RITSHIDZE

SAVING OUR LIVES

FREE STATE
STATE OF HEALTH

AUGUST 2023

3RD EDITION

CONTENTS

DEVELOPING THE REPORT

This is the third edition of the Free State of Health report; the first was published in September 2021[1] and the second in September 2022[2]. Like the earlier editions, the third edition of the 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 21 facilities across Free State: 10 Lejweleputswa and 11 in Thabo Mofutsanyana. Additional quantitative and qualitative data is collected within the community specific to service acceptability and availability for key populations specifically.

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

ABOUT THE DATA IN THIS REPORT

Data in this report were collected between April 2023 and May 2023 (Q3 2023 — marked as "2023") (Figure 1).

+ Interviews took place with 21 Facility Managers
+ Observations took place at 21 facilities
+ Interviews took place with 1,095 public healthcare users
+ 47% (516) identified as people living with HIV
+ 16% (180) 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 Free State 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").

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

Additional quantitative data related to HIV prevention were collected in June 2023. Data collection took place at 84 sites across four districts: 20 sites in Fezile Dabi, 19 sites in Lejweleputswa, 25 sites in Mangaung, and 20 sites in Thabo Mofutsanyana. Data were collected by talking to Facility Managers and carrying out observations. All data are available at bit.ly/RitshidzeFSHIVPrevention.

1. 1st edition Free State State of Health report, September 2021. Available at: https://ritshidze.org.za/wp-content/uploads/2021/09/Ritshidze-State-of-Health-Free-State-2021.pdf
2. 2nd edition Free State State of health report, September 2022. Available at: https://ritshidze.org.za/wp-content/uploads/2022/09/Ritshidze-State-of-Health-Free-State-2022.pdf

Table 1: Facilities included in monitoring

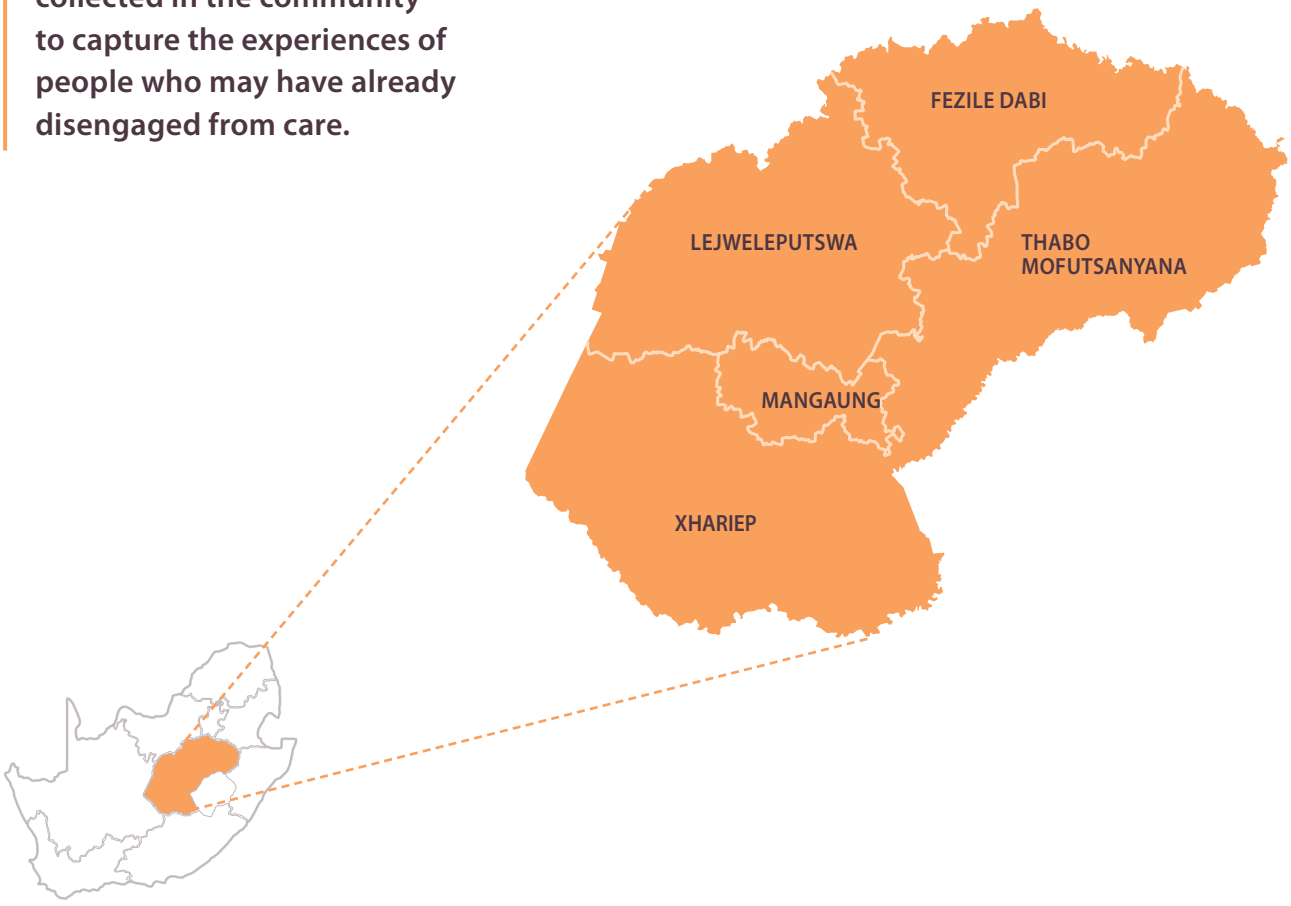
District	Facility	PEPFAR agency	District support partner (DSP)	Type of monitoring
Fezile Dabi	Bophelong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Brentpark Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Harry Gwala Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Hill Street Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Kananelo Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Lesedi CHC	n/a	n/a	Ritshidze HIV Prevention Survey
	Lesedi Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Parys Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Relebohile Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Sasolburg Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Schonkenville Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Seisoville Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Sps Tsatsi Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thabang Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thusanang Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thusanong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Tshepong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Tumahole Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Vivian Mangwane Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Zamdela CHC	n/a	n/a	Ritshidze HIV Prevention Survey
Lejweleputswa	Albert Luthuli Memorial Clinic	USAID	Wits RHI	Ritshidze CLM
	Boithusong Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Bophelong Allanridge Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Bophelong Clinic	USAID	Wits RHI	Ritshidze CLM
	Bophelong Odendaalsrus Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Bronville Clinic	USAID	Wits RHI	Ritshidze CLM
	DA Maleho Clinic	USAID	Wits RHI	Ritshidze CLM
	Geneva Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Hani Park Clinic	USAID	Wits RHI	Ritshidze CLM
	Hoopstad Clinic	USAID	Wits RHI	Ritshidze CLM
	Hope CHC	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Ikgomotseng Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Kamohelo Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Kgothalang Clinic	USAID	Wits RHI	Ritshidze CLM
	Kgotsong (Bothaville) Clinic	USAID	Wits RHI	Ritshidze CLM
	Kgotsong Welkom Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Leratong Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Masilo Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Matjhabeng Clinic	USAID	Wits RHI	Ritshidze CLM
	Meloding Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Mmamahabane Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	OR Tambo Clinic	USAID	Wits RHI	Ritshidze CLM
	Phahameng (Bultfontein) Clinic	USAID	Wits RHI	Ritshidze CLM
	Phomolong (Hennenman) Clinic	USAID	Wits RHI	Ritshidze CLM
	Poly Clinic	USAID	Wits RHI	Ritshidze CLM
	Rheeders Park Clinic	USAID	Wits RHI	Ritshidze CLM
	Riebeeckstad Clinic	USAID	Wits RHI	Ritshidze CLM
	Thabong Clinic	USAID	Wits RHI	Ritshidze CLM
	Tshepong (Welkom) Clinic	USAID	Wits RHI	Ritshidze CLM
	Welkom Clinic	USAID	Wits RHI	Ritshidze CLM
	Winburg Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey

District	Facility	PEPFAR agency	District support partner (DSP)	Type of monitoring
Mangaung	Bloemspruit Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Chris de Wert (Gabriel Dichabe) Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Freedom Square Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Gaongalelwe Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Kagisanong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	MUCPP CHC	n/a	n/a	Ritshidze HIV Prevention Survey
	Batho Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Bloemspruit Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Bloemspruit Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Bophelong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Dinane Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Doctor Petro Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Freedom Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Gabriel Dichabe Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Gaongalelwe Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Itumeleng Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Jazzman Mokhothu Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Kagisanong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Mafane Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Maletsatsi Mabaso Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Melefi Tau Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Mmabana Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Muccp Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Opkoms Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Poly Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Potlako Motlohi Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Pule Sefatsa Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thusong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	TS Mahloko Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Winnie Mandela Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
Thabo Mofutsanyana	Bohlokong Clinic	USAID	Right to Care	Ritshidze CLM
	Boiketlo Clinic	USAID	Right to Care	Ritshidze CLM
	Bolata Clinic	USAID	Right to Care	Ritshidze CLM
	Harrismith Clinic	USAID	Right to Care	Ritshidze CLM
	Intabazwe Clinic	USAID	Right to Care	Ritshidze CLM
	Mphohadi Clinic	USAID	Right to Care	Ritshidze CLM
	Namahali Clinic	USAID	Right to Care	Ritshidze CLM
	Petsana Clinic	USAID	Right to Care	Ritshidze CLM
	Phuthaditjhaba Clinic	USAID	Right to Care	Ritshidze CLM
	Rearabetswe Clinic	USAID	Right to Care	Ritshidze CLM
	Reitumetse Clinic	USAID	Right to Care	Ritshidze CLM
	Thusa Bophelo Clinic	USAID	Right to Care	Ritshidze CLM
	Tseki Clinic	USAID	Right to Care	Ritshidze CLM
	Bakenpark Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Bluegumbosch Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Leratswana Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Leseding Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Lindley Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Makwane Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Malesaoana Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Monontsha Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Mphatlalatsane Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Nthabiseng Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Paballong Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Riverside Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Thaba Bosiu Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey
	Tshiame B Clinic	USAID	Right to Care	Ritshidze HIV Prevention Survey


DISPENSARY
ROVING PHARMACIST:
FREE CONDOMS


FREE CONDOMS
COVID-19

Further qualitative data is collected in the community to capture the experiences of people who may have already disengaged from care.



Additional quantitative data related to key populations were collected between July and September 2022. Data collection took place across three districts: Lejweleputswa, Thabo Mofutsanyana and Mangaung.

A total of 1,010 surveys were taken, combining 281 gay, bisexual, and other men who have sex with men (GBMSM), 399 people who use drugs, 189 sex workers, and 151 trans* people.

Table 2: Surveys by district and key population group

Districts	PEPFAR KP drop-in centre	Global Fund KP services	Number of Surveys by KP Group			
			GBMSM	People who use drugs	Sex workers	Trans* people
Lejweleputswa	/	/	85	158	48	64
Thabo Mofutsanyana	/	Sex worker services	49	110	92	29
Mangaung	/	MSM services, Trans* services	147	121	49	58

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

In the third edition of the Ritshidze State of Health report in the Free State, it is clear that major problems persist in the public healthcare system. While there have been some improvements, the province lags behind many others across numerous indicators.

While waiting times have reduced in the last year in facilities monitored in the Free State, from 6:03 hours down to an average of 5:27 hours waiting in the facility, this remains an extremely long time for people to wait for health services. The Free State continues to have the longest waiting across all provinces monitored by Ritshidze and 80% of public healthcare users think the waiting times at the facility are long.

41% of people blamed staff shortages for the long waits. Improving the state of health services provided at our clinics depends mainly on having enough qualified and committed staff in place. Yet this year only 12% of respondents thought there were always enough staff to meet the needs of public healthcare users — and 90% of facilities reported there was not enough clinical and/or non-clinical staff at the facility.

65% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — Right to Care and Wits RHI. However, PEPFAR's funding for critical HR posts has only reduced in recent years.

One clear way to reduce waiting times is to reduce the burden on facilities, by giving people living with HIV longer supplies of treatment. However, only 3% of people living with HIV interviewed receive a 3 or 6 month refill. This is dismal in comparison to 64% in Mpumalanga, the best performing province monitored by Ritshidze, and other PEPFAR supported countries where around 80% of people get a 3 to 6 month supply. 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 17,015 to 8,185 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 41% 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. While it should take less than 30 minutes to collect your parcel and go, 65% of people interviewed reported it takes longer than that.

Of those still using the facility, 63% said they had never even been offered one of these options — and 55% of people living with HIV interviewed still wish they could collect their ARVs closer to home. There needs to be enough pick-up points to decant people into especially linked to peri-urban and rural clinics.

Once on treatment, people living with HIV need to understand the benefits of taking their pills every day. Yet, there remain significant gaps in knowledge and treatment literacy. Only 83% of people understood that having an undetectable viral load means treatment is working well — and only 76% understood that 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.

While there has been improvement, still only 54% of public healthcare users thought that clinic staff were always friendly and professional. While 61% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit, 31% of people living with HIV who return to the clinic said they are sent to the back of the queue.

For key populations, a lack of friendly, safe, and confidential services was the biggest reason for people for stopping going to the clinic altogether, including 11% of gay, bisexual, and other men who have sex with men (GBMSM), 18% of people who use drugs, 15% of sex workers, and 12% of trans* people we interviewed. It is critical that the department investigate these reports and hold staff accountable to providing friendly, respectful, and safe services.

Of major concern are the reports of people being denied health services. 359 people reported being denied services in the last year for not having a transfer letter, despite the fact that this is not required for ARV start/restart — and 529 people reported being denied services for not having an identity document. These reports should be urgently investigated.

Last year the Free State Department of Health made positive commitments that condoms and lubricants would be made available in all Free State public health facilities going forward, and PrEP would be offered to all key populations. Yet a snap survey across an additional set of sites found that lubricants were only found to be freely available in 45% of the 104 facilities monitored. While this is up from 23% last year, there is still a way to go to make this commitment a reality.

There has been a major improvement in facilities that

> **Only 3% of people living with HIV interviewed receive a 3 or 6 month ARV refill. This is dismal in comparison to 64% in Mpumalanga, the best performing province monitored by Ritshidze.**

actively offer PrEP to key populations. 70% of sites actively offer to GBMSM (up from 25% last year), 64% to people who use drugs (up from 15% last year), 72% to sex workers (up from 30% last year), and 65% to trans* people (up from 25% last year). Again while there has been a major improvement, more can be done to ensure that all facilities offer PrEP to each key population group, especially given it is widely available in sites monitored by Ritshidze.

Overall, these shortcomings contribute to slow progress towards getting everyone on HIV treatment, or giving people access to HIV prevention options. The Department of Health as well as PEPFAR District Support Partners (Right to Care and Wits RHI) 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.

