RITSHIDZE

SAVING OUR LIVES

MPUMALANGA STATE OF HEALTH

JUNE 2023

3RD EDITION

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DEVELOPING THE REPORT

This is the third edition of the Mpumalanga State of Health report; the first was published in May 2021[1] and the second in June 2022[2]. Like the earlier editions, the third edition of the Mpumalanga 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; ART collection; ART continuity; treatment and viral load literacy; accessibility and friendliness of health services for key populations; the implementation of index testing to find people living with HIV; infrastructure and clinic conditions; and TB infection control.

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.

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 43 facilities across Mpumalanga: 21 in Ehlanzeni, 18 in Gert Sibande, and 4 in Nkangala. Additional quantitative and qualitative data is collected within the community specific to the quality and friendliness of health services provided for people who use drugs, sex workers, and the LGBTQIA+ community.

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 April 2023 and May 2023 (Q3 2023 — marked as "2023") (Figure 1).

+ Interviews took place with 43 Facility Managers
+ Observations took place at 43 facilities
+ Interviews took place with 2,320 public healthcare users
+ 51% (1,193) identified as people living with HIV
+ 24% (556) identified as young people under 25 years of age

Data in this report are compared to data compiled in the first and second editions of the Mpumalanga State of Health report to understand progress. These data were collected between April to May 2021 (Q3 2021 — marked as "2021") and April to May 2022 (Q3 2022 — marked as "2022"). Increased numbers of survey participants of public healthcare users and people living with HIV cautions against over-interpretation of the direct comparison to prior year results.

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

1. 1st edition Mpumalanga State of Health report, May 2021. Available at: ritshidze.org.za/wp-content/uploads/2021/05/Ritshidze-Mpumalanga-State-of-Health-May-2021-FINAL.pdf
2. 2nd edition Mpumalanga State of health report, June 2022. Available at: ritshidze.org.za/wp-content/uploads/2022/06/Ritshidze-State-of-Health-Mpumalanga-2022.pdf

Figure 1: Facilities included in monitoring April to May 2023

District	Facility	PEPFAR agency	District support partner (DSP)
Ehlanzeni	Agincourt CHC	USAID	Right to Care
	Bhuga CHC	USAID	Right to Care
	Cottondale Clinic	USAID	Right to Care
	Eziweni Clinic	USAID	Right to Care
	Gutshwa Clinic	USAID	Right to Care
	Hazyview Clinic	USAID	Right to Care
	Kabokweni CHC	USAID	Right to Care
	Kanyamazane CHC	USAID	Right to Care
	Lillydale Clinic	USAID	Right to Care
	Makoko Clinic	USAID	Right to Care
	Manzini Clinic	USAID	Right to Care
	Matsulu A Clinic	USAID	Right to Care
	Msogwaba Clinic	USAID	Right to Care
	Mthimba Clinic	USAID	Right to Care
	Nelspruit CHC	USAID	Right to Care
	Nkwalini Clinic	USAID	Right to Care
	Phola-Nzikasi CHC	USAID	Right to Care
	Shatale Clinic	USAID	Right to Care
	Thekwane Clinic	USAID	Right to Care
	White River Clinic	USAID	Right to Care
	Zwelisha Clinic	USAID	Right to Care
Gert Sibande	Amsterdam CHC	USAID	Broadreach
	Bethal Town Clinic	USAID	Broadreach
	Embalenhle CHC	USAID	Broadreach
	Ermelo Clinic	USAID	Broadreach
	Ethandakukhanya Clinic	USAID	Broadreach
	Langverwacht Ext 14 Clinic	USAID	Broadreach
	Lebohang CHC	USAID	Broadreach
	Lillian Mambakazi CHC	USAID	Broadreach
	Mkhondo Town Clinic	USAID	Broadreach
	Msimango Clinic	USAID	Broadreach
	Nhlazatshe 6 Clinic	USAID	Broadreach
	Nhlazatshe Clinic	USAID	Broadreach
	Paulina Morapeli CHC	USAID	Broadreach
	Piet Retief Clinic	USAID	Broadreach
	Sead Clinic	USAID	Broadreach
	Secunda Clinic	USAID	Broadreach
	Thussiville (MN Cindi) Clinic	USAID	Broadreach
	Winifred Maboa CHC	USAID	Broadreach
Nkangala	Beatty Clinic	USAID	Broadreach
	Empumelelweni CHC	USAID	Broadreach
	Siphosesimbi CHC	USAID	Broadreach
	Thembalethu CHC	USAID	Broadreach

Ritshidze monitors 43 facilities across Mpumalanga — including 21 in Ehlanzeni, 18 in Gert Sibande, and 4 in Nkangala

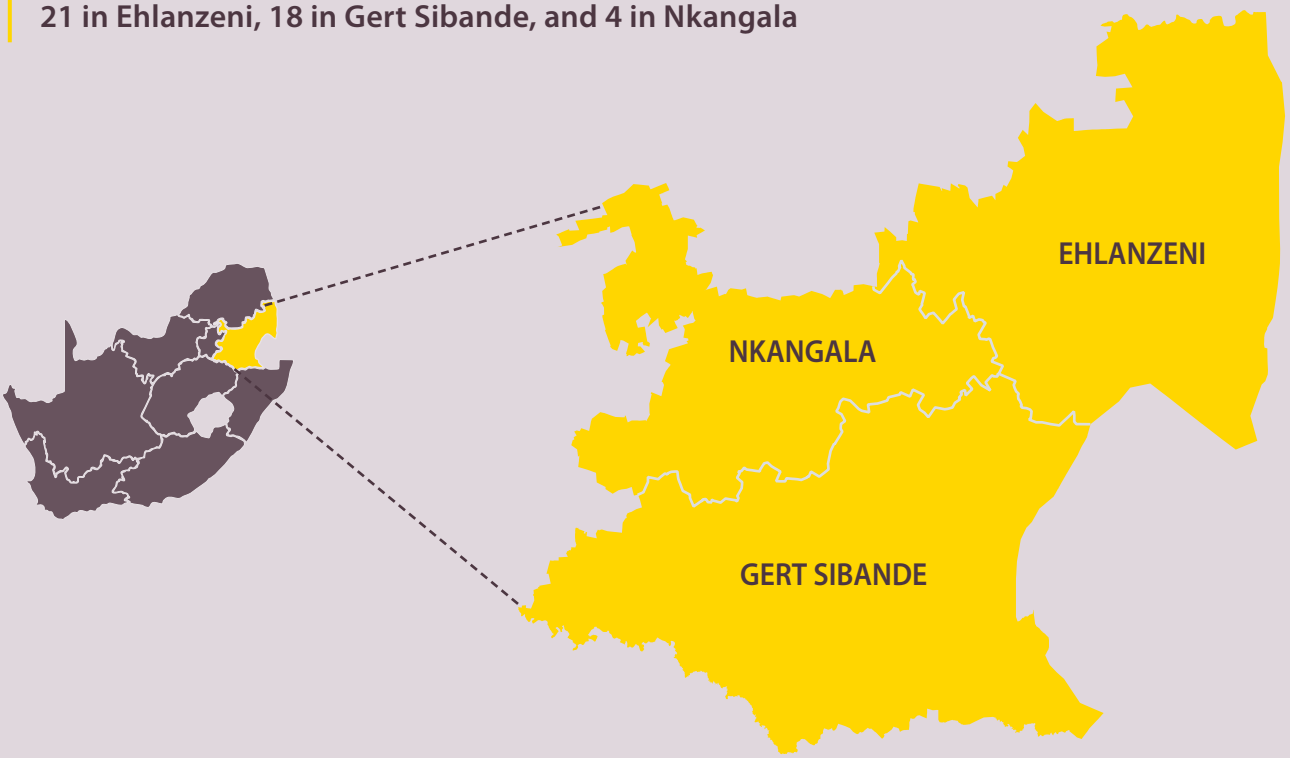


Figure 2

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
Ehlanzeni	Female Sex Worker site, MSM site, People who inject drugs site	/	170	231	192	76
Gert Sibande	Female Sex Worker site	Trans* services, MSM services	46	130	151	14

Additional quantitative data related to key populations were collected between July and September 2023. Data collection took place across two districts: Ehlanzeni and Gert Sibande (Figure 2). A total of 1,010 surveys were taken, combining 216 gay, bisexual, and other men who have sex with men (GBMSM), 361 people who use drugs, 343 sex workers, and 90 trans* people.

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.
+ **A 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.

INTRODUCTION

After nearly three years of community-led monitoring in Mpumalanga, Ritshidze data reveal ups and downs. The province has improved, even beyond other provinces, in certain indicators. While in others, there has been little change, or things have gotten worse. One thing is clear, poorly functioning clinics remain key to why people stop taking their ARV treatment or don't access the HIV prevention they need in the first place.

Positively, waiting times have reduced by nearly an hour in the last year in facilities monitored in Mpumalanga, down to an average of 3:12 hours waiting after the facility opens. However, some people still spend many hours at each visit to the facility — which is a major source of dissatisfaction. 59% of people reported long waiting times — with 37% blaming staff shortages, 31% blaming staff not working/working slowly, and 43% blaming disorganised filing systems.

Concerns of staff shortages were echoed by facilities, with 65% of Facility Managers stating that there are too few staff to meet patients' needs. Without qualified and committed staff in place, we cannot hope to improve the state of our clinics.

The country's loadshedding crisis also impacts waiting times and the provision of services. The most common challenges include delays in finding files when filing rooms are in darkness, increasing the time people wait, as well as data capturers not being able to capture information, creating a backlog in following up with people who have missed appointments or need to be recalled. Generators at each facility could resolve these challenges, yet only 56% of facilities have a generator that is working and has fuel.

One clear way to reduce the burden on overstretched facilities is to give people living with HIV longer supplies of treatment — and the province has made great improvement in this over the last year.

According to Ritshidze data 64% of people living with HIV interviewed now receive a 3 month refill and Mpumalanga scored best on this indicator out of all provinces. However, this does remain low compared to other PEPFAR supported countries where around 80% of people get a 3 to 6 month supply — and of additional concern are reports from the national health department that the number of active people receiving a three month supply has actually decreased from 175,404 to 109,303 in the province.

Another strategy to ease congestion is to allow people living with HIV to collect their treatment at pick-up points either at the facility or externally in the community. These options should make it quicker and easier to collect ARVs. Yet 65% of people using facility pick-up points told us that they must still collect files, take vitals, and see a clinician before getting their parcel — adding unnecessary delays. Of those still using the facility, 48% said they had never even been offered one of these options — and 52% of people living with HIV interviewed still wish they could collect their ARVs closer to home.

Once on treatment, people living with HIV need to understand the benefits of taking their pills every day. Yet, while there has been improvement, only 88% reported that they knew their viral load — and there remain significant gaps in knowledge and treatment literacy. While 89% agreed with the statement; "having an undetectable viral load means the treatment is working well" — only 72% agreed with the statement "having an undetectable viral load means a person cannot transmit HIV".

It is also important to recognise that 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 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.

In this reporting period, only 62% of people thought that the staff were always friendly and professional. However, 37% of people still thought staff were only sometimes or never friendly and there has been limited change over the last year.

Worse, only 40% of gay, bisexual, and other men who have sex with men said staff are always friendly, only 24% of people who use drugs, only 48% of sex workers, and only 47% of trans* people — and the majority of key populations interviewed did not feel safe or comfortable at the facility.

Of major concern are the reports of people being denied health services. 297 people reported being denied services in the last year for not having a transfer letter — and 433 people reported being denied services for not having an identity document.

Significant numbers of people we interviewed also reported being refused access to services in the last year because of being someone who uses drugs, is a sex worker, or is a part of the LGBTQIA+ community — including 10% of gay, bisexual, and other men who have sex with men, 26% of people who use drugs, 11% of sex workers, and 13% of trans* people.

People living with HIV and key populations who are treated badly, humiliated, or refused access to services will inevitably stop going to the facility altogether, including for HIV, TB and STI testing and treatment. It is critical that the department investigate these reports and hold staff accountable to providing friendly, respectful, and safe services.

For key populations, on top of hostile staff important services remain limited or completely out of reach. Lubricants are only freely available in 40% of facilities monitored, and in those sites too often they are only put in waiting rooms and near

While positively 94% of people living with HIV know their status in Mpumalanga, only 82% of those people are on ARVs, out of which 88% are virally suppressed

receptions, putting people off taking them. While PrEP is available at 100% of sites monitored, far fewer facilities actually prioritise offering it to key populations who could benefit.

Widespread access to harm reduction services (like methadone and unused needles) or gender affirming care (including hormones) remain outside the reach of most of the people they are meant to serve. Only 9% of people who use drugs were offered information about where they could get new needles and only 22% were given information on where to get methadone. While 78% of trans* people said that clinic staff use their wrong names, 72% said they use their wrong pronouns, and 19% said facilities had no knowledge of hormone therapy at all.

These shortcomings all contribute to slow progress towards getting everyone on HIV treatment, or giving people access to HIV prevention options. While positively 94% of people living with HIV know their status in Mpumalanga, only 82% of those people are on ARVs, out of which 88% are virally suppressed[3]. This translates to just 77% of all people living with HIV receiving ARVs in the province and only 68% of all people living with HIV being virally suppressed.

The Department of Health as well as PEPFAR District Support Partners (Broadreach and Right to Care) must address the challenges identified, and use the solutions recommended, if we are to get more people accessing the HIV and TB prevention and treatment they need.

3. National Department of Health. Presentation made at Operation Phuthuma "DHIS". September 2022


DASH BOARD FOR 6 PRIORITY AREAS
DASH BOARD FOR 6 PRIORITY AREAS
DASH BOARD FOR 6 PRIORITY AREAS
KARSTADT
Carver Camp

JUNE 2023

RECOMMENDED SOLUTIONS

This table reflects the recommendations in this report. Some are priorities that were included in the 1st and 2nd Editions 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		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **Produce an annual report on the number of healthcare workers per cadre employed** in each district: include the numbers of people and size of areas covered by these healthcare workers, year-on-year comparisons (from at least 2021), the vacancies, and the cost of these posts to the government	2022, 2023	No
2. **Fill all vacancies** in 2023/24 financial year	2021, 2022, 2023	No
PEPFAR		
1. Support GoSA in **filling all vacancies** at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term	COP22, COP23	No
2. **Provide additional staffing** for all PEPFAR supported sites to extend opening hours to 5am to 7pm on weekdays	COP20, COP21, COP22, COP23	In part
3. **Fund adequate numbers of adherence club facilitators** to allow for the restart of adherence clubs	COP23	No
2. Waiting times		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **Extend facility opening times** as per the 2019 NDoH circular	2021, 2022, 2023	No
2. **Utilise appointment days and times** to ease congestion	2022, 2023	In part
3. **Ensure filing systems are maintained in an organised manner** to reduce lost files	2021, 2022, 2023	In part
4. **Open clinic grounds by 5am** so that people can wait safely in the mornings	2022, 2023	No
5. Ensure **files are not required for facility pick-up points** (people living with HIV go directly to the pick-up point to collect their ART refill)	2022, 2023	In part
6. Get **more people living with HIV into external pick-up points** to reduce congestion	2022, 2023	In part
BROADREACH & RIGHT TO CARE		
1. **Immediately do an assessment at all POPS (PEPFAR Operation Phuthuma Support) sites with waiting time over 3 hours** and develop a specific plan for each facility that will bring the waiting time below 2 hours	2023	No
2. Support the facility to **organise and maintain an organised filing system**	2022, 2023	In part
3. Ensure **files are not required for facility pick-up points** (people living with HIV go directly to the pick-up point to collect their ART refill)	2022, 2023	In part
4. Get **more people living with HIV into external pick-up points** to reduce congestion	2022, 2023	In part
3. ART collection		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **Extend and implement ARV refills** (to 3 months by end September 2023 and 6 months by end September 2024)	2021, 2022, 2023	In part
2. Ensure **all people living with HIV are offered a range of repeat prescription collection strategy (RPCs) options** and those enrolled in RPCs are active	2022, 2023	In part
3. Ensure that **reassessment of RPC options takes place** at each clinical consultation to ensure people living with HIV remain satisfied with their RPC	2023	No

Priority recommendations	What years did we ask for it?	Do we have it?
4. Ensure all facilities implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: a. Ensuring **facility pick-up points are a one-stop very quick ART collection-only visit in under 30 minutes**. No need to go to the registry, collect folders, see clinician etc. b. Ensuring reestablishment/implementation of **quality adherence clubs** including group facilitation component c. **Increasing the number and type of external pick-up points** to ensure urban, peri-urban and rural clinics have external pick-up points d. Ensuring people going back to clinics for their RPCs rescript, **receive the rescript on the same day** if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load.	2022, 2023	In part
BROADREACH & RIGHT TO CARE		
1. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: a. Ensuring **facility pick-up points are a one-stop very quick ART collection-only visit in under 30 minutes**. No need to go to the registry, collect folders, see clinician etc. b. Ensuring reestablishment/implementation of **quality adherence clubs** including group facilitation component c. **Increasing the number and type of external pick-up points** to ensure urban, peri-urban and rural clinics have external pick-up points d. Ensuring people going back to clinics for their RPCs rescript, **receive the rescript on the same day** if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load.	2022, 2023	In part
PEPFAR		
1. Monitor and hold accountable DSPs to implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity	2022, 2023	No
4. ART continuity		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Ensure DOH staff **acknowledge that it is normal to miss appointments and/or have treatment interruptions** — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed	2022, 2023	In part
2. Ensure DOH staff **treat people in a dignified and friendly manner** and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate	2021, 2022, 2023	In part
3. Send communication to all sites highlighting that **no PLHIV should be sent to the back of the queue if they miss an appointment** as per the Welcome Back Campaign strategy that says people returning to care should be triaged.	2021, 2022, 2023	In part
4. **Transfer letters must not be required for ARV continuation or restart**. Any reports where treatment is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate.	2022, 2023	No
5. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: a. Ensuring every person starting ART is provided with good quality fast track initiation counselling **session 1** at ART start **and session 2** after 1 month on ART b. Taking **first viral load as early as possible** to ensure providing earlier adherence intervention support and earlier access to longer treatment supply at more convenient locations c. **Actioning an elevated VL** without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate d. **Actioning a suppressed VL** without delay focusing on immediate assessment, offer and enrolment into the Repeat Prescription Collection strategy of choice the month after VL taken e. All facilities **implement 2023 re-engagement algorithm** including appropriately differentiating services for returning PLHIV	2022, 2023	No
BROADREACH & RIGHT TO CARE		
1. Ensure DSP staff **acknowledge that it is normal to miss appointments and/or have treatment interruptions** — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed	2022, 2023	In part
2. Ensure DSP staff **treat people in a dignified and friendly manner** and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate	2021, 2022, 2023	In part
3. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: a. Ensuring every person starting ART is provided with good quality fast track initiation counselling **session 1** at ART start **and session 2** after 1 month on ART b. Taking **first viral load as early as possible** to ensure providing earlier adherence intervention support and earlier access to longer treatment supply at more convenient locations c. **Actioning an elevated VL** without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate d. **Actioning a suppressed VL** without delay focusing on immediate assessment, offer and enrolment into the Repeat Prescription Collection strategy of choice the month after VL taken e. All facilities **implement 2023 re-engagement algorithm** including appropriately differentiating services for returning PLHIV	2022, 2023	No

Priority recommendations	What years did we ask for it?	Do we have it?
4. Support with training and mentoring of DOH staff at facility level on the revised 2023 re-engagement clinical and adherence guidelines SOPs	2023	No
5. Treatment and viral load literacy		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Ensure all DOH staff **provide accurate and easily understandable information on treatment literacy and adherence**, and the importance of an undetectable viral load through consultations, counselling, and outreach	2021, 2022, 2023	In part
2. Ensure that **treatment literacy information is provided at health talks** each day at the clinic	2021, 2022, 2023	In part
3. Ensure that DOH staff **explain viral load test results to all PLHIV properly** in a timely manner	2021, 2022, 2023	In part
BROADREACH & RIGHT TO CARE		
1. Ensure all DSP staff **provide accurate and easily understandable information on treatment literacy and adherence**, and the importance of an undetectable viral load through consultations, counselling, and outreach	2021, 2022, 2023	In part
2. Ensure that DSP staff **explain viral load test results to all PLHIV properly** in a timely manner	2021, 2022, 2023	In part
PEPFAR		
1. Fund an **expansion of PLHIV + KP led treatment literacy efforts** across all provinces, through training, education and localised social mobilisation campaigns	2019, 2020, 2021, 2022, 2023	No
6. Key populations		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Ensure that all clinical and non-clinical staff (including security guards) across public health facilities are 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, 2023	No
2. **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**	2022, 2023	No
3. Expand the Centre of Excellence model to ensure that at least 2 public health facilities *per population* per district serve as key population designated service delivery centres. a. A minimum package of services (as outlined in Figure 57) should be made available at these facilities. b. Easy referral and adequate resources (including transport/money for transport) must be provided for people to take up these services.	2022, 2023	In part
4. Ensure that HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP are made easily available at <u>all</u> public health facilities. a. Make available external and internal condoms as well as lubricants in a range of spaces across the facility (i.e., waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely and easily collect them b. Ensure that PrEP is offered to everyone, including key populations who are not living with HIV/test negative for HIV, with information shared on its benefits c. Ensure no staff members ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes	2022, 2023	In part
PEPFAR		
1. Expand the Centre of Excellence model to ensure that at least 2 public health facilities *per population* per district serve as key population designated service delivery centres. a. A minimum package of services (as outlined in Figure 57) should be made available at these facilities. b. Easy referral and adequate resources (including transport/money for transport) must be provided for people to take up these services c. PEPFAR must support these facilities with additional staff and resources to provide comprehensive health services to the specific key population being served	2022, 2023	In part
2. Ensure that HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP are made easily available at <u>all</u> public health facilities. a. Make available condoms and lubricants in a range of spaces across the facility (i.e., waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely and easily collect them b. Ensure that PrEP is offered to everyone, including key populations who are not living with HIV/test negative for HIV, with information shared on its benefits c. Ensure no staff members ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes	2022, 2023	In part

