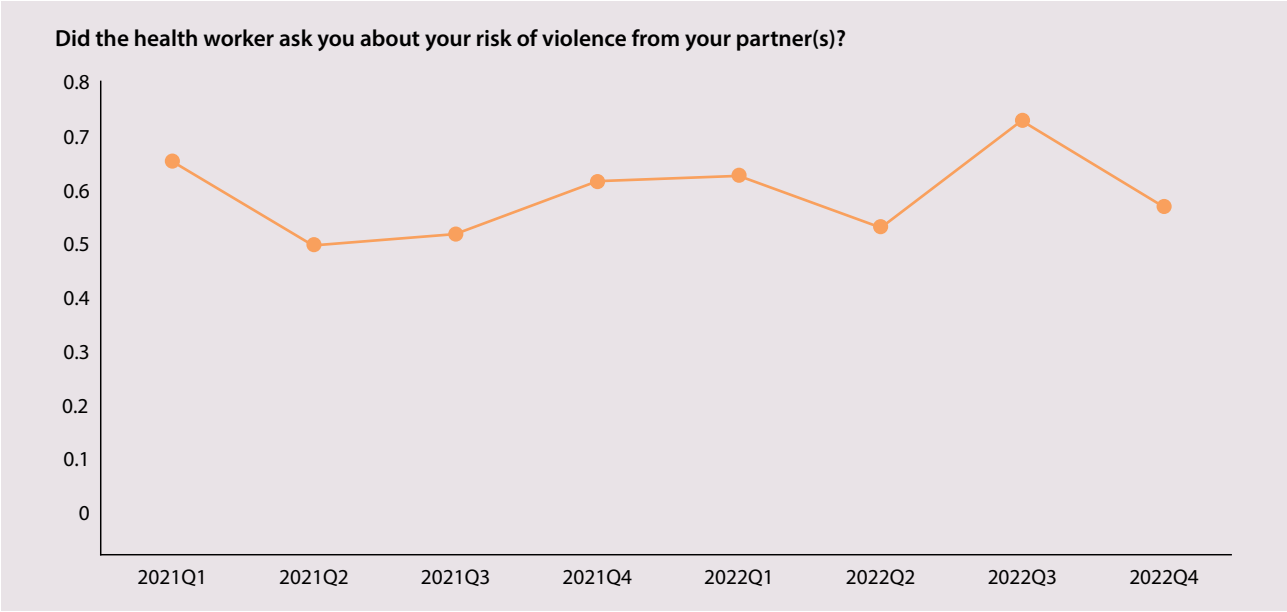
District	Facility	Surveys Completed	Yes	No	Score
Lejweleputswa	Hani Park Clinic	25	25	0	100%


HOOPSTAD CLINIC

Less than 60% of PLHIV reported that they were asked about risk of violence from partner(s) (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Lejweleputswa	Poly Clinic	4	0	4	0	0%
Lejweleputswa	Hoopstad Clinic	5	1	4	0	20%
Thabo Mofutsanyana	Namahali Clinic	20	5	15	0	25%
Thabo Mofutsanyana	Boiketlo Clinic	25	7	18	0	28%
Thabo Mofutsanyana	Harrismith Clinic	23	7	16	0	30%
Mangaung	Bloemspruit Clinic	12	4	8	0	33%
Lejweleputswa	Thabong Clinic	22	7	14	1	33%
Mangaung	Kagisanong Clinic	5	2	3	0	40%
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	10	4	6	0	40%
Lejweleputswa	Matjhabeng Clinic	22	8	12	2	40%
Thabo Mofutsanyana	Phuthaditjhaba Clinic	16	7	9	0	44%
Thabo Mofutsanyana	Thusa Bophelo Clinic	11	5	6	0	45%
Mangaung	Gaongalelwe Clinic	8	4	4	0	50%
Lejweleputswa	Phomolong (Hennenman) Clinic	15	8	7	0	53%
Thabo Mofutsanyana	Mphohadi Clinic	18	10	8	0	56%
Lejweleputswa	Albert Luthuli Memorial Clinic	6	4	2	0	57%
Mangaung	Freedom Square Clinic	14	8	6	0	57%