AUGUST 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. Ritshidze requests a written response on each of the recommendations by the Free State Department of Health, Wits Reproductive Health Institute, and Right to Care by 29 September 2023.

Priority	What years did we ask for it?	Do we have it?
1. Staffing		
FREE STATE 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	2021, 2022, 2023	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		
FREE STATE 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
RIGHT TO CARE AND WITS RHI		
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		
FREE STATE DEPARTMENT OF HEALTH		
1. **Extend and implement ARV refills** (to 3 months by end December 2023 and 6 months by end September 2024)	2021, 2022, 2023	No
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
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

Priority	What years did we ask for it?	Do we have it?
PEPFAR 1. Monitor and hold accountable DSPs to implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity	2022, 2023	No
4. ART continuity		
FREE STATE 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. T**ransfer 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	2021, 2022, 2023	No
RIGHT TO CARE AND WITS RHI 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
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		
FREE STATE 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
RIGHT TO CARE AND WITS RHI 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	2019, 2020, 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	2021, 2022, 2023	No

Priority	What years did we ask for it?	Do we have it?
6 Key populations		
FREE STATE 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 Table 25) 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 all 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 Table 25) 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 all 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
6. Index testing		
FREE STATE 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

Priority	What years did we ask for it?	Do we have it?
RIGHT TO CARE AND WITS RHI 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
8. Infrastructure and clinic conditions		
FREE STATE 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		
FREE STATE 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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1. Staffing

2021

21% of Facility Managers say their facilities have enough staff

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

26 vacancies unfilled across 9 facilities

2022

20% of Facility Managers say their facilities have enough staff

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

50 vacancies unfilled across 10 facilities

2023

10% of Facility Managers say their facilities have enough staff

12% of public healthcare users say there are always enough staff at facilities

35 vacancies unfilled across 6 facilities

RECOMMENDATIONS

FREE STATE 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 this year, of 1,092 public healthcare users, only 12% said there was always enough staff to meet the needs of public healthcare users (Figure 1), down from 16% last year. The best and worst performing sites are outlined (Table 3, Table 4). Of 20 Managers, 90% reported there was not enough clinical and/or non-clinical staff at the facility (Figure 2), worsening from 80% last year. Both districts performed poorly, with 91% of Facility Managers in Thabo Mofutsanyana (11 sites) and 89% in Lejweleputswa (9 sites) reporting too few staff in place.

Figure 1: Are there enough staff at the facility? (April to May 2023) Patients Surveyed: 1 092

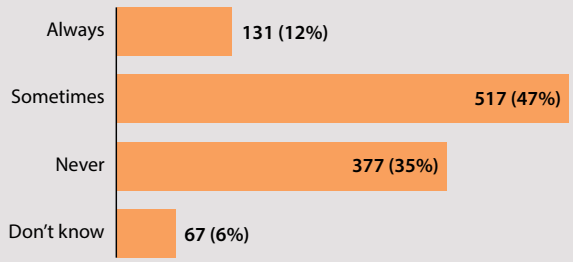

Table 3: Best performing facilities for "Are there enough staff at the facility?" (April to May 2023)

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
Thabo Mofutsanyana	Boiketlo Clinic	50	28	10	0	12	1.74
	Namahali Clinic	51	14	29	1	7	1.30
Lejweleputswa	Welkom Clinic	51	14	27	8	2	1.12
	Phahameng (Bultfontein) Clinic	61	17	33	10	1	1.12

Of 1,092 public healthcare users, only 12% said there was always enough staff to meet the needs of public healthcare users, down from 16% last year.

Table 4: Worst performing facilities for "Are there enough staff at the facility?" (April to May 2023)

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
Thabo Mofutsanyana	Petsana Clinic	65	0	0	65	0	0.00
Thabo Mofutsanyana	Reitumetse Clinic	56	2	14	40	0	0.32
Thabo Mofutsanyana	Rearabetswe Clinic	55	5	11	38	1	0.39
Thabo Mofutsanyana	Thusa Bophelo Clinic	50	3	14	28	5	0.44
Thabo Mofutsanyana	Mphohadi Clinic	68	2	30	36	0	0.50
Thabo Mofutsanyana	Bohlokong Clinic	51	3	22	25	1	0.56
Thabo Mofutsanyana	Tseki Clinic	50	0	26	20	4	0.57
Lejweleputswa	Kgothalang Clinic	52	0	34	17	1	0.67
Lejweleputswa	Rheeders Park Clinic	50	5	24	19	2	0.71
Thabo Mofutsanyana	Phuthaditjhaba Clinic	67	3	40	13	11	0.82

Figure 2: Facility Manager: does the facility have enough staff? (April to May 2023)
Facility Staff Surveyed: 20

Of facilities reporting shortages, 50% of Facility Managers attributed shortages to there not being enough positions in the organogram to do all the work, and 39% highlighted one or more unfilled vacancies. According to Facility Managers, the most commonly understaffed cadres were professional nurses, cleaners, security guards, data capturers, and pharmacist assistants (Figure 3). The most common vacancies were among professional nurses, security guards, and cleaners (Table 5).

> **According to Facility Managers, the most commonly understaffed cadres were professional nurses, cleaners, security guards, data capturers, and pharmacist assistants.**

Figure 3: Which cadres are understaffed? (April to May 2023)
Facility Staff Surveyed: 18

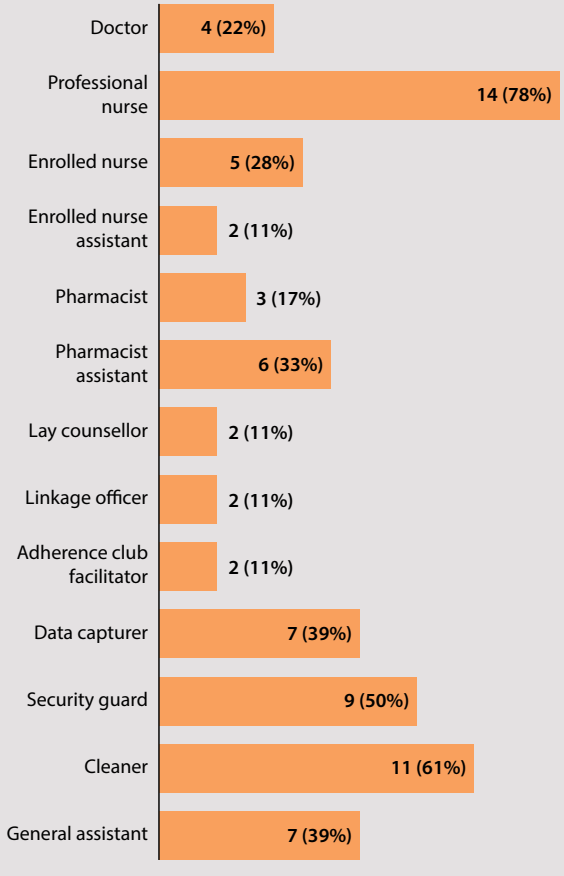

Table 5: Total number of vacancies per healthcare cadre

	April to May 2022 (Q3 2022)	July to August 2022 (Q4 2022)	October to November 2022 (Q1 2023)	January to February 2023 (Q2 2023)	April to May 2023 (Q3 2023)
# Facilities monitored with vacancies	12	10	7	8	6
Doctor	0	0	2	0	1
Professional nurse	22	17	26	25	13
Enrolled nurse	4	1	1	2	2
Enrolled nurse assistant	4	3	0	0	0
Pharmacist	4	3	4	0	0
Pharmacist assistant	3	6	4	1	0
Lay counsellor	3	1	0	0	1
Linkage officer	0	0	0	0	0
Data capturer	2	4	5	1	3
Cleaner	6	6	5	3	6
Security guard	10	9	4	8	9
Total	58	50	51	40	35

65% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — Right to Care and Wits RHI. However, PEPFAR's funding for critical HR posts has only reduced in recent years.

A gap still remains in the Free State 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.


ABSA
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2. Waiting times

2021	2022	2023
5:36 hours was the average reported waiting time by patients (including time before the facility opened)	**6:03** hours was the average reported waiting time by patients (including time before the facility opened)	**5:27** hours was the average reported waiting time by patients (including time before the facility opened)
5:30 hours was the average reported waiting time by patients after the facility opened	**4:31** hours was the average reported waiting time by patients after the facility opened	**4:42** hours was the average reported waiting time by patients after the facility opened
5:22 am was the average earliest arrival time	**5:31** am was the average earliest arrival time	**5:27** was the average earliest arrival time
66% of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open	**65%** of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open	**30%** of public healthcare users felt "unsafe" or "very unsafe" waiting for facility to open
40% of facilities had a filing system observed in bad condition	**63%** of facilities had a filing system observed in bad condition	**80%** of facilities had a filing system observed in bad condition
89% of public healthcare users think waiting times are long	**82%** of public healthcare users think waiting times are long	**80%** of public healthcare users think waiting times are long

RECOMMENDATIONS

FREE STATE 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

RIGHT TO CARE & WITS RHI

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

Average waiting times have reduced in the last year in facilities monitored in the Free State, from 6:03 hours down to an average of 5:27 hours waiting in the facility (including time before the facility opens), and 4:42 hours waiting after the facility opens. This remains an extremely long time for public healthcare users to wait at each visit to the facility — and the Free State is performing worst on this indicator across all provinces monitored by Ritshidze.

There is some variation across districts with Thabo Mofutsanyana performing slightly better in the province (Table 6). Unfortunately no facilities monitored have average waiting times of under three hours (Table 7).

The average waiting time was over 3 hours at 21 facilities monitored, over 4 hours at 18 of those, over 5 hours at 14 of those, and over 6 hours at 8 of those (Table 8). 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 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.

Table 6: 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?
Thabo Mofutsanyana	11	04:58	04:11
Lejweleputswa	10	06:04	05:23

Table 7: Facilities with waiting times under 4 hours (April to May 2023)

District	Facility	Surveys Completed	Time patients spend at the facility
Thabo Mofutsanyana	Harrismith Clinic	51	03:05
	Tseki Clinic	50	03:16
	Boiketlo Clinic	50	03:26

Table 8: Facilities with waiting times over 4 hours (April to May 2023)

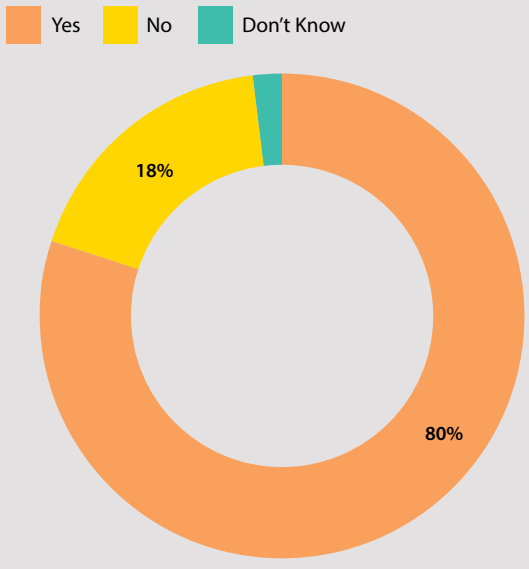
District	Facility	Surveys Completed	Time patients spend at the facility
Lejweleputswa	Hani Park Clinic	51	07:25
Lejweleputswa	Tshepong (Welkom) Clinic	48	07:10
Lejweleputswa	Kgothalang Clinic	52	06:41
Lejweleputswa	Welkom Clinic	48	06:25
Thabo Mofutsanyana	Petsana Clinic	65	06:20
Thabo Mofutsanyana	Mphohadi Clinic	68	06:07
Lejweleputswa	Matjhabeng Clinic	53	06:06
Lejweleputswa	Thabong Clinic	57	06:00
Thabo Mofutsanyana	Rearabetswe Clinic	55	05:53
Thabo Mofutsanyana	Thusa Bophelo Clinic	51	05:51
Thabo Mofutsanyana	Bohlokong Clinic	51	05:41
Lejweleputswa	OR Tambo Clinic	51	05:36
Thabo Mofutsanyana	Reitumetse Clinic	56	05:32
Lejweleputswa	Rheeders Park Clinic	50	05:04
Lejweleputswa	Phahameng (Bultfontein) Clinic	61	04:31
Lejweleputswa	Riebeeckstad Clinic	1	04:30
Thabo Mofutsanyana	Phuthaditjhaba Clinic	66	04:26
Thabo Mofutsanyana	Namahali Clinic	51	04:14

Of 1,094 public healthcare users surveyed, 80% think the waiting times at the facility are long, marginally down from 82% last year (Figure 4) — with 41% blaming staff shortages, 47% blaming staff not working/working slowly, and 61% blaming disorganised filing systems (Figure 5). In fact, filing systems were observed to be in good condition in only 20% of sites monitored, mostly due to filing rooms being too small to maintain (Table 9). Messy and disorganised filing systems increase delays and increase the burden on already overstretched healthcare workers.