Priority recommendations	What years did we ask for it?	Do we have it?
7. Index testing		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that: a. Index testing is always voluntary b. 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 c. **No contacts who have ever been violent or are at risk of being violent are ever be contacted** d. **Adequate IPV services available** at the facility or by referral e. **Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual f. **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. g. 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.	2021, 2022, 2023	In part
2. There should be an **investigation into all sites carrying out index testing**, especially those not monitored by Ritshidze, urgently to assess the implementation of index testing. The findings of this investigation should be shared transparently.	2023	No
3. **Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.	2022, 2023	No
BROADREACH & RIGHT TO CARE		
1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that: a. Index testing is always voluntary b. 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 c. **No contacts who have ever been violent or are at risk of being violent are ever be contacted** d. **Adequate IPV services available** at the facility or by referral e. **Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual f. **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 g. 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.services if the answer is yes. Data on such occurrences must be shared.	2021, 2022, 2023	In part
2. There should be an **investigation into all DSP staff carrying out index testing**, especially those not monitored by Ritshidze, urgently to assess the implementation of index testing. The findings of this investigation should be shared transparently.	2023	No
3. **Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.	2022, 2023	No
PEPFAR		
1. PEPFAR must follow-through on commitments in COP22, including all monitoring and reporting elements. PEPFAR must share: a. Adverse Event Monitoring Tools of each DSP; b. Data from monthly analyses site level acceptance rates analyses (Oct-Jan); c. Results of REDCap assessments; d. Data on numbers of index clients screened for IPV and those screened positive; e. Planning Meeting Reporting/Presentation Expectations: f. Report on all adverse events (number, type of adverse event, and resolution); g. Results from first wave of 1-2 month delayed healthcare provider follow-ups with index clients on adverse events; h. Plan for implementation of PEPFAR's GBV Quality Assurance Tool: Number of sites, timeframe for implementation, any preliminary results; i. Status of referral network for GBV services; j. Plan for mechanism on reporting data to CSOs on all elements documented in the SDS.	2023	No

Priority recommendations	What years did we ask for it?	Do we have it?
8. Infrastructure and clinic conditions		
MPUMALANGA DEPARTMENT OF HEALTH		
1. Ensure that all public health facilities have a **functional generator with sufficient fuel** so that health services and administrative work can continue during loadshedding	2023	In part
2. Ensure that **all public healthcare users are consulted, tested, and/or counselled in private rooms**	2022, 2023	In part
3. Carry out an **audit of all facilities to assess infrastructural challenges.** After which the Department should develop a plan in order to renovate buildings and ensure adequate space to provide efficient, private, and safe healthcare services. The Department must publish the audit results	2023	No
4. In the interim, **provide temporary structures** and ensure that **more PLHIV are being decanted out of the facility** and **receiving longer ART refills**, to reduce the burden on overcrowded clinics	2023	No
5. Ensure that **all facilities are maintained to the highest standards of cleanliness** including through implementing regular cleaning rotas	2023	In part
6. Ensure clinics have resources to **provide soap and toilet paper in all toilets**	2023	In part
9. TB infection control		
MPUMALANGA DEPARTMENT OF HEALTH		
1. **Issue communication to all facilities** stating that: a. All windows must be kept open b. TB infection control posters must be displayed in visible places in the waiting area c. Public healthcare users must be screened for TB symptoms upon arrival d. People coughing or with TB symptoms must be seen first to reduce the risk of transmission e. People coughing or with TB symptoms must be provided with masks f. People who are coughing must be separated from those who are not while waiting	2021, 2023	No
2. **Carry out a full audit of all public health facilities in the province to assess TB infection control**, based upon WHO guidelines. After which the Department should develop a plan based upon the infrastructural, human resource, or behavioural challenges found in order to improve TB infection control. The Department must publish the audit results.	2021, 2023	No


CONSULTATION 2
CONSULTATION 1
Shona lena
Kuyogomela
iCovid-19

1. Staffing

2021	2022	2023
7% of Facility Managers say their facilities have enough staff	**41%** of Facility Managers say their facilities have enough staff	**35%** of Facility Managers say their facilities have enough staff
30% of public healthcare users say there are always enough staff at facilities	**54%** of public healthcare users say there are always enough staff at facilities	**53%** of public healthcare users say there are always enough staff at facilities
114 vacancies unfilled across 25 facilities	**95** vacancies unfilled across 17 facilities	**117** vacancies unfilled across 25 facilities

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. **Produce an annual report on the number of healthcare workers per cadre employed** in each district: include the numbers of people and size of areas covered by these healthcare workers, year-on-year comparisons (from at least 2021), the vacancies, and the cost of these posts to the government
2. **Fill all vacancies** in 2023/24 financial year

RECOMMENDATIONS

PEPFAR

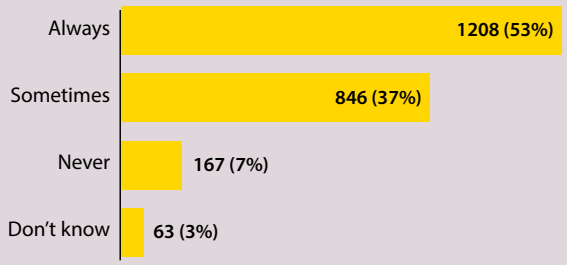
1. **Support GoSA in filling all vacancies at** PEPFAR Operation Phuthuma Support (POPS) **facilities in the short term**
2. **Provide additional staffing** for all PEPFAR supported sites to extend opening hours to 5am to 7pm on weekdays
3. **Fund adequate numbers of adherence club facilitators** to allow for the restart of adherence clubs

Improving the state of health services provided at our clinics — so that all people living with HIV and key populations can access friendly, welcoming, and quality services — depends mainly on having enough qualified and committed staff in place.

Yet of 2,284 public healthcare users, only 53% said there was always enough staff to meet the needs of public healthcare users (Figure 3), similar to 54% last year, with the best and worst performing sites outlined (Figure 4 and Figure 5). Of 43 Managers, 65% reported there was not enough clinical and/or non-clinical staff at the facility (Figure 6), worsening from 54% last year. Ehlanzeni performed worst, with 71% of Facility Managers (15 sites) reporting too few staff in place, compared to 61% in Gert Sibande (11 sites) and 50% in Nkangala (2 sites).

Figure 3

Are there enough staff at the facility? (April to May 2023)
Patients Surveyed: 2 284



> **Improving the state of health services provided at our clinics — so that all people living with HIV and key populations can access friendly, welcoming, and quality services — depends mainly on having enough qualified and committed staff in place.**

> **While Mpumalanga is making improvements since Ritshidze started monitoring in the province, a gap still remains between the staffing needed to ensure high quality services and the staff present each day at site level**

Figure 4

Best performing facilities for "Are there enough staff at the facility?" (April to May 2023)

District	Facility	Surveys Completed	Always	Sometimes	Never	Dont know	Score
Gert Sibande	Piet Retief Clinic	52	50	2	0	0	1.96
Gert Sibande	Ermelo Clinic	51	49	1	1	0	1.94
Gert Sibande	Nhlazatshe Clinic	53	49	4	0	0	1.92
Gert Sibande	Mkhondo Town Clinic	50	45	5	0	0	1.9
Gert Sibande	Ethandakukhanya Clinic	72	63	6	1	2	1.89
Gert Sibande	Thussiville (MN Cindi) Clinic	53	47	2	4	0	1.81
Gert Sibande	Langverwacht Ext 14 Clinic	50	41	8	1	0	1.8
Gert Sibande	Lillian Mambakazi CHC	50	39	8	2	1	1.76
Gert Sibande	Winifred Maboa CHC	50	38	10	1	1	1.76

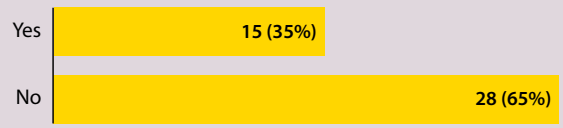
Figure 5

Worst performing facilities for "Are there enough staff at the facility?" (April to May 2023)

District	Facility	Surveys Completed	Always	Sometimes	Never	Dont know	Score
Gert Sibande	Lebohang CHC	69	8	22	38	1	0.56
Nkangala	Empumelelweni CHC	52	1	51	0	0	1.02
Ehlanzeni	White River Clinic	50	17	17	16	0	1.02
Ehlanzeni	Matsulu A Clinic	38	1	31	0	6	1.03
Nkangala	Beatty Clinic	54	5	46	3	0	1.04
Ehlanzeni	Shatale Clinic	55	14	32	9	0	1.09
Nkangala	Thembalethu CHC	53	8	42	3	0	1.09
Ehlanzeni	Mthimba Clinic	59	11	43	5	0	1.1

Figure 6

Facility Manager: does the facility have enough staff? (April to May 2023)
Facility Staff Surveyed: 43



Of facilities reporting shortages, 33% of Facility Managers attributed shortages to there not being enough positions in the organogram to do all the work, while 22% highlighted one or more unfilled vacancies. According to Facility Managers, the most commonly understaffed cadres were professional nurses, enrolled nurses, enrolled nurse assistants, and data capturers (Figure 7). The most common vacancies were among data capturers, enrolled nurses, and pharmacist assistants (Figure 8).

38% of facilities specifically wanted additional human resource support from PEPFAR district support partners in the province — Broadreach and Right to Care. However, PEPFAR's funding for critical HR posts has only reduced in recent years.

While Mpumalanga is making improvements since Ritshidze started monitoring in the province, a gap still remains between the staffing needed to ensure high quality services and the staff present each day at site level. There is still a way to go to fill the human resource gap that undermines the HIV and TB response.

Figure 7

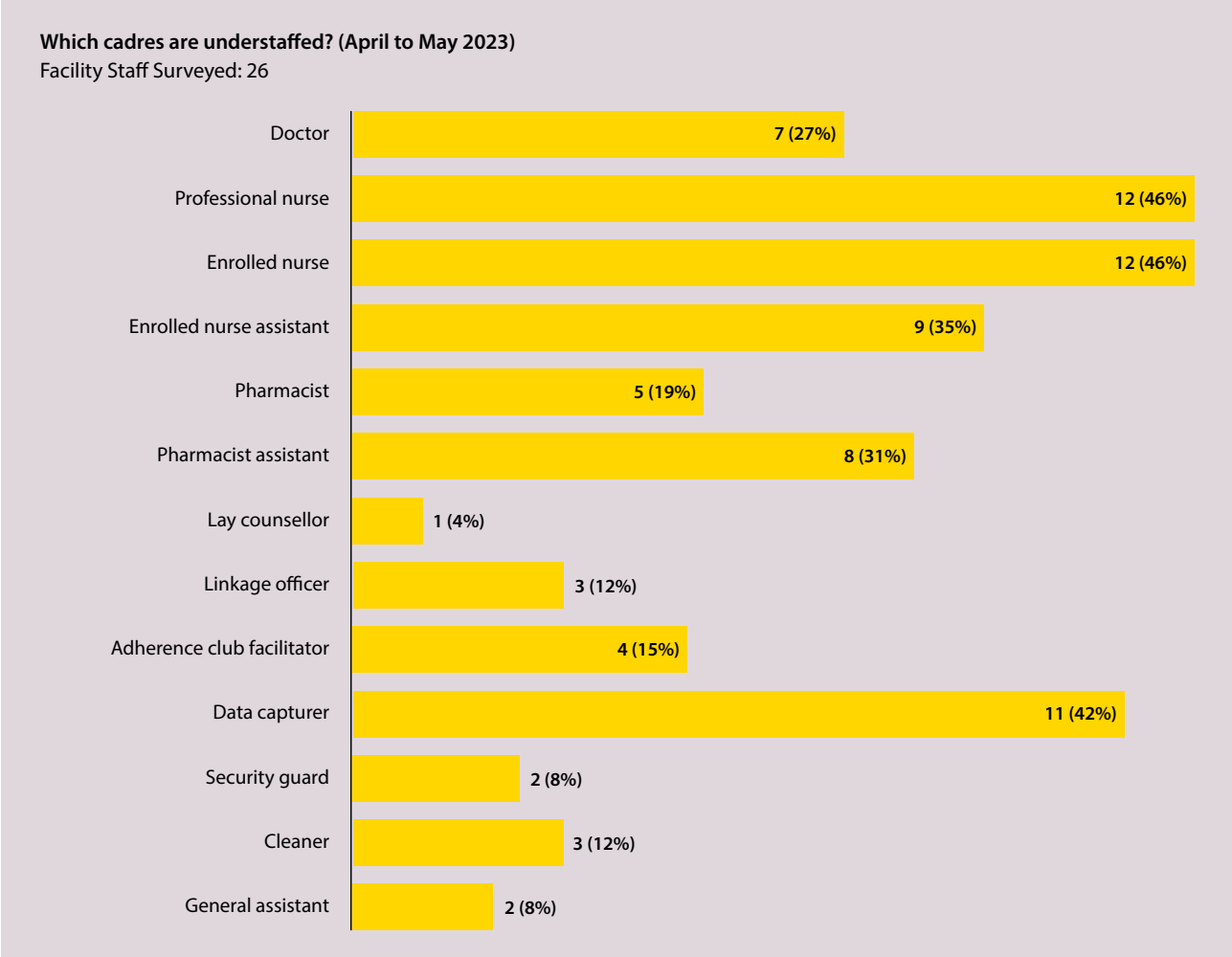


Figure 8

How many vacancies of each healthcare cadre do you have?					
	April to May 2022 (Q3 2022)	July to August 2022 (Q4 2022)	October - November 2022 (Q1 2023)	January - February 2023 (Q2 2023)	April - May 2023 (Q3 2023)
# Facilities monitored with vacancies	17	18	27	24	25
Doctor	13	5	7	1	3
Professional nurse	22	13	23	12	18
Enrolled nurse	29	30	69	7	28
Enrolled nurse assistant	9	5	16	10	18
Pharmacist	4	4	8	3	7
Pharmacist assistant	3	9	0	5	10
Lay counsellor	0	7	7	1	2
Linkage officer	1	0	4	2	0
Data capturer	8	15	8	11	25
Cleaner	6	15	14	7	6
Security guard	0	8	2	1	0
Total	**95**	**111**	**158**	**60**	**117**

2. Waiting times

2021	2022	2023
4.41 hours was the average reported waiting time by patients (including time before the facility opened)	**4:13** hours was the average reported waiting time by patients (including time before the facility opened)	**3:18** hours was the average reported waiting time by patients (including time before the facility opened)
4:31 hours was the average reported waiting time by patients after the facility opened	**4:05** hours was the average reported waiting time by patients after the facility opened	**3:12** hours was the average reported waiting time by patients after the facility opened
5:30am was the average earliest arrival time	**5:46am** was the average earliest arrival time	**6:15am** was the average earliest arrival time
34% of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open	**22%** of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open	**29%** of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open
11 out of 49 facilities had a filing system observed in bad condition	**14 out of 39** facilities had a filing system observed in bad condition	**23 out of 43** facilities had a filing system observed in bad condition
	65% of public healthcare users think waiting times are long	**59%** of public healthcare users think waiting times are long

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. **Extend facility opening times** as per the 2019 NDoH circular
2. **Utilise appointment days and times** to ease congestion
3. Ensure **filing systems are maintained in an organised manner** to reduce lost files
4. **Open clinic grounds by 5am** so that people can wait safely in the mornings
5. Ensure **files are not required for facility pick-up points** (people living with HIV go directly to the pick-up point to collect their ART refill)
6. Get more **people living with HIV into external pick-up points** to reduce congestion

RECOMMENDATIONS

BROADREACH & RIGHT TO CARE

1. **Immediately do an assessment at all POPS (PEPFAR Operation Phuthuma Support) sites with waiting time over 3 hours** and develop a specific plan for each facility that will bring the waiting time below 2 hours
2. Support the facility to **organise and maintain an organised filing system**
3. Ensure **files are not required for facility pick-up points** (people living with HIV go directly to the pick-up point to collect their ART refill)
4. Get **more people living with HIV into external pick-up points** to reduce congestion

Positively, average waiting times have reduced by nearly an hour in the last year in facilities monitored in Mpumalanga, down to an average of 3:18 hours waiting in the facility (including time before the facility opens), and 3:12 hours waiting after the facility opens. There is some variation across districts with Ehlanzeni performing best in the province (Figure 9). Two facilities monitored now have average waiting times under two hours (Figure 10).

However, some public healthcare users still spend hours at each visit to the facility. The average waiting time was over 3 hours at 27 facilities monitored, and over 4 hours at 6 of those (Figure 11). This is a very long time to spend at a facility in which people are usually only seen for a very short consultation — and this is a major source of dissatisfaction for those who experience the long waits. For people living with HIV either collecting refills through standard dispensing or at facility pick-up points, or returning to the facility for a rescript, spending an extended time at a facility increases the risk of that person interrupting treatment and/or disengaging from care.

Positively, average waiting times have reduced by nearly an hour in the last year in facilities monitored in Mpumalanga, down to an average of 3:18 hours waiting in the facility (including time before the facility opens), and 3:12 hours waiting after the facility opens.

Figure 9

Average Facility Waiting Time by District (April to May 2023)

District	Number of Facilities Assessed	Time Patients Spend at the Facility?	Time Spent In the Facility after Opening?
Ehlanzeni	21	03:01	02:53
Gert Sibande	18	03:34	03:30
Nkangala	4	03:35	03:26

Figure 10

Facilities with waiting times under 2 hours (April to May 2023)

District	Facility	Surveys Completed	Time patients spend at the facility
Gert Sibande	Nhlazatshe Clinic	53	01:53
Gert Sibande	Nhlazatshe 6 Clinic	51	01:55

Figure 11

Facilities with waiting times over 4 hours (April to May 2023)

District	Facility	Surveys Completed	Time patients spend at the facility
Gert Sibande	Lebohang CHC	68	05:34
Gert Sibande	Paulina Morapeli CHC	54	04:41
Ehlanzeni	White River Clinic	50	04:32
Gert Sibande	Embalenhle CHC	55	04:28
Gert Sibande	Amsterdam CHC	57	04:12
Ehlanzeni	Nelspruit CHC	49	04:11

Of 2,271 public healthcare users surveyed, 59% think the waiting times at the facility are long, down from 65% last year, varying across districts (Figure 12) — with 37% blaming staff shortages, 31% blaming staff not working/working slowly, and 43% blaming disorganised filing systems (Figure 13). In fact, filing systems were observed to be in a good condition in only 47% of sites monitored, mostly due to filing rooms being too small to maintain (Figure 14, Figure 15). Messy and disorganised filing systems increase delays and increase the burden on already overstretched healthcare workers.

Figure 12

Public healthcare users reporting long waiting times (April to May 2023)

District	Number of Facilities Assessed	% reporting long waiting times
Ehlanzeni	21	50%
Gert Sibande	18	66%
Nkangala	4	78%

Figure 13

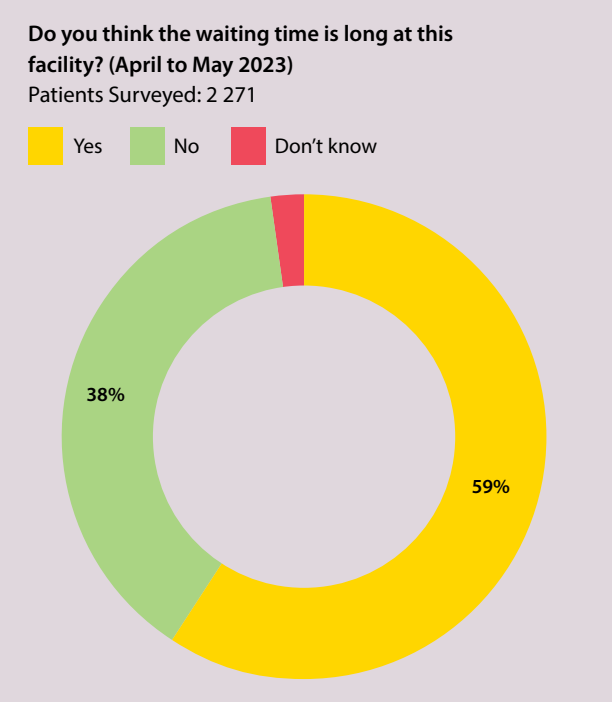


Figure 14

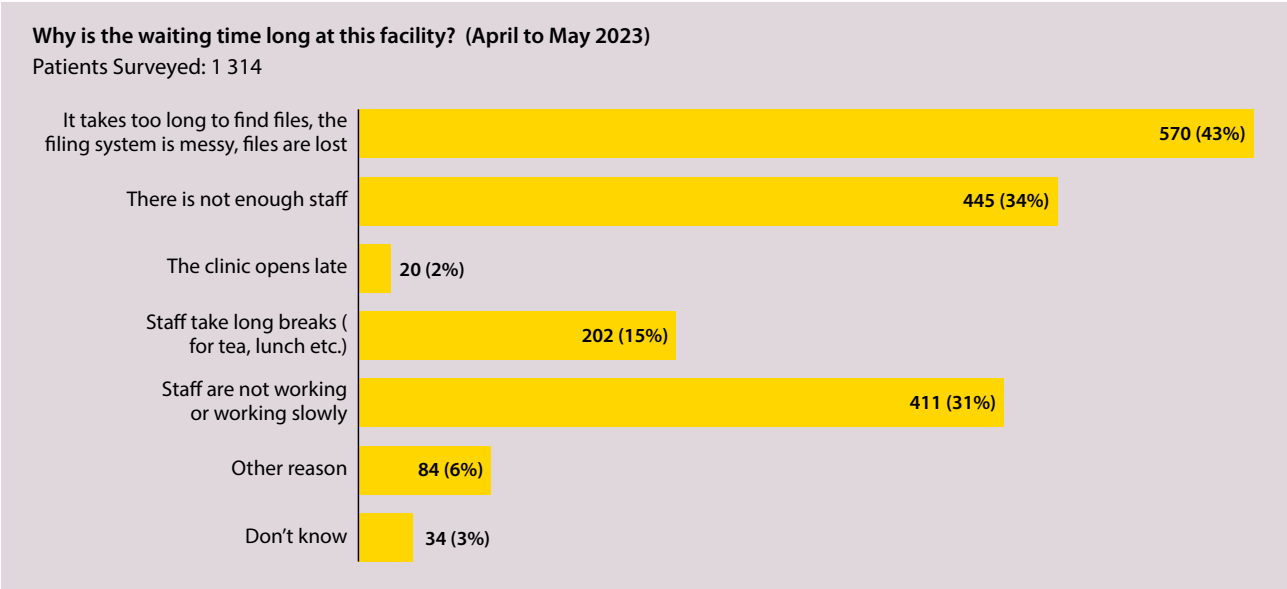


Figure 15

What is observed in bad condition in filing systems (April to May 2023)

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
Ehlanzeni	Agincourt CHC		Yes			
	Cottondale Clinic		Yes			
	Hazyview Clinic		Yes			
	Kanyamazane CHC	Yes	Yes		Yes	
	Makoko Clinic		Yes	Yes		
	Mthimba Clinic		Yes	Yes		
	Shatale Clinic		Yes			
	Thekwane Clinic	Yes	Yes			
	Zwelisha Clinic	Yes	Yes			
Gert Sibande	Amsterdam CHC		Yes			
	Bethal Town Clinic		Yes	Yes		Yes
	Embalenhle CHC	Yes	Yes		Yes	
	Ermelo Clinic	Yes	Yes			
	Langverwacht Ext 4 Clinic		Yes			
	Lebohang CHC	Yes	Yes		Yes	
	Lillian Mambakazi CHC		Yes	Yes		
	Msimango Clinic		Yes			
	Paulina Morapeli CHC	Yes	Yes		Yes	
	Piet Retief Clinic		Yes			
	Secunda Clinic		Yes	Yes		
	Winifred Maboa CHC		Yes		Yes	
Nkangala	Beatty Clinic		Yes			
	Siphosesimbi CHC	Yes			Yes	

Positively, the average earliest arrival time has improved (from 5:46am last year to 6:15am this year), however some people still begin queuing early in the morning, in an attempt to get seen more quickly. 14 facilities still have an average arrival time of before 6am (Figure 16). Of 888 people who arrived before the facility opened, 29% reported feeling unsafe/very unsafe while waiting for the facility to be open (up from 22% last year) (Figure 17).

