



RITSHIDZE
SAVING OUR LIVES

KWAZULU-NATAL STATE OF HEALTH

NOVEMBER 2023

3RD EDITION



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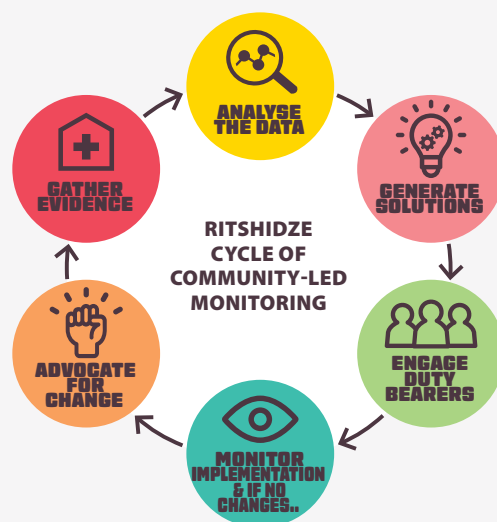
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DEVELOPING THE REPORT



This is the third edition of the KwaZulu-Natal State of Health report; the first was published in November 2021¹ and the second in November 2022². Like the earlier editions, the third edition of the State of Health report outlines key challenges people living with HIV, people who use drugs, sex workers, LGBTQIA+ communities, 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 126 facilities across KwaZulu-Natal: 66 in eThekweni, 18 in King Cetshwayo, 14 in uMgungundlovu, 11 in Ugu, 15 in uThukela, 10 in Zululand. Additional quantitative and qualitative data is collected within the community specific to service acceptability and availability for members of key populations specifically.

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

ABOUT THE DATA IN THIS REPORT

Data in this report were collected between July 2023 and August 2023 (Q4 2023 — marked as "2023") (Figure 1).

- + Interviews took place with 126 Facility Managers
- + Observations took place at 129 facilities
- + Interviews took place with 7,231 public healthcare users
- + 51% (3,677) identified as people living with HIV
- + 22% (1,565) 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 KwaZulu-Natal State of Health report to understand progress. These data were collected between July to August 2021 (Q4 2021 — marked as "2021") and July to August 2022 (Q4 2022 — marked as "2022"). Increased numbers of survey participants of public healthcare users and people living with HIV cautions against over-interpretation of the direct comparison to prior year results.

Certain questions are only asked to facilities on a biannual basis given that they do not frequently change (infrastructure, space etc.). These data were collected between April and May 2023 and are marked as such.

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

1. 1st edition KwaZulu-Natal State of Health report, November 2021. Available at: <https://ritshidze.org.za/wp-content/uploads/2021/11/Ritshidze-State-of-Health-KwaZulu-Natal-2021.pdf>

2. 2nd edition KwaZulu-Natal State of Health report, November 2022. Available at: <https://ritshidze.org.za/wp-content/uploads/2022/11/Ritshidze-State-of-Health-KwaZulu-Natal-2022.pdf>

Table 1: Facilities included in monitoring July to August 2023

District	Facility	PEPFAR agency	District support partner (DSP)
eThekweni	Addington Gateway Clinic	CDC	Health Systems Trust
	Amanzimtoti Clinic	CDC	Health Systems Trust
	Amaoti Clinic	CDC	Health Systems Trust
	Athlone Park Hall Clinic	CDC	Health Systems Trust
	Besters Clinic	CDC	Health Systems Trust
	Bluff Clinic	CDC	Health Systems Trust
	Caneside Clinic	CDC	Health Systems Trust
	Cato Manor CHC	CDC	Health Systems Trust
	Chatsworth Township Centre Clinic	CDC	Health Systems Trust
	Chesterville Clinic	CDC	Health Systems Trust
	Clare Estate Clinic	CDC	Health Systems Trust
	Ekuphileni (Umlazi L) Clinic	CDC	Health Systems Trust
	Folweni Clinic	CDC	Health Systems Trust
	Glen Earle Clinic	CDC	Health Systems Trust
	Goodwins Clinic	CDC	Health Systems Trust
	Halley Stott Clinic	CDC	Health Systems Trust
	Hambanathi Clinic	CDC	Health Systems Trust
	Hlengisizwe CHC	CDC	Health Systems Trust
	Illovu Clinic	CDC	Health Systems Trust
	Inanda C CHC	CDC	Health Systems Trust
	Inanda Seminary Clinic	CDC	Health Systems Trust
	Isipingo Clinic	CDC	Health Systems Trust
	Kingsburgh Clinic	CDC	Health Systems Trust
	Klaarwater Clinic	CDC	Health Systems Trust
	KwaMakhutha Clinic	CDC	Health Systems Trust
	KwaMashu B Clinic	CDC	Health Systems Trust
	KwaMashu Poly CHC	CDC	Health Systems Trust
	KwaNdengezi Clinic	CDC	Health Systems Trust
	Lamontville Clinic	CDC	Health Systems Trust
	Lindelani Clinic	CDC	Health Systems Trust
	Luganda Clinic	CDC	Health Systems Trust
	Molweni Clinic	CDC	Health Systems Trust
	Mpola Clinic	CDC	Health Systems Trust
	Mpumalanga Clinic	CDC	Health Systems Trust
	Nagina Clinic	CDC	Health Systems Trust
	New Germany Clinic	CDC	Health Systems Trust
	Newlands West Clinic	CDC	Health Systems Trust
	Nsimbini Clinic	CDC	Health Systems Trust
	Ntuzuma Clinic	CDC	Health Systems Trust
	Osizweni (Umlazi Q) Clinic	CDC	Health Systems Trust
Ottawa Clinic	CDC	Health Systems Trust	
Overport Clinic	CDC	Health Systems Trust	
Phoenix CHC	CDC	Health Systems Trust	
Pinetown Clinic	CDC	Health Systems Trust	