PLHIV who report that index testing screening protocols are followed over time (higher scores are better)




HARRISMITH CLINIC

10. Shortages and stockouts of medicines

LAST YEAR

13 patient reports of shortages of HIV medicines

5 patient reports of shortages of contraceptives

8% of patients left facilities without the medicines they needed

20% of facilities (4 sites) reported sending people home empty handed when faced with a stockout / shortage of medicines

THIS YEAR

40 patient reports of shortages of HIV medicines

66 patient reports of shortages of contraceptives

13% of patients left facilities without the medicines they needed

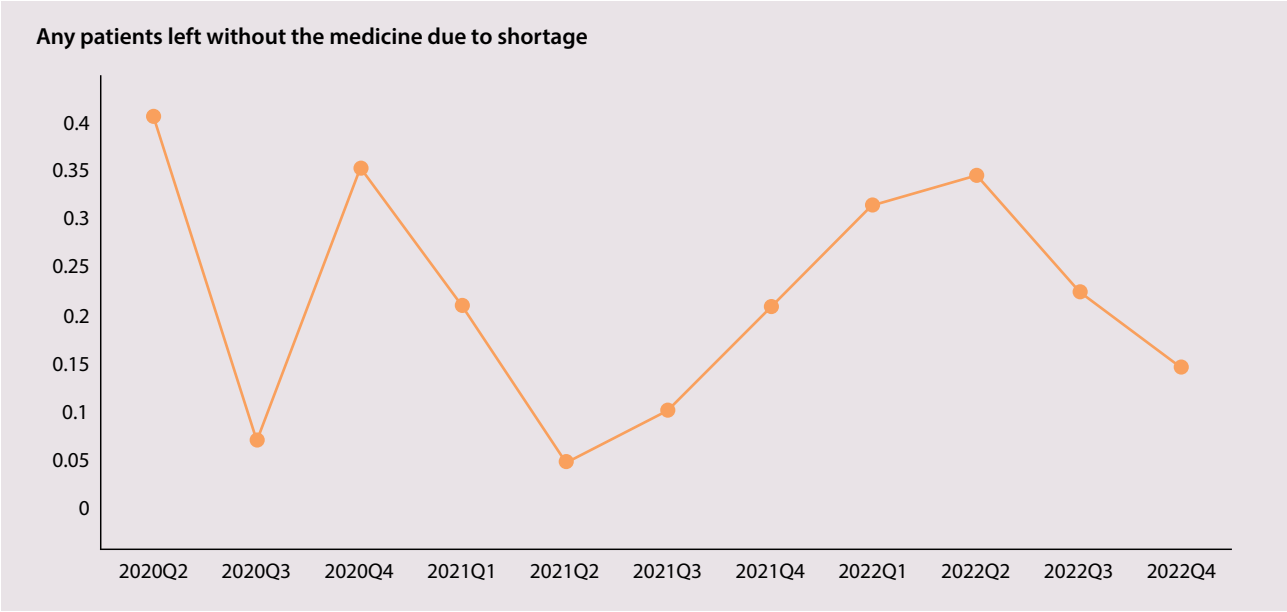
31% of facilities (9 sites) reported sending people home empty handed when faced with a stockout / shortage of medicines

Recommendations:

+ **Stockouts and shortages of ARVs and TB medicines force people to interrupt treatment, impacting long term adherence, and reaching HIV and TB targets. At times healthcare users can disengage from care, seeing no point in going to the clinic to be sent home empty handed. No-one should be sent home empty handed from the facility, forcing them to interrupt treatment.**
+ **From October 2022, there must be effective and immediate communication of stockouts, between the National Department of Health and Free State Department of Health and to healthcare workers and patients.**
+ **By December 2022, the Free State Department of Health should establish an emergency response team and standard operating procedures to manage crisis situations. We call on them to include clinic committee members, all PLHIV Sector organisations, and the Stop Stockouts Project.**
+ **By December 2022, the Free State Department of Health should ensure all pharmacists have been trained in SVS and other supply chain systems.**
+ **From March 2023, the Free State Department of Health should implement a provincial strategy to address stockouts and shortages of medicines and other medical tools and supplies. This must address the impact of human resource shortages, poor management, and infrastructure where these impact on the ability of facilities to order and store supplies. Increasing the number of pharmacy staff in facilities must be a priority as they are often the first to acknowledge a short supply of medication.**
+ **By December 2023, the Free State Department of Health should employ an additional 10% of pharmacists/assistant pharmacists in Lejweleputswa (where pharmacist shortages were reported at 14% of sites monitored and assistant pharmacist vacancies reported at 9% of sites monitored).**