While a circular was issued in May 2019 by the National Department of Health calling on facilities to open by 5am on weekdays, none of those monitored even open before 7am. Commonly, Facility Managers tell us that they are unable to extend opening hours due to insufficient staffing to cover this time. Yet of 2,257 public healthcare users, 68% think that extended hours would improve access to services.

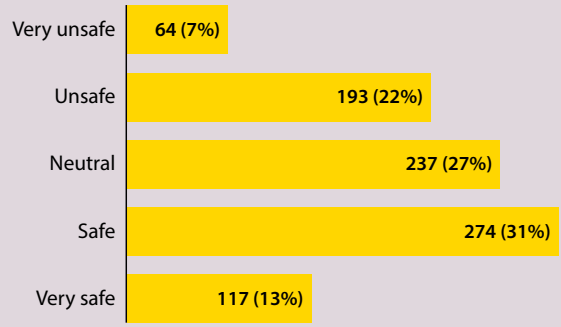
Figure 16

Average arrival time before 6am (April to May 2023)

District	Number of Facilities Assessed	Time Patients Spend at the Facility?	Time Spent In the Facility after Opening?
Gert Sibande	Embalenhle CHC	53	05:26
Ehlanzeni	Thekwane Clinic	53	05:28
Ehlanzeni	Kanyamazane CHC	51	05:30
Gert Sibande	Lebohang CHC	68	05:30
Ehlanzeni	Nkwalini Clinic	51	05:32
Ehlanzeni	Eziweni Clinic	52	05:32
Ehlanzeni	Zwelisha Clinic	51	05:32
Gert Sibande	Paulina Morapeli CHC	56	05:39
Nkangala	Thembalethu CHC	53	05:46
Ehlanzeni	Phola-Nzikasi CHC	50	05:47
Ehlanzeni	Msogwaba Clinic	52	05:51
Ehlanzeni	Hazyview Clinic	55	05:52
Ehlanzeni	Shatale Clinic	55	05:53
Ehlanzeni	Lillydale Clinic	54	05:58

Figure 17

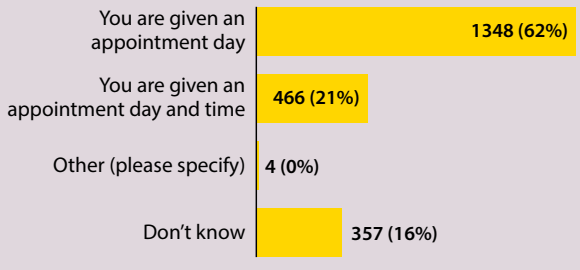
How safe is the facility to wait before it opens? (April to May 2023)
Patients Surveyed: 888



While 81% of public healthcare users were aware of a clinic appointment system, only 21% report getting both a date and time, and 62% reporting just getting a date. This again means people arrive early in a cluster in order to get seen and clinics are empty by the afternoon. Appointments could be spaced out throughout the day to ease congestion.

Figure 18

Which of the following best describes the appointment system?
Patients Surveyed: 2 175



COMMUNITY STORY

On the days Noni* wears her Ritshidze T-shirt to Gutshwa Clinic in Nelspruit, staff treat her and other public healthcare users differently — they do their jobs with some professionalism. It's a different story when she's in her plain clothes, she says.

"The one time I was there in my ordinary clothes and I heard nurses making fun of a patient. Luckily they didn't disclose this person's status. I called them out and said they could not be treating someone like this and being so unfair. When they found out I was a Community Monitor they said all we do is to try to get them fired," says Noni.

Noni is a Community Monitor. She's also a patient at the clinic. She tells how in November 2022 she arrived at the clinic and was told that her file could not be found and they would have to make a duplicate. In the weeks after this visit she kept getting phone calls from the clinic.

"They kept asking if I was still adhering to my ART. And I kept asking why they couldn't see that in my file if they had updated my information," Noni says.

She returned to the facility and went to the Facility Manager asking what was going on with her records. The Facility Manager simply said her file had still not been located and worse still, her duplicate file had also gone missing. They also want her to redo her blood tests.

"By that time I did argue with the Facility Manager — how can they have a filing system but they can't find anything. That's when I told them that I am part of Ritshidze. And then just like that they went back to the filing room and they could find my file.

"To me it means that no-one is working properly, or everyone is just working slowly and this bad attitude is affecting public healthcare users. It's messing up people's lives because even if you are there just for ART collection you can wait two or three hours," she says.

Noni says she's laid a formal complaint. She's even been given the assurance from the Facility Manager that the issues of lost files, poor staff attitudes and go-slows will be addressed, but she says she will continue to monitor the situation.

"We will move this up to district level if things don't change. Public healthcare users have rights and we are trying to build better relationships with clinic staff, not to get anyone fired. We need clinic staff to see that they can't keep on treating public healthcare users without respect and they must just do their jobs," she says.

** Name has been changed to protect identity*

3. ART collection

2021	2022	2023
8% of PLHIV received one month or less supply of ARVs	**17%** of PLHIV received one month or less supply of ARVs	**9%** of PLHIV received one month or less supply of ARVs
41% of PLHIV received three or six months supply of ARVs	**49%** of PLHIV received three or six months supply of ARVs	**64%** of PLHIV received three or six months supply of ARVs
53% of PLHIV would like to collect ARVs closer to their home	**51%** of PLHIV would like to collect ARVs closer to their home	**41%** of PLHIV would like to collect ARVs closer to their home

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. **Extend and implement ARV refills** (to 3 months by end September 2023 and 6 months by end September 2024)
2. Ensure **all people living with HIV are offered a range of repeat prescription collection strategy (RPCs) options** and those enrolled in RPCs are active
3. Ensure that **reassessment of RPC options takes place** at each clinical consultation to ensure people living with HIV remain satisfied with their RPC
4. Ensure all facilities implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:
   a. Ensuring **facility pick-up points are a one-stop very quick ART collection-only visit in under 30 minutes.** No need to go to the registry, collect folders, see clinician etc.
   b. Ensuring reestablishment/implementation of **quality adherence clubs** including group facilitation component
   c. **Increasing the number and type of external pick-up points** to ensure urban, peri-urban and rural clinics have external pick-up points
   d. Ensuring people going back to clinics for their RPCs rescript, **receive the rescript on the same day** if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load.

RECOMMENDATIONS

BROADREACH & RIGHT TO CARE

1. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:
   a. Ensuring **facility pick-up points are a one-stop very quick ART collection-only visit in under 30 minutes.** No need to go to the registry, collect folders, see clinician etc.
   b. Ensuring reestablishment/implementation of **quality adherence clubs** including group facilitation component
   c. **Increasing the number and type of external pick-up points** to ensure urban, peri-urban and rural clinics have external pick-up points
   d. Ensuring people going back to clinics for their RPCs rescript, **receive the rescript on the same day** if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load.

RECOMMENDATIONS

PEPFAR

1. **Monitor and hold accountable DSPs to implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity**

Multi-month dispensing and repeat prescription collection strategies (RPCs) can simplify and adapt HIV services across the cascade, in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system. The revised 2023 National Adherence Guidelines Standard Operating Procedures (SOPs) agree 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 RPCs — including for children and adolescents.

Ritshidze data reveal a major improvement in increasing the duration of ART refills, with the majority of people living with HIV (64%) interviewed by Ritshidze now receiving three to six months supply (Figure 19). Mpumalanga scored

best on this indicator out of all provinces monitored by Ritshidze. However, this remains low compared to 21 other PEPFAR supported countries, where 80% of people living with HIV received 3-6 month ART refill between October and December 2021 (Figure 20). Additionally, according to the national health department, the number of active people living with HIV receiving a three month supply has decreased from 175,404 to 109,303 in Mpumalanga (Figure 21).

The 113 reports of 1 month or less supply (Figure 22) should also be investigated to determine if this was due to new initiates, or supply issues.

Figure 19

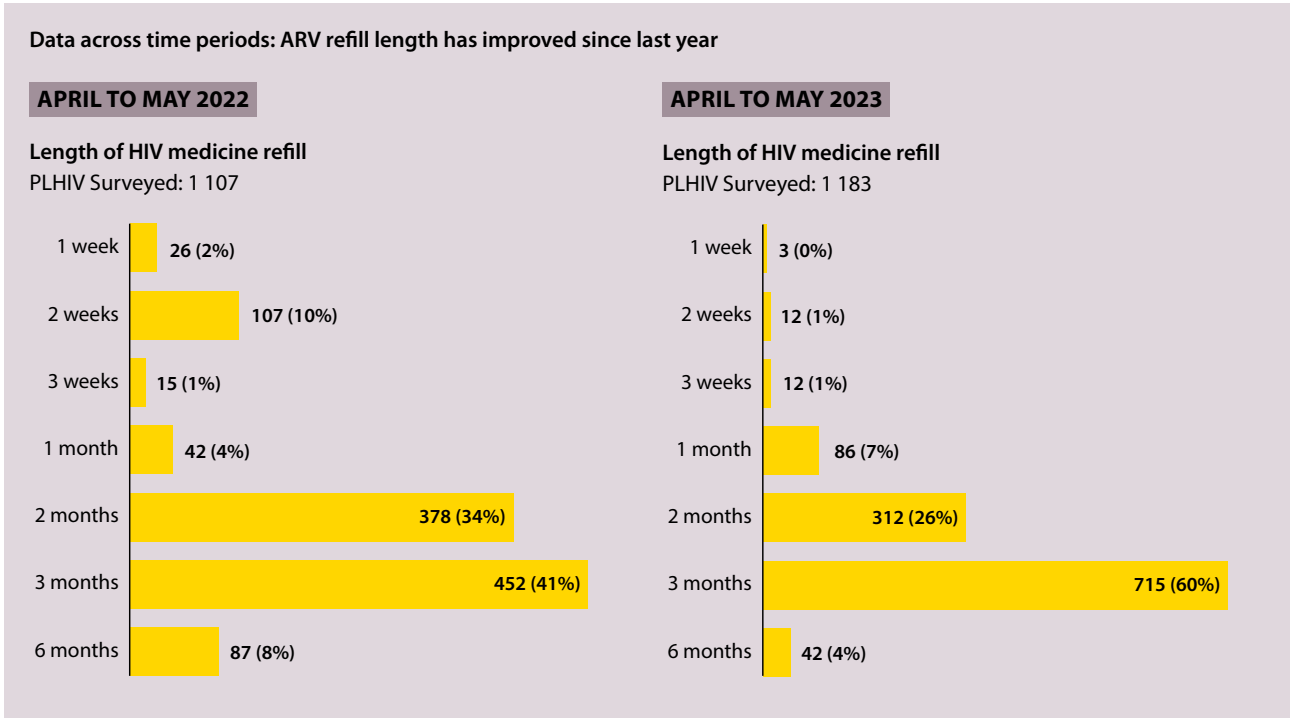
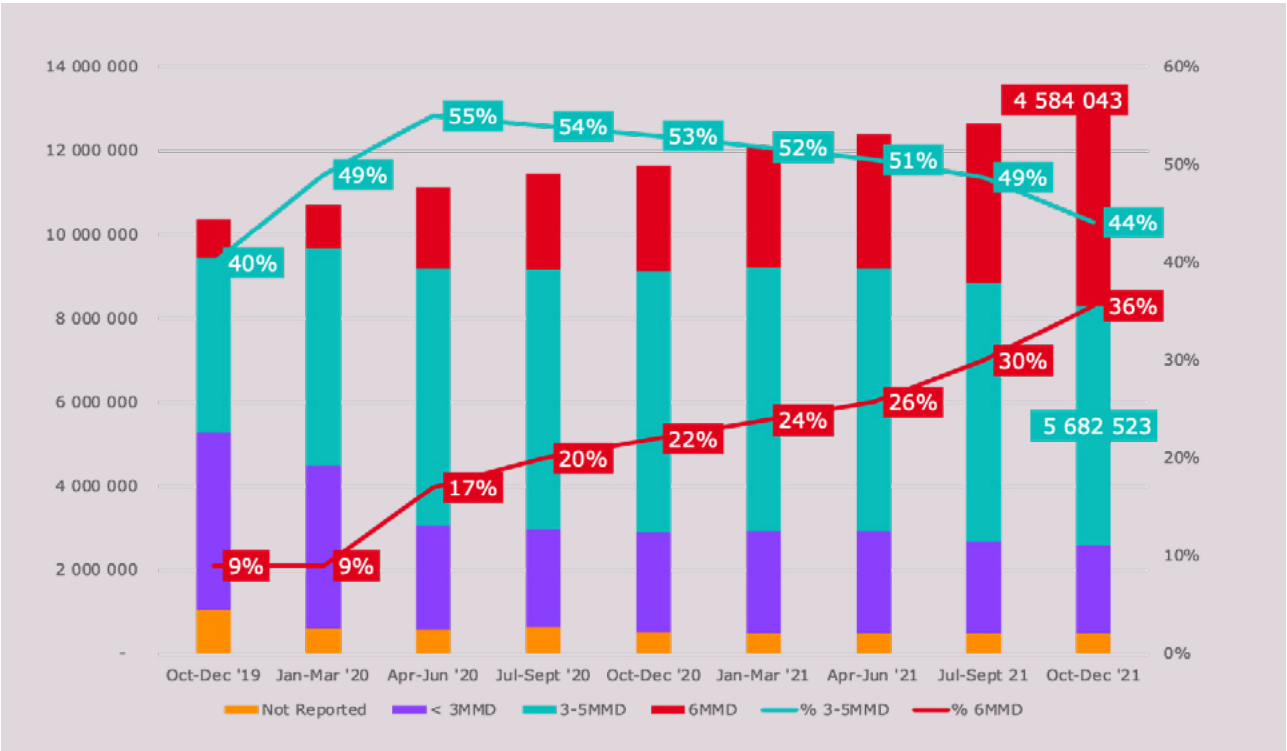
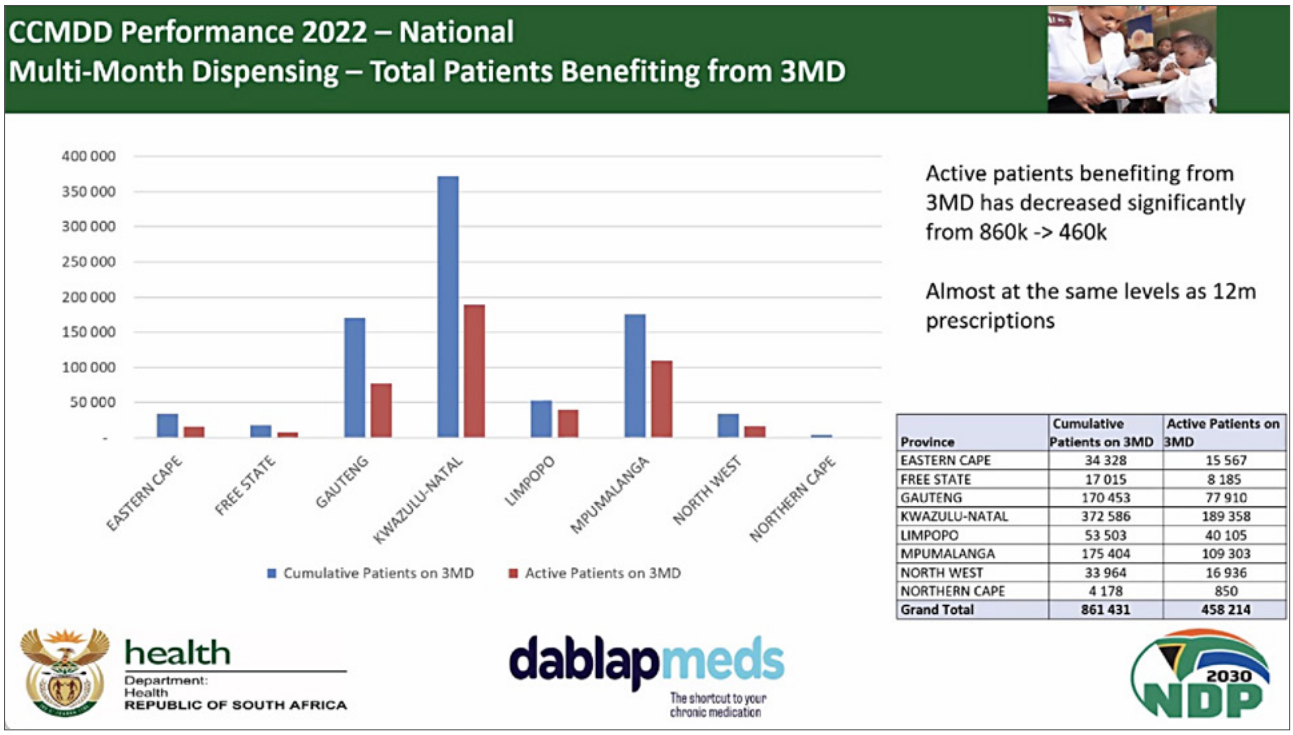


Figure 20: Number and proportion of all people on ART on MMD in 21 PEPFAR supported countries, (Oct 2019-Dec 2021)



From Bailey L, AIDS 2022 DSD pre-conference

Figure 21: National CCMDD data on the number of PLHIV on 3MMD by province



Province	Cumulative Patients on 3MD	Active Patients on 3MD
EASTERN CAPE	34 328	15 567
FREE STATE	17 015	8 185
GAUTENG	170 453	77 910
KWAZULU-NATAL	372 586	189 358
LIMPOPO	53 503	40 105
MPUMALANGA	175 404	109 303
NORTH WEST	33 964	16 936
NORTHERN CAPE	4 178	850
Grand Total	**861 431**	**458 214**

Figure 22

3 or more reports of PLHIV receiving 1 month or less supply of ARVs (April to May 2023)						
District	**Facility**	**Surveys completed**	**1-3 weeks**	**1 month**	**2 months**	**3-6 months**
Gert Sibande	Nhlazatshe 6 Clinic	26		12		14
Gert Sibande	Paulina Morapeli CHC	36		7	12	17
Gert Sibande	Nhlazatshe Clinic	27		7		20
Gert Sibande	Langverwacht Ext 14 Clinic	29		4	19	6
Gert Sibande	Piet Retief Clinic	26	1	4	13	8
Ehlanzeni	Cottondale Clinic	26		4	5	17
Ehlanzeni	Nkwalini Clinic	28		3	23	2
Gert Sibande	Sead Clinic	26		3	18	5
Gert Sibande	Amsterdam CHC	26		3	15	8
Gert Sibande	Bethal Town Clinic	31		3	20	8
Gert Sibande	Winifred Maboa CHC	25		3	9	13
Ehlanzeni	White River Clinic	30	11	3		16
Gert Sibande	Embalenhle CHC	32		3	11	18
Gert Sibande	Lebohang CHC	27		3	1	23
Gert Sibande	Msimango Clinic	28		2	26	
Ehlanzeni	Mthimba Clinic	28	7	2		19
Nkangala	Siphosesimbi CHC	28	5	1	4	18

There has been an increase in people using facility or external pick-up points (PuPs), although nearly a quarter of people still collect at standard medicine dispensing. Of people living with HIV interviewed by Ritshidze, 22% collected at standard medicine dispensing, with 56% collecting at a facility pick-up point, 20% using an external pick-up point, and 1% using an adherence club (Figure 23).