District	Facility	PEPFAR agency	District support partner (DSP)
eThekweni	Prince Mshiyeni Gateway Clinic	CDC	Health Systems Trust
	Qadi Clinic	CDC	Health Systems Trust
	Queensburgh Clinic	CDC	Health Systems Trust
	Redcliffe Clinic	CDC	Health Systems Trust
	Redhill Clinic	CDC	Health Systems Trust
	Reservoir Hills Clinic	CDC	Health Systems Trust
	Savannah Park Clinic	CDC	Health Systems Trust
	Shallcross Clinic	CDC	Health Systems Trust
	Sivananda Clinic	CDC	Health Systems Trust
	Sydenham Heights Clinic	CDC	Health Systems Trust
	Tongaat CHC	CDC	Health Systems Trust
	Tshelimnyama Clinic	CDC	Health Systems Trust
	Umbumbulu Clinic	CDC	Health Systems Trust
	Umlazi D Clinic	CDC	Health Systems Trust
	Umlazi K Clinic	CDC	Health Systems Trust
	Umlazi N Clinic	CDC	Health Systems Trust
	Umlazi U21 Clinic	CDC	Health Systems Trust
	Umzomuhle (Umlazi H) Clinic	CDC	Health Systems Trust
	Verulam Clinic	CDC	Health Systems Trust
	Waterloo Clinic	CDC	Health Systems Trust
Westville Clinic	CDC	Health Systems Trust	
Wyebank Clinic	CDC	Health Systems Trust	
King Cetshwayo	Beckenham Clinic	USAID	Broadreach
	Eshowe Gateway Clinic	USAID	Broadreach
	Gingindlovu Clinic	USAID	Broadreach
	King Dinuzulu Clinic	USAID	Broadreach
	KwaMbonambi Clinic (Sappi Clinic)	USAID	Broadreach
	Meerensee Clinic	USAID	Broadreach
	Mvutshini Clinic	USAID	Broadreach
	Nseleni CHC	USAID	Broadreach
	Richards Bay Clinic	USAID	Broadreach
	Sphilile Clinic	USAID	Broadreach
	Umbonambi Clinic	USAID	Broadreach
Ugu	Gamalakhe CHC	USAID	Broadreach
	Gcilima Clinic	USAID	Broadreach
	Izingolweni Clinic	USAID	Broadreach
	KwaMbunde Clinic	USAID	Broadreach
	Marburg Clinic	USAID	Broadreach
	Margate Clinic	USAID	Broadreach
	Mfundo Arnold Lushaba CHC	USAID	Broadreach
	Port Edward Clinic	USAID	Broadreach
	Port Shepstone Clinic	USAID	Broadreach
	Southport Clinic	USAID	Broadreach
	Umzinto Clinic	USAID	Broadreach

District	Facility	PEPFAR agency	District support partner (DSP)
uMgungundlovu	Azalea Clinic	CDC	Health Systems Trust
	Caluza Clinic	CDC	Health Systems Trust
	Howick Clinic	CDC	Health Systems Trust
	Impilwenhle Clinic	CDC	Health Systems Trust
	Mafakathini Clinic	CDC	Health Systems Trust
	Mpophomeni Clinic	CDC	Health Systems Trust
	Mpumuzu Clinic	CDC	Health Systems Trust
	Ntembeni Clinic	CDC	Health Systems Trust
	Pata Clinic	CDC	Health Systems Trust
	Sinathing Clinic	CDC	Health Systems Trust
	Sondelani Clinic	CDC	Health Systems Trust
	Songonzima Clinic	CDC	Health Systems Trust
	Taylors Halt Clinic	CDC	Health Systems Trust
	Willowfountain Clinic	CDC	Health Systems Trust
uThukela	Acaciavale Clinic	CDC	Health Systems Trust
	AE Haviland Memorial Clinic	CDC	Health Systems Trust
	Amazizi Clinic	CDC	Health Systems Trust
	Bergville Clinic	CDC	Health Systems Trust
	Driefontein Clinic	CDC	Health Systems Trust
	Dukuza Clinic	CDC	Health Systems Trust
	Ekuvukeni Clinic	CDC	Health Systems Trust
	Emmaus Gateway Clinic	CDC	Health Systems Trust
	Injisuthi Clinic	CDC	Health Systems Trust
	Ncibidwane Clinic	CDC	Health Systems Trust
	Oliviershoek Clinic	CDC	Health Systems Trust
	Steadville Clinic	CDC	Health Systems Trust
	Walton Clinic	CDC	Health Systems Trust
	Watersmeet Clinic	CDC	Health Systems Trust
Wembezi Clinic	CDC	Health Systems Trust	
Zululand	Emkhwakhweni Clinic	CDC	Health Systems Trust
	KwaShoba Clinic	CDC	Health Systems Trust
	Mashona Clinic	CDC	Health Systems Trust
	Mdumezulu Clinic	CDC	Health Systems Trust
	Ncotshane Clinic	CDC	Health Systems Trust
	Nhlungwane Clinic	CDC	Health Systems Trust
	Nomdiya Clinic	CDC	Health Systems Trust
	Pongola Clinic	CDC	Health Systems Trust
Queen Nolonolo Clinic	CDC	Health Systems Trust	