> **80% of public healthcare users surveyed think the waiting times at the facility are long, marginally down from 82% last year — with 41% blaming staff shortages, 47% blaming staff not working/ working slowly, and 61% blaming disorganised filing systems.**

Figure 4: Do you think the waiting time is long at this facility? (April to May 2023)

Patients Surveyed: 1 094



> **Of 1,091 public healthcare users, 78% think that extended hours would improve access to services.**

Figure 5: Why do you think the waiting time is long at this facility? (April to May 2023)
Patients Surveyed: 878

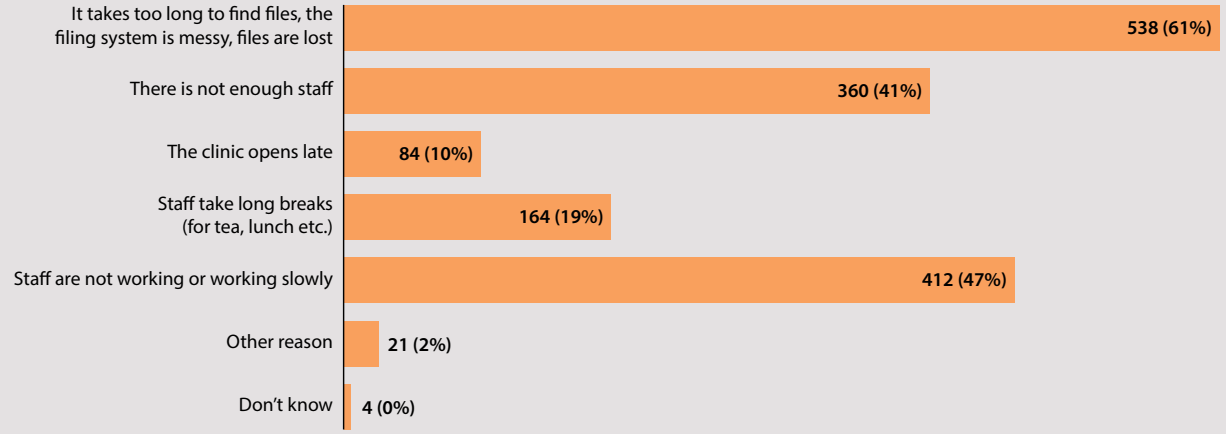


Table 9: What is observed in bad condition in filing systems (April to May 2023)

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
Lejweleputswa	Hani Park Clinic		Yes			
	Matjhabeng Clinic		Yes			
	Phahameng (Bultfontein) Clinic	Yes	Yes		Yes	
	Rheeders Park Clinic		Yes	Yes	Yes	
	Thabong Clinic		Yes			
	Tshepong (Welkom) Clinic		Yes		Yes	
	Welkom Clinic	Yes		Yes	Yes	
Thabo Mofutsanyana	Bohlokong Clinic		Yes			
	Mphohadi Clinic		Yes			
	Namahali Clinic		Yes			
	Petsana Clinic		Yes			
	Phuthaditjhaba Clinic	Yes				
	Rearabetswe Clinic		Yes			
	Reitumetse Clinic		Yes			
	Thusa Bophelo Clinic		Yes			
	Tseki Clinic		Yes			Yes

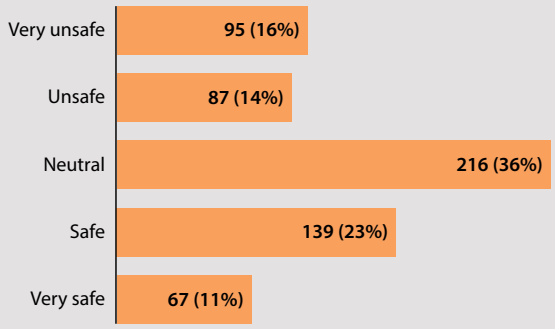
The average earliest arrival time has improved slightly (from 5:31am last year to 5:27am this year), however, the majority of people interviewed still begin queuing early in the morning before clinics open, in an attempt to get seen more quickly. All facilities have an average arrival time before 7am, 80% of which have an average arrival time before 6am (Table 10). Of 604 people who arrived before the facility opened, 30% reported feeling unsafe/very unsafe while waiting for the facility to be open (down from 65% last year) (Figure 6).

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 1,091 public healthcare users, 78% think that extended hours would improve access to services.

Table 10: Average arrival time before 6am (April to May 2023)

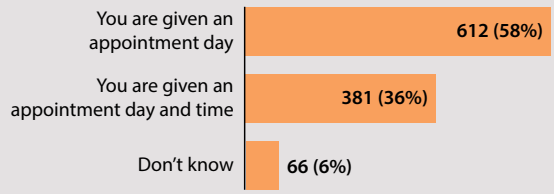
District	Number of Facilities Assessed	Total number of surveys	Earliest patient arrival time?
Thabo Mofutsanyana	Reitumetse Clinic	56	05:02
Thabo Mofutsanyana	Bohlokong Clinic	51	05:03
Lejweleputswa	Hani Park Clinic	51	05:04
Thabo Mofutsanyana	Mphohadi Clinic	68	05:04
Thabo Mofutsanyana	Petsana Clinic	65	05:04
Thabo Mofutsanyana	Thusa Bophelo Clinic	51	05:04
Thabo Mofutsanyana	Rearabetswe Clinic	55	05:05
Lejweleputswa	Welkom Clinic	51	05:13
Lejweleputswa	Tshepong (Welkom) Clinic	51	05:17
Lejweleputswa	OR Tambo Clinic	52	05:21
Lejweleputswa	Matjhabeng Clinic	52	05:24
Thabo Mofutsanyana	Phuthaditjhaba Clinic	67	05:27
Lejweleputswa	Thabong Clinic	56	05:33
Thabo Mofutsanyana	Namahali Clinic	51	05:43
Lejweleputswa	Phahameng (Bultfontein) Clinic	61	05:45
Thabo Mofutsanyana	Boiketlo Clinic	50	05:53
Lejweleputswa	Rheeders Park Clinic	48	05:53

Figure 6: How safe is the facility to wait before it opens? (April to May 2023)
Patients Surveyed: 604



While 74% of public healthcare users were aware of a clinic appointment system, only 36% report getting both a date and time, and 58% reporting just getting a date (Figure 34). 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 7: Which of the following best describes the appointment system? (April to May 2023)
Patients Surveyed: 1 059



COMMUNITY STORY

Some clinic users of the Tseki Clinic in Phuthaditjhaba have resorted to paying people to stand in queues for them on their medication collection days or for them to hold a spot for them because the long waiting times have become unbearable.

Paulina* says she sometimes has to pay someone R70 a day so that person can start queuing for her from 5.30am.

"But the person, or even if it's you, can get there to the clinic, and come to the front of the queue and is then told that there are no nurses on duty that day and then you are turned away and told to return the next day only for the same thing to happen again," she says, that this has been the case for at least the past five years with no improvements.

Paulina started her ART in 2014. She says she's never had problems with stockouts but she says there are regular break-ins to the clinic – at least five incidents that she recalls from the past few years. But she says there are no visible signs that anything has been done to improve security at the clinic. The impact is that burglaries are also used as excuses for why services at the clinic are disrupted.

Paulina says the administration has also been failing and in the past year she's experienced three incidents when her blood tests results were lost. The nurses had to retake her bloods for testing.

She also has a complaint against one of the doctors who does clinic visits. The way she's treated she says has made her start questioning if there is racism and race hate at play.

"He is a white doctor and it is like he doesn't even want to touch us because we are black. He doesn't listen to our hearts or take our blood pressure; he'll tell the nurse to do it. You end up asking why this man even came here to this community to be a doctor," she says.

Also, the toilet facilities at the clinic are a hazard, she says. There is only one toilet that is in working condition and men and women have to share this one toilet. She says that it's not always sanitary because some people who are ill or elderly leave the toilet in a bad condition.

"You worry that you are going to get an infection or something – it's not hygienic like that, but you have no choice if you have been waiting for many hours you have to use it," she says.

Paulina says it's just a lot of things all adding up to bad service and a lack of quality care that's affecting how Tseki Clinic delivers service to public healthcare users.

"You must come there and see – after spending one day there you'll understand that it's very bad. It's so discouraging at Tseki that it makes you want to disengage from care," she says.

** Name changed to protect identity*


Efavirenz 600mg
Bindolam
Oral Solution
10 mg/ml
lamivudien
Adco-
Lamivudine
Solution
240 ml


Collect
&go
Your Convenient
Pick up Point
Get your medicine
delivered here,

3. ART collection

2021

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

67% of PLHIV received two months supply of ARVs

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

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

2022

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

61% of PLHIV received two months supply of ARVs

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

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

2023

10% of PLHIV received one month or less supply of ARVs

87% of PLHIV received two months supply of ARVs

3% of PLHIV received three or six months supply of ARVs

55% of PLHIV would like to collect ARVs closer to their home

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

1. **Extend and implement ARV refills** (to 3 months by end December 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

PEPFAR

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

RECOMMENDATIONS

RIGHT TO CARE & WITS RHI

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.

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 reduction in the duration of ART refills, with the majority of people living with HIV (87%) interviewed by Ritshidze still receiving two months supply (Figure 8). Only 3% of people received a 3 or 6 month supply, compared to 13% last year. This is dismal in comparison to 64% in Mpumalanga, the best performing province monitored by

Ritshidze. Progress towards multi-month dispensing (MMD) in the Free State remains extremely 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 9). Additionally, according to the national health department, the number of active people living with HIV receiving a three month supply has decreased from 17,015 to 8,185 in the Free State (Figure 10).

Figure 8: Data across time periods: ARV refill length has worsened since last year

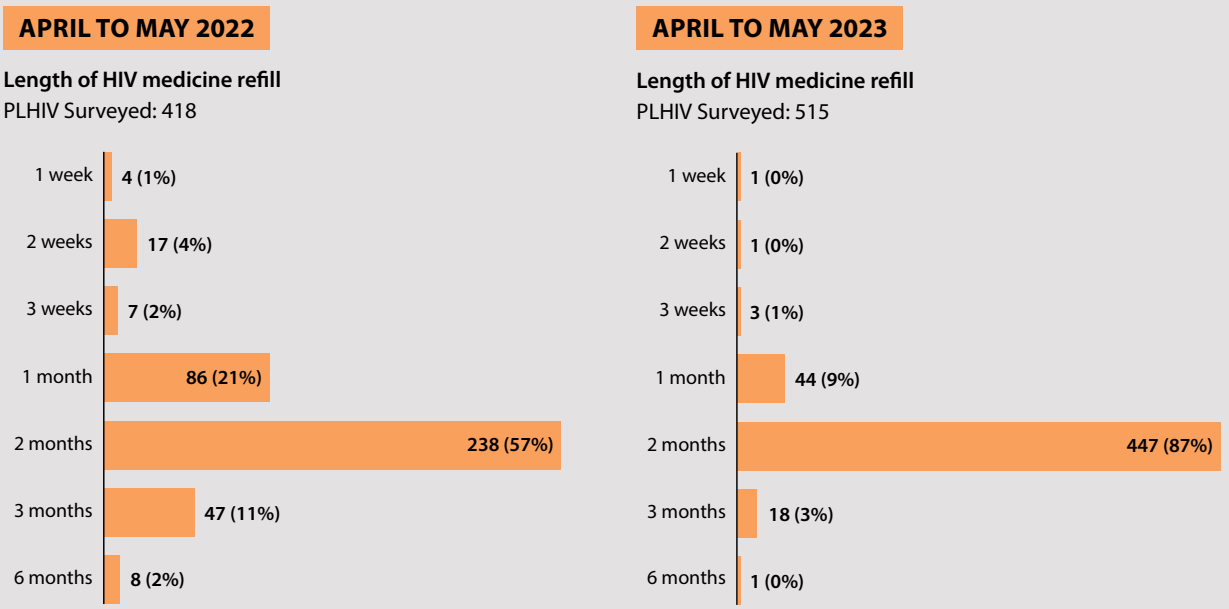
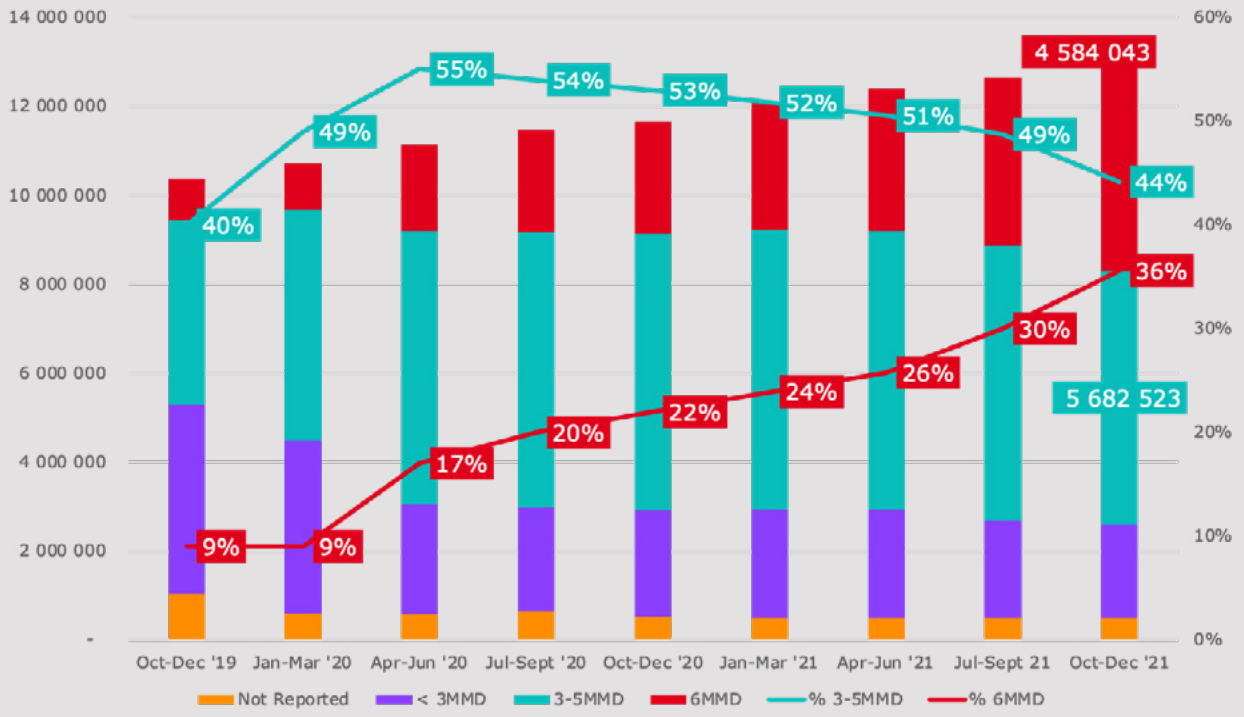


Figure 9: Number and proportion of all people on ART on MMD in 21 PEPFAR supported countries, (Oct 2019-Dec 2021)

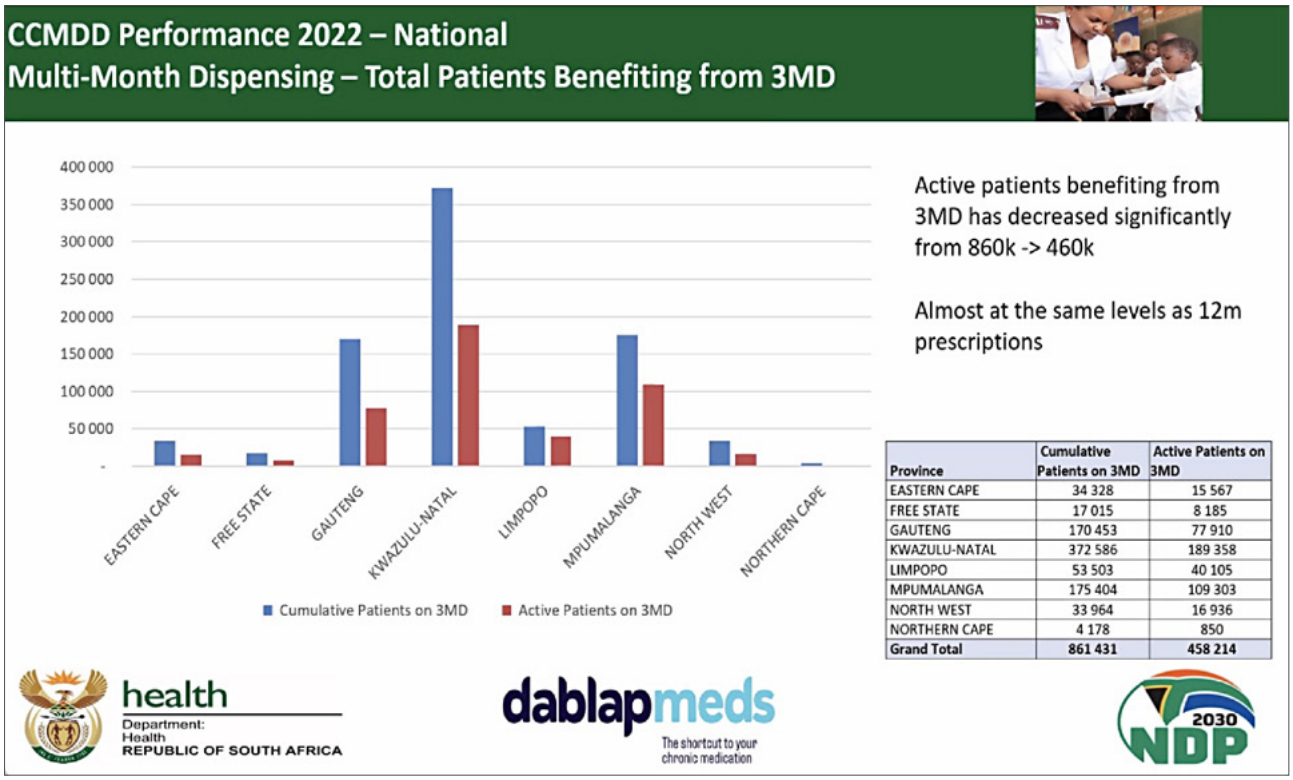


From Bailey L, AIDS 2022 DSD pre-conference

The number of active people living with HIV receiving a three month supply has decreased from 17,015 to 8,185 in the Free State.