Figure 23

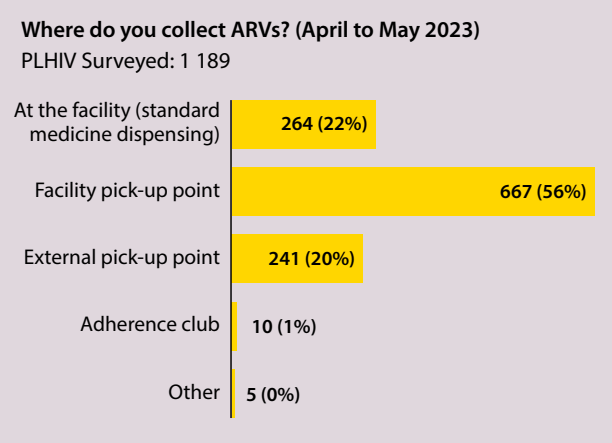
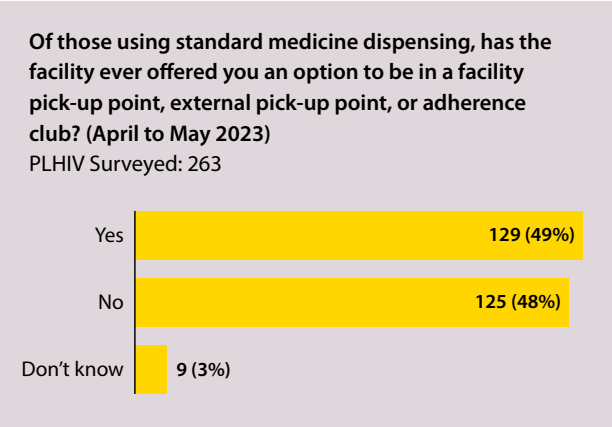


Figure 24



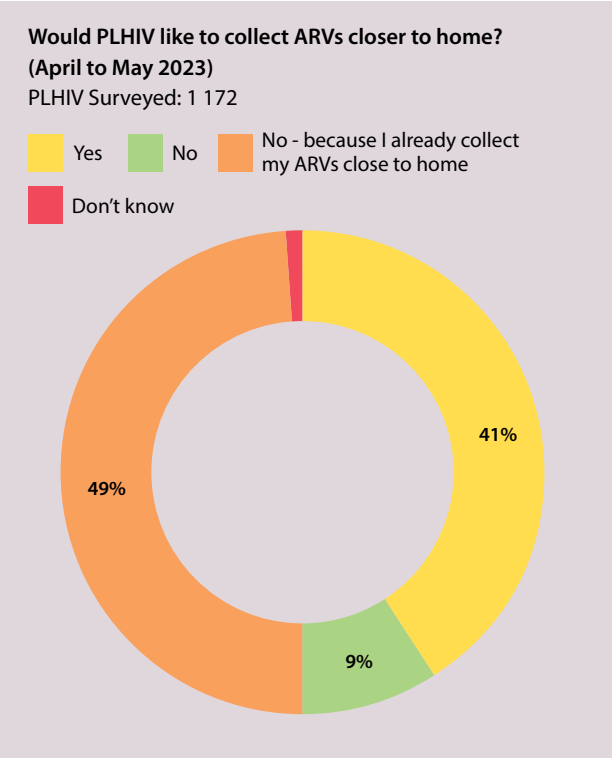
Importantly, in order to be effective, repeat prescription collection strategies (RPCs) should make ARV collection quicker, easier and more satisfactory for people living with HIV — yet this is too often not happening. 40% of facilities monitored said that people using facility PuPs must collect files, take vitals, and see a clinician before getting their parcel. 65% of people living with HIV also affirmed this problem that adds to delays at the facility. While it should take less than 30 minutes to collect your parcel and go, 40% of people interviewed said it takes up to an hour and 8% said it takes up to 2 hours or more.

For those using standard medicine dispensing, 48% said they have not been offered the option to use RPCs (Figure 24). Further 41% of all people living with HIV interviewed said that they would like to collect ARVs closer to their home if it were possible (Figure 25). There needs to be enough PuPs to decant people into especially linked to peri-urban and rural clinics. A diversity of external PuP providers is needed beyond private pharmacy networks largely only available in urban areas. To service rural areas — small CBOs and early childhood development centres should be considered.

Once enrolled in RPCs, every effort should be made to keep people continually active with facility required rescripting at the scheduled clinical review dates. Reassessment should take place at each clinical consultation to understand if people living with HIV are satisfied with their RPCs. People living with HIV who are not satisfied should be offered a different option that better meets their needs.

The majority of people in RPCs are stable and virally suppressed: this means it does not make sense to bring everyone back to review their viral load result before rescripting. However there are a small minority that will experience an elevated viral load. These people cannot wait for their elevated viral load to be actioned in 6-months time at their next clinical review. It is promising that 100% of Facility Managers report effective recall systems to ensure people in RPCs with an elevated viral load are recalled for clinical management and adherence support — and we will be monitoring the implementation of this.

Figure 25



In terms of adherence clubs, these options have been devastated since the onset of COVID-19. Most clubs have been suspended, or reduced to being just a PuP. We maintain that functional adherence clubs play an important role in supporting on-going treatment literacy and peer support to help people living with HIV stay on treatment.

COMMUNITY STORY

A mobile clinic service in the Amsterdam area in the Mkhondo local municipality is meant to take pressure off long queues in the clinic in town and bring services to people in the villages that are far from town. For Thando* though the services have been so poor they're no help at all.

In April this year she stood in the queue along with others in her village waiting to collect her ARVs. But when she got to the front of the queue she was told that they didn't have her file in the mobile clinic so she could not be helped. The two nurses told her to go to the clinic in town instead to get her medicines.

When Thando told them that she's unemployed and didn't have the money for transport to get to town that's almost 20km from her village, the nurses simply told her to ask her neighbours for ARVs.

As frustrated and humiliated as she was by their attitude, Thando was forced to go door to door and ask neighbours if anyone had any extra ARV tablets to share with her. She eventually found someone who gave her a full container of tablets, giving her a full month's supply of treatment.

Her plight was picked up by a Ritshidze Community Monitor who logged a complaint at Amsterdam Clinic about the staff from the mobile clinic. She also ensured that Thando's file was located and got the clinic's implementing partners to drive to the village to deliver Thando's supply of ARVs.

Thando says for her, the nurses were doing everything that they were not supposed to do — like inadvertently forcing her to disclose her status to her neighbours. She would also have had to share medicines with others, which is another thing that people are told not to do.

"What they did to me made me feel very bad. There are also only two nurses and they are very slow — sometimes even when they come early they only leave the village by 6pm. And all that time we wait in the sun or the rain because there's no shelter there.

"They also don't care about us patients or to give us some dignity. They are unprofessional, they just scream out people's names at the mobile clinic — it is people who aren't in the queue, people who don't live there anymore and even people who have died, but they just don't care," she says.

** Name changed to protect identity*

4. ART continuity

2021	2022	2023
50% say staff are always friendly and professional	**64%** say staff are always friendly and professional	**62%** say staff are always friendly and professional
53% say they are welcomed back if they miss an appointment	**59%** say they are welcomed back if they miss an appointment	**44%** say they are welcomed back if they miss an appointment
93% feel that facilities keep their HIV status private and confidential	**94%** feel that facilities keep their HIV status private and confidential	**88%** feel that facilities keep their HIV status private and confidential
	19 people had been refused access to services for not having a transfer letter	**150** people had been refused access to services for not having a transfer letter
	12 people had been refused access to services for not having an ID	**84** people had been refused access to services for not having an ID

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. Ensure DOH staff **acknowledge that it is normal to miss appointments and/or have treatment interruptions** — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed
2. Ensure DOH staff **treat people in a dignified and friendly manner** and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate
3. Send communication to all sites highlighting that **no PLHIV should be sent to the back of the queue if they miss an appointment** as per the Welcome Back Campaign strategy that says people returning to care should be triaged.
4. **Transfer letters must not be required for ARV continuation or restart.** Any reports where treatment is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate.
5. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:
   a. Ensuring every person starting ART is provided with good quality fast track initiation counselling **session 1** at ART start **and session 2** after 1 month on ART
   b. Taking **first viral load as early as possible** to ensure providing earlier adherence intervention support and earlier access to longer treatment supply at more convenient locations
   c. **Actioning an elevated VL** without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate
   d. **Actioning a suppressed VL** without delay focusing on immediate assessment, offer and enrolment into the Repeat Prescription Collection strategy of choice the month after VL taken
   e. All facilities **implement 2023 re-engagement algorithm** including appropriately differentiating services for returning PLHIV

RECOMMENDATIONS

BROADREACH & RIGHT TO CARE

1. Ensure DSP staff **acknowledge that it is normal to miss appointments and/or have treatment interruptions** — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed
2. Ensure DSP staff **treat people in a dignified and friendly manner** and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate
3. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:
   a. Ensuring every person starting ART is provided with good quality fast track initiation counselling **session 1** at ART start **and session 2** after 1 month on ART
   b. Taking **first viral load as early as possible** to ensure providing earlier adherence intervention support and earlier access to longer treatment supply at more convenient locations
   c. **Actioning an elevated VL** without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate

d. **Actioning a suppressed VL without delay focusing on immediate assessment, offer and enrolment into the Repeat Prescription Collection strategy of choice the month after VL taken**

e. **All facilities implement 2023 re-engagement algorithm including appropriately differentiating services for returning PLHIV**

4. **Support with training and mentoring of DOH staff at facility level on the revised 2023 re-engagement clinical and adherence guidelines SOPs**

Once on treatment, it is important to recognise that 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.

After a late appointment, silent transfer, or treatment interruption, people living with HIV must be supported to re-engage in care. The 2023 National Adherence Guidelines describe how staff should be friendly and welcoming and acknowledge the challenge for life-long adherence. To sustain re-engagement it is essential to reduce or remove health system barriers to being retained in care.

A differentiated service approach is required for people living with HIV who re-engage in care. Some will require intensive clinical management including advanced HIV screening and management. Some will require psychosocial support in the form of quality counselling and group support options. The majority need it to be made easier to collect treatment. These people should be offered MMD and should be assessed and offered access to RPCs as quickly as possible. Implementing 2023 re-engagement clinical and adherence guidelines are vital to supporting improved long-term adherence and retention as well as providing appropriate clinical and psychosocial support to people living with HIV. However, 48% of facilities report that PEPFAR partners have not yet supported in training/ mentoring on the changes in the new 2023 adherence SOPs.

Ritshidze data reveal that out of 2,302 respondents, only 62% of people thought that the staff were always friendly and professional. However, 37% of people thought staff were only sometimes or never friendly and there has been limited change over the last year (Figure 26). The best and worst performing facilities are outlined in the tables (Figure 27 and Figure 28).

Figure 26: Staff attitudes over time (higher scores are better)

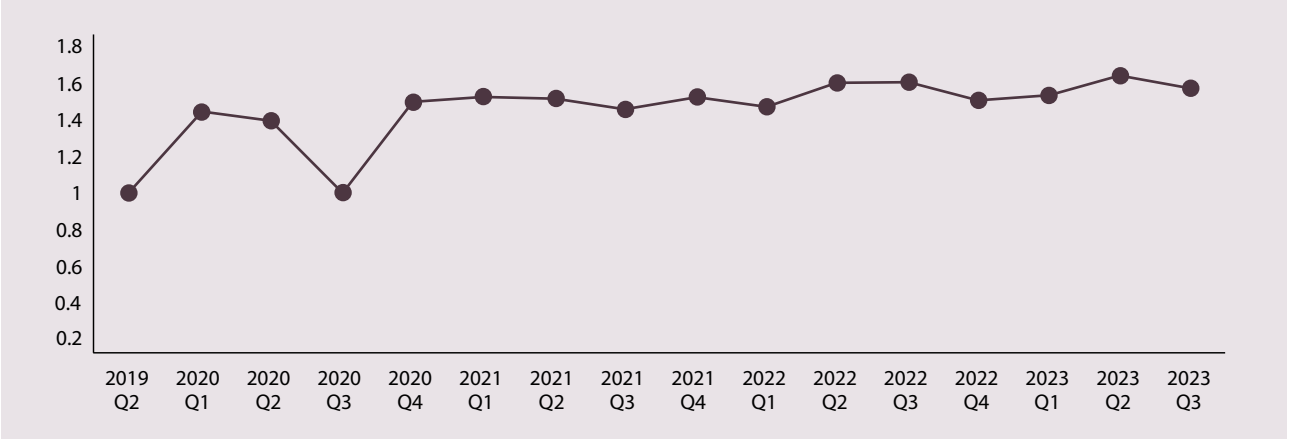


Figure 27

Best performing facilities on staff attitudes (April to May 2023)

District	Facility	Surveys Completed	Yes	Sometimes	No	Don't know	Score
Gert Sibande	Piet Retief Clinic	52	52	0	0	0	2
Gert Sibande	Nhlazatshe Clinic	53	52	0	1	0	1.96
Gert Sibande	Mkhondo Town Clinic	50	48	2	0	0	1.96
Gert Sibande	Bethal Town Clinic	50	47	2	0	1	1.96
Gert Sibande	Nhlazatshe 6 Clinic	51	48	3	0	0	1.94
Gert Sibande	Thussiville (MN Cindi) Clinic	53	50	2	1	0	1.92
Gert Sibande	Ermelo Clinic	51	49	0	2	0	1.92
Gert Sibande	Msimango Clinic	50	46	4	0	0	1.92
Gert Sibande	Langverwacht Ext 14 Clinic	50	46	4	0	0	1.92
Gert Sibande	Ethandakukhanya Clinic	72	66	6	0	0	1.92

Figure 28

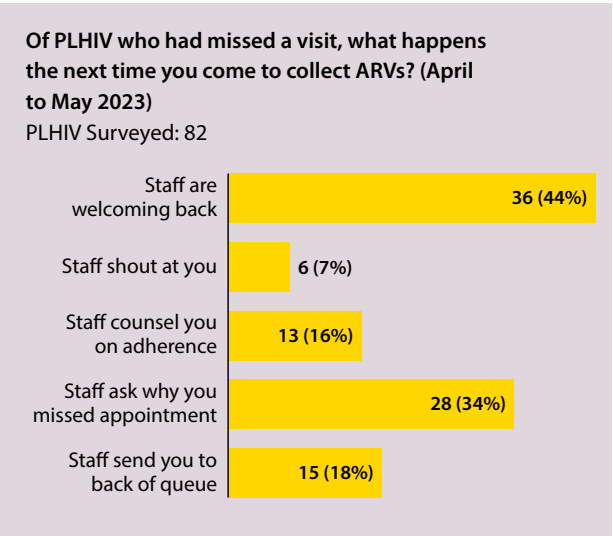
Worst performing facilities on staff attitudes (April to May 2023)							
District	**Facility**	**Surveys Completed**	**Yes**	**Sometimes**	**No**	**Don't know**	**Score**
Ehlanzeni	White River Clinic	50	1	22	26	1	0.49
Ehlanzeni	Mthimba Clinic	61	3	29	29	0	0.57
Ehlanzeni	Matsulu A Clinic	55	1	53	1	0	1.00
Nkangala	Beatty Clinic	54	8	45	1	0	1.13
Nkangala	Empumelelweni CHC	52	11	41	0	0	1.21
Nkangala	Siphosesimbi CHC	64	22	37	5	0	1.27
Ehlanzeni	Kabokweni CHC	56	23	28	5	0	1.32
Ehlanzeni	Nelspruit CHC	51	19	30	2	0	1.33
Gert Sibande	Embalenhle CHC	55	28	18	9	0	1.35
Gert Sibande	Lebohang CHC	69	32	29	8	0	1.35

Out of the 82 people living with HIV who had missed appointments, 44% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit (Figure 29), down from 59% last year. However, 18% said that staff still send you to the back of the queue the next time you come in — yet according to the South African National Welcome Back Campaign Strategy and the national adherence guidelines, people should not be sent to the back of the queue or made to wait until the end of the day to be seen. A returning patient should either be seen in a separate stream or take up the next queue space.

Further improvements are required to ensure all public healthcare users, including people living with HIV and key populations, are treated with dignity, respect, and compassion at all times. When people living with HIV disengage from treatment for any reason clinicians need to be sensitised and attempt to expect and normalise treatment interruption, this way the narrative between people living with HIV and clinician will be less punitive and more supportive.

Transfer letters are also not required in the guiding principles of the re-engagement SOP which states: ***"If a patient comes from a different facility, it is critical that the patient be provided with treatment on day of presentation... while referral letters are helpful, a patient cannot be required to leave the facility without treatment"***. Alarmingly 297 people reported having been denied access to services in the last year for not having a transfer letter (Figure 30). Further, 433 people reported having been denied access to services across the last year for not having an identity document (Figure 31). These reports must be urgently investigated.

Figure 29*



** It is important to note that Ritshidze interviews take place at the facility, therefore this data does not capture the experiences of people living with HIV who have already disengaged from care and are not at the facility.*

Figure 30

Been refused access to services in the facility for not having a transfer letter					
District	**Facility**	**Q4 2022**	**Q1 2022**	**Q2 2023**	**Q3 2023**
Ehlanzeni	Cottondale Clinic	4			
	Gutshwa Clinic	2			
	Kanyamazane CHC	1			
	Khumbula Clinic	1			
	Matsulu A Clinic				3
	Msogwaba Clinic			1	
	Mthimba Clinic				2
	Nelspruit CHC		1		
	Nkwalini Clinic	1			
	White River Clinic				2
Gert Sibande	Amsterdam CHC	1			
	Bethal Town Clinic				1
	Embalenhle CHC			1	2
	Emzinoni Clinic	3	1	Not monitored	Not monitored
	Ermelo Clinic	2			
	Ethandakukhanya Clinic	1			
	Langverwacht Ext 14 Clinic			1	
	Lebohang CHC	2		3	
	Lillian Mambakazi CHC	6	1	1	
	Mkhondo Town Clinic				
	Msimango Clinic				2
	Nhlazatshe 6 Clinic				
	Nhlazatshe Clinic				
	Paulina Morapeli CHC		1	1	
	Piet Retief Clinic				
	Sead Clinic	1			
	Secunda Clinic	1		2	
	Thussiville (MN Cindi) Clinic	2	1	1	
	Winifred Maboa CHC		1	4	
Nkangala	Beatty Clinic		4	13	41
	Empumelelweni CHC	9	19	12	40
	Siphosesimbi CHC	4	6	17	27
	Thembalethu CHC	3	2	9	30

Figure 31*

Been refused access to services in the facility for not having an identity document					
District	**Facility**	**Q4 2022**	**Q1 2022**	**Q2 2023**	**Q3 2023**
Ehlanzenii	Cottondale Clinic	3			
	Gutshwa Clinic	2			2
	Jappes Reef Clinic	1			
	Kabokweni CHC				1
	Kanyamazane CHC				1
	Khumbula Clinic	2			
	Khumbula Clinic		2		
	Manzini Clinic	2			1
	Matsulu A Clinic		4		2
	Mthimba Clinic				6
	White River Clinic		1		20
Gert Sibande	Amsterdam CHC			8	4
	Bethal Town Clinic	1	1		
	Embalenhle CHC	1			
	Emzinoni Clinic	4	2	Not monitored	Not monitored
	Ermelo Clinic	1	1	12	13
	Ethandakukhanya Clinic	1		3	8
	Langverwacht Ext 14 Clinic			1	
	Lebohang CHC	2			1
	Lillian Mambakazi CHC	5			
	Mkhondo Town Clinic	1	9	7	1
	Msimango Clinic				
	Nhlazatshe 6 Clinic				
	Nhlazatshe Clinic				
	Paulina Morapeli CHC	2			
	Piet Retief Clinic	8		21	2
	Sead Clinic			2	
	Secunda Clinic				
	Thussiville (MN Cindi) Clinic	10		16	8
	Winifred Maboa CHC	1		1	
Nkangala	Beatty Clinic	37	2	14	
	Empumelelweni CHC	9	12	25	4
	Siphosesimbi CHC	34	6	21	3
	Thembalethu CHC	34		17	7

** 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 those without IDs, would not be at the facility to interview.*

Psychosocial support is another critical element to ensure long-term retention. Yet, Ritshidze data show that only 64% of people living with HIV interviewed do know that psycho-social support is available. Further, a full package of psycho-social services are not yet available at every clinic (Figure 32).

A full package of services should include: provision of individualised quality assured counselling to patients; peer-led patient navigators acting as a bridge between clinicians and patients; mapped networks of referral services; optional support groups, and food parcels. As part of psycho-social support, support groups should also be linked to each public health facility that are critical to provide counselling and support services to people prior to testing, post testing, pre-treatment, and those struggling on treatment or re-engaging in care after a treatment interruption.

Figure 32

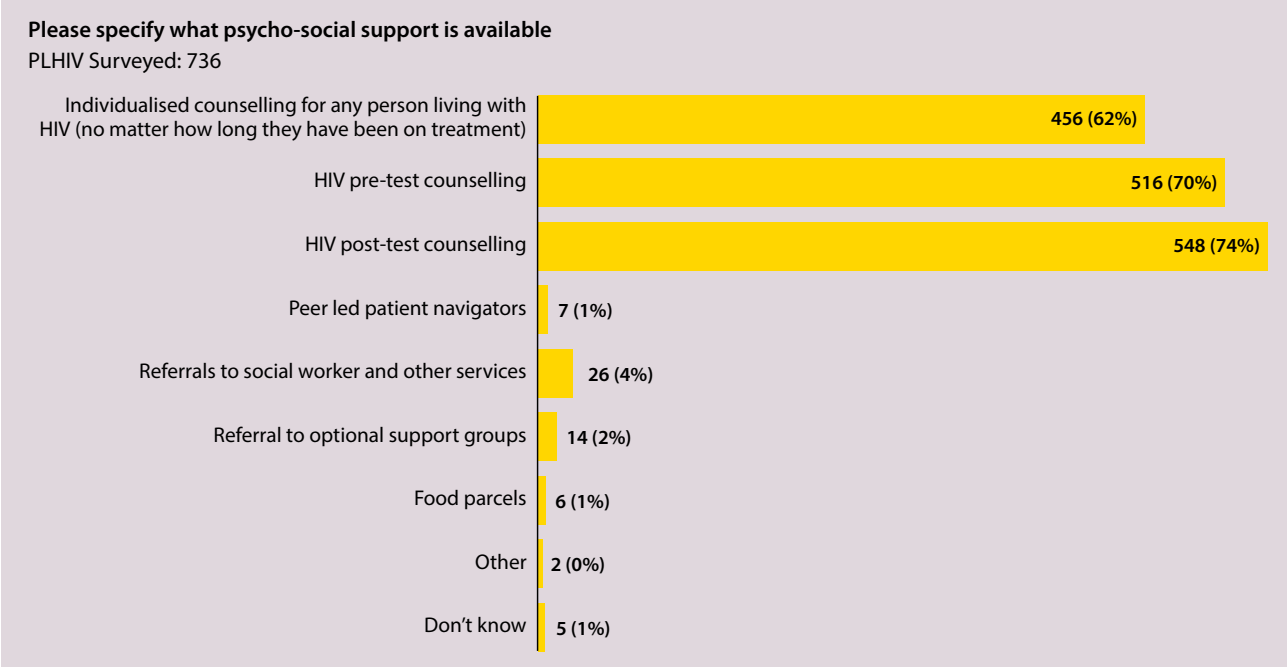


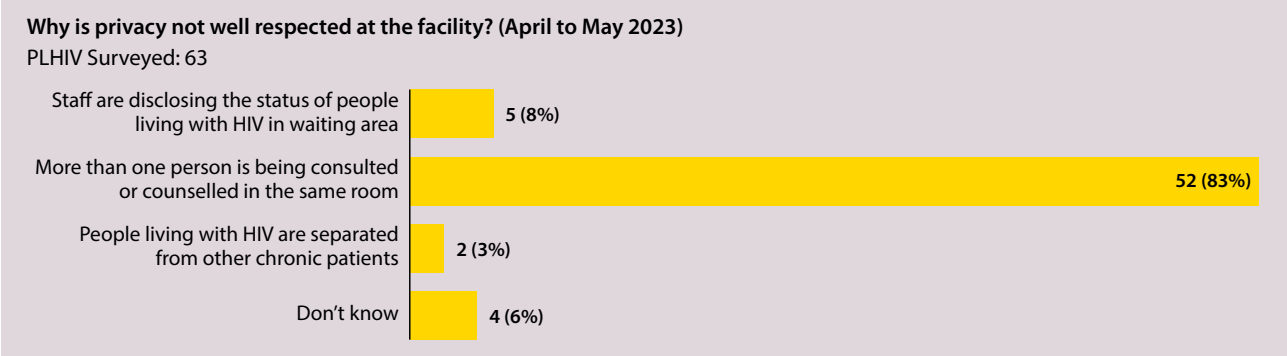
Figure 33

What psycho-social support is available (April to May 2023)

District	Number of facilities assessed	Surveys completed	Individualised counselling for any person living with HIV (no matter how long they have been on treatment)	HIV pre-test counselling	HIV post-test counselling	Peer led patient navigators	Referrals to social worker and other services	Referral to optional support groups	Food parcels
Ehlanzeni	21	432	328	320	335	4	17	10	2
Gert Sibande	15	196	110	146	143	2	9	4	4
Nkangala	4	108	18	50	70	1	0	0	0

Another reason people stop going to the clinic is where privacy violations occur. Of 1,144 people living with HIV interviewed, 88% feel that facilities keep their HIV status private and confidential, down from 94% last year. Positively facilities monitored in Mpumalanga were performing best on this indicator, however more must be done to ensure that everyone can access private and confidential healthcare. More than one person being consulted in a room was the main reason people felt privacy was being violated (Figure 34).