Additional quantitative data related to key populations were collected between July and September 2022. Data collection took place across four districts: eThekweni, King Cetshwayo, Ugu, and uMgungundlovu. A total of 1,302 surveys were taken, combining 200 gay, bisexual, and other men who have sex with men (GBMSM), 555 people who use drugs, 380 sex workers, and 167 trans people.

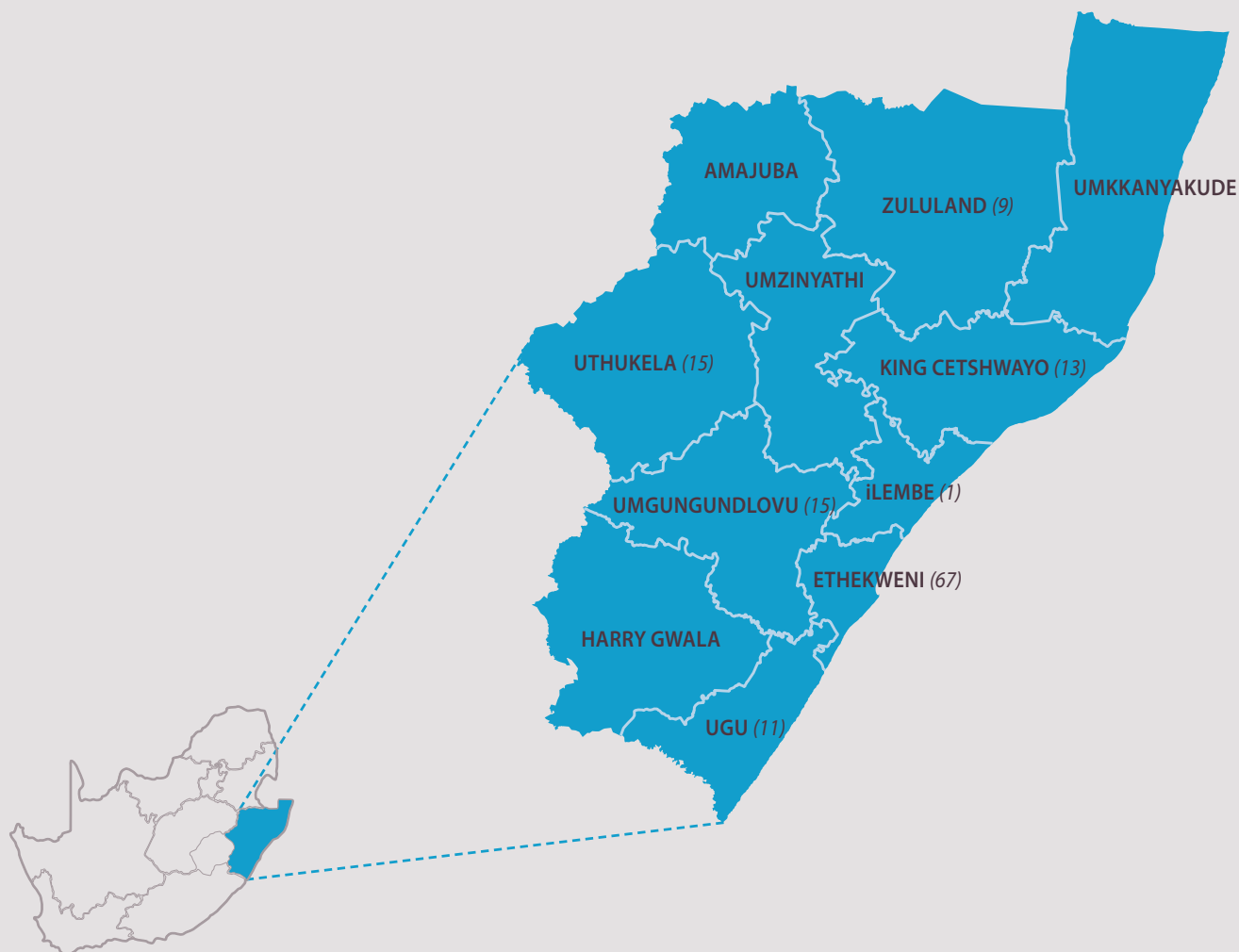


Table 2: Surveys by district and key population group

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
eThekwini	Female Sex Worker site, MSM site	PWID services	111	214	157	107
King Cetshwayo	/	Sex worker services	9	70	29	1
Ugu	/	MSM services, Sex worker services	33	104	100	20
uMgungundlovu	Female Sex Worker site, MSM site	PWID services	47	167	94	39

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 KwaZulu-Natal State of Health report, positively our comparative data reveal many ongoing improvements in the quality of services over the last year. KwaZulu-Natal continues to outperform many other provinces monitored by Ritshidze in a number of indicators.