> **A diversity of external pick-up point providers is needed beyond private pharmacy networks largely only available in urban areas.**

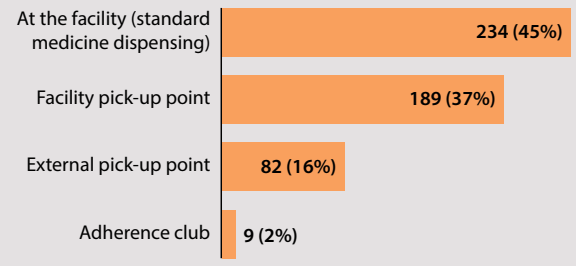
Figure 10: National CCMDD data on the number of PLHIV on 3MMD by province



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**

There has been an increase in people using facility or external pick-up points (PuPs), although more than a quarter of people still collect at standard medicine dispensing. Of people living with HIV interviewed by Ritshidze, 45% collected at standard medicine dispensing, with 37% collecting at a facility pick-up point, 16% using an external pick-up point, and 2% using an adherence club (Figure 11).

Figure 11: Location of where people living with HIV collect their ARVs (April to May 2023)
PLHIV Surveyed: 516

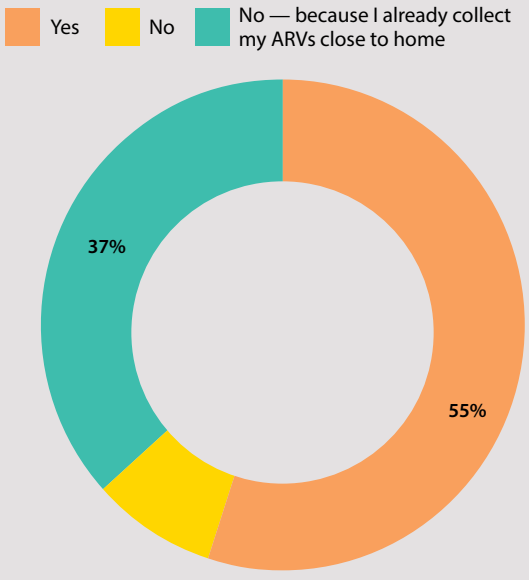


Importantly, in order to be effective, repeat prescription collection strategies (RPCs) should make ARV collection quicker, easier and more satisfactory for people living with HIV — yet this is too often not happening. 45% of facilities monitored said that people using facility PuPs must collect files, take vitals, and see a clinician before getting their parcel. 41% 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, 57% of people interviewed said it takes up to an hour, 13% said it takes up to 2 hours, and 5% said it takes more than 2 hours.

For those using standard medicine dispensing, 63% said they have not been offered the option to use RPCs (Figure 12). Further 55% of all people living with HIV interviewed said that they would like to collect ARVs closer to their home if it were possible (Figure 13). 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.

Figure 12: Do PLHIV have to go anywhere other than the pick-up point when they come to collect their parcel e.g. registry or vitals etc. (April to May 2023)
Facility Staff Surveyed: 20

Figure 13: Would PLHIV like to collect ARVs closer to home? (April to May 2023)
PLHIV Surveyed: 514



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 is 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. Positively 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.

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 ongoing treatment literacy and peer support to help people living with HIV stay on treatment.

4. ART continuity

2021

44% say staff are always friendly and professional

38% say they are welcomed back if they miss an appointment

91% feel that facilities keep their HIV status private and confidential

2022

41% say staff are always friendly and professional

37% say they are welcomed back if they miss an appointment

83% feel that facilities keep their HIV status private and confidential

142 people had been refused access to services for not having a transfer letter

183 people had been refused access to services for not having an ID

2023

54% say staff are always friendly and professional

61% say they are welcomed back if they miss an appointment

94% feel that facilities keep their HIV status private and confidential

11 people had been refused access to services for not having a transfer letter

38 people had been refused access to services for not having an ID

RECOMMENDATIONS

FREE STATE 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 ARTTaking **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
   b. **Actioning an elevated VL** without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate
   c. **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
   d. All facilities **implement 2023 re-engagement algorithm** including appropriately differentiating services for returning PLHIV

RECOMMENDATIONS

RIGHT TO CARE & WITS RHI

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, 45% 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 1,093 respondents, only 54% of people thought that the staff were always friendly and professional. However, 46% of people thought staff were only sometimes or never friendly. This has improved over the last year (Figure 14). The best and worst performing facilities are outlined in the tables (Table 11 and Table 12).

Figure 14: Staff attitudes over time (higher scores are better)

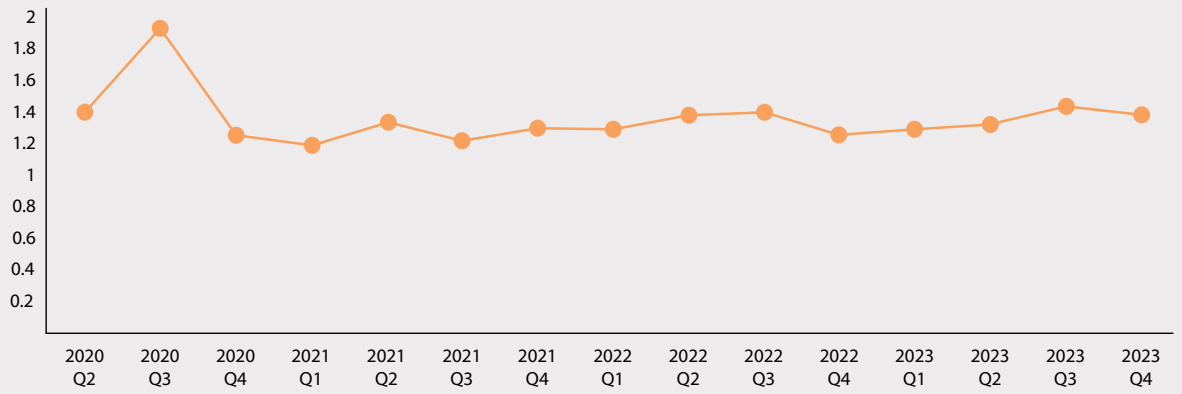


Table 11: Best performing facilities on staff attitudes (April to May 2023)

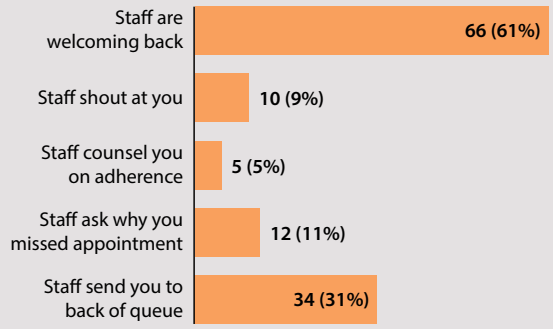
District	Facility	Surveys Completed	Yes	Sometimes	No	Score
Thabo Mofutsanyana	Boiketlo Clinic	50	41	8	1	1.80
Thabo Mofutsanyana	Namahali Clinic	51	41	8	2	1.76
Thabo Mofutsanyana	Tseki Clinic	50	40	7	3	1.74
Thabo Mofutsanyana	Harrismith Clinic	51	39	7	4	1.70
Lejweleputswa	OR Tambo Clinic	52	36	15	1	1.67
Lejweleputswa	Hani Park Clinic	51	32	19	0	1.63
Thabo Mofutsanyana	Petsana Clinic	65	40	24	1	1.60

Table 12: Worst performing facilities on staff attitudes (April to May 2023)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
Lejweleputswa	Thabong Clinic	57	18	28	11	1.12
Thabo Mofutsanyana	Mphohadi Clinic	68	24	31	13	1.16
Thabo Mofutsanyana	Bohlokong Clinic	51	18	24	9	1.18
Lejweleputswa	Welkom Clinic	51	21	18	12	1.18
Lejweleputswa	Tshepong (Welkom) Clinic	51	14	33	3	1.22
Lejweleputswa	Kgothalang Clinic	52	23	19	10	1.25
Thabo Mofutsanyana	Phuthaditjhaba Clinic	67	27	34	6	1.31
Lejweleputswa	Phahameng (Bultfontein) Clinic	61	31	20	10	1.34

Out of the 108 people living with HIV who had missed appointments, 61% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit (Figure 15), vastly improved to 38% last year. However, 31% 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 person who is returning should either be seen in a separate stream or take up the next queue space.

Figure 15: How are PLHIV treated if they miss appointments (April to May 2023)
PLHIV Surveyed: 108



** 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.*

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".*

Positively, most facilities did not have reports of transfer letters being a challenge this quarter. However, over the last year, alarmingly 359 people reported having been denied access to services for not having a transfer letter (Table 13). Further, 529 people reported having been denied access to services across the last year for not having an identity document (Table 14). These reports must be urgently investigated.

Table 13: People refused access to services without a transfer letter

District	Facility	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Fezile Dabi	Lesedi Clinic		1	Not monitored	Not monitored
Lejweleputswa	Albert Luthuli Memorial Clinic	11	3		
	Hani Park Clinic	14		3	
	Hoopstad Clinic	2	3	5	
	Kgotsong (Bothaville) Clinic	5	8		
	Matjhabeng Clinic	15	15	2	1
	OR Tambo Clinic	8			
	Phahameng (Bultfontein) Clinic	6		3	
	Phomolong (Hennenman) Clinic	8			
	Poly Clinic	18	9		
	Rheeders Park Clinic	6	2		
	Thabong Clinic	14			5
	Tshepong (Welkom) Clinic	8		2	1
	Welkom Clinic	7	1	3	
Mangaung	Bloemspruit Clinic	3		Not monitored	Not monitored
	Chris de Wert (Gabriel Dichabe) Clinic	5		Not monitored	Not monitored
	Gaongalelwe Clinic	1	5	Not monitored	Not monitored
	Kagisanong Clinic	7		Not monitored	Not monitored
	MUCPP CHC	1		Not monitored	Not monitored
Thabo Mofutsanyana	Bohlokong Clinic	14	8	12	2
	Intabazwe Clinic	1	1		
	Mphohadi Clinic	7	19	41	1
	Reitumetse Clinic	5	7	3	1
	Thusa Bophelo Clinic	15	3	8	


You don't need to wait in queues for your medicine, ask your nurse how you can get your medicine delivered here
Collect & go
Your Convenient Pick up Point
Collect & go
Easy to use
Convenient Delivery
Convenient Collection


L0120
Abacavir Solution
20mg/1ml 240ML
L0120
Abacavir Solution
20mg/1ml 240ML

Table 14: People refused access to services without an identity document

District	Facility	Q4 2022	Q1 2023	Q2 2023	Q3 2023
Fezile Dabi	Lesedi Clinic		5	Not monitored	Not monitored
Lejweleputswa	Albert Luthuli Memorial Clinic	6	5		
	Hani Park Clinic	9		4	
	Hoopstad Clinic	8	4	4	
	Kgotsong (Bothaville) Clinic	7	5		
	Matjhabeng Clinic	24		3	2
	OR Tambo Clinic	11			
	Phahameng (Bultfontein) Clinic	6		2	2
	Phomolong (Hennenman) Clinic	12			
	Poly Clinic	7	10		
	Rheeders Park Clinic	3	3		1
	Thabong Clinic	23		1	8
	Tshepong (Welkom) Clinic	4	2	2	
	Tshepong (Welkom) Clinic		2		
	Welkom Clinic	8		2	1
Mangaung	Bloemspruit Clinic	5	1	Not monitored	Not monitored
	Chris de Wert (Gabriel Dichabe) Clinic	2		Not monitored	Not monitored
	Gaongalelwe Clinic	15	14	Not monitored	Not monitored
	Kagisanong Clinic	1		Not monitored	Not monitored
	MUCPP CHC	1		Not monitored	Not monitored
Thabo Mofutsanyana	Bohlokong Clinic	18	17	20	5
	Bolata Clinic	Not monitored	Not monitored	3	
	Intabazwe Clinic	4	5		
	Mphohadi Clinic	15	31	44	3
	Namahali Clinic		1		5
	Phuthaditjhaba Clinic		9		1
	Reitumetse Clinic	8	25	13	3
	Thusa Bophelo Clinic	15	12	23	3
	Tseki Clinic	Not monitored	Not monitored	7	4

** 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. Ritshidze data show that only 62% of people living with HIV interviewed do know that psychosocial support is available. Further, a full package of psychosocial services are not yet available at every clinic (Figure 16).

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 (Table 15). As part of psychosocial 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.