Figure 34



COMMUNITY STORY

In late 2021 Phindi* found out she was pregnant. She was excited, but also terrified for her unborn child. As she was born with HIV and is on ART, she was anxious that her child would also be born with HIV.

Phindi arrived in South Africa from Eswatini some months before she found out she was pregnant. The Piet Retief Hospital where she was told about her pregnancy referred her to the Ethandakukhanya Clinic, to start antenatal care and to continue with her ART.

"When I got to the clinic they told me they would not help me to collect my ART or to check my pregnancy because I didn't have a transfer letter. Even when I told them that I am coming from far in Eswatini and that I had started a new job so I couldn't go back there, they refused to help me," she says.

This was Phindi's first pregnancy and she says she was left feeling scared and hopeless with no-one to turn to at the clinic. Because she grew up sickly she was worried that her baby would suffer in the same way if the baby was born with HIV.

Eventually Phindi decided to go to the Piet Retief Clinic for help. It is further away from her home and costs her R32 in taxi fare to get there and back, but she wanted to stay on treatment and also to make sure her unborn child would be protected.

"At that clinic everything was good. The nurses said to me that I didn't have to worry about a transfer letter and that the most important thing was for me to stay on my treatment and that my child could be safe," she says.

She's still distressed thinking about the attitude of the nurses at the Ethandakukhanya Clinic. She adds: "Your ART is your life and having them treat me that way was really not good," she says. Happily, she says her boy, who is now a year old, was born HIV negative. He's healthy and content, she says with a warm laugh, and that is still the most important thing to Phindi.

** Name has been changed to protect identity*

COMMUNITY STORY

As South Africa went into COVID-19 lockdown in the autumn of 2020, Zama* returned to Piet Retief from the Chief Albert Luthuli district. She is on ARVs and was told a referral letter had been emailed to Ethandakukhanya Clinic, that's also called the Phola Park Clinic, so that she could pick up her ARVs there.

"I went to the clinic on my appointment date but the staff there refused to check their email to get my transfer letter. It wasn't because of electricity or data or anything like that, they just refused to help me and said I had to leave and come back with a letter," she says.

Zama says she was stressed out that she might not be able to get her treatment and because it was lockdown it was not easy to travel anywhere, this added to her stress.

"Luckily later that day I saw someone I know who works at the clinic and they helped to sort everything out. I couldn't believe that this was the attitude of the nurses that I had never met before," she says.

She says since then she's had the experience of arriving at the clinic for a collection at 3.30pm on her appointment date but being told she's too late to be helped and told to come back the next day.

"That time, I did go back the next day but when I got there the nurses shouted at me for coming a day late and they sent me to the back of the queue to punish me," she says.

Zama says she's tried to complain to the Facility Manager about the bullying and the arrogant attitudes. She's even left complaints in the clinic suggestions box, but she says nothing has ever been followed up.

"These nurses and even the clerks, they just don't give a damn. They should be fired and the Department of Health must employ people who want to do the work and want to help their patients," she says.

Zama says this May she witnessed a school child, about 13 years old, come to the clinic directly from the school because he was clearly sick. She says: "The nurses didn't want to help this sick child and they told him to leave and come back with a parent."

She's also concerned that she regularly leaves the clinic without medication and this has become more a regular occurrence, she says. "I have been there for stomach aches and coughs and they will just write down the medicines and tell me to go buy it at the pharmacy. But we don't have money to buy it, that's why we are at the clinic needing their help, the nurses should understand this."

** Name has been changed to protect identity*

COMMUNITY STORY

One moody nurse is enough to discourage some public healthcare users from seeking out the services to know their status or to take responsibility for their health and wellbeing.

For Rosina*, a sex worker in Nelspruit, that one nurse is a nurse who is part of the mobile clinic linked to the non-profit organisation TB HIV Care that delivers services.

"This nurse is always moody and she doesn't treat us sex workers well at all," says Rosina. She says the nurse's attitude is so surly and off-putting that some of her fellow sex workers who are supposed to pick up ARVs at the satellite clinic simply refuse to do so.

"It means that even if you want to have screening or testing for HIV or STIs you can't do it because she makes you want to not go there," she says.

Rosina believes the nurse's attitude has got progressively worse since the national public sector strike that took place in March. She adds: "Maybe it's because like the other nurses in government she's not happy but she doesn't have to make us feel bad, like we are the problem, even though we are her patients. She also doesn't answer your questions so you can't talk to her if you are having something that's not right with you."

Rosina does get condoms and lubricants from the clinic but she's been unable to access contraceptives, especially the contraceptive injection, from the mobile clinic. She says the nurse hasn't been able to give her a referral and hasn't been willing to help in any other way so that she can get the contraceptive she needs.

Rosina and a fellow sex worker did lay a complaint about the nurse's attitude at TB HIV Care's office in town but she says nothing has come of it. It means week in week out she's faced with the same negative attitude that she says is making her feel like she shouldn't be in the queue in the first place if she isn't going to be treated with even a small bit of respect.

** Name changed to protect identity*

5. Treatment + Viral Load Literacy

2021		2022		2023	
97%	of PLHIV had a viral load test in the last year	96%	of PLHIV had a viral load test in the last year	93%	of PLHIV had a viral load test in the last year
77%	of PLHIV said that a healthcare provider had explained the results	89%	of PLHIV said that a healthcare provider had explained the results	90%	of PLHIV said that a healthcare provider had explained the results
83%	agreed that having an undetectable viral load means treatment is working well	86%	agreed that having an undetectable viral load means treatment is working well	89%	agreed that having an undetectable viral load means treatment is working well
62%	agreed that having an undetectable viral load means a person is not infectious	74%	agreed that having an undetectable viral load means a person is not infectious	72%	agreed that having an undetectable viral load means a person is not infectious

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. Ensure all DOH staff **provide accurate and easily understandable information on treatment literacy and adherence**, and the importance of an undetectable viral load through consultations, counselling, and outreach
2. Ensure that **treatment literacy information is provided at health talks** each day at the clinic
3. Ensure that DOH staff **explain viral load test results to all PLHIV properly** in a timely manner

RECOMMENDATIONS

BROADREACH & RIGHT TO CARE

1. Ensure all DSP staff **provide accurate and easily understandable information on treatment literacy and adherence**, and the importance of an undetectable viral load through consultations, counselling, and outreach
2. Ensure that DSP staff **explain viral load test results to all PLHIV properly** in a timely manner

RECOMMENDATIONS

PEPFAR

1. Fund an **expansion of PLHIV + KP led treatment literacy efforts** across all provinces, through training, education and localised social mobilisation campaigns

Treatment literacy also improves ART continuity as people understand the importance of starting and remaining on treatment effectively. Of the 1,169 people living with HIV

surveyed, 96% had received a viral load test in the last year, yet only 88% reported that they knew their viral load. There remain significant gaps in knowledge and treatment literacy. While 89% agreed with the statement; "having an undetectable viral load means the treatment is working well" (Figure 35) — up from 79% last year — only 72% agreed with the statement "having an undetectable viral load means a person cannot transmit HIV" (Figure 36).

This correlates with the fact that only 90% of those surveyed said a healthcare worker had explained the results of their viral load test, and highlights that the message that an undetectable viral load prevents transmission (U=U) still needs to be better communicated. The tables show the best (Figure 37 and Figure 38) and worst (Figure 39 and Figure 40) performing sites on these indicators.

Figure 35

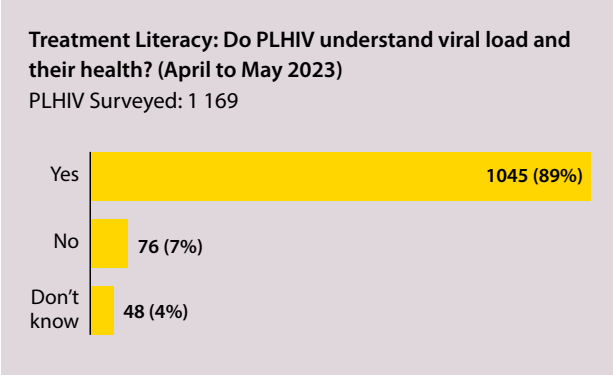


Figure 36

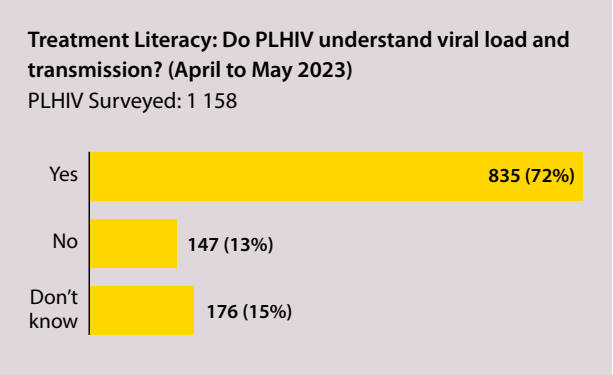


Figure 37

Facilities with all PLHIV knowing that an undetectable viral load means treatment is working well (April to May 2023)

District	Facility	Surveys collected	Yes	No	Don't know	Score
Ehlanzeni	Agincourt CHC	26	26	0	0	100%
	Cottondale Clinic	26	26	0	0	100%
	Eziweni Clinic	26	26	0	0	100%
	Hazyview Clinic	27	27	0	0	100%
	Kanyamazane CHC	27	27	0	0	100%
	Phola-Nzikasi CHC	26	26	0	0	100%
	Zwelisha Clinic	25	25	0	0	100%
Gert Sibande	Ermelo Clinic	25	25	0	0	100%
	Nhlazatshe Clinic	27	27	0	0	100%
	Thussiville (MN Cindi) Clinic	30	30	0	0	100%

Figure 38

Facilities with all PLHIV knowing that an undetectable viral load means a person cannot transmit HIV (April to May 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
Ehlanzeni	Zwelisha Clinic	25	25	0	0	100%
	Phola-Nzikasi CHC	26	26	0	0	100%
	Kanyamazane CHC	27	27	0	0	100%
	Eziweni Clinic	26	26	0	0	100%
Gert Sibande	Nhlazatshe Clinic	27	27	0	0	100%
	Ethandakukhanya Clinic	26	26	0	0	100%

> **Only 90% of those surveyed said a healthcare worker had explained the results of their viral load test, and highlights that the message that an undetectable viral load prevents transmission (U=U) still needs to be better communicated.**

Figure 39

Worst performing facilities on PLHIV knowing that an undetectable viral load means treatment is working well (April to May 2023)						
District	**Facility**	**Surveys Completed**	**Yes**	**No**	**Don't know**	**Score**
Ehlanzeni	White River Clinic	22	9	3	10	41%
	Mthimba Clinic	20	12	1	7	60%
Nkangala	Empumelelweni CHC	28	18	10	0	64%
	Siphosesimbi CHC	28	20	8	0	71%
Gert Sibande	Embalenhle CHC	32	24	3	5	75%
	Paulina Morapeli CHC	36	27	7	2	75%

Figure 40

Worst performing facilities on PLHIV knowing that an undetectable viral load means a person cannot transmit HIV (April to May 2023)						
District	**Facility**	**Surveys Completed**	**Yes**	**No**	**Don't know**	**Score**
Nkangala	Beatty Clinic	25	8	17	0	32%
Ehlanzeni	Agincourt CHC	26	9	0	17	35%
Ehlanzeni	White River Clinic	23	8	3	12	35%
Gert Sibande	Lebohang CHC	27	10	8	9	37%
Ehlanzeni	Cottondale Clinic	25	11	0	14	44%
Gert Sibande	Winifred Maboa CHC	25	11	4	10	44%
Ehlanzeni	Lillydale Clinic	27	12	1	14	44%
Gert Sibande	Bethal Town Clinic	31	14	6	11	45%
Gert Sibande	Sead Clinic	26	12	4	10	46%
Nkangala	Siphosesimbi CHC	28	13	14	1	46%
Gert Sibande	Paulina Morapeli CHC	36	17	15	4	47%
Gert Sibande	Embalenhle CHC	32	17	7	8	53%
Ehlanzeni	Mthimba Clinic	13	7	1	5	54%
Ehlanzeni	Shatale Clinic	26	14	0	12	54%
Gert Sibande	Langverwacht Ext 14 Clinic	29	16	5	8	55%
Ehlanzeni	Hazyview Clinic	26	15	2	9	58%
Ehlanzeni	Manzini Clinic	22	14	3	5	64%
Gert Sibande	Secunda Clinic	31	21	9	1	68%
Gert Sibande	Msimango Clinic	28	20	1	7	71%
Gert Sibande	Piet Retief Clinic	26	19	7	0	73%
Nkangala	Empumelelweni CHC	28	21	7	0	75%

COMMUNITY STORY

Clinic visits should not be stressful experiences that lead to arguments between nurses and patients, says Lena*, who lives in Bethal. But she says her clinic appointments at Sead Clinic often leave her frustrated and angry.

She tells of an incident in July last year when she arrived at the clinic in time for an 8am appointment. It was supposed to be to collect her ARVs and to get her blood test results.

"They told me that they had lost my file. It was only around 12 they came to me again and said they were still looking for my file," she says. Eventually the nurses told Lena to go home and come back the next day. It frustrated Lena and when she complained it led to an argument between Lena and the nurses.

Lena did return to the facility but on this second visit she was told that she would have to have her blood tests redone because the clinic still couldn't find her file. It would be three weeks before they would find her file.

"The clinics don't respect our time, that's why they don't honour the appointments and that's why they don't care that we must wait for long," she says. Her other complaint is that nurses don't answer questions or take time to explain things to patients. Lena says that even now she doesn't fully understand what her blood test results mean.

"All they tell me is that I'm doing okay, but they don't explain what it means and this is something that I want to understand for my own body," she says.

Lena says when relationships between nurses and patients break down in anger, patients feel like they have nowhere to turn and many feel they don't want to ever return and it's how many people end up stopping treatment altogether.

** Name has been changed to protect identity*

6. Key Populations

Only 40% of gay, bisexual, or another man who has sex with men (GBMSM) say that clinic staff are always friendly and professional

Only 18% of sex workers feel very safe at the facility

26% refused access to health services because they use drugs

34% of trans* people say that privacy is not well respected at the facility

Only 40% of facilities monitored had lubricants available

Only 22% of people who use drugs given information about accessing methadone at facilities

Only 27% of GBMSM report being offered PrEP at the facility

65% of trans* people want hormone therapy to be available at facilities

Only 56% of sex workers would feel comfortable accessing post-violence services at the facility

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. **Ensure that all clinical and non-clinical staff (including security guards) across public health facilities are 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
2. **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**
3. **Expand the Centre of Excellence model to ensure that at least 2 public health facilities *per population* per district serve as key population designated service delivery centres.**
   a. A minimum package of services (as outlined in Figure 57) should be made available at these facilities.
   b. Easy referral and adequate resources (including transport/money for transport) must be provided for people to take up these services.
4. **Ensure that HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP are made easily available at <u>all</u> public health facilities.**
   a. Make available external and internal condoms as well as lubricants in a range of spaces across the facility (i.e., waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely and easily collect them
   b. Ensure that PrEP is offered to everyone, including key populations who are not living with HIV/test negative for HIV, with information shared on its benefits
   c. Ensure no staff members ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes

RECOMMENDATIONS

PEPFAR

1. **Expand the Centre of Excellence model to ensure that at least 2 public health facilities *per population* per district serve as key population designated service delivery centres.**
   a. A minimum package of services (as outlined in Figure 57) should be made available at these facilities.
   b. Easy referral and adequate resources (including transport/money for transport) must be provided for people to take up these services
   c. PEPFAR must support these facilities with additional staff and resources to provide comprehensive health services to the specific key population being served
2. **Ensure that HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP are made easily available at <u>all</u> public health facilities.**
   a. Make available condoms and lubricants in a range of spaces across the facility (i.e., waiting areas, toilets, gate, pharmacy, consultation rooms, quiet areas out of site) so people can freely and easily collect them
   b. Ensure that PrEP is offered to everyone, including key populations who are not living with HIV/test negative for HIV, with information shared on its benefits
   c. Ensure no staff members ever tell key populations to use vaseline or other oil based lubricants instead of water or silicone based lubes

Public health facilities are the entry point for many key populations into the health system, therefore it is critical to ensure a friendly, respectful, safe, and confidential environment for all, with services that cater to key population specific needs. Yet despite sensitisation training and retraining efforts, disrespect, ill-treatment, and dehumanisation of key populations remain a widespread challenge. Key populations who are treated badly, humiliated, fear their safety, or even refused entry, will inevitably not come back to the facility.

Ritshidze data reveal that staff at public health facilities were less friendly and professional to key populations compared to drop-in centres and mobile clinics (Figure 41). This is consistent across all key population groups. Clinical staff were again this year the most commonly reported as being unfriendly and unprofessional by all key population groups followed by security staff (Figure 42). Overall people who use drugs faced the most unfriendly services across key population groups.

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

> ***"They treat members of the LGBTQI community so badly, they would say things like "you are so beautiful, why don't you have a man". I am not there for that but to be attended to. They treat us badly; they laugh at you when you complain. It is like they are untouchable"*** *— a trans* man using Kanyamazane Clinic (Ehlanzeni), April 2023*

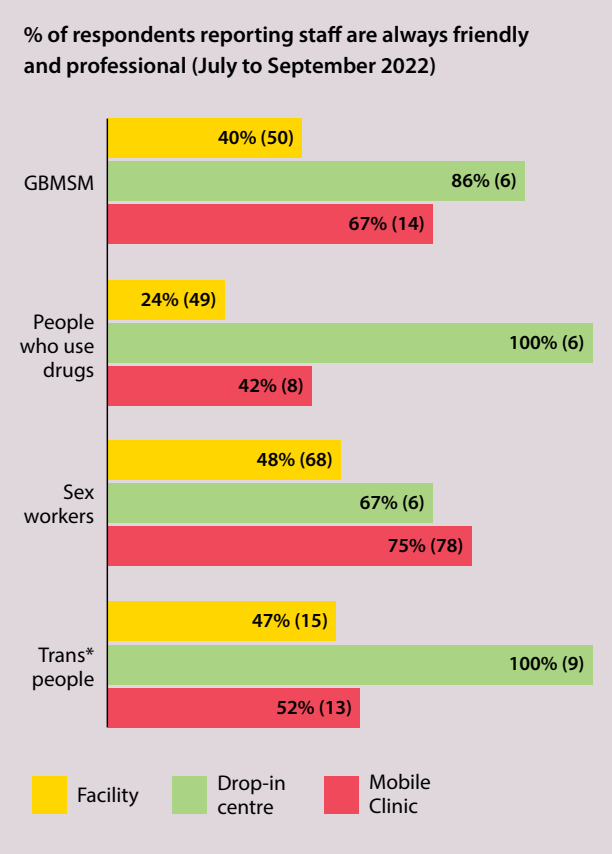
> ***"They ask irrelevant questions just to mock me. I don't understand why they do this. They should be showing support and providing care, and teaching our parents about LGBTQ people but they are the ones who do not take us seriously. If you go there for help, you would end up regretting and asking yourself why you came here as they are against my sexuality"*** *— a gay man using Block B Clinic (Ehlanzeni), May 2023*

> ***"The staff at the reception are also very disrespectful, there was an instance where I was been attended to, and another patient came there and the staff told them to wait that they were busy attending to this "boy" and I had my hair braided with makeup and wearing a dress but she still referred to me as a boy"*** *— a trans* woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*

> ***"Whenever I go to the clinic, they would always ask "why do I do my job, why do I sell my body, isn't there any other job I can do besides selling my body?" I have even decided not to go to the clinic anymore because of the treatment that I get there. Anytime I went to the clinic, I always come back heartbroken because of the way I am treated there. Questions like, "didn't you go to school?"*** *— a sex worker who stopped using Kabokweni Clinic (Ehlanzeni), May 2023*

> ***"Safety concerns are more verbal, they would make a joke about how you look and how you dress. It is silly but very disrespectful and condescending, and makes one uncomfortable. And sometimes it is very stupid, when you go to those places and you have your ID, they would say "is this really you", they would always use this to raise those questions"*** *— a trans* woman who stopped Mncingi Clinic (Gert Sibande), May 2023*

Figure 41



Disgraceful privacy violations continue to occur that destroy people's right to privacy and make clinics feel unsafe and uncomfortable to be in.