Positively waiting times have again reduced in the last year in KwaZulu-Natal, down from an average of 2:39 hours waiting after the facility opens to 2:18 hours. 39 facilities had average waiting times under 2 hours. The province continues to have the shortest waiting times out of all provinces monitored by Ritshidze.

However at 34 sites waiting times remained over 3 hours — and 34% of people still thought waiting times were long. Shortages of staff were blamed for these long waits by 40% of those who experienced them — and while down from last year, 72% of Facility Managers still reported too few staff to meet patients' needs.

Appointments spaced out throughout the day can help to ease congestion — however only 20% of people reported getting both a date and time for their appointments. This means people arrive early in a cluster in order to get seen and clinics are empty by the afternoon.

Another strategy to ease congestion and reduce waiting times is to give people living with HIV longer ART refills. This simply means fewer trips back to the clinic, and fewer people in the facility. Positively the number of people reporting a 3 to 6 month ART refill has increased this year up to 61%. While this is a welcome improvement from 49% last year, compared to 71% in Mpumalanga, improvements can still be made.

Another strategy to ease the burden on facilities is to give people living with HIV the option to use pick-up points — either at the facility or in the community — that are intended to make ARV collection quicker, easier, and more satisfactory. Positively there has been an increase in people reporting that they use pick-up points, up to 76%. However, 63% of people using facility pick-up points said they must collect files, take vitals, and see a clinician before getting their parcel, adding to delays at the facility.

Worryingly, of those still using the facility, 35% said they have never been offered the option to use one of these options — and 37% of all people living with HIV interviewed still wish they could collect 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. Positively 91% of people understood that having an undetectable viral load means treatment is working well — and 84% understood that having an undetectable viral

load means a person cannot transmit HIV. KwaZulu-Natal is among the highest performers on treatment literacy.

Providing friendly and welcoming services is another way to support long-term retention as outlined in the national ART guidelines. The majority of people still report that staff are always friendly and professional, with little change from 82% last year to 83% this year. KwaZulu-Natal scored second best on this indicator.

In contrast though, only 25% of gay, bisexual, and other men who have sex with men (GBMSM) said staff are always friendly, only 22% of people who use drugs, only 37% of sex workers, and only 32% of trans people. The majority did not feel safe or comfortable at the facility — and 40% of GBMSM, 39% of people who use drugs, 38% of sex workers, and 33% of trans people did not think privacy is well respected at clinics.

Worse still, many members of key populations had been refused access to health services in the last year — including 2% of GBMSM, 25% of people who use drugs, 10% of sex workers, and 3% of trans people we spoke to. It is integral that clinic staff — from clinicians to security guards — are sensitised and held accountable to provide safe, friendly, and confidential services to all members of key populations.

On top of hostile staff, important services for key populations remain limited. Lubricants are only freely available in 26% of facilities monitored and few sites actively offer PrEP to key populations who could benefit.

Harm reduction services remain out of reach. Only 5% of people who use drugs had been offered information about where they could get new needles and only 9% had been given information on where to get methadone. In addition, too often care at sites is not gender affirming. 75% of trans people said that clinic staff use their wrong names, 61% said they use their wrong pronouns, and 44% said facilities had no knowledge of hormone therapy at all.

The issues outlined in the third edition of the State of Health report give us the reasons why — despite clear and positive progress — not everyone is on HIV prevention options. The Department of Health together with PEPFAR District Support Partners (Broadreach and Health Systems Trust) must continue to address the challenges outlined. Only this can ensure that more people are accessing the HIV and TB prevention and treatment they need.

The issues outlined in the third edition of the State of Health report give us the reasons why — despite clear and positive progress — not everyone is on HIV treatment yet, and why other people do not access HIV prevention options.

RECOMMENDED SOLUTIONS – NOVEMBER 2023

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 KwaZulu-Natal Department of Health, Broadreach and Health Systems Trust by 5 December 2023.**