Stockouts and shortages of ARVs, TB medicines, contraceptives and other medicines and health products cause disruption, confusion, cost, and can detrimentally affect treatment adherence. In this reporting period 13% of people we spoke to (n=168) had left, or knew someone who left, a facility without the medication that they needed.

Public healthcare user reports of leaving the facility without the medicines they needed over time (lower scores are better)



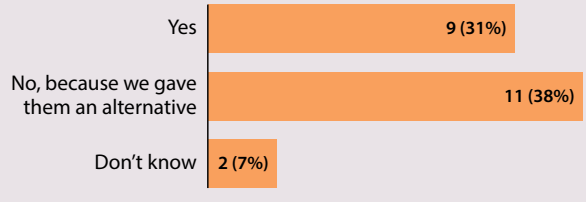
5 or more public healthcare user reports of leaving without the medicines they needed (July to August 2022)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Thabo Mofutsanyana	Thusa Bophelo Clinic	60	27	27	6	50%
Thabo Mofutsanyana	Mphohadi Clinic	58	15	42	1	25%
Thabo Mofutsanyana	Bohlokong Clinic	60	13	46	1	22%
Lejweleputswa	Poly Clinic	50	13	35	2	27%
Mangaung	Gaongalelwe Clinic	50	13	36	1	27%
Mangaung	Bloemspruit Clinic	58	11	45	2	19%
Thabo Mofutsanyana	Reitumetse Clinic	53	11	40	2	20%
Mangaung	Kagisanong Clinic	27	8	17	2	31%
Lejweleputswa	Rheeders Park Clinic	55	7	41	7	15%
Lejweleputswa	Phahameng (Bultfontein) Clinic	48	6	38	4	14%
Lejweleputswa	Albert Luthuli Memorial Clinic	35	6	25	4	17%
Mangaung	MUCPP CHC	34	6	23	5	21%
Lejweleputswa	Tshepong (Welkom) Clinic	50	5	40	5	11%
Lejweleputswa	Welkom Clinic	50	5	38	7	12%
Mangaung	Chris de Wert (Gabriel Dichabe) Clinic	45	5	36	4	0,12

The most commonly-reported medicine shortages by public healthcare users were contraceptives (66 reports) and HIV medicines (40 reports).

The most common stockout category reported by facility staff were other medicines or diagnostic tests (7 sites), HIV medicines (3 sites), TB medicines (3 sites), and bandages/ dry stock (3 sites). Of the clinics that experienced a stockout or shortage as reported by the Facility Manager 31% were forced to send people away empty handed while 38% provided an alternative medicine.

In the past three months did any patient leave your facility without the medicine they needed due to a stockout or shortage? (July to August 2022)
Facility Staff Surveyed: 29