Figure 42

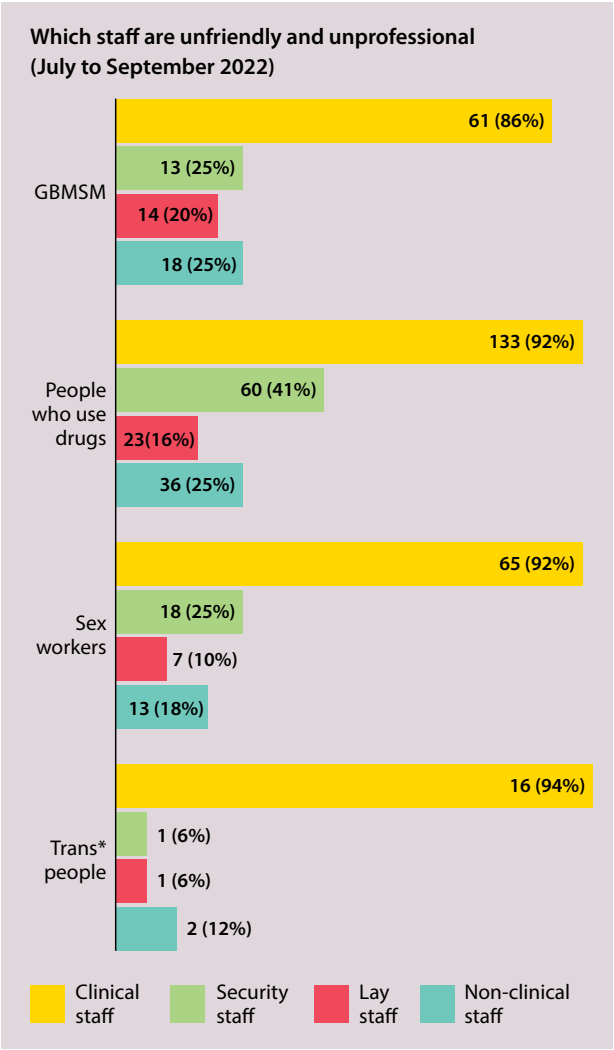


Figure 43

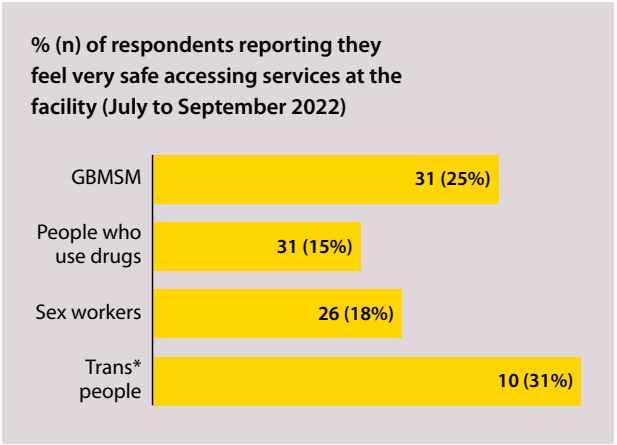
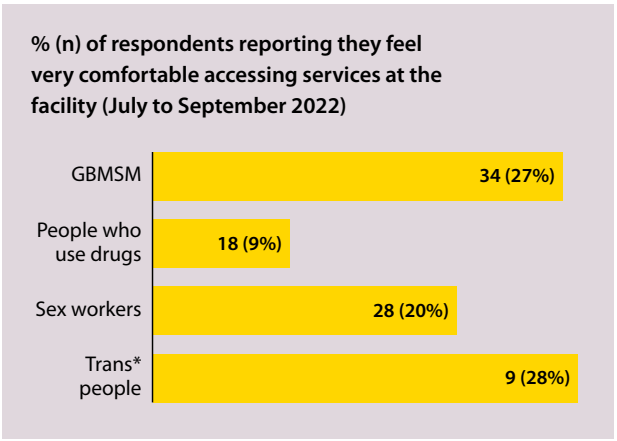


Figure 44



The majority of key populations interviewed did not feel safe or comfortable at the facility (Figures 43 and 44). In order for key populations to access health services and in particular key population specific services, spaces are needed that feel private enough to disclose you are a member of a key population group without fear of judgement, abuse, harassment, or even arrest.

Disgraceful privacy violations continue to occur that destroy people's right to privacy and make clinics feel unsafe and uncomfortable to be in (Figure 45). This year 49% of GBMSM, 54% of people who use drugs, 37% of sex workers, and 34% of trans* people did not think privacy is well respected at clinics.

> ***"There is no privacy at all, they shouldn't humiliate us in public, they would be shouting in the waiting area in front of other patients and staff asking if that is you in the ID. So, now everyone knows you are trans"*** *— a trans woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*

> ***"I started my HRT not long ago, so I have started to develop breasts, so they would tell their colleagues that there is a guy in the consultation room who has 'boobs'. So, you see them coming in to pick random items but it is to check who is in the office"*** *— a trans woman who stopped using Emthonjeni Clinic (Ehlanzeni), May 2023*

> ***"The nurses there discuss your problem and what you came there for. My medical issues are supposed to be private but they discuss it amongst each other like I am not there. There is no privacy in the consultation rooms at all"*** *— a sex worker using Nelspruit Clinic (Ehlanzeni), May 2023*

Figure 45

% (n) of respondents reporting they feel privacy is not well respected at facilities (July to September 2022)		
	Respondents who think privacy is not well respected at facilities, % (n)	Most common privacy violations
GBMSM	49% (62)	Disclosure of HIV status (53%), disclosure that respondent is GBMSM (34%), patients are consulted in the same room together (29%), healthcare workers call other staff into the consultation room to share medical issues (27%)
People who use drugs	54% (110)	Disclosure that the respondent is a person who uses drugs (73%), disclosure of HIV status (34%), healthcare workers call other staff into the consultation room to share medical issues (26%), patients are consulted in the same room together (16%)
Sex workers	37% (53)	Disclosure respondent is a sex worker (62%), disclosure of HIV status (32%), healthcare workers call other staff into the consultation room to share medical issues (28%), patients are consulted in the same room together (28%), staff enter the room during your consultation (23%)
Trans* people	34% (11)	Disclosure respondent is trans* (64%), healthcare workers call other staff into the consultation room to share medical issues (45%), patients are consulted in the same room together (27%), staff enter the room during your consultation (27%), disclosure of HIV status (9%)

Shockingly, significant numbers of key populations reported being refused access to services in the last year because of being someone who uses drugs, is a sex worker, or is a part of the LGBTQIA+ community — including 10% of GBMSM, 26% of people who use drugs, 11% of sex workers, and 13% of trans* people (Figure 46). This is absolutely unacceptable and goes against Section 27 of the Constitution.

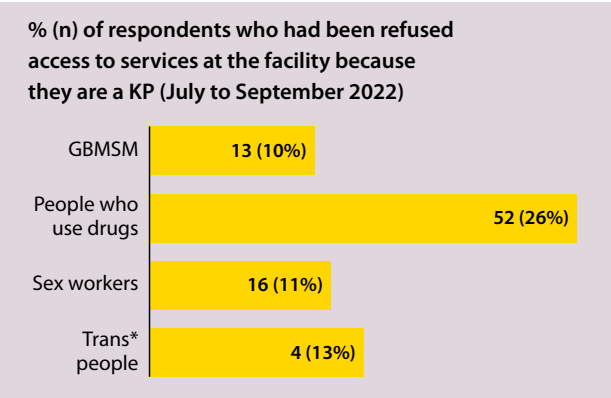
> ***"I started ART in 2019, but have been on and off treatment because of drug use and living on the streets. I had lost a lot of weight and was getting sicker so I went to the clinic but the nurses denied me saying I would smoke the pills and not take it. I pleaded with them and swore that I am serious with my health but they called the security guard to chase me away. I was humiliated and didn't understand why the nurses that are supposed to protect me are the ones denying me access to treatment"*** *— a person who uses drugs using Sibuyile Clinic (Ehlanzeni), May 2023*

> ***"They never treat me very well at the clinic, I went there around January and hoped they would help me. They did not treat me well, they chased me away, told me that I am dirty and that I would steal from other patients. I told them I needed help to stop using drugs but they just chased me away"*** *— a person who uses drugs using Nelspruit Clinic (Ehlanzeni), May 2023*

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

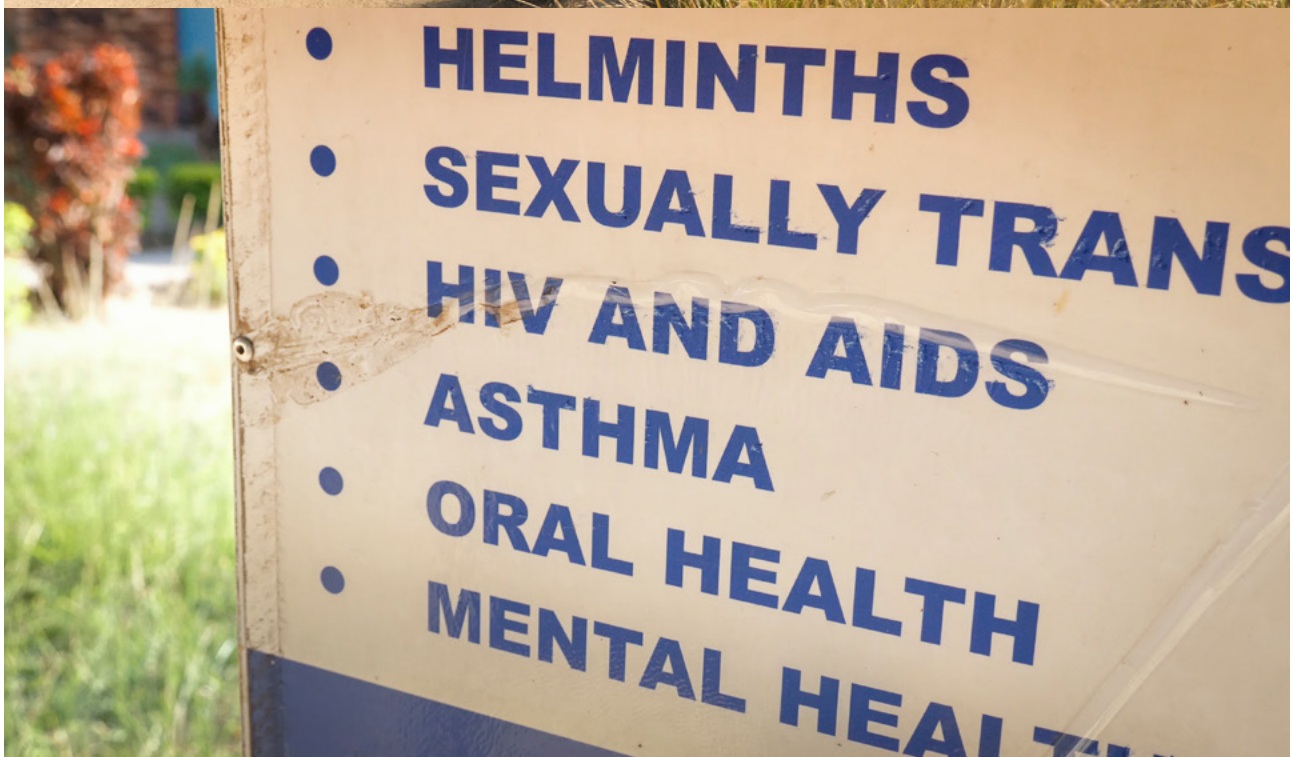
> ***"I had a gunshot wound around February and went to Msogwaba Clinic but when I got there, I got chased out by the nurses saying that I'm a "nyaope boy" they should've shot me dead, that I do crime and come to them for their assistance when I'm hurt, that I should go back to where I got shot and not [come] to the facility. They said I don't deserve to live and are tired of people like me"*** *— a person who uses drugs previously using Msogwaba Clinic (Ehlanzeni), May 2023*

Figure 46



Where the attitudes of clinic staff have become unbearable, some people have stopped going to the facility altogether, including for HIV, TB and STI testing and treatment. Overall 13% (122) of key populations we interviewed in the province were not receiving services anywhere. The most common reasons given for not going to the facility include: a lack of friendly services, lack of privacy, and a lack of safety — as well as a fear people would find out they are someone who uses drugs, a sex worker, or part of the LGBTQIA+ community.


Counselling
Room


HELMINTHS
SEXUALLY TRANS
HIV AND AIDS
ASTHMA
ORAL HEALTH
MENTAL

> ***"I used to go to the clinic whenever I am sick but because of the poor treatment I receive there, I stopped going"*** *— a sex worker using Nelspruit Clinic (Ehlanzeni), May 2023*

> ***"Lately, whenever I am sick, I don't go to the clinic. I depend on the women who sell things in town, who I usually help pack their goods. They are the ones who give me painkillers when I am sick. And when they don't have it, I just suffer the pain as I am scared to go to that clinic"*** *— a person who uses drugs using Nelspruit clinic (Ehlanzeni), May 2023*

Compared to public health facilities, drop-in centres and mobile clinics generally performed better from the perspective of all key population groups in terms of service acceptability and service availability. However, most key populations we interviewed are not using either a drop-in centre or mobile clinic to access services but public health facilities. In fact, Ritshidze data show that a very high proportion of key populations are not even aware of any drop-in centres — including 75% of GBMSM, 70% of people who use drugs, 72% of sex workers, and 55% of trans* people.

Ritshidze data show that key populations do not all live in certain "hotspots" or "high transmission areas". We support drop-in centres but they are not a panacea to the challenge of improving services for key populations. Public health facilities must also be drastically improved to ensure key populations can access the services they need in a friendly, safe, and welcoming way.

Additionally, given the disproportionate burden of HIV and violence that key populations face, as well as the additional health needs, it is critical that key populations can access specific services to meet specific needs. Yet where key populations do continue to suffer the daily indignities of using the public health system, specific services remain unavailable for the most part.

Lubricants, for example, are only freely available in 40% of facilities monitored (Figure 47) and in those sites too often the lubricants are put in spaces where staff and community members can see as you collect them (Figure 48). ***"I've never seen lubricants or condoms around the facility. I have to ask for them in the consulting room and I would get maybe 5 loose condoms or less,"*** explained one of the sex workers we interviewed.

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

Figure 47

Are condoms and lubricant available at the clinic? (April to May 2023)
Observations completed: 43

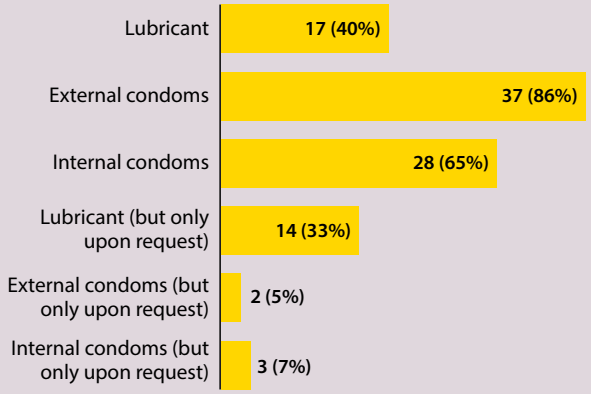


Figure 48

Where are the lubricants located? (April to May 2023)
Observations completed: 17

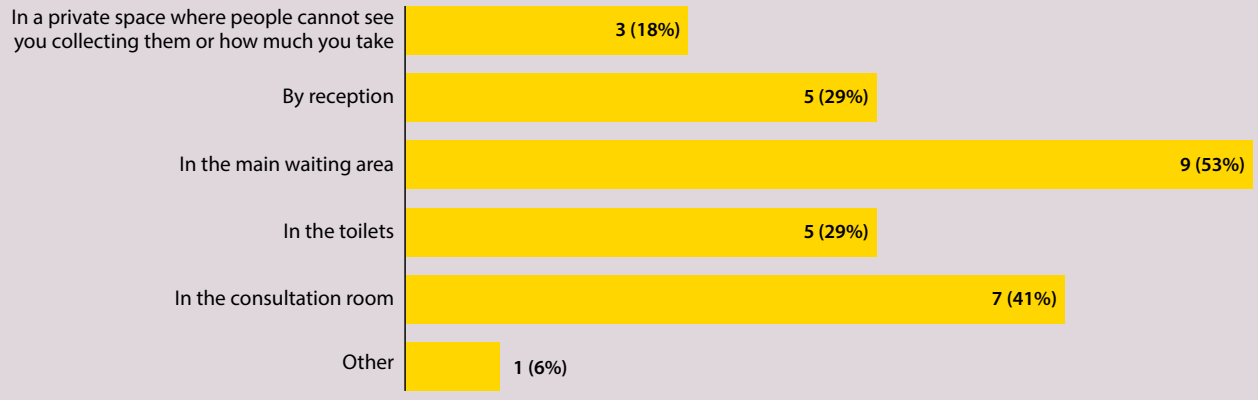


Figure 49

Lubricant access at facilities (July to September 2022)				
	GBMSM	People who use drugs	Sex workers	Trans* people
% aware they should be able to get lubricant (lube) at all public health facilities	48% (59)	42% (82)	76% (106)	48% (15)
% tried to access lube	37% (46)	11% (22)	69% (93)	48% (15)
Among those seeking lube, % always able to get it	59% (27)	45% (10)	65% (60)	73% (11)
% reporting staff are always respectful when asked for lube	61% (28)	55% (12)	70% (65)	73% (11)
Among those able to get lube, % always able to get enough	58% (26)	40% (8)	57% (50)	71% (10)

In addition only between 65% and 47% of facilities prioritise offering key populations PrEP (Figure 50), despite it being widely available in facilities monitored by Ritshidze.

Widespread access to harm reduction services (like methadone and unused needles) or gender affirming care (including hormones) remain outside the reach of most of the people they are meant to serve.

Those who have tried to access harm reduction services are often left without services, or any information on where they could get them. Only 9% of people who use drugs were offered information about where they could get new needles, only 22% were given information on where to get methadone, and only 21% able to access drug dependence support (Figure 52). Service accessibility must be improved to ensure that people who use drugs needs are met and no additional barriers are created to being able to take drugs safely, or be supported to stop.

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

> ***"I was never offered PrEP, it was the NGO where I receive my HRT from that offered me PrEP and I started taking it from there"*** *— a trans* woman who stopped using Emthonjeni Clinic (Ehlanzeni), May 2023*

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

> ***"I know about PrEP, but it was not the clinic that told me about PrEP"*** *— a trans* woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*

Figure 50

Does the facility prioritise offering PrEP to any of the following populations? (April to May 2023)
Facility Staff Surveyed: 43

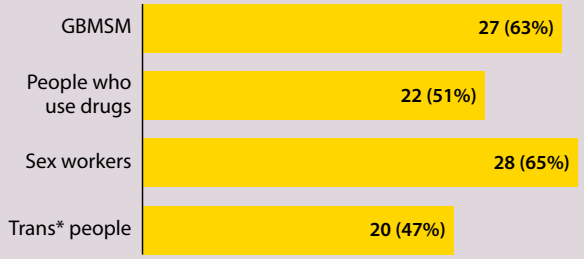


Figure 51

PrEP access at facilities (July to September 2022)				
	GBMSM	People who use drugs	Sex workers	Trans* people
% heard of PrEP	54% (67)	32% (62)	73% (102)	58% (18)
Among those not living with HIV, % ever offered PrEP	27% (27)	7% (11)	32% (45)	29% (7)
Among those offered PrEP, % who ever received it	79% (22)	44% (8)	77% (37)	88% (7)
% very satisfied with PrEP services	59% (13)	38% (3)	59% (22)	71% (5)

> ***"I went to the clinic to ask for bandages and antibiotics because of my leg — I had a 'missed shot'. I begged them to help me as it was bleeding but they chased me away, [saying] that I caused this to myself. They called the security guard… they said they did not ask me to become a drug addict. The leg is still not healed and I am in pain all the time"*** *— a person who uses drugs using Nelspruit Clinic (Ehlanzeni), May 2023*

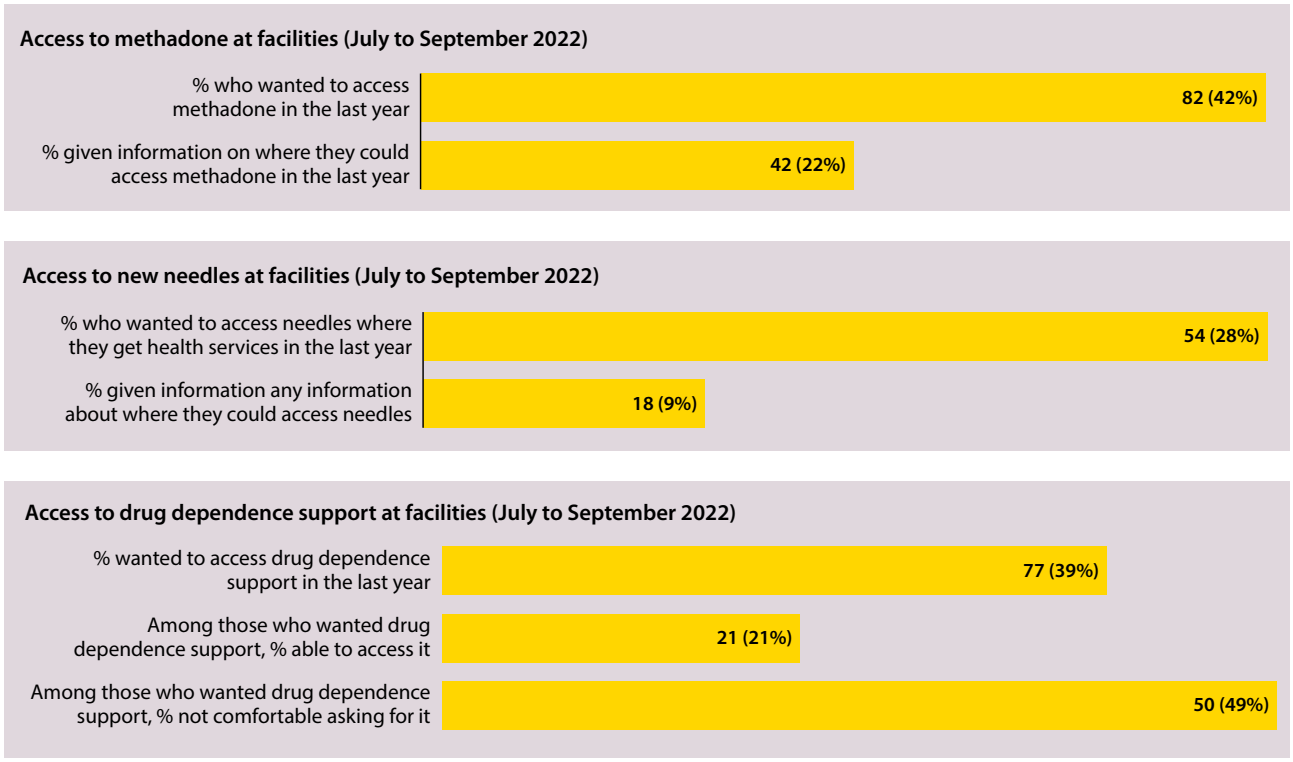
> ***"I stopped using Masoyi Clinic because of the bad services. I wanted to quit using drugs and there were no drug dependency services they could not refer me to anywhere. I had to go around myself looking for organisations that can help with rehabilitation"*** *— a person who uses drugs using Masoyi Clinic (Ehlanzeni), May 2023*