Priority Recommendations	What years did we ask for it?	Do we have it?
1. Staffing		
KWAZULU-NATAL DEPARTMENT OF HEALTH		
1. Produce an annual report on the number of healthcare workers per cadre employed in each district: include the numbers of people and size of areas covered by these healthcare workers, year-on-year comparisons (from at least 2021), the vacancies, and the cost of these posts to the government	2022, 2023	No
2. Fill all vacancies in 2023/24 financial year	2021, 2022, 2023	No
PEPFAR		
1. Support GoSA in filling all vacancies at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term	COP22, COP23	No
2. Provide additional staffing for all PEPFAR supported sites to extend opening hours to 5am to 7pm on weekdays	COP20, COP21, COP22, COP23	In part
3. Fund adequate numbers of adherence club facilitators to allow for the restart of adherence clubs	COP23	No
2. Waiting times		
KWAZULU-NATAL 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 stable people living with HIV into external pick-up points to reduce congestion	2022, 2023	In part
BROADREACH & HEALTH SYSTEMS TRUST		
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 stable people living with HIV into external pick-up points to reduce congestion	2022, 2023	In part
3. ART collection		
KWAZULU-NATAL DEPARTMENT OF HEALTH		
1. Extend and implement ARV refills (to 3 months by end February 2024 and 6 months by end September 2024)	2021, 2022, 2023	In part
2. Ensure all people living with HIV are offered a range of repeat prescription collection strategy (RPCs) options and those enrolled in RPCs are active	2022, 2023	In part
3. Ensure that reassessment of RPC options takes place at each clinical consultation to ensure people living with HIV remain satisfied with their RPC	2023	No
4. Ensure all facilities implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:	2022, 2023	In part
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.		

Priority Recommendations	What years did we ask for it?	Do we have it?
BROADREACH & HEALTH SYSTEMS TRUST 1. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: <ol style="list-style-type: none"> 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. Ensuring reestablishment/implementation of quality adherence clubs including group facilitation component Increasing the number and type of external pick-up points to ensure urban, peri-urban and rural clinics have external pick-up points Ensuring people going back to clinics for their RPCs rescript, receive the rescript on the same day if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load. 	2022, 2023	In part
PEPFAR 1. Monitor and hold accountable DSPs to implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity	2022, 2023	No
4. ART continuity		
KWAZULU-NATAL DEPARTMENT OF HEALTH 1. Ensure DOH staff acknowledge that it is normal to miss appointments and/or have treatment interruptions — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed	2022, 2023	In part
2. Ensure DOH staff treat people in a dignified and friendly manner and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate	2021, 2022, 2023	In part
3. Send communication to all sites highlighting that no PLHIV should be sent to the back of the queue if they miss an appointment as per the Welcome Back Campaign strategy that says people returning to care should be triaged.	2021, 2022, 2023	In part
4. Transfer letters must not be required for ARV continuation or restart . Any reports where treatment is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate.	2022, 2023	No
5. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including: <ol style="list-style-type: none"> 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 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 Actioning an elevated VL without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate 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 All facilities implement 2023 re-engagement algorithm including appropriately differentiating services for returning PLHIV 	2022, 2023	No
BROADREACH & HEALTH SYSTEMS TRUST 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: <ol style="list-style-type: none"> 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 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 Actioning an elevated VL without delay including funding and setting up effective abnormal result recall systems and providing quality enhanced adherence counselling when appropriate 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 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		
KWAZULU-NATAL DEPARTMENT OF HEALTH 1. Ensure all DOH staff provide accurate and easily understandable information on treatment literacy and adherence , and the importance of an undetectable viral load through consultations, counselling, and outreach	2021, 2022, 2023	In part
2. Ensure that treatment literacy information is provided at health talks each day at the clinic	2021, 2022, 2023	In part
3. Ensure that DOH staff explain viral load test results to all PLHIV properly in a timely manner	2021, 2022, 2023	In part
BROADREACH & HEALTH SYSTEMS TRUST 1. Ensure all DSP staff provide accurate and easily understandable information on treatment literacy and adherence , and the importance of an undetectable viral load through consultations, counselling, and outreach	2021, 2022, 2023	In part
2. Ensure that DSP staff explain viral load test results to all PLHIV properly in a timely manner	2021, 2022, 2023	In part
PEPFAR 1. Fund an expansion of PLHIV and KP led treatment literacy efforts across all provinces, through training, education and localised social mobilisation campaigns	2019, 2020, 2021, 2022, 2023	No

Priority Recommendations	What years did we ask for it?	Do we have it?
6. Key populations		
KWAZULU-NATAL 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 <i>per population</i> per district serve as key population designated service delivery centres. a. A minimum package of services (as outlined in Table 26) 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
5. Ensure that all facilities provide gender affirming services including: a. Using trans people's correct name and pronouns b. Providing a gender neutral toilet for trans people c. Respectfully asking trans people which colour folder they are more comfortable using (pink/blue) d. Trans women should not be made to use "Men's Corners" e. Privacy and confidentiality should be maintained: additional healthcare workers and clinic staff should not be called into consultations rooms under the guise of helping, when often this is to mock and judge trans people	2023	No
PEPFAR		
1. Expand the Centre of Excellence model to ensure that at least 2 public health facilities <i>per population</i> per district serve as key population designated service delivery centres. a. A minimum package of services (as outlined in Table 26) 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
7. Index testing		
KWAZULU-NATAL 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 Recommendations	What years did we ask for it?	Do we have it?
BROADREACH & HEALTH SYSTEMS TRUST		
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 COP23, 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		
8. Infrastructure and clinic conditions		
KWAZULU-NATAL DEPARTMENT OF HEALTH		
1. Ensure that all public health facilities have a functional generator with sufficient fuel and rechargeable bulbs 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		
KWAZULU-NATAL 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