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

Figure 16: The types of psychosocial support that people living with HIV know are available (April to May 2023)
PLHIV Surveyed: 315

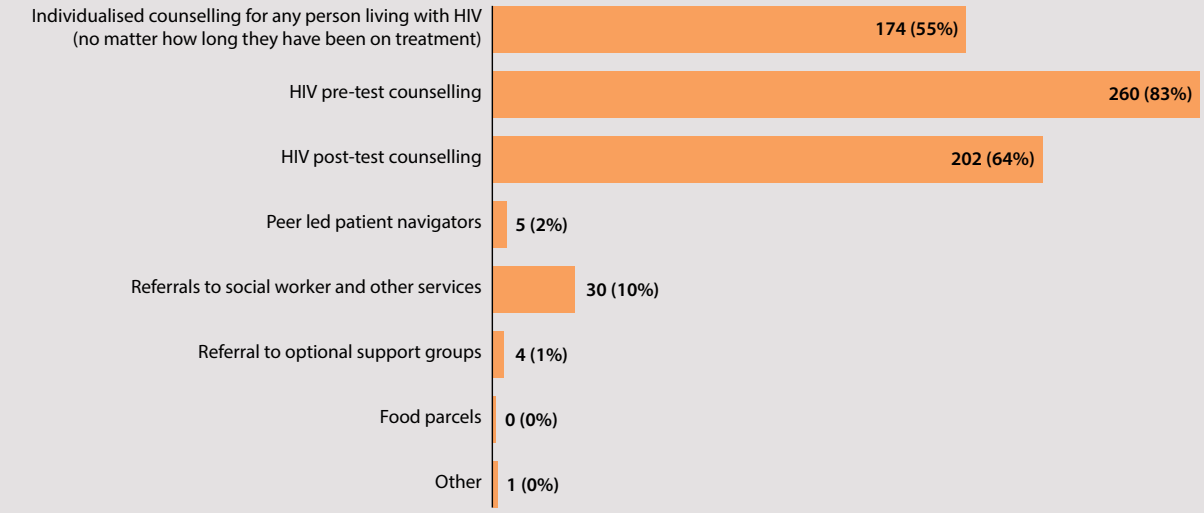
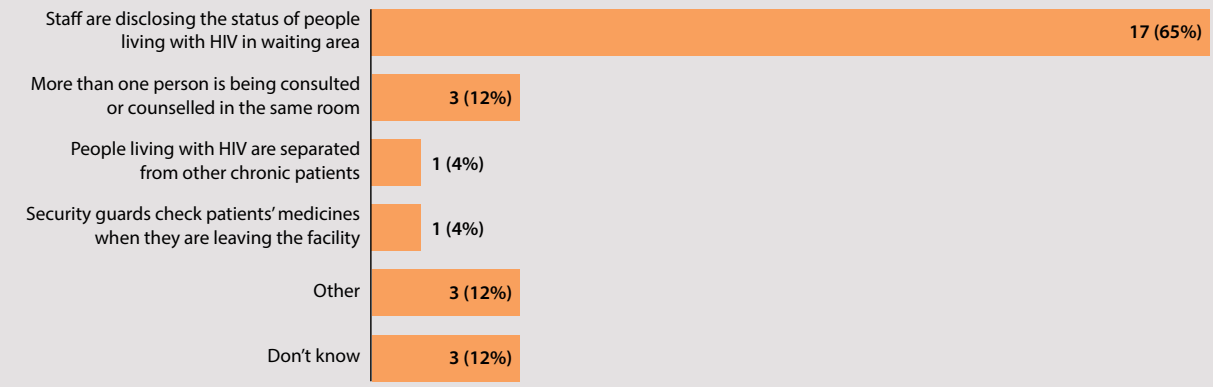


Table 15: The types of psychosocial support that people living with HIV know are available per district (April to May 2023)

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	tneitap del reeP srotagivan	Referrals to social worker and other services	Referral to optional support groups	Food parcels
Lejweleputswa	10	186	120	178	181	2	2	0	0
Thabo Mofutsanyana	10	129	54	82	21	3	28	4	0

Another reason people stop going to the clinic is where privacy violations occur. Positively, of 516 people living with HIV interviewed, 94% feel that facilities keep their HIV status private and confidential, up from 83% last year. Staff disclosing the status of people living with HIV in the waiting area was the main reason people felt privacy was being violated (Figure 17).

Figure 17: Reasons why people living with HIV felt privacy is being violated (April to May 2023)
PLHIV Surveyed: 26



> **Staff disclosing the status of people living with HIV in the waiting area was the main reason people felt privacy was being violated.**

COMMUNITY STORY

It can take just one person's bad actions and behaviour to make clinic visits a nightmare for some public healthcare users. For Seena* it's one of the receptionists at Petsana Clinic who makes her rage.

"This receptionist has been working there for maybe just over a year and she always has a long face and she doesn't speak to anyone nicely. She is very cheeky – everybody complains about her," Seena says.

For Seena though sometimes it seems like this woman acts out of spite to patients, which she says is just unacceptable. She says: "One time I was there and I saw her with my appointment card but she put it one side. Others who were behind me were cutting in and I was still sitting there waiting for long. When I went to ask what was going on she told me to shut up and started to shout at me," she says.

Seena uses the clinic to pick up her ARVs and her diabetes medicines. Currently she's on a six-monthly script, but she still has to use the clinic for her child. She says it means she's in the clinic regularly and virtually every time she's at the clinic things always turn ugly.

The rising tensions and the deepening feeling of rage, Seena realises are irrational, which is also why she is raising her concerns about this receptionist and asking for her complaint to be taken seriously.

"The nurses there are good, they listen and they try to understand your problems. It's just this young receptionist and her attitude — she makes the experience there very bad.

"The receptionist must also listen; she doesn't have to shout. She should understand that sometimes when we, as the patients are coming there to the clinic we are different people, we are worried for our children or we are sick, it's why we have come there; it's because they are supposed to help us," she says.

** Name changed to protect identity*

5. Treatment and viral load literacy

2021

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

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

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

63% agreed that having an undetectable viral load means a person cannot transmit HIV

2022

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

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

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

57% agreed that having an undetectable viral load means a person cannot transmit HIV

2023

85% of PLHIV had a viral load test in the last year

84% of PLHIV said that a healthcare provider had explained the results

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

76% agreed that having an undetectable viral load means a person cannot transmit HIV

RECOMMENDATIONS

FREE STATE 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

RIGHT TO CARE & WITS RHI

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 and 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 515 people living with HIV surveyed, 85% had received a viral load test in the last year, yet only 77% reported that they knew their viral load. While up from last year, still only 83% agreed with the statement; "having an undetectable viral load means the treatment is working well" (Figure 18) — up from 78% last year — and only 76% agreed with the statement "having an undetectable viral load means a person cannot transmit HIV" — up from 54% last year (Figure 19). There remain significant gaps in knowledge and treatment literacy.

Figure 18: Treatment Literacy: Do PLHIV understand viral load and their health? (April to May 2023)
PLHIV Surveyed: 516

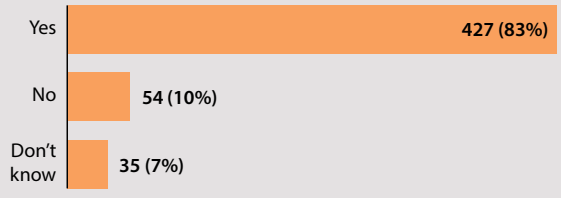
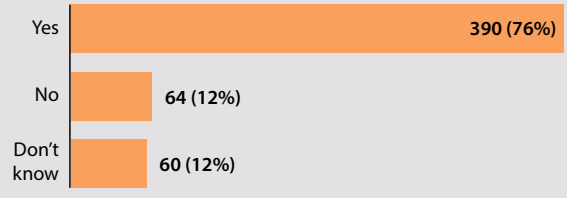


Figure 19: Treatment Literacy: Do PLHIV understand viral load and transmission? (April to May 2023)
PLHIV Surveyed: 514



Only 84% of those surveyed said a healthcare worker had explained the results of their viral load test. It is critical that healthcare workers explain people's viral load test results in a timely manner and ensure that the message that an undetectable viral load prevents transmission (U=U) is better communicated. The tables show the best (Table 16 and Table 17) and worst (Table 18 and Table 19) performing sites on these indicators. By district, Lejweleputswa performed best, with 1 site getting a perfect score on both indicators. Many sites were the worst performing in understanding U=U. Sites in Thabo Mofutsanyana performed badly across both indicators.

Table 16: Facilities with perfect scores on people living with HIV understanding that an undetectable viral load is beneficial for their own health (April to May 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
Lejweleputswa	OR Tambo Clinic	26	26	0	0	100%

Table 17: Facilities with perfect scores on people living with HIV understanding 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
Lejweleputswa	OR Tambo Clinic	26	26	0	0	100%

Table 18: Facilities with worst scores on people living with HIV understanding that an undetectable viral load is beneficial for their own health (April to May 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Thabo Mofutsanyana	Reitumetse Clinic	26	11	14	1	42%
	Phuthaditjhaba Clinic	25	16	1	8	64%
	Mphohadi Clinic	26	18	7	1	69%

Table 19: Facilities with worst scores on people living with HIV 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
Thabo Mofutsanyana	Phuthaditjhaba Clinic	25	12	2	11	48%
	Tseki Clinic	27	15	3	9	56%
	Mphohadi Clinic	26	16	7	3	62%
	Thusa Bophelo Clinic	26	17	8	1	65%
	Petsana Clinic	25	17	8	0	68%
	Bohlokong Clinic	25	17	8	0	68%
	Reitumetse Clinic	26	18	6	2	69%
Lejweleputswa	Phahameng (Bultfontein) Clinic	27	19	3	5	70%

COMMUNITY STORY

Agnes Lakaje has been on ARV treatment for more than 15 years having been diagnosed with HIV in the mid-2000s that were the first years ARVs were finally made available in the public health sector in South Africa.

Collecting medicine and managing her condition have become second nature to her and she's also used to being a patient at many different clinics over the years. But she says she's seen things deteriorate over the past five at the Petsana Clinic in Reitz where she now goes for ART.

"I want to give my name and all my details for Ritshidze because I am telling the truth about what is happening at that clinic. I want to say to the staff at Petsana that they have chosen to do this job so they must have that principle of Batho Pele [People First]; even the Constitution gives us the right to good healthcare," she says.

Agnes says her waiting time just to collect ARVs is around three hours. She's still on a monthly script at this clinic, even though she is stable on her medication. She's been told that arranging her external pick-up is still stuck in paperwork.

There are just too many inefficiencies at the clinic, she says. Agnes says it starts at reception. She says sometimes cleaners do the work of receptionists and the crowded reception area is managed poorly, so there is no privacy or confidentiality.

"The cleaners will check you and they will look at your file, even though that is private. And when you get to the front you have to tell your story to everybody. Sometimes the staff will even shout out in the waiting room things like 'who is here for TB? Or 'who is here to pick up X, Y, Z medicine?' So everyone knows your business by that time," she says.

She says the facilities are also too small and crowded at Petsana Clinic. It means patients who are not sick but are at the clinic for collections or check-ups are crowded in with ill people – even new-borns, all in the same waiting area. She says this makes everyone exposed to all kinds of illnesses.

Agnes says there are also issues with patient files going missing or being mixed up with files from patients who are at the clinic via the NGO patient-care streams.

"They also don't have monthly information talks anymore at the clinic. Even the one from December didn't take place. For the past four or five years already I don't see peer counsellors and that's why that clinic is having many defaulters," she says.

She says she also didn't receive results from two Pap smear tests that she had done in 2020 and 2021. "You just hear from others at the clinic that if they don't call you with results then it's supposed to be negative – but you just don't know, and I want to know for sure."

For Agnes, clinics are where patients should be given the right information, also have the platform and opportunity to ask questions, to learn about their treatment and wellbeing and take better control of their health. This just isn't happening for her at Petsana Clinic.

6. Key populations

Zero PEPFAR supported drop-in centres in Free State

Only 43% of people who use drugs say that clinic staff are always friendly and professional

Only 14% of trans* people feel very safe at the facility

Only 10% of gay, bisexual, and other men who have sex with men (GBMSM) feel very comfortable at the facility

10% refused access to health services because they use drugs

10% stopped accessing healthcare because the facility refused to give them services because they are a sex worker

45% of facilities monitored had lubricants available

65% of sites offer trans* people PrEP

Only 2% of people who use drugs could access drug dependence support at facilities

65% of trans* people wanted hormones at facilities

Only 57% of GBMSM comfortable to access post-violence services at the facility

RECOMMENDATIONS

FREE STATE 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 Table 25) 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 all 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 Table 25) 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 all 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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DID YOU KNOW?

> **"They do not treat sex workers well because sometimes when you come for your pills and they do counselling and you share with them that you are a sex worker, they will start laughing and making fun of you"**

Public health facilities are the entry point for most 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 not all staff at public health facilities are always friendly and professional to key populations (Figure 20). 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 21). Overall people who use drugs faced the most unfriendly services across key population groups.