> ***"When I went to the clinic, they refused me access to ART because I am a person who uses drugs. I had stopped using my medication and they refused to reinitiate me because they said I would smoke the ARVs. So, I was off my meds for 3 months"*** *— a person who uses drugs using Sibuyile Clinic (Ehlanzeni), May 2023*

> ***"They never give us needles or tell us where to get it, there is an organisation that brings us needles. Even for those who want methadone, they don't get any information when they go to the facility"*** *— a person who uses drugs using Nelspruit Clinic (Ehlanzeni), May 2023*

> ***"There at Nelspruit Clinic, it is not just me who has suffered there, one of my friends told me they chased him away and I thought he was just exaggerating and he was scared and didn't want to go to the clinic. But when I went there, the treatment was very horrible. They did not offer me any services"*** *— a person who uses drugs using Nelspruit Clinic (Ehlanzeni), May 2023.*

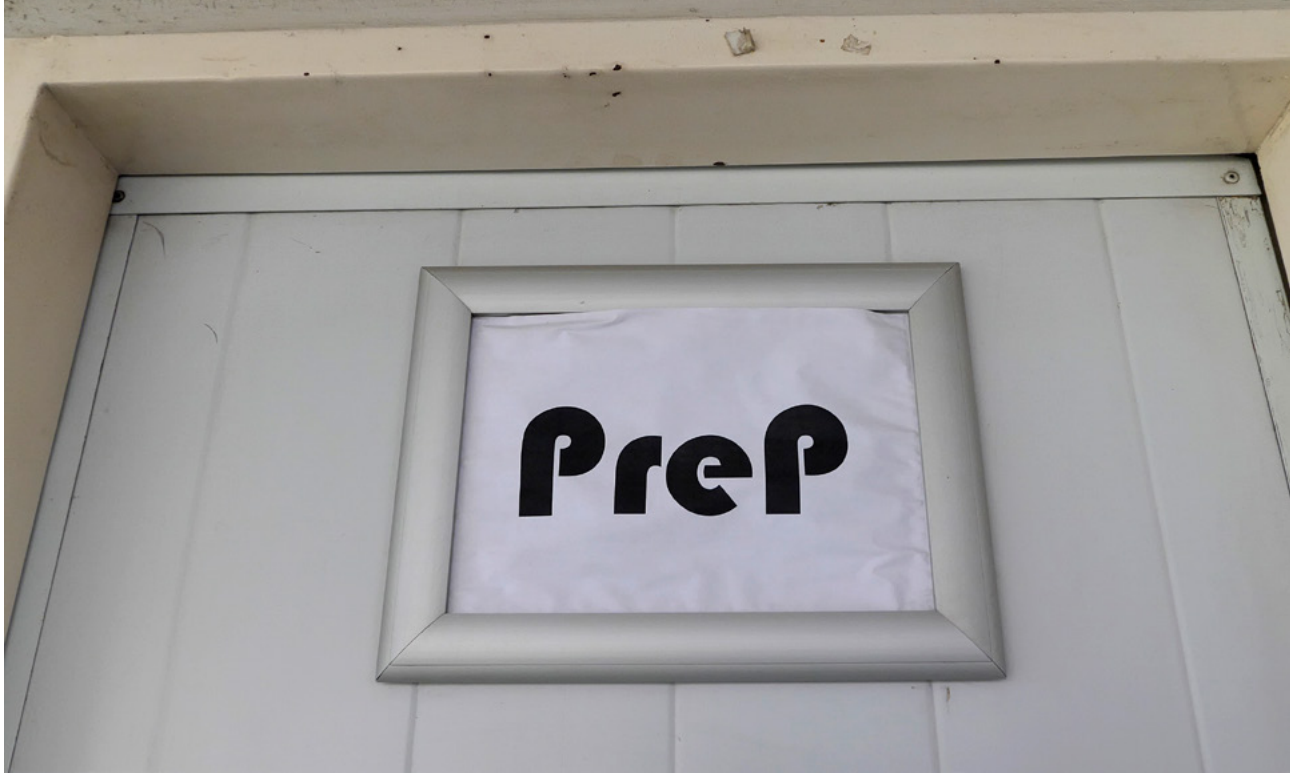
Figure 52



The availability of gender affirming services for those who need them is critically important. Yet only 35% of trans* people say facility staff are respectful of their gender identity — 78% said that healthcare providers use their wrong names, 72% said they use their wrong pronouns, and 17% said they ask questions about being trans* not relevant to services needed.

> ***"The nurses are the ones you should be able to open up to... I tell them that I identify as a trans man and my pronouns are he/him, but they will still misgender me and call me 'sisi' which does not make me comfortable. They make it sound like I have a problem. I am not comfortable with the nurses because they are rude, they would ask why I decided to be like this. It is who I am and cannot change who I am"*** *— a trans* man using Mangweni Clinic (Ehlanzeni), May 2023*

> ***"They were using my English name which I told them I do not like, rather than calling me by my traditional name. The English name is not gender neutral. Even after correcting them, they continued using that name"*** *— a trans woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*



> ***"They do not offer any services to trans* people, it is hard to get hormones here. When you talk about it, they do not even know what hormones are or any information on where one can get them… I would like for them to offer us hormones or be able to refer us to where we can get them as it is very hard to get hormones here"*** *— a trans woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*

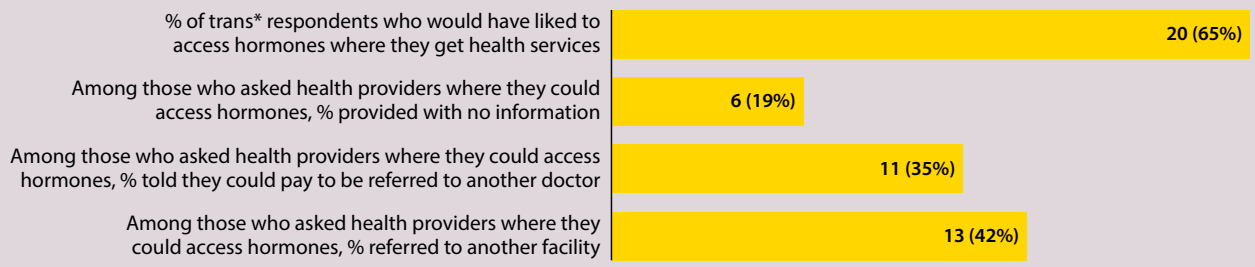
> ***"I encountered transphobia there, firstly at the admin while I was trying to get my file so that I can see the doctor. I told them my preferred name and they wanted an ID, I gave them and they made a scene that it was not me, that he cannot help me. I had to explain that I am a trans* woman. The look and judgement was so much. I don't like to go to places where I would need to use my ID like the clinic or police station because they would judge you if you don't look like the person in the ID"*** *— a trans woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*

> ***"The last time I went there, the first nurse asked me if I am a woman and I told her that I am transitioning, and I am experiencing some symptoms. She screamed that why are you trying to change yourself, God created you as a woman. She did not even check me or give me any medication to let me feel better but was just judging me"*** *— a trans man using Mangweni clinic (Ehlanzeni), May 2023*

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. The majority of trans* people we spoke to, 65%, wanted access to hormone therapy at public health facilities (Figure 53). However, gender affirming care is mostly only available in big cities. Trans* people who do not live near these cities must travel long distances to get these services. This keeps it out of reach for those without access to transport money and places to stay.

Figure 53

Access to hormones at facilities (July to September 2022)



Key populations are at times refused access to contraceptives specifically because they are a member of a key population group (Figure 54).

South Africa faces a well documented epidemic of gender based violence including homophobic and transphobic attacks on LGBTQIA+ community members (Figure 55). Sex workers also face extreme levels of violence and forced sex at the hands of clients, partners, and even police. It is critical that key populations who face sexual violence feel safe enough to access the necessary services at the clinic such as HIV testing & PEP, STI treatment, emergency contraceptive, J88 forms, rape kits, counselling, and referral to domestic violence shelters. However, the majority of key populations interviewed did not think staff were well trained to care for those who have experienced violence.

> ***"I used to go to the clinic for contraceptives, but since the horrible treatment started, I just go to the chemist to buy the pills"*** *— a sex worker who stopped using Kabokweni Clinic (Ehlanzeni), May 2023*

Figure 54

Contraceptive access at facilities (July to September 2022)			
	People who use drugs	**Sex workers**	**Trans* people**
% able to get the contraception they wanted	55% (17)	76% (90)	82% (18)
Top reasons they were unable to get the contraception they wanted	Were told they could not have it because they are a PWUD (58%), were told they had to come back (42%), were told there was a stockout (17%)	Were told they could not have it because they are a sex worker (35%), first choice was not available (27%), were told they had to come back (23%), were told there was a stockout (23%)	Were told there was a stockout (75%), were told they had to come back (50%), were told their first choice was not available (25%)

Figure 55

Sexual violence services at facilities (July to September 2022)			
	GBMSM	**Sex workers**	**Trans* people**
% who feel staff are well trained to care for those who experience violence from a sexual partner	43% (53)	47% (66)	42% (13)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	56% (70)	56% (78)	48% (15)
Among those who needed them, % reporting staff were always respectful when seeking post-violence services	83% (24)	60% (18)	66% (2)
Among those who needed them, % reporting they were able to access post-violence services	79% (23)	70% (21)	100% (3)
Among those unable to access all the post-violence services they needed, top missing services	Counselling (83%), HIV test (17%), STI test (17%)	J88 form (33%), counselling (22%), HIV test (22%)	n/a

Not everyone who wanted to access STI treatment was able to at the facility (Figure 56). Too often we hear reports of key populations being discriminated against or staff acting in a hostile manner to those trying to access these services.

> ***"The clinic staff are judgmental. I went there once for STI treatment and they didn't do any test or physical examination, they just gave me medication. They asked me how I got the STI and who I had sex with. I couldn't disclose my work because they were already judgmental and there were two nurses in the room. I did not feel comfortable telling them what was wrong with my private part"*** *— a sex worker using Nelspruit Clinic (Ehlanzeni), May 2023*

> ***"The last time I went to the Emthonjeni Clinic, I had an STI which I had to explain how I got it… and the symptoms are in my anal area. That was embarrassing"*** *— a trans woman who stopped using Emthonjeni Clinic (Ehlanzeni), May 2023*

> ***"I am not comfortable going to the clinic for STI testing and treatment. I would rather go to the mobile clinics from Anova when they come where I won't be judged for having an STI"*** *— a trans woman using Lillian Mambakazi CHC (Gert Sibande), May 2023*

Figure 56

STI service access at facilities (July to September 2022)			
	GBMSM	Sex workers	Trans* people
Among those seeking STI testing, % always able to access it	67% (29)	66% (40)	83% (10)
% of staff always respectful when asking for STI testing	70% (30)	66% (40)	83% (10)
Among those needing STI treatment, % able to access it	74% (32)	69% (40)	82% (9)

A minimum package of key population specific services (Figure 57) should be made available at at least two public health facilities, per key populations group, per district — to meet the specific needs of key populations at public health facilities. One site per district as planned remains inadequate in districts that are often vast. Additionally, where key populations need specialised care from a drop-in centre, or public health facility providing specialised care, easy referral and adequate resources (including transport or transport costs) should be provided to ensure uptake of those services.

Figure 57: Minimum package of key population specific services to be made available

PACKAGE OF KP SPECIFIC SERVICE PROVISION:

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

+ GBMSM outreach services
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ GBMSM friendly HIV testing and counselling
+ GBMSM friendly HIV care and treatment
+ GBMSM focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), GBMSM adherence clubs and GBMSM friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ 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
+ PWUD friendly HIV care and treatment
+ PWUD focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), PWUD adherence clubs and PWUD friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ Drug dependence support 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
+ Sex worker friendly HIV care and treatment
+ Sex worker focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), sex worker adherence clubs and sex worker friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ 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
+ Trans* friendly HIV care and treatment
+ Trans* focused Repeat Prescription Collection Strategies (RPCs) including access to facility pick-up points (fast lane), Trans* adherence clubs and Trans* friendly external pick-up points including at drop-in centres
+ HIV support groups including PrEP/ART refill collection
+ 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

ALL KPs

+ Peer educators/navigators at the facility level

COMMUNITY STORY

"I have a woman living inside my body," says Mimi*, a transgender woman who for the past six years has been fighting healthcare workers to hear her pleas for help.

Mimi says it's the lack of awareness, the lack of compassion and outright unprofessional attitude and judgement that has made her sometimes feel like she would be better off if she just killed herself, she says.

Mimi is 25 years old. Six years ago she approached her clinic, the Lillian Mambakazi Clinic in Standerton, asking for oral contraceptives.

"The nurses refused to help me and just kept saying I'm not a woman, and I should not be taking the pills – they didn't want to understand my story or that I was desperate. Even when I bathed I hated to see my body," she says.

Mimi says she was aware contraceptive pills are not recommended as hormone therapy for her transitioning journey, but she felt she needed to get oestrogen into her body in any means in order to feminise her body.

Mimi eventually got a referral letter to go to Standerton Hospital this year. She says: "The doctor there first made me see a social worker and that's where I really had problems. This woman was judging me because I was wearing old clothes. She said to me that even Somizi Mhlongo (a South African entertainment celebrity) who has money was not doing what I was doing because it's only for Americans. She said I should just study hard and earn money and then I could maybe transition.

"I said to her 'do you even know about LGBTQIA+ — I am 'T' not 'G'. She didn't even know that these two are not the same thing. It was a really hurtful experience that someone could say these things to me and judge me because I didn't have money," Mimi says.

Mimi has this year started on her journey to transition and is getting the correct hormone therapy with a monthly injection. She says that her questions are being answered and she is being prepared for gender affirming surgery in the future.

"I couldn't be more happy now — it should be like this from the start. I think about teenagers; if they are not strong, the attitudes like those nurses or that social worker are what can make them to kill themselves," she says.

** Name has been changed to protect identity*

COMMUNITY STORY

Nathi* lives his life as an openly gay man, but in November last year he found himself asking "God, why did you make me this way?"

It happened after his experience that month with two nurses at the Sead Clinic in Ext 5 in Bethal. He was given the wrong ARVs, he says but worse than that, he says he was shouted at when he tried to tell the nurses about pain he experienced after he started taking the medication. He also believes he was treated badly because he is a gay man.

"They were always giving me this attitude because of my personality. There are two nurses there and they say things like 'look at this gay one'. They gossip behind my back and they make me feel like there is something wrong with me," he says.

Nathi says he has used Sead Clinic all his life — it's the clinic closest to his home. He was diagnosed with HIV in 2017 at the clinic when he was 20 years old.

"Back then it was 100% — they gave me counselling and they talked to me and I understood what was going on with my pills," he says.

The incident in November 2022 however, left him angry, feeling self-hate and also hatred towards the clinic.

"I don't know the name of my pills but I could see that what they gave me was different. But when I said it wasn't my medicine one of the nurses shouted at me and said 'are you a nurse? Are you a doctor?' After taking those pills my kidneys were paining and they made me very tired," he says.

Nathi was forced to go back to Sead Clinic because the pain was too much to bear. He sought out a different nurse and was eventually put back on his regular medication.

"I am doing good now but I want the Department of Health to teach these nurses about the LGBTQIA+ community. They must learn about our life and about our feelings. A gay person is just like any other person — we are human beings," he says.

** Name has been changed to protect identity*

7. Index Testing

2021	2022	2023
80% were told they could refuse to give names of their partners for index testing	**86%** were told they could refuse to give names of their partners for index testing	**87%** were told they could refuse to give names of their partners for index testing
90% of facilities say they always screen PLHIV for intimate partner violence	**98%** of facilities say they always screen PLHIV for intimate partner violence	**88%** of facilities say they always screen PLHIV for intimate partner violence
70% were asked about the risk of violence from their partner	**81%** were asked about the risk of violence from their partner	**77%** were asked about the risk of violence from their partner
50% of facilities trace all contacts regardless of reports of violence	**29%** of facilities trace all contacts regardless of reports of violence	**29%** of facilities trace all contacts regardless of reports of violence

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that:
   a. Index testing is always voluntary
   b. 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
   c. **No contacts who have ever been violent or are at risk of being violent are ever be contacted**
   d. **Adequate IPV services available** at the facility or by referral
   e. **Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual
   f. **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.
   g. 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.
2. There should be an **investigation into all sites carrying out index testing**, especially those not monitored by Ritshidze, urgently to assess the implementation of index testing. The findings of this investigation should be shared transparently.
3. **Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.

RECOMMENDATIONS

BROADREACH & RIGHT TO CARE

1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that:
   a. Index testing is always voluntary
   b. 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
   c. No contacts who have ever been violent or are at risk of being violent are ever be contacted
   d. **Adequate IPV services available** at the facility or by referral
   e. **Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual
   f. **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
   g. 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.services if the answer is yes. Data on such occurrences must be shared.

2. There should be an **investigation into all DSP staff carrying out index testing**, especially those not monitored by Ritshidze, urgently to assess the implementation of index testing. The findings of this investigation should be shared transparently.
3. **Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.

RECOMMENDATIONS

PEPFAR

1. PEPFAR must follow-through on commitments in COP22, including all monitoring and reporting elements. PEPFAR must share:
   a. Adverse Event Monitoring Tools of each DSP;
   b. Data from monthly analyses site level acceptance rates analyses (Oct-Jan);
   c. Results of REDCap assessments;
   d. Data on numbers of index clients screened for IPV and those screened positive;
   e. Planning Meeting Reporting/ Presentation Expectations:
   f. Report on all adverse events (number, type of adverse event, and resolution);
   g. Results from first wave of 1-2 month delayed healthcare provider follow-ups with index clients on adverse events;
   h. Plan for implementation of PEPFAR's GBV Quality Assurance Tool: Number of sites, timeframe for implementation, any preliminary results;
   i. Status of referral network for GBV services;
   j. Plan for mechanism on reporting data to CSOs on all elements documented in the SDS.

100% of facilities monitored by Ritshidze engage in index testing and of 1,137 people living with HIV interviewed, 61% said a healthcare worker had asked them for the names and contact information of their partners to test them for HIV. While index testing has the ability to help identify individuals who may have been exposed to HIV earlier, it must be implemented in ways that do not cause harm to individuals, or undermine their rights to consent, privacy, safety and confidentiality.

Yet in terms of consent, only 87% reported that they were allowed to refuse to give the names of their partners — and nearly a quarter of sites had fewer than 75% of respondents saying they could refuse (Figure 58). Index testing must always be completely voluntary. This is possible, as seen at the 12 facilities where 100% of people reported that they were told they could refuse (Figure 59).

Figure 58

Less than 75% of PLHIV reported they were told they could refuse to engage in index testing (April to May 2023)						
District	**Facility**	**Surveys Completed**	**Yes**	**No**	**Don't know**	**Score**
Gert Sibande	Lillian Mambakazi CHC	18	9	8	1	53%
Nkangala	Beatty Clinic	15	8	7	0	53%
Gert Sibande	Secunda Clinic	19	12	7	0	63%
Gert Sibande	Winifred Maboa CHC	15	9	5	1	64%
Gert Sibande	Sead Clinic	6	4	2	0	67%
Gert Sibande	Paulina Morapeli CHC	21	14	7	0	67%
Ehlanzeni	Matsulu A Clinic	22	14	6	2	70%
Gert Sibande	Msimango Clinic	16	11	4	1	73%

Figure 59: Facilities where 100% of people living with HIV report being told they can refuse

FACILITIES WITH PERFECT SCORES

- **Amsterdam CHC**
- **Kanyamazane CHC**
- **Lillydale Clinic**
- **Mkhondo Town Clinic**
- **Mthimba Clinic**
- **Nelspruit CHC**
- **Nkwalini Clinic**
- **Phola-Nzikasi CHC**
- **Shatale Clinic**
- **Thekwane Clinic**
- **Thussiville (MN Cindi) Clinic**
- **Zwelisha Clinic**

88% of facilities say they screen for intimate partner violence (IPV) as part of their index testing protocol — down from 98% last year. However, of 681 people living with HIV, only 77% reported that they were asked about the risk of violence from their partners, down from 81% last year, and 15 facilities had less than 75% of people reporting being screened for IPV (Figure 60). There must always be an IPV screen to protect people's safety who undergo index testing. This is possible, as seen at 11 facilities where 100% of people reported that they did an IPV screen (Figure 61).