1. Staffing

2021	2022	2023
19% of Facility Managers say their facilities have enough staff	18% of Facility Managers say their facilities have enough staff	28% of Facility Managers say their facilities have enough staff
45% of public healthcare users say there are always enough staff at facilities	55% of public healthcare users say there are always enough staff at facilities	56% of public healthcare users say there are always enough staff at facilities
400 vacancies unfilled across 130 facilities	449 vacancies unfilled across 124 facilities	346 vacancies unfilled across 81 facilities

RECOMMENDATIONS

KWAZULU-NATAL 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

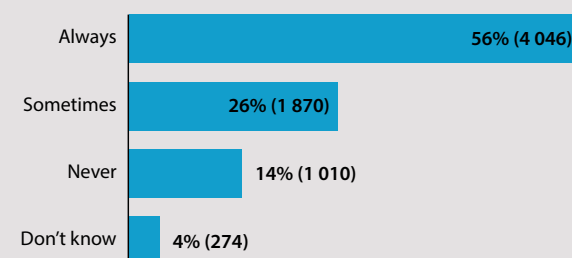
1. Support GoSA in **filling all vacancies** at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term
2. **Provide additional staffing** for all PEPFAR supported sites to extend opening hours to 5am to 7pm on weekdays
3. **Fund adequate numbers of adherence club facilitators** to allow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

and other public healthcare users can access friendly, welcoming, and quality services — depends mainly on having enough qualified and committed staff in place.

Yet of 7,200 public healthcare users, only 56% said there was always enough staff to meet the needs of public healthcare users this year (Figure 1) — with minimal change from 55% last year. The best and worst performing sites are outlined (Table 3, Table 4). Of 126 Facility Managers, 72% reported there was not enough clinical and/or non-clinical staff at the facility (Figure 2), down from 81% last year. There was wide variance across districts, with 82% of Facility Managers in eThekweni (54 sites) reporting too few staff in place, 67% in Zululand (6 sites), 64% in Ugu (7 sites) and uMgungundlovu (9 sites), 60% in uThukela (9 sites), and 55% in King Cetshwayo (6 sites).

Figure 1: Are there enough staff at the facility? (July to August 2023)

Patients Surveyed: 7 200



Improving the state of health services provided at our clinics — so that all people living with HIV, key populations,

Table 3: Best performing facilities for “Are there enough staff at the facility?” (July to August 2023)

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
eThekweni	Goodwins Clinic	63	63	0	0	0	2.00
eThekweni	Halley Stott Clinic	79	79	0	0	0	2.00
eThekweni	KwaMashu B Clinic	54	54	0	0	0	2.00
eThekweni	KwaMashu Poly CHC	91	91	0	0	0	2.00
eThekweni	New Germany Clinic	63	63	0	0	0	2.00
eThekweni	Savannah Park Clinic	80	80	0	0	0	2.00
eThekweni	Wyebank Clinic	59	59	0	0	0	2.00

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
King Cetshwayo	Umbonambi Clinic	51	51	0	0	0	2.00
Ugu	Gamalakhe CHC	51	51	0	0	0	2.00
Ugu	Gcilima Clinic	50	50	0	0	0	2.00
Ugu	KwaMbunde Clinic	53	53	0	0	0	2.00
Ugu	Margate Clinic	51	51	0	0	0	2.00
eThekwini	Inanda Seminary Clinic	70	69	1	0	0	1.99
eThekwini	Ntuzuma Clinic	60	59	1	0	0	1.98
eThekwini	Qadi Clinic	54	53	1	0	0	1.98
King Cetshwayo	Mvutshini Clinic	50	49	1	0	0	1.98
King Cetshwayo	Richards Bay Clinic	52	51	1	0	0	1.98
Zululand	Ncotshane Clinic	52	51	1	0	0	1.98
eThekwini	Mpumalanga Clinic	78	76	2	0	0	1.97
Zululand	Pongola Clinic	52	50	2	0	0	1.96
eThekwini	Chatsworth Township Centre Clinic	53	48	3	0	2	1.94
King Cetshwayo	Beckenham Clinic	52	49	3	0	0	1.94
Ugu	Port Edward Clinic	53	50	3	0	0	1.94
Zululand	KwaShoba Clinic	53	51	1	1	0	1.94
uMgungundlovu	Taylor's Halt Clinic	50	41	2	1	6	1.91
eThekwini	Pinetown Clinic	62	56	6	0	0	1.9
Zululand	Queen Nolonolo Clinic	50	45	5	0	0	1.9
uThukela	Driefontein Clinic	51	43	8	0	0	1.84
Ugu	Izingolweni Clinic	57	47	9	1	0	1.81