> ***"There is discomfort here and there at the facility, I am sure they are aware that I am gay and the fact that you are gay or perceived as a member of the LGBTQI community, the staff attitude is not the same as for everyone else. You get treated badly. It is older people that work at the clinic, from the administrative staff to the clinical staff. It is not a pleasant experience, it is always very hostile"*** *— a gay man, using Phuthaditjhaba Clinic (Thabo Mofutsanyana), interviewed in July 2023*

> ***"I told them that I am a sex worker so that they can understand me, so that I can be free to share whatever is wrong with me but they use that information against me. I wish they can do their work and respect us, so that we can respect them in return"*** *— a sex worker, using Bophelong Clinic (Lejweleputswa), interviewed in July 2023*

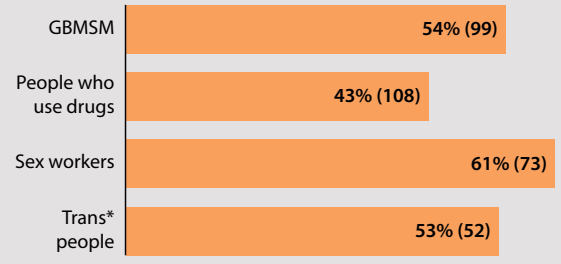
> ***"I was told at the clinic to come clean, when I told the security that I live on the streets he told me it was my fault since I use drugs. I am never going to that clinic again where they treat us like animals"*** *— a person using drugs, using Matsikane Clinic (Thabo Mofutsanyana), interviewed in July 2023*

> ***"It is always an unpleasant experience to go to the facilities, and unfortunately, there are no alternatives. It is the only clinic in the area. I got to understand why other KPs prefer to go to more remote facilities because of the poor attitude they get from this clinic. This clinic is practically next to where I live and it is sad that I am considering going to a facility very far away to access basic healthcare"*** *— a gay man, using Phuthaditjhaba Clinic (Thabo Mofutsanyana), interviewed in July 2023*

> ***"I collect my ART from the clinic, the service has been generally okay, until recently when a nurse while drawing blood mentioned that: "I wonder what else we would find if we test your blood further". This has been making me uncomfortable at the facility because they might know I am a sex worker or someone who uses drugs. And I know how badly they treat other KPs"*** *— a sex worker who also uses drugs, using Phuthaditjhaba Clinic (Thabo Mofutsanyana), interviewed in April 2023*

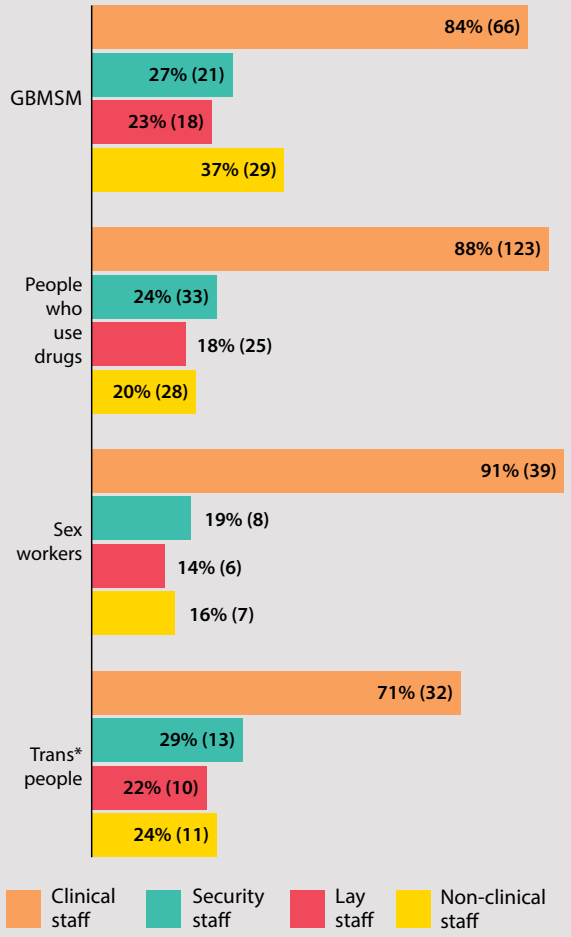
> ***"They do not treat sex workers well because sometimes when you come for your pills and they do counselling and you share with them that you are a sex worker, they will start laughing and making fun of you"*** *— a sex worker, using Bophelong Clinic (Lejweleputswa), interviewed in July 2023*

Figure 20: Percentage of key populations reporting staff are always friendly and professional at the facility (July to September 2022)



In order for key populations to access health services and in particular key population specific services, spaces are needed that feel safe, comfortable, and private enough to disclose you are a member of a key population group without fear of judgement, abuse, harassment, or even arrest.

Figure 21: Which staff are unfriendly and unprofessional (July to September 2022)



The majority of key populations interviewed did not feel safe or comfortable at the facility (Figures 22 and 23). In order for key populations to access health services and in particular key population specific services, spaces are needed that feel safe, comfortable, and private enough to disclose you are a member of a key population group without fear of judgement, abuse, harassment, or even arrest. Yet, disgraceful privacy violations continue to occur that destroy people's right to privacy and make clinics feel unsafe and uncomfortable to be in (Table 19). This year 37% of GBMSM, 38% of people who use drugs, 28% of sex workers, and 22% of trans* people did not think privacy is well respected at clinics.

> ***"When I get to the clinic, I will usually go stand outside until I am called because when I sit inside, I am not comfortable with how the receptionist looks at me. So, I would rather stand outside, go in when it is my turn and stand outside again to wait for my medication"***
> *— a trans woman, using Bloemspruit Clinic (Lejweleputswa), interviewed in July 2023*

> ***"When you get to the clinic, you need to take your vitals. Everybody enters that room even while this is going on, both the clinical and non-clinical staff. There is no privacy at all… There are CWPs, the ones who wear orange, that are always in the consultation room beside the nurse. They help with getting files but they remain in the room after that. There is no privacy. I am not always free to share what is wrong with me"***
> *— a trans man, using Intabazwe Clinic (Thabo Mofutsanyana), interviewed in July 2023*

Figure 22: % (n) of respondents reporting they feel very safe accessing services at the facility (July to September 2022)

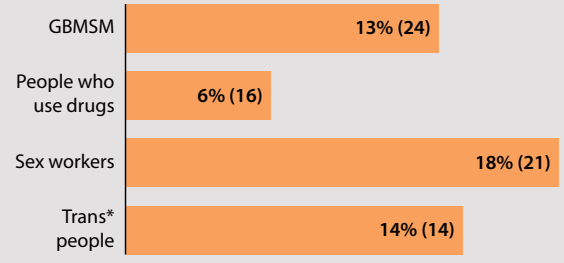


Figure 23: % (n) of respondents reporting they feel very comfortable accessing services at the facility (July to September 2022)

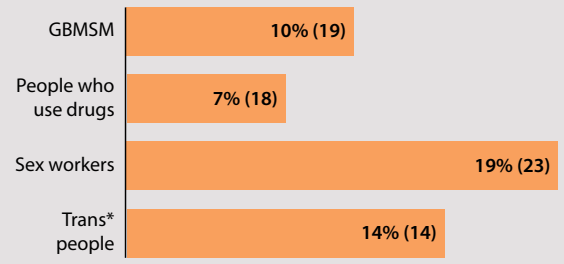
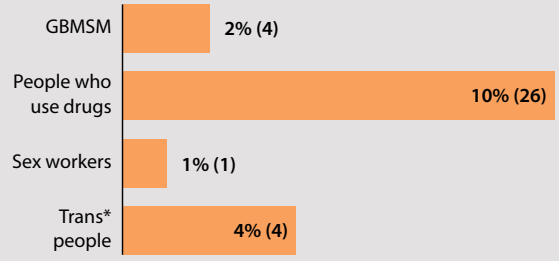


Table19: Percentage of key populations reporting they feel privacy is not well respected at facilities (July to September 2022)

	Respondents who think privacy is not well respected at facilities, % (n)	Most common privacy violations
GBMSM	37% (68)	Disclosure that respondent is GBMSM (51%), disclosure of HIV status (49%), patients are consulted in the same room together (26%), healthcare workers call other staff into the consultation room to share medical issues (32%), security checks your medication when leaving (10%)
People who use drugs	38% (97)	Disclosure that the respondent is a person who uses drugs (75%), disclosure of HIV status (39%), healthcare workers call other staff into the consultation room to share medical issues (32%), patients are consulted in the same room together (15%), security checks your medication when leaving (13%)
Sex workers	28% (33)	Disclosure respondent is a sex worker (58%), healthcare workers call other staff into the consultation room to share medical issues (30%), disclosure of HIV status (27%), patients are consulted in the same room together (27%), staff enter the room without knocking (12%)
Trans* people	22% (22)	Disclosure respondent is trans* (54%), disclosure of HIV status (32%), patients are consulted in the same room together (18%), healthcare workers call other staff into the consultation room to share medical issues (4%)

Some 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 2% of GBMSM, 10% of people who use drugs, 1% of sex workers, and 4% of trans* people (Figure 24). 10% of sex workers we spoke to who had stopped using public health facilities had done so because staff refused to give them services. This is absolutely unacceptable and goes against Section 27 of the Constitution.

Figure 24: Percentage of key populations who had been refused access to services at the facility because they are a KP (July to September 2022)



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. Some have moved to using private doctors, if they can afford to, including 17% of GBMSM, 4% of people who use drugs, 7% of sex workers, and 8% of trans* people we interviewed. Others were not receiving services anywhere including 11% of GBMSM, 18% of people who use drugs, 15% of sex workers, and 12% of trans* people we interviewed. 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.

> ***"Whenever I go to the clinic to get my treatment (ARVs), I get degraded and always attended to last. It has been months since I stopped taking my treatment because of what they put me through in the clinic. I wish the nurses can change their attitude towards us"*** *— a person who uses drugs, using Phuthaditjhaba Clinic (Thabo Mofutsanyana), interviewed in July 2023*

For the Free State, PEPFAR supported drop-in centres are unavailable. In fact, Ritshidze data show that a very high proportion of key populations are not even aware of what drop-in centres are — including 84% of GBMSM, 81% of people who use drugs, 78% of sex workers, and 75% of trans* people.

The fact that we have found numerous key populations to interview shows that key populations do not all live in certain "hotspots" or "high transmission areas". We support drop-in centres but clearly they are not a panacea to the challenge of improving services for key populations — especially given there are none in the province. Public health facilities must 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 limited or unavailable.

The Free State Department of Health made positive commitments last year that condoms and lubricants would be made available in all Free State public health facilities going forward — yet this year lubricants were only found to be freely available in 45% of the 104 facilities monitored (Figure

25), despite 84% of sites saying they provide lubricants for HIV prevention (Figure 26). 11% had only recently in the last year started providing them for HIV prevention (Figure 27). When available, lubricants are often put in spaces where staff and community members can see as you collect them, making it uncomfortable to take them (Figure 28). Only 55% of GBMSM, 22% of people who use drugs, 67% of sex workers, and 40% of trans* people said they could always get lubricants (Table 20).

It should be noted that this has improved from data last year, where just 23% of sites had lubricants available. However still some facilities this year did not even know why lubricant was useful for HIV prevention. The department should continue to improve on this to ensure that all facilities 1) provide lubricants for HIV prevention, 2) actually make lubricants available to collect, and 3) put them in private and easy to find spaces across the facility.

> ***"It is not all preventative services that you are able to access at the clinic, you only find external condoms. And I do not feel comfortable with the fact that you have to enquire about lube. And my take is, why are they not made a priority or put in accessible places. And in such a hostile environment, it is very difficult to enquire about lube"*** *— a gay man, using Phuthaditjhaba Clinic (Thabo Mofutsanyana), interviewed in July 2023*

> ***"The clinics here you never find lubricants, you will get the MAX condoms which are sometimes not the best quality. I will always have to go to NGOs like Rainbow Seed to get the lubricants"*** *— a trans woman, using Bloemspruit Clinic (Lejweleputswa), interviewed in July 2023*

> ***"There are never lubricants at the facility, you would only find external condoms, not even internal condoms. The female condoms used to be supplied by NGOs but not anymore"*** *— a trans man, using Bophelong Clinic (Lejweleputswa), interviewed in July 2023*

> ***"Sometimes there are no condoms at the facility. When you ask them for it, they would be laughing, asking what do you want the condoms for. They would say: you guys love sex too much"*** *— a sex worker, using Bophelong Clinic (Lejweleputswa), interviewed in July 2023*

> ***"We LGBTQI+ people do not get everything we need in the clinic, like condoms and lubricants. We have been complaining about this and they are doing nothing about it"*** *— a trans man, using Intabazwe Clinic (Thabo Mofutsanyana), interviewed in July 2023*

Figure 25: Are condoms and lubricant available at the facilities? (April to June 2023)
Observations completed: 104

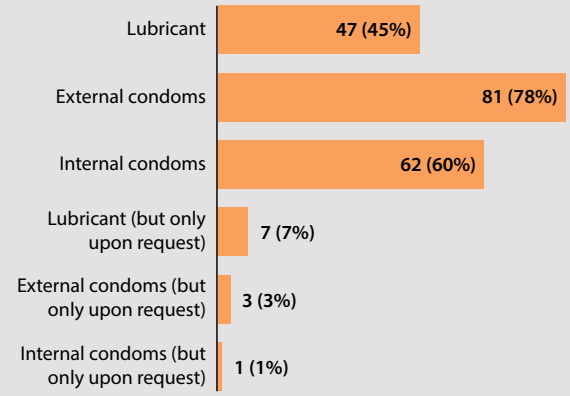


Figure 26: Does this facility provide lubricant for HIV prevention? (April to June 2023)
Facilities Surveyed: 104

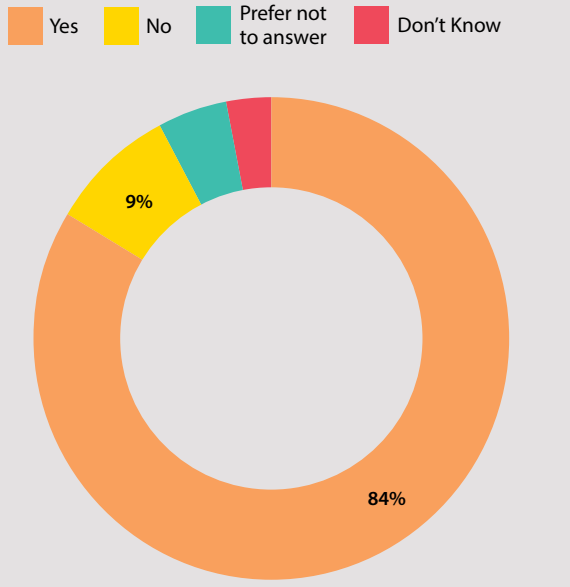


Figure 27: When did you start providing lubricant for HIV prevention? (April to June 2023)
Facilities Surveyed: 70

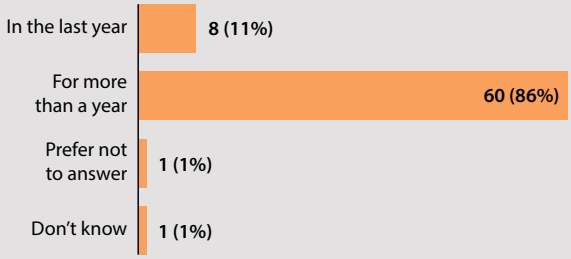


Figure 28: Where available, where lubricants are located at facilities (April to June 2023)
Observations completed: 47

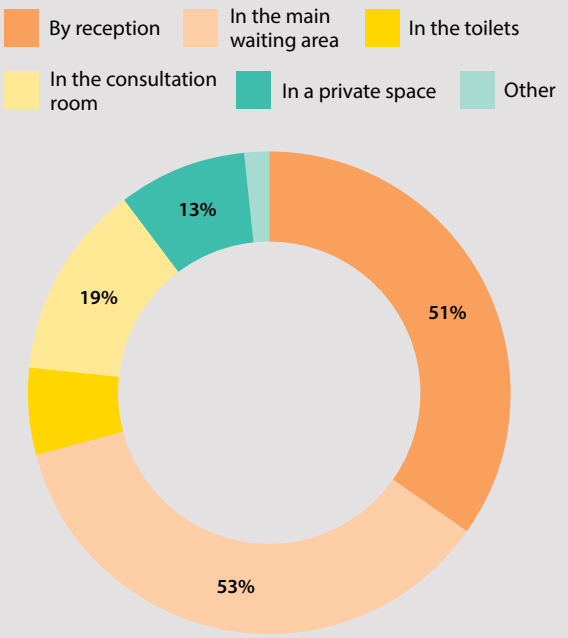


Table 20: Lubricant access at facilities (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
% aware they should be able to get lubricant (lube) at all public health facilities	52% (96)	23% (59)	49% (58)	69% (68)
% tried to access lube	47% (86)	11% (27)	35% (42)	54% (53)
Among those seeking lube, % always able to get it	55% (47)	22% (6)	67% (28)	40% (21)
% reporting staff are always respectful when asked for lube	61% (53)	26% (7)	67% (28)	49% (26)
Among those able to get lube, % always able to get enough	56% (45)	18% (4)	59% (22)	36% (17)

Again the department made positive commitments last year to make PrEP available to all key populations at all sites in the province. There has been a major improvement in facilities that actively offer PrEP to key populations. 70% of sites actively offer to GBMSM (up from 25% last year), 64% to people who use drugs (up from 15% last year), 72% to sex workers (up from 30% last year), and 65% to trans* people (up from 25% last year).