Figure 60

Less than 75% of PLHIV reported being asked their risk of violence from their partner(s) (April to May 2023)						
District	**Facility**	**Surveys Completed**	**Yes**	**No**	**Don't know**	**Score**
Nkangala	Beatty Clinic	15	3	12	0	20%
Ehlanzeni	Gutshwa Clinic	19	6	13	0	32%
Ehlanzeni	Bhuga CHC	24	9	15	0	38%
Ehlanzeni	Makoko Clinic	26	12	14	0	46%
Ehlanzeni	Kabokweni CHC	23	11	12	0	48%
Ehlanzeni	Nelspruit CHC	12	6	6	0	50%
Gert Sibande	Thussiville (MN Cindi) Clinic	2	1	1	0	50%
Ehlanzeni	Manzini Clinic	12	6	5	1	55%
Ehlanzeni	Agincourt CHC	18	10	8	0	56%
Gert Sibande	Winifred Maboa CHC	15	9	6	0	60%
Gert Sibande	Ermelo Clinic	6	4	2	0	67%
Gert Sibande	Ethandakukhanya Clinic	12	8	4	0	67%
Gert Sibande	Paulina Morapeli CHC	21	14	7	0	67%
Gert Sibande	Sead Clinic	6	4	2	0	67%
Nkangala	Siphosesimbi CHC	19	14	5	0	74%

> **There must always be an IPV screen to protect people's safety who undergo index testing.**

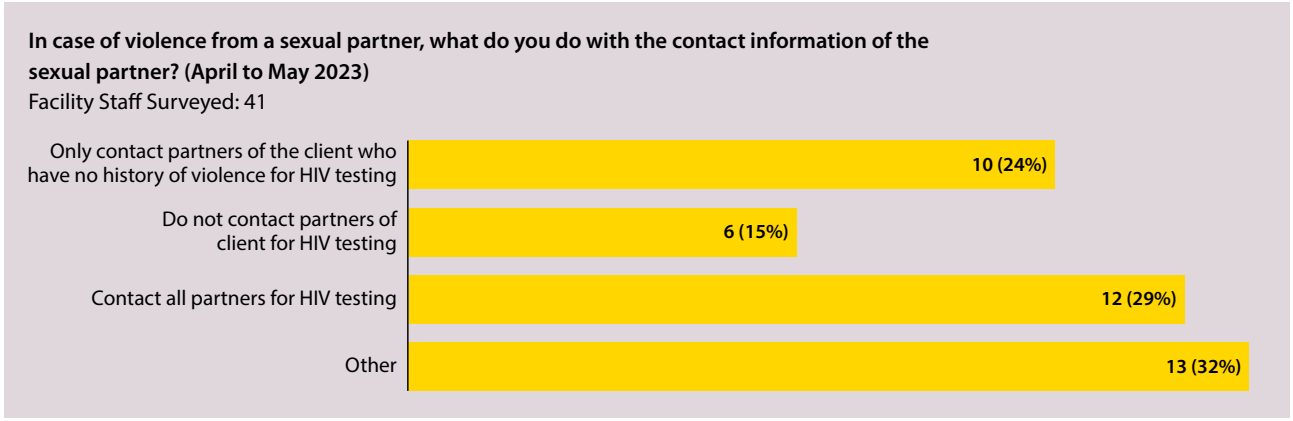
Figure 61: Facilities where 100% of people living with HIV report an IPV screen

FACILITIES WITH PERFECT SCORES

- + **Eziweni Clinic**
- + **Hazyview Clinic**
- + **Kanyamazane CHC**
- + **Lillydale Clinic**
- + **Mkhondo Town Clinic**
- + **Mthimba Clinic**
- + **Nkwalini Clinic**
- + **Phola-Nzikasi CHC**
- + **Thekwane Clinic**
- + **White River Clinic**
- + **Zwelisha Clinic**

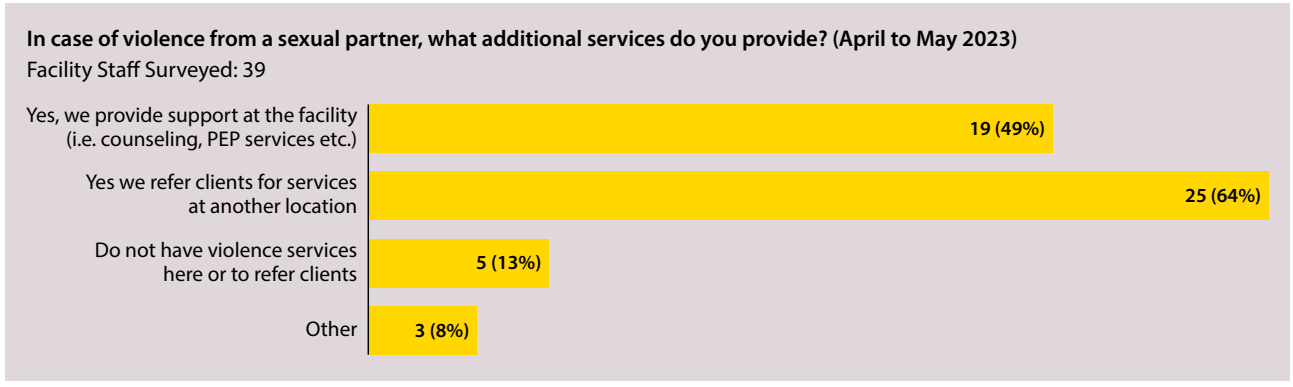
Worryingly though, 29% of those that do screen, report that the practice is still to contact all the partners of people living with HIV regardless of reported violence (Figure 62). This is a major concern and violation of people's safety and privacy. There is no point to the IPV screen if contacts are just notified of their exposure anyway.

Figure 62



The majority of sites said that if people living with HIV screen positive for IPV they offer them services either on site or by referral (Figure 63). However, all facilities should be able to provide on site or referred services for IPV. Screening for IPV at the 13% of sites 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.

Figure 63



8. Infrastructure and clinic conditions

2021

89% of facilities needed some additional space

58% of facility toilets in bad condition

8% of public healthcare users reported that facilities are dirty or very dirty

2022

71% of facilities needed some additional space

53% of facility toilets in bad condition

4% of public healthcare users reported that facilities are dirty or very dirty

2023

79% of facilities needed some additional space

26% of facility toilets in bad condition

11% of public healthcare users reported that facilities are "dirty" or "very dirty"

56% of facilities have a functional generator

RECOMMENDATIONS

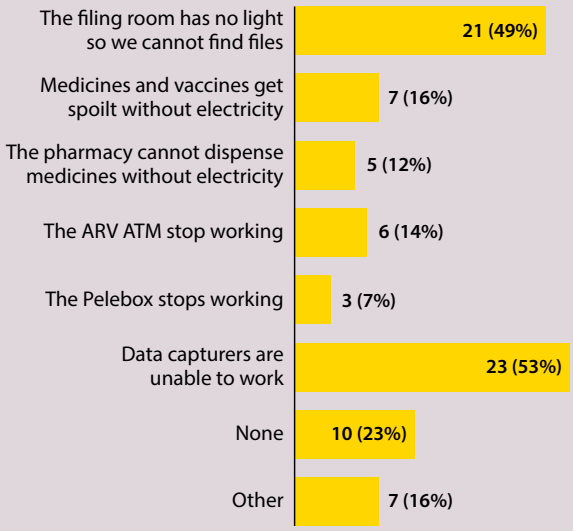
MPUMALANGA DEPARTMENT OF HEALTH

1. Ensure that all public health facilities have a **functional generator with sufficient fuel** so that health services and administrative work can continue during loadshedding
2. Ensure that **all public healthcare users are consulted, tested, and/ or counselled in private rooms**
3. Carry out an **audit of all facilities to assess infrastructural challenges.** After which the Department should develop a plan in order to renovate buildings and ensure adequate space to provide efficient, private, and safe healthcare services. The Department must publish the audit results
4. In the interim, **provide temporary structures** and ensure that **more PLHIV are being decanted out of the facility** and **receiving longer ART refills**, to reduce the burden on overcrowded clinics
5. Ensure that **all facilities are maintained to the highest standards of cleanliness** including through implementing regular cleaning rotas
6. Ensure clinics have resources to **provide soap and toilet paper in all toilets**

The country's loadshedding crisis negatively impacts the provision of healthcare in our clinics and can often lead to people waiting much longer to collect medicines or consult with a clinician. In Mpumalanga the most common challenges include delays in finding files when filing rooms are in darkness, increasing overall waiting times, as well as data capturers not being able to capture information, creating a backlog and impacting follow up with people who have missed appointments and recall systems (Figure 64). Generators at each facility could resolve these challenges, yet only 56% of facilities have a generator that is working and has fuel (Figure 65).

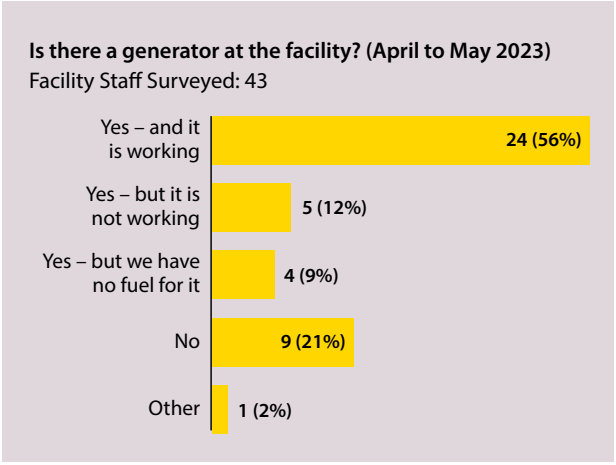
Figure 64

What challenges does the facility face because of loadshedding? (April to May 2023)
Facility Staff Surveyed: 43



> **The country's loadshedding crisis negatively impacts the provision of healthcare in our clinics and can often lead to people waiting much longer to collect medicines or consult with a clinician.**

Figure 65



Positively 79% of facilities monitored in Mpumalanga are in good condition, up from 74% last year. Of the 21% in a bad condition, the most common reason is that the buildings are in need of renovation (Figure 66).

79% of facilities reported needing more space, worsening from 71% last year — with waiting space, filing space, and rooms for medical care given as the most common things facilities needed extra space for (Figure 67). Limited waiting room can force people to queue outside, increase congestion, and have a negative impact on TB infection control. Lack of space for medical care and private HIV counselling and testing can result in privacy violations as people are consulted, tested, or counselled in the same room as someone else — leading to some people not wanting to test, or for those living with HIV to interrupt treatment or disengage from care.

On overall cleanliness, 66% of public healthcare users reported that facilities were very clean/clean. However, 11% reported that facilities were very dirty/dirty. The best (Figure 68) and worst (Figure 69) performing sites are shown in the tables.

Figure 66

Concerns with the condition of building (April to May 2023)

District	Facility	No light /or lights not working in some areas of the facility	Broken or cracked roof, walls or floor	No running water at the facility	Old building needs renovation
Ehlanzeni	Manzini Clinic				1
Ehlanzeni	Shatale Clinic			1	
Ehlanzeni	White River Clinic				1
Ehlanzeni	Zwelisha Clinic				1
Gert Sibande	Bethal Town Clinic	1			1
Gert Sibande	Ermelo Clinic				1
Gert Sibande	Mkhondo Town Clinic				1
Gert Sibande	Piet Retief Clinic		1		1
Nkangala	Beatty Clinic				1

Figure 67

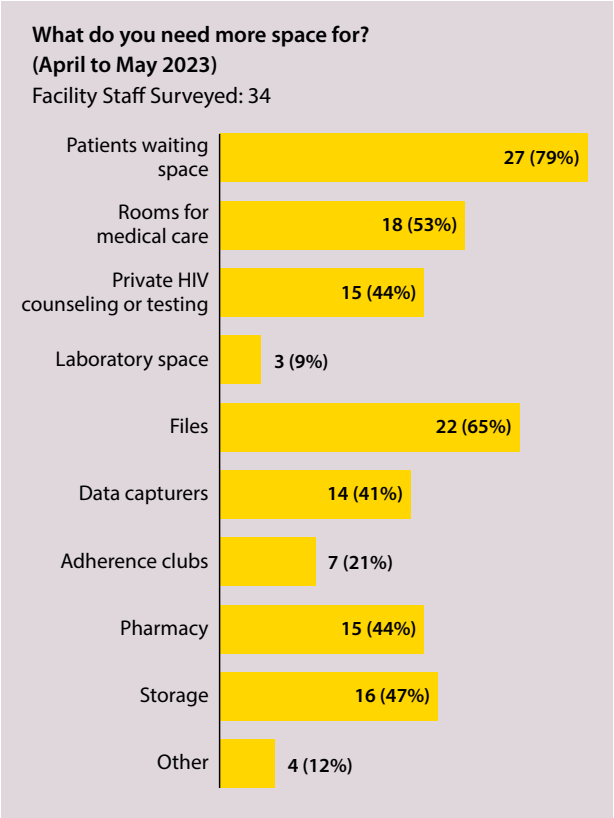


Figure 70

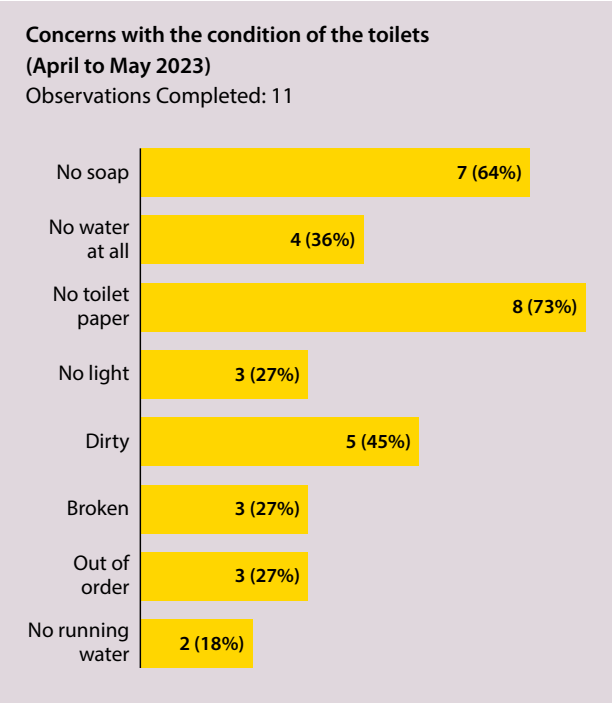


Figure 68

Best performing sites on clinic cleanliness (April to May 2023)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
Gert Sibande	Nhlazatshe 6 Clinic	51	0	0	0	1	50	4.98
Gert Sibande	Nhlazatshe Clinic	53	0	0	0	2	51	4.96
Gert Sibande	Langverwacht Ext 14 Clinic	50	0	1	1	1	47	4.88
Ehlanzeni	Phola-Nzikasi CHC	50	0	0	1	7	42	4.82
Gert Sibande	Bethal Town Clinic	50	0	0	1	8	41	4.8
Gert Sibande	Sead Clinic	51	0	0	1	9	41	4.78
Gert Sibande	Msimango Clinic	50	0	1	2	10	37	4.66
Gert Sibande	Secunda Clinic	51	0	0	3	16	32	4.57
Gert Sibande	Winifred Maboa CHC	50	0	0	5	15	30	4.5
Ehlanzeni	Nkwalini Clinic	51	0	2	3	19	27	4.39
Gert Sibande	Lillian Mambakazi CHC	50	0	1	6	18	25	4.34
Gert Sibande	Embalenhle CHC	55	1	0	9	18	27	4.27
Gert Sibande	Amsterdam CHC	57	0	0	8	27	22	4.25
Gert Sibande	Piet Retief Clinic	52	0	0	2	36	14	4.23
Ehlanzeni	Makoko Clinic	56	0	1	2	35	16	4.22
Gert Sibande	Mkhondo Town Clinic	50	0	0	1	39	10	4.18
Gert Sibande	Ethandakukhanya Clinic	72	0	0	6	48	18	4.17
Ehlanzeni	Bhuga CHC	50	0	0	6	32	12	4.12
Gert Sibande	Thussiville (MN Cindi) Clinic	53	0	1	3	42	7	4.04

26% of Ritshidze observations found that toilets were in bad condition — with no toilet paper, no soap, and overall cleanliness given as the most common reasons (Figure 70).

Figure 69

Worst performing sites on clinic cleanliness (April to May 2023)								
District	**Facility**	**Surveys completed**	**Very Dirty**	**Dirty**	**Neutral**	**Clean**	**Very Clean**	**Score**
Ehlanzeni	Matsulu A Clinic	55	15	27	13	0	0	1.96
	White River Clinic	49	10	28	7	3	1	2.12
	Mthimba Clinic	60	0	43	4	9	3	2.53
	Shatale Clinic	55	6	15	24	7	3	2.75
Nkangala	Beatty Clinic	54	0	4	40	10	0	3.11
	Empumelelweni CHC	52	0	4	34	14	0	3.19
	Thembalethu CHC	53	2	7	25	16	3	3.21

How do we know if our clinics have good TB infection control?

- Is there enough room in the waiting area?
- Are the windows open?
- Are people who cough a lot or who may have TB given tissues or TB masks?
- Are there posters telling you to cover your mouth when coughing or sneezing?
- Are you seen within 1 hour 15 minutes of arriving at the facility?
- Are people in the facility waiting area asked if they have TB symptoms?
- Are people who are coughing separated from those who are not?

SCORING SYSTEM:

- RED 3+ questions answered "no"
- YELLOW 1-2 questions answered "no"
- GREEN 0 questions answered "no"

RITSHIDZE SAVING OUR LIVES

Our clinics are failing to prevent TB infection!

- **22** CLINICS = RED
- **21** CLINICS = YELLOW
- **0** CLINICS = GREEN

*Data collected in the Mpumalanga in April & May 2023

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10. TB infection control

2021	2022	2023	
0 facilities were awarded green status	**1** facility was awarded green status	**0** facilities were awarded green status	***GREEN:*** *Checking all six measures on the TB infection control scorecard*
14 facilities scored yellow status	**21** facilities scored yellow status	**21** facilities scored yellow status	***Yellow:*** *Following about half of the best practice measures*
28 facilities scored red status	**18** facilities scored red status	**22** facilities scored red status	***RED:*** *Failing altogether at meeting the best practices to stop the spread of TB*

RECOMMENDATIONS

MPUMALANGA DEPARTMENT OF HEALTH

1. **Issue communication to all facilities stating that:**
   a. **All windows must be kept open**
   b. **TB infection control posters must be displayed in visible places in the waiting area**
   c. **Public healthcare users must be screened for TB symptoms upon arrival**
   d. **People coughing or with TB symptoms must be seen first to reduce the risk of transmission**
   e. **People coughing or with TB symptoms must be provided with masks**
   f. **People who are coughing must be separated from those who are not while waiting**
2. **Carry out a full audit of all public health facilities in the province to assess TB infection control, based upon WHO guidelines. After which the Department should develop a plan based upon the infrastructural, human resource, or behavioural challenges found in order to improve TB infection control. The Department must publish the audit results.**

In South Africa around 300,000 people develop tuberculosis every year and about 56,000 people die. Yet TB infection control in our public health facilities remains inadequate. By following a simple checklist of good practice — including key measures that were successfully implemented during COVID-19 — facilities can be safer for public healthcare users and staff.

With the checklist in mind, Ritshidze has developed a scorecard and a traffic light system to rate clinics on how good their TB infection control is. Clinics that adhere to all the measures are given a green light, those that are on the right track but still off target get a yellow light and a red light is given to those that are way off the mark on ticking the checklist for the six measures.

In April and May 2023, 0 facilities were awarded green status for checking all six measures on the scorecard. Ritshidze scored 21 clinics yellow status; this translates to 49% of the facilities being monitored following about half of the best practice measures for infection control. It leaves 22 facilities, or 51% of facilities surveyed failing altogether at meeting these six basic best practices to stop the spread of TB.

By indicator:

+ **Only 42% of facilities had enough room in the waiting area**
+ **93% of facilities had the windows open**
+ **95% of facilities had TB infection control posters**
+ **Of 2,234 responses, only 40% say staff always ask people in the waiting areas if they have TB symptoms**
+ **Of 2,243 responses, only 36% say people coughing in waiting areas are always moved to a separate room**

Figure 71

TB Infection Control (April to May 2023)								
District	Facility	Enough room in the waiting area?	Were the facility windows open?	Are there posters telling patient to cover mouth when coughing/ sneezing?	Are people who are coughing in a separate room?	Time spent in the facility after opening	Are people being asked for TB symptoms?	Score
Ehlanzeni	Agincourt CHC	100%	100%	100%	79%	03:39	16%	YELLOW
	Bhuga CHC	100%	100%	100%	0%	02:08	22%	RED
	Cottondale Clinic	0%	100%	100%	58%	02:41	45%	RED
	Eziweni Clinic	0%	100%	100%	58%	02:29	58%	YELLOW
	Gutshwa Clinic	0%	100%	100%	22%	02:31	36%	RED
	Hazyview Clinic	0%	100%	100%	56%	02:53	49%	RED
	Kabokweni CHC	100%	100%	100%	15%	03:15	22%	RED
	Kanyamazane CHC	0%	100%	100%	71%	02:39	71%	YELLOW
	Lillydale Clinic	100%	100%	100%	44%	02:55	24%	YELLOW
	Makoko Clinic	100%	100%	100%	13%	02:43	27%	YELLOW
	Manzini Clinic	0%	100%	100%	0%	02:08	9%	RED
	Matsulu A Clinic	0%	100%	100%	13%	02:11	19%	RED
	Msogwaba Clinic	0%	100%	100%	52%	02:41	52%	YELLOW
	Mthimba Clinic	0%	100%	100%	17%	03:11	17%	RED
	Nelspruit CHC	100%	100%	100%	12%	04:11	15%	RED
	Nkwalini Clinic	100%	100%	100%	86%	02:49	90%	YELLOW
	Phola-Nzikasi CHC	100%	100%	100%	98%	02:38	98%	YELLOW
	Shatale Clinic	0%	100%	100%	60%	03:03	18%	RED
	Thekwane Clinic	100%	100%	100%	76%	02:59	72%	YELLOW
	White River Clinic	0%	100%	100%	11%	04:26	21%	RED
	Zwelisha Clinic	0%	100%	100%	57%	02:21	57%	YELLOW
Gert Sibande	Amsterdam CHC	100%	100%	100%	27%	04:12	42%	RED
	Bethal Town Clinic	0%	0%	0%	61%	03:01	66%	RED
	Embalenhle CHC	100%	100%	100%	24%	04:28	43%	RED
	Ermelo Clinic	0%	100%	100%	90%	03:35	100%	RED
	Ethandakukhanya Clinic	100%	100%	100%	55%	03:11	59%	YELLOW
	Langverwacht Ext 14 Clinic	0%	100%	100%	51%	03:25	70%	YELLOW
	Lebohang CHC	0%	0%	100%	7%	05:34	9%	RED
	Lillian Mambakazi CHC	100%	100%	100%	82%	03:13	86%	YELLOW
	Mkhondo Town Clinic	0%	100%	100%	32%	03:34	24%	RED
	Msimango Clinic	0%	100%	100%	69%	02:46	64%	YELLOW
	Nhlazatshe 6 Clinic	100%	0%	100%	0%	01:52	18%	RED
	Nhlazatshe Clinic	100%	100%	100%	23%	01:52	71%	YELLOW

Gert Sibande	Paulina Morapeli CHC	0%	100%	100%	18%	04:41	31%	RED
	Piet Retief Clinic	0%	100%	0%	35%	03:35	24%	RED
	Sead Clinic	0%	100%	100%	52%	03:45	63%	YELLOW
	Secunda Clinic	0%	100%	100%	20%	03:26	30%	RED
	Thussiville (MN Cindi) Clinic	0%	100%	100%	81%	03:07	89%	YELLOW
	Winifred Maboa CHC	0%	100%	100%	51%	03:00	70%	YELLOW
Nkangala	Beatty Clinic	0%	100%	100%	2%	03:20	6%	RED
	Empumelelweni CHC	100%	100%	100%	5%	03:40	2%	YELLOW
	Siphosesimbi CHC	100%	100%	100%	18%	03:34	20%	YELLOW
	Thembalethu CHC	100%	100%	100%	4%	03:07	4%	YELLOW

NOTES


Our new Complaints App has arrived.
TB and PREGNANCY

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