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

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
uMgungundlovu	Songonzima Clinic	55	2	2	30	21	0.18
eThekwini	Hambanathi Clinic	45	2	4	38	1	0.18
uMgungundlovu	Azalea Clinic	51	3	2	28	18	0.24
eThekwini	Chesterville Clinic	67	3	13	46	5	0.31
eThekwini	Verulam Clinic	50	3	12	30	5	0.4
eThekwini	Tongaath CHC	63	10	5	40	8	0.45
uMgungundlovu	Willowfountain Clinic	54	5	11	24	14	0.53
uMgungundlovu	Caluza Clinic	50	6	8	24	12	0.53
eThekwini	Glen Earle Clinic	72	6	30	36	0	0.58
eThekwini	Redcliffe Clinic	46	9	6	25	6	0.6
eThekwini	Sydenham Heights Clinic	71	15	18	38	0	0.68
eThekwini	Amaoti Clinic	63	5	25	18	15	0.73
eThekwini	Besters Clinic	72	7	30	20	15	0.77
eThekwini	Lindelani Clinic	59	4	27	14	14	0.78
eThekwini	Phoenix CHC	75	4	28	12	31	0.82
eThekwini	Folweni Clinic	76	0	65	11	0	0.86
eThekwini	Redhill Clinic	56	23	3	30	0	0.88
uThukela	Bergville Clinic	56	22	5	28	1	0.89
Zululand	Mdumezulu Clinic	52	8	28	9	7	0.98

Figure 2: Facility Manager: does the facility have enough staff? (July to August 2023)

Facility Staff Surveyed: 126



Of facilities reporting shortages, 50% highlighted one or more unfilled vacancies, 40% said there are not enough positions, and 15% pointed to one or more staff members being away on study leave or at trainings. According to Facility Managers, the most commonly understaffed cadres were professional nurses, linkage officers, enrolled nurses, enrolled nurse assistants, and data capturers (Figure 3). The most common vacancies reported by facilities were by far among professional nurses. The total number of reported vacancies are outlined in the table (Table 5).

56% of facilities specifically wanted additional clinical staff from PEPFAR district support partners (DSPs) in the province — Broadreach and Health Systems Trust. Further, 27% wanted DSPs to provide more linkage officers, 19% wanted more community healthcare workers, 7% wanted peer navigators, and 12% wanted social workers. However, PEPFAR’s funding for critical HR posts has only reduced in recent years.

A gap still remains in KwaZulu-Natal between the staffing needed to ensure high quality services and the staff present each day at site level. There is still a way to go to fill the human resource gap that undermines the HIV and TB response.

Figure 3: Which cadres are understaffed? (July to August 2023)

Facility Staff Surveyed: 87

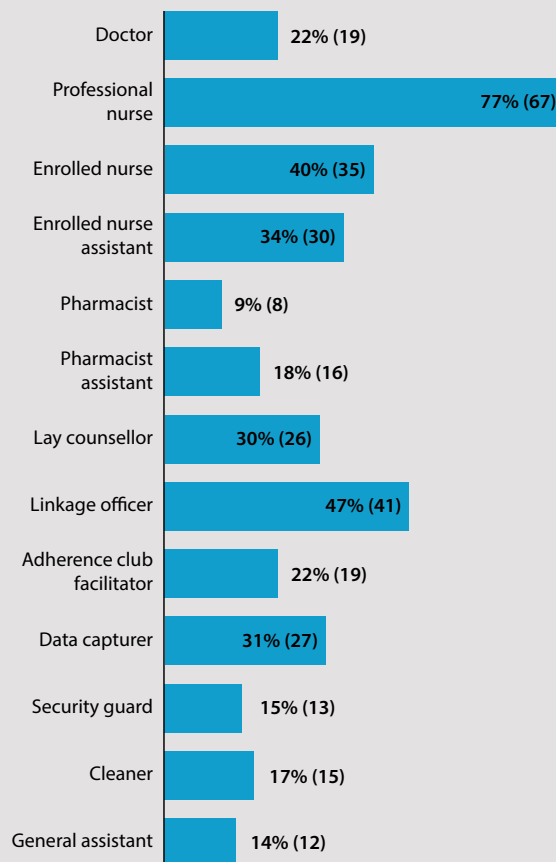


Table 5: Total number of vacancies per healthcare cadre

	October to November 2022 (Q1 2023)	January to February 2023 (Q2 2023)	April to May 2023 (Q3 2023)	July to August 2023 (Q4 2023)
# Facilities monitored with vacancies	86	73	73	81
Doctor	12	9	28	12
Professional nurse	187	146	120	199
Enrolled nurse	83	40	35	47
Enrolled nurse assistant	30	39	39	23
Pharmacist	12	5	9	3
Pharmacist assistant	13	3	11	6
Lay counsellor	28	27	24	17
Linkage officer	23	8	11	11
Data capturer	21	23	22	13
Cleaner	29	22	15	12
Security guard	13	7	1	3
Total	451	329	315	346



2. Waiting times

2021	2022	2023
3:29 hours was the average reported waiting time by patients (including time before the facility opened)	2:51 hours was the average reported waiting time by patients (including time before the facility opened)	2:29 hours was the average reported waiting time by patients (including time before the facility opened)
3:20 hours was the average reported waiting time by patients after the facility opened	2:39 hours was the average reported waiting time by patients after the facility opened	2:18 hours was the average reported waiting time by patients after the facility opened
5:51 am was the average earliest arrival time	6:04 am was the average earliest arrival time	6:08 am was the average earliest arrival time
24% of public healthcare users felt “unsafe” or “very unsafe” waiting for facility to open	17% of public healthcare users felt “unsafe” or “very unsafe” waiting for facility to open	11% of public healthcare users felt “unsafe” or “very unsafe” waiting for facility to open
19% of facilities had a filing system observed in bad condition	22% of facilities had a filing system observed in bad condition	18% of facilities had a filing system observed in bad condition
	49% of public healthcare users think waiting times are long	34% of public healthcare users think waiting times are long