While there has been a noteworthy improvement, there is still a way to go to ensure that all facilities actively offer PrEP to each key population group, especially given it is widely available in sites monitored by Ritshidze. In addition, far fewer key populations actually reported being actively offered it between July and September last year (Table 21) — only 19% of GBMSM, 8% of people who use drugs, 9% of sex workers, and 17% of trans* people reported being offered PrEP (it is important to note that this key population data was gathered during the time the department was implementing this commitment, and as such may well have improved in this year's round of key population data collection). The department should continue pushing so that all sites actively offer PrEP to key populations.

Figure 29: Does the facility prioritise offering PrEP to any of the following populations? (April to June 2023)
Facility Staff Surveyed: 104

Table 21: PrEP access at facilities (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans* people
% heard of PrEP	76% (140)	42% (107)	65% (77)	77% (75)
Among those not living with HIV, % ever offered PrEP	19% (35)	8% (20)	9% (11)	17% (17)
Among those offered PrEP, % who ever received it	71% (25)	60% (12)	82% (9)	61% (11)
% very satisfied with PrEP services	16% (4)	8% (1)	89% (8)	45% (5)

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 4% of people who use drugs were offered information about where they could get new needles, only 10% were given information on where to get methadone, and only 3% able to access drug dependence support (Figure 30). 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.


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Figure 30: Access to methadone at facilities (July to September 2022)

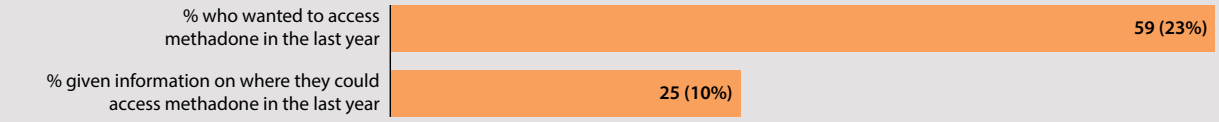


Figure 30: Access to new needles at facilities (July to September 2022)

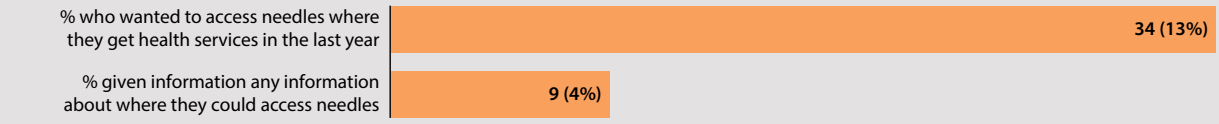
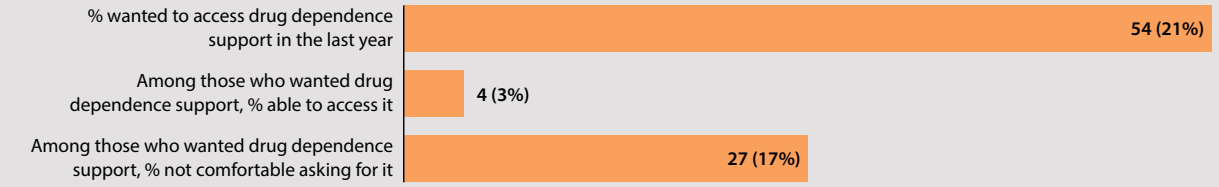


Figure 30: Access to drug dependence support at facilities (July to September 2022)



The availability of gender affirming services for those who need them is critically important. Yet only 52% of trans* people say facility staff are respectful of their gender identity — 77% said that healthcare providers use their wrong names and 54% said they use their wrong pronouns.

> ***"The staff purposely call you by the wrong name, they never use my correct pronouns. Even when you tell them, they say you are a man and we will address you as that"*** *— a trans woman, using Matshidiso Mabaso CHC (Thabo Mofutsanyana), interviewed in July 2023*

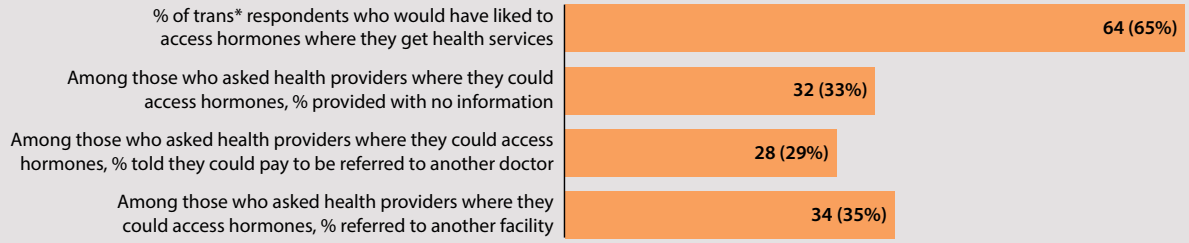
> ***"Most of the time, the people in the clinic would call me by my birth name or call me brother or he. Even when I correct them, they still continue to do the same thing and call the next person to look at this one that wants to be addressed with a female pronoun when he is a man. I gave up because clearly, these people do not want to learn, they do not want to change"*** *— a trans woman, using Bloemspruit Clinic (Lejweleputswa), interviewed in July 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 31). 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.

> ***"I went to the clinic to enquire about hormones. The nurse told me that because I am a man, I cannot need hormones. It is like they have not been sensitised, they have no idea of who trans* people are or what type of services we need"*** *— a trans woman, using Matshidiso Mabaso CHC (Thabo Mofutsanyana), interviewed in July 2023*

> ***"I went to the clinic because I wanted to start my HRT. They referred me to a hospital and when I got there I was told that I was not put on any list. I went back again and was able to book an appointment but since last year, I have been waiting as the appointment keeps getting postponed. I wonder if they would ever be able to help me"*** *— a trans woman, using Bluegumbosch Clinic (Thabo Mofutsanyana), interviewed in July 2023*

Figure 31: 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 (Table 22).

> ***"Trans* people are discriminated against at the clinic, they would call you by the wrong name, you cannot access hormones there. And if you need contraception, they would ask you to go bring evidence of menstruation"*** *— a trans man, using Bophelong clinic (Lejweleputswa), interviewed in July 2023.*

Table 22: Contraceptive access at facilities (July to September 2022)

	People who use drugs	Sex workers	Trans* people
% able to get the contraception they wanted	71% (116)	86% (61)	42% (66)
Top reasons they were unable to get the contraception they wanted	Were denied because they use drugs (29%), were told first choice was not available (21%), were told there was a stockout (18%), were told they had to come back (6%), were told they cannot get it without an HIV test (6%)	Were told they had to come back (43%), Were told first choice was not available (29%), were told there were no pregnancy tests (14%)	Were denied because they are trans* (29%), were told first choice was not available (29%),were told there was a stockout (18%), were told they had to come back (12%)

South Africa faces a well documented epidemic of gender based violence including homophobic and transphobic attacks on LGBTQIA+ community members (Table 23). 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.

Table 23: 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	46% (85)	45% (54)	41% (40)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	57% (105)	62% (74)	53% (52)
Among those who needed them, % reporting staff were always respectful when seeking post-violence services	92% (34)	86% (12)	75% (3)
Among those who needed them, % reporting they were able to access post-violence services	95% (35)	93% (13)	75% (3)

While positively the majority of key populations could access STI services, not everyone who wanted to access STI treatment was able to at the facility (Table 24). While better than some provinces, still we hear reports of key populations being discriminated against or staff acting in a hostile manner to those trying to access these services.

> ***"The staff are not friendly, most especially when you tell them that you need STI screening and you need to give information about your sexual experience, that is where the hostility really manifests. Luckily I am very familiar with my rights, so I would always demand the help that I need. I have just grown a thick skin against their judgemental attitude"*** *— a gay man, using Phuthaditjhaba Clinic (Thabo Mofutsanyana), interviewed in July 2023*

> ***"They are not noticing us that identify as trans* or lesbian. I think they treat gay men better. Whenever you go to the clinic, they would ask you how did you get infected when you say you are a lesbian, how did you get HIV or a STI when you only have sex with women"*** *— a trans* man, using Intabazwe Clinic (Thabo Mofutsanyana), interviewed in July 2023*

Table 24: STI service access at facilities (July to September 2022)

	GBMSM	Sex workers	Trans* people
Among those seeking STI testing, % always able to access it	86% (56)	77% (33)	80% (16)
% of staff always respectful when asking for STI testing	78% (51)	77% (33)	70% (14)
Among those needing STI treatment, % able to access it	95% (60)	83% (34)	58% (11)

A minimum package of key population specific services (Table 25) 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 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.

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
+ Psychosocial 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
+ Psychosocial 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
+ Psychosocial 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
+ Psychosocial 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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RITSHIDZE


JIKUELA
JIKUELA
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7. Index testing

2021	2022	2023
59% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing	**64%** of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing	**56%** of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing
52% of PLHIV reported that they were asked about the risk of violence from their partner	**57%** of PLHIV reported that they were asked about the risk of violence from their partner	**61%** of PLHIV reported that they were asked about the risk of violence from their partner
74% of facilities always screen PLHIV for intimate partner violence	**81%** of facilities always screen PLHIV for intimate partner violence	**65%** of facilities always screen PLHIV for intimate partner violence
13% of facilities trace all contacts regardless of reports of violence reported violence	**30%** of facilities trace all contacts regardless of reports of violence reported violence	**25%** of facilities trace all contacts regardless of reports of violence reported violence

RECOMMENDATIONS

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

RIGHT TO CARE & WITS RHI

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.

Index testing must always be completely voluntary. No facilities had perfect scores where 100% of people reported that they were told they could refuse.

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 515 people living with HIV interviewed, 67% 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 56% reported that they were allowed to refuse to give the names of their partners (Table 26). Index testing must always be completely voluntary. No facilities had perfect scores where 100% of people reported that they were told they could refuse.

Table 26: Worst performing sites on people living with HIV reporting 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
Lejweleputswa	OR Tambo Clinic	26	3	23	0	12%
Thabo Mofutsanyana	Reitumetse Clinic	11	2	9	0	18%
Lejweleputswa	Phahameng (Bultfontein) Clinic	15	4	11	0	27%
Lejweleputswa	Matjhabeng Clinic	19	6	13	0	32%
Thabo Mofutsanyana	Tseki Clinic	8	3	5	0	38%
Thabo Mofutsanyana	Harrismith Clinic	7	3	4	0	43%
Lejweleputswa	Kgothalang Clinic	27	13	14	0	48%
Thabo Mofutsanyana	Mphohadi Clinic	17	9	7	1	56%
Thabo Mofutsanyana	Phuthaditjhaba Clinic	12	7	5	0	58%
Thabo Mofutsanyana	Petsana Clinic	18	11	7	0	61%
Lejweleputswa	Hani Park Clinic	29	18	11	0	62%
Thabo Mofutsanyana	Bohlokong Clinic	19	12	7	0	63%
Thabo Mofutsanyana	Namahali Clinic	11	7	4	0	64%
Lejweleputswa	Rheeders Park Clinic	14	9	5	0	64%
Lejweleputswa	Thabong Clinic	12	8	4	0	67%

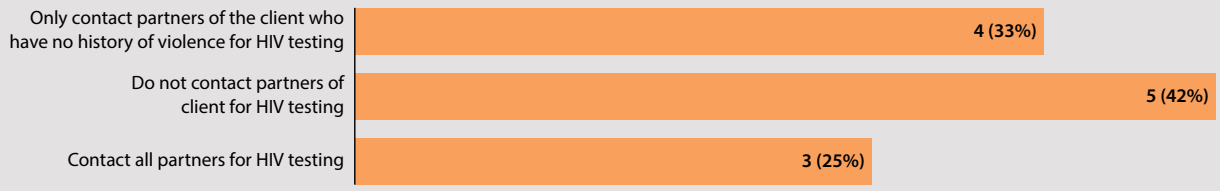
65% of facilities say they screen for intimate partner violence (IPV) as part of their index testing protocol — down from 81% last year. However, while up from 57% last year, of 344 people living with HIV, still only 61% reported that they were asked about the risk of violence from their partners. Some sites had minimal or no people reporting they were asked about risk of violence (Table 27). There must always be an IPV screen to protect people's safety who undergo index testing.

Table 27: Worst performing sites on people living with HIV who reported they were asked about risk of violence from their partner(s) (April to May 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Lejweleputswa	OR Tambo Clinic	26	2	24	0	8%
Thabo Mofutsanyana	Mphohadi Clinic	17	6	11	0	35%
Thabo Mofutsanyana	Reitumetse Clinic	11	4	7	0	36%
Lejweleputswa	Matjhabeng Clinic	19	6	10	3	38%
Lejweleputswa	Kgothalang Clinic	27	12	15	0	44%
Thabo Mofutsanyana	Tseki Clinic	8	4	4	0	50%
Thabo Mofutsanyana	Harrismith Clinic	7	4	3	0	57%
Lejweleputswa	Hani Park Clinic	29	18	11	0	62%
Thabo Mofutsanyana	Namahali Clinic	11	7	4	0	64%
Lejweleputswa	Rheeders Park Clinic	14	9	5	0	64%
Thabo Mofutsanyana	Petsana Clinic	18	12	6	0	67%
Thabo Mofutsanyana	Phuthaditjhaba Clinic	12	8	4	0	67%
Lejweleputswa	Phahameng (Bultfontein) Clinic	15	10	5	0	67%

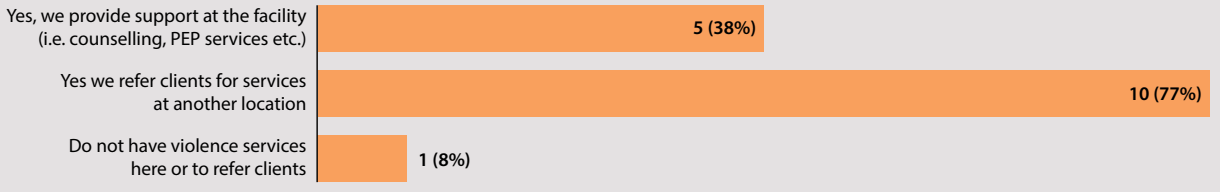
While there has been slight improvement, worryingly still 25% of those that do screen, report that the practice is still to contact all the partners of people living with HIV regardless of reported violence (Figure 32). This is a major concern and violation of people's safety and privacy. There is no point to the IPV screen if contacts are just notified of their exposure anyway.