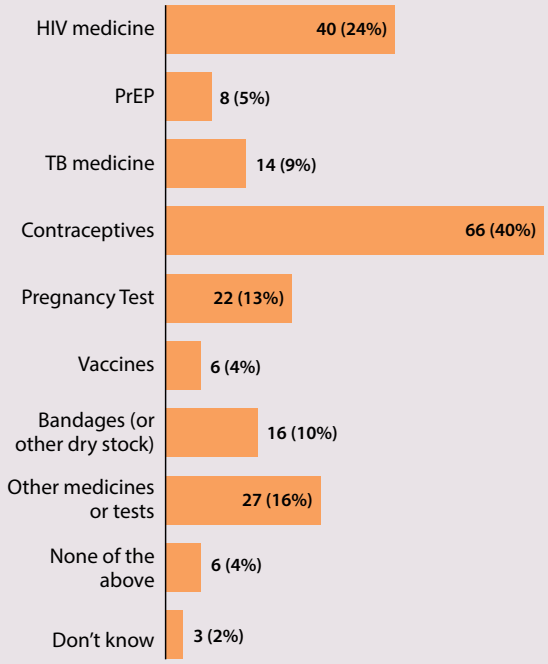


BOHLOKONG CLINIC

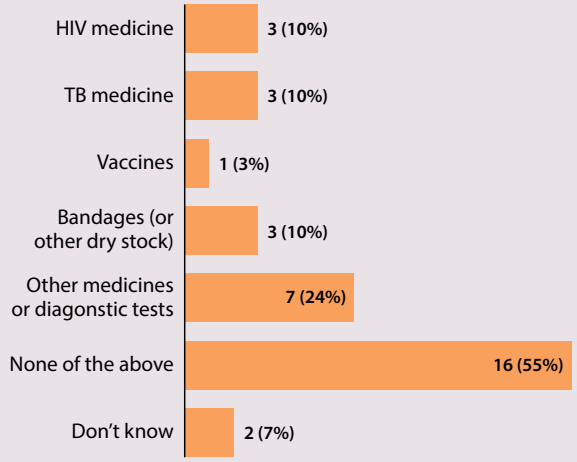
BOIKETLO CLINIC

NAMAHALI CLINIC

Public healthcare user reports of medicine shortage(s) (July to August 2022)
Patients Surveyed: 164



Facility staff reports of medicine shortage(s) (July to August 2022)
Facility Staff Surveyed: 29



COMMUNITY STORY

The ongoing stockouts of contraceptives in the country, and in particular of injectable contraceptives, has become a frustration and a challenge for *Karabo, who lives in the Welkom area.

Throughout this year, she says the Rheeders Park Clinic in Welkom has routinely sent her home from clinic appointments without giving her the three-month Depo-Provera injection. Worse still, she says there is no communication about stockouts. It means clinic users like Karabo end up taking days off work and waiting in a queue for hours only to be told when they are the front of the queue "we don't have what you have come here for".

"It is ridiculous that they don't tell us from the morning. I get to the clinic a 6.45am hoping they can finish early and I can go back to work. But you will find that you are there till after lunchtime, sometimes 2pm or 3pm.

"The nurses will also say they won't help you unless you do an HIV test – maybe this is just for their stats but they will come with stories that the Department of Health says it must be done. You don't have a choice about it; you can't fight it because then they will refuse to assist you and send you to the back of the queue," she says.

It means more time wasted, more frustration and also a loss of pay not being at work, says Karabo.

"It's been like this this whole year and they will also come with things like telling you to take another contraceptive but the pill makes me nauseous and the injection is easier - it should also be my choice. I hear this same story from lots of other women in the clinic and the nurses will also tell schoolgirls that they can't get the injection," she says.

Karabo adds that staff attitudes are unacceptable. "The nurses are always moody and they treat us so bad. I try to stay calm though because I don't go to the clinic to make friends; I just want them to do their job, help me and then I can go."

Karabo says she once even approached the Facility Manager suggesting a dedicated queue just for the contraceptive injections for a slot of perhaps two hours in the morning one day a week. Her suggestion was dismissed out of hand.

"She just said no, it can't be like, all the patients must queue the same way."

** Name has been changed to protect identity*

NOTES

PHUTHADITJHABA CLINIC

RHEEDERS PARK CLINIC

RHEEDERS PARK CLINIC

TAC
TREATMENT ACTION CAMPAIGN

SANERELA+

POSITIVE
-WOMEN'S NETWORK-
FOR WOMEN LIVING WITH HIV/AIDS

POSITIVE ACTION CAMPAIGN

NAPWA
SOUTH AFRICA

HEALTH GAP
GLOBAL ACCESS PROJECT

amfAR™
MAKING AIDS HISTORY

O'NEILL INSTITUTE
FOR NATIONAL & GLOBAL HEALTH LAW
GEORGETOWN LAW