Figure 32: In case of violence from a sexual partner, what do you do with the contact information of the sexual partner? (April to May 2023)
Facility Staff Surveyed: 12



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 33). However, all facilities should be able to provide on site or referred services for IPV. Screening for IPV at 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 33: In case of violence from a sexual partner, what additional services do you provide? (April to May 2023)
Facility Staff Surveyed: 13





PHARMACY
MERIANENG
APTEEK
Pharmacy
Khemisi

PUSH
PUSH


8. Infrastructure and clinic conditions

2021

18% of facilities in bad condition

95% of facilities needed some additional space

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

59% of facility toilets in bad condition

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

2022

81% of facilities in bad condition

90% of facilities needed some additional space

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

70% of facility toilets in bad condition

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

2023

55% of facilities in bad condition

90% of facilities needed some additional space

55% of facilities did not have enough room in the waiting area

74% of facility toilets in bad condition

20% of public healthcare users reported that facilities are "dirty" or "very dirty"

0% of facilities have a functional generator

RECOMMENDATIONS

FREE STATE 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

Figure 34: What challenges does the facility face because of loadshedding? (April to May 2023)
Facility Staff Surveyed: 20

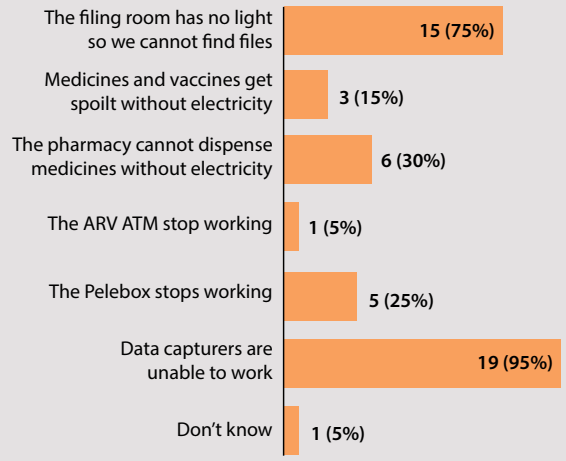
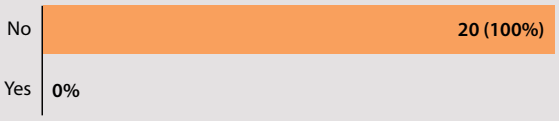


Figure 35: Is there a generator at the facility? (April to May 2023) Facility Staff Surveyed: 20



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 the Free State 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 34). Generators at each facility could resolve these challenges, yet no facilities monitored have a generator (Figure 35).

Only 45% of facilities monitored in the Free State are in good condition — improving from just 19% last year. Of the 55% in bad condition, the most common reason is that there are broken or cracked roofs, walls, or floors and that there are no lights/or lights not working (Table 28).

90% of facilities reported needing more space — with waiting space and filing space given as the most common things facilities needed extra space for (Figure 36). Limited waiting room can force people to queue outside, increase congestion, and have a negative impact on TB infection control. Lack of space for filing leads to messy filing systems, delays in finding files and/or lost files.

Table 28: Concerns with the condition of building (April to May 2023)

District	Facility	No light / or lights	Broken furniture	Broken or cracked roof, walls or floor	No running water	Broken windows or doors	Old building needs renovation	Rubbish Piles
Lejweleputswa	Rheeders Park Clinic					1	1	1
	Welkom Clinic	1	1	1			1	1
Thabo Mofutsanyana	Bohlokong Clinic	1		1				
	Harrismith Clinic	1	1	1			1	
	Mphohadi Clinic	1		1				
	Namahali Clinic				1			
	Petsana Clinic	1		1				
	Rearabetswe Clinic	1						
	Reitumetse Clinic	1		1		1		
	Thusa Bophelo Clinic	1		1		1		
	Tseki Clinic	1		1				

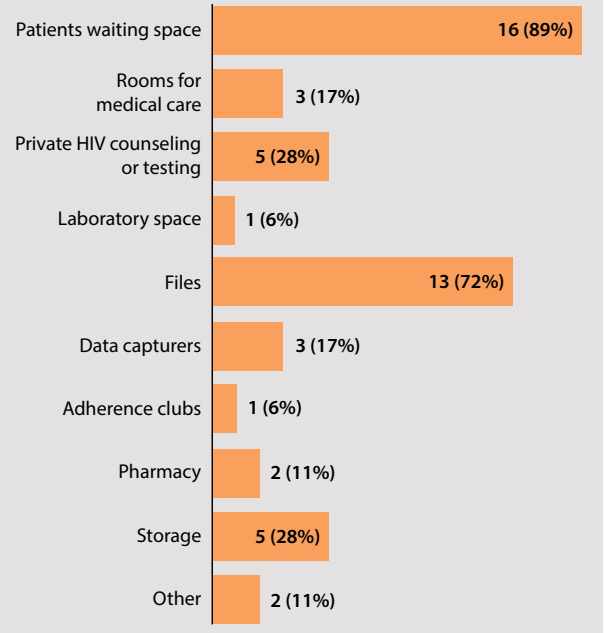
Table 29: Best performing sites on clinic cleanliness (April to May 2023)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
Thabo Mofutsanyana	Petsana Clinic	65	0	1	8	22	34	4.37
Thabo Mofutsanyana	Boiketlo Clinic	50	0	1	5	24	20	4.26
Lejweleputswa	OR Tambo Clinic	52	0	1	12	23	16	4.04
Thabo Mofutsanyana	Rearabetswe Clinic	55	0	3	15	19	18	3.95
Lejweleputswa	Hani Park Clinic	51	1	0	14	22	14	3.94

Table 30: Worst performing sites on clinic cleanliness (April to May 2023)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
Thabo Mofutsanyana	Namahali Clinic	51	23	19	8	1	0	1.75
Lejweleputswa	Rheeders Park Clinic	50	16	15	16	2	1	2.14
Lejweleputswa	Thabong Clinic	57	19	12	16	7	3	2.35
Lejweleputswa	Welkom Clinic	51	9	12	18	11	1	2.67
Lejweleputswa	Phahameng (Bultfontein) Clinic	61	8	13	23	12	5	2.89
Lejweleputswa	Matjhabeng Clinic	53	6	12	21	8	6	2.92
Thabo Mofutsanyana	Mphohadi Clinic	68	3	10	27	23	5	3.25

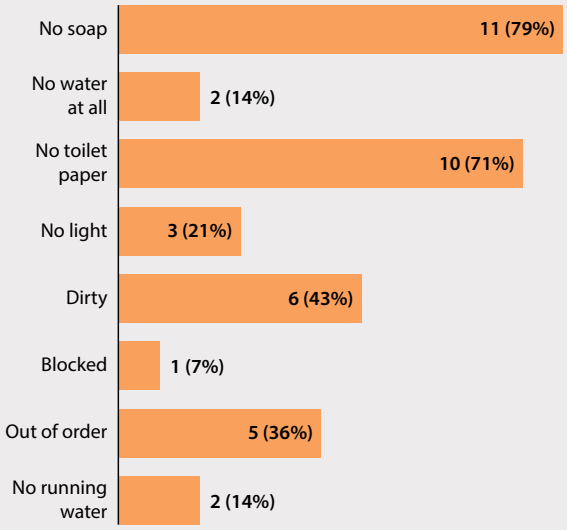
Figure 36: What do you need more space for? (April to May 2023)
Facility Staff Surveyed: 18



On overall cleanliness, 47% of public healthcare users reported that facilities were very clean/clean. However, 20% reported that facilities were very dirty/dirty. The best (Table 29) and worst (Table 30) performing sites are shown in the tables.

74% of Ritshidze observations found that toilets were in bad condition — with no soap, no toilet paper, no light, as well as blocked, broken or dirty toilets given as the most common reasons (Figure 37).

Figure 37: Concerns with the condition of the toilets (April to May 2023)
Observations Completed: 14



9. TB infection control

2021	2022	2023	
0 facilities were awarded green status	**0** facilities were awarded green status	**0** facilities were awarded green status	*GREEN checking all six measures on the TB infection control scorecard*
9 facilities scored yellow status	**1** facilities scored yellow status	**0** facilities scored yellow status	*Yellow following about half of the best practice measures*
13 facilities scored red status	**15** facilities scored red status	**20** facilities scored red status	*RED failing altogether at meeting the best practices to stop the spread of TB*

RECOMMENDATIONS

FREE STATE 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.

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

> In South Africa around 300,000 people develop tuberculosis every year and about 56,000 people die.

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, or yellow status for following about half of the best practice measures for infection control. All facilities surveyed failed altogether at meeting the six basic best practices to stop the spread of TB (Table 31).

By indicator:

+ Only 45% of facilities had enough room in the waiting area
+ 90% of facilities had the windows open
+ 80% of facilities had TB infection control posters
+ Of 1,091 responses, only 15% say staff always ask people in the waiting areas if they have TB symptoms
+ Of 1,089 responses, only 4% say people coughing in waiting areas are always moved to a separate room
+ Of 1,091 responses, only 5% say people who are coughing in the waiting room are given a mask

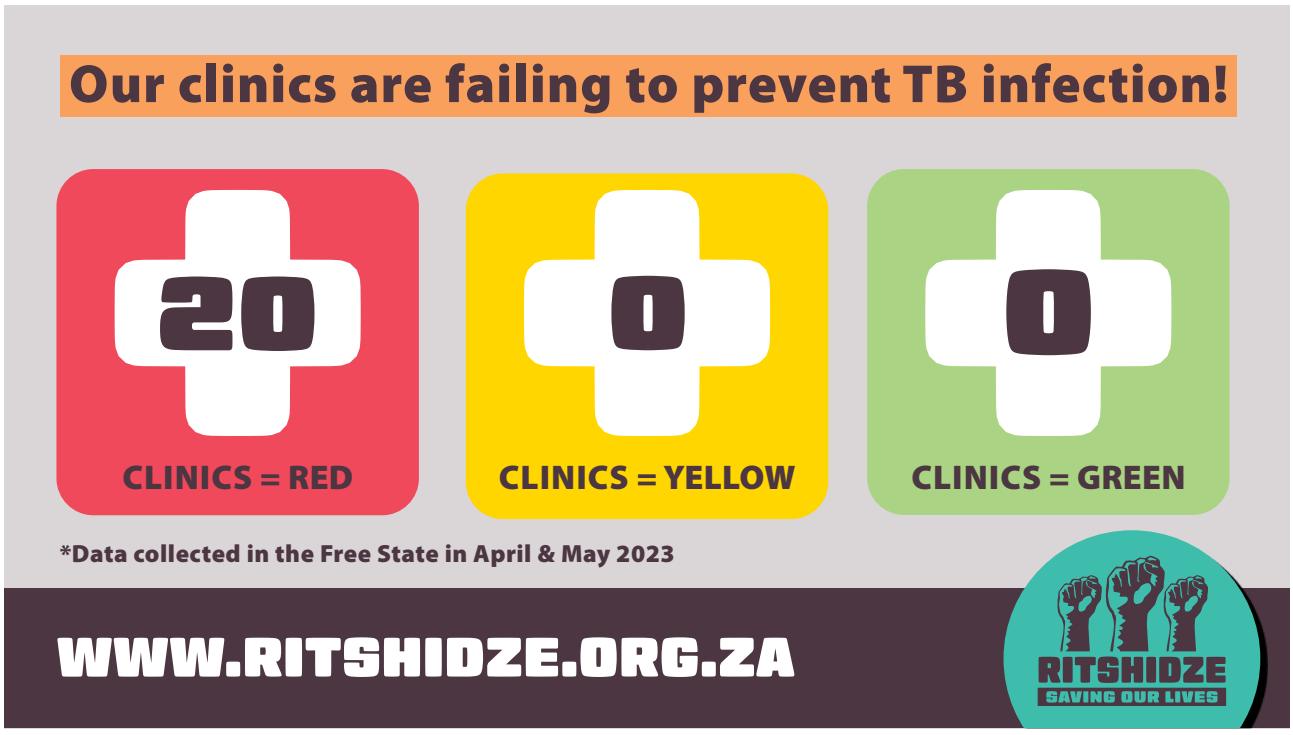


Table 31: TB Infection Control (April to May 2023)

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
Lejweleputswa	Hani Park Clinic	0%	100%	100%	0%	06:30	24%	RED
	Kgothalang Clinic	100%	0%	0%	0%	06:18	21%	RED
	Matjhabeng Clinic	100%	100%	100%	4%	05:06	15%	RED
	OR Tambo Clinic	0%	100%	0%	0%	05:15	31%	RED
	Phahameng (Bultfontein) Clinic	0%	100%	100%	5%	03:56	16%	RED
	Rheeders Park Clinic	0%	100%	100%	4%	04:52	45%	RED
	Thabong Clinic	0%	0%	0%	11%	05:19	5%	RED
	Tshepong (Welkom) Clinic	0%	100%	100%	0%	06:16	14%	RED
	Welkom Clinic	100%	100%	100%	2%	05:14	13%	RED
Thabo Mofutsanyana	Bohlokong Clinic	100%	100%	100%	10%	04:51	24%	RED
	Boiketlo Clinic	0%	100%	100%	11%	03:06	8%	RED
	Harrismith Clinic	100%	100%	100%	0%	02:53	0%	RED
	Mphohadi Clinic	100%	100%	100%	15%	05:06	34%	RED
	Namahali Clinic	0%	100%	100%	3%	03:53	5%	RED
	Petsana Clinic	0%	100%	100%	6%	04:42	3%	RED
	Phuthaditjhaba Clinic	0%	100%	100%	0%	03:57	16%	RED
	Rearabetswe Clinic	100%	100%	100%	5%	04:47	15%	RED
	Reitumetse Clinic	100%	100%	100%	5%	04:36	20%	RED
	Thusa Bophelo Clinic	0%	100%	100%	10%	04:27	9%	RED
	Tseki Clinic	100%	100%	0%	0%	03:08	0%	RED

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