RECOMMENDATIONS

KWAZULU-NATAL 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. Support more **stable people who are established on ART to be referred to external pick-up points** to reduce health facility congestion

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. Support more **stable people who are established on ART to be referred to external pick-up points** to reduce health facility congestion

Average waiting times have reduced in the last year in facilities monitored in KwaZulu-Natal, from 2:51 hours down to an average of 2:29 hours waiting in the facility (including time before the facility opens), and 2:18 hours waiting after the facility opens. KwaZulu-Natal performed best on both these indicators with the shortest waiting times across all provinces monitored by Ritshidze. There is wide variation across districts with Zululand and King Cetshwayo performing best and Ugu performing worst in the province (Table 6). Positively 93 facilities had average waiting times under 3 hours, with 39 sites under 2 hours, and 2 sites under an hour (Table 7).

RECOMMENDATIONS

BROADREACH & HEALTH SYSTEMS TRUST

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

The average waiting time was over 3 hours at 34 facilities monitored and over 4 hours at 5 of those (Table 8). While only a smaller proportion of sites, this remains a long time to spend at a facility — and this is a major source of dissatisfaction. 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 (July to August 2023)

District	Number of Facilities Assessed	Time patients spent at the facility?	Time spent in the facility after opening?
Zululand	10	01:30	01:27
King Cetshwayo	11	01:31	01:29
uThukela	15	02:02	01:59
uMgungundlovu	14	02:37	02:34
eThekwini	66	02:40	02:25
Ugu	11	03:26	03:12

Table 7: Facilities with waiting times under 2 hours (July to August 2023)

District	Facility	Surveys completed	Time patients spent at the facility
King Cetshwayo	Mvutshini Clinic	50	00:40
Zululand	Nhlungwane Clinic	51	00:48
King Cetshwayo	Beckenham Clinic	52	01:00
King Cetshwayo	Umbonambi Clinic	51	01:02
King Cetshwayo	Sphilile Clinic	50	01:03
Zululand	Emkhwakhweni Clinic	50	01:04
eThekwini	Lindelani Clinic	58	01:10
King Cetshwayo	Meerensee Clinic	50	01:13
King Cetshwayo	King Dinuzulu Clinic	51	01:14
Zululand	Ulundi A Clinic	48	01:14
uThukela	Dukuza Clinic	53	01:15
Zululand	KwaShoba Clinic	52	01:16
Zululand	Ncotshane Clinic	51	01:18
uThukela	Driefontein Clinic	50	01:26
uThukela	Oliviershoek Clinic	50	01:28
eThekwini	Wyebank Clinic	59	01:28
eThekwini	Ekuphileni (Umlazi L) Clinic	49	01:29
uMgungundlovu	Sondelani Clinic	56	01:30
Zululand	Nomdiya Clinic	55	01:31
King Cetshwayo	Gingindlovu Clinic	50	01:34
King Cetshwayo	KwaMbonambi Clinic (Sappi Clinic)	52	01:34
King Cetshwayo	Richards Bay Clinic	52	01:38
eThekwini	Overport Clinic	50	01:38
uMgungundlovu	Ntembeni Clinic	51	01:38
uThukela	Amazizi Clinic	52	01:39
uThukela	Emmaus Gateway Clinic	50	01:41
uMgungundlovu	Azalea Clinic	51	01:41
uMgungundlovu	Mpophomeni Clinic	52	01:42
eThekwini	Westville Clinic	49	01:44
eThekwini	Besters Clinic	71	01:45
eThekwini	Redhill Clinic	55	01:46
uThukela	Bergville Clinic	56	01:47
eThekwini	Addington Gateway Clinic	56	01:47
Zululand	Pongola Clinic	52	01:49
Zululand	Queen Nolonolo Clinic	49	01:55
eThekwini	Clare Estate Clinic	71	01:55
Zululand	Mdumezulu Clinic	51	01:57
eThekwini	Savannah Park Clinic	80	01:58
eThekwini	Folweni Clinic	76	01:58



Table 8: Facilities with waiting times over 3 hours (July to August 2023)

District	Facility	Surveys completed	Time patients spent at the facility
Ugu	Gcilima Clinic	49	04:24
eThekwini	Verulam Clinic	49	04:05
Ugu	Margate Clinic	51	04:03
eThekwini	Illovo Clinic	53	04:02
eThekwini	Phoenix CHC	75	04:00
Ugu	Izingolweni Clinic	57	03:59
eThekwini	Cato Manor CHC	64	03:54
Ugu	Gamalakhe CHC	51	03:53
eThekwini	Goodwins Clinic	56	03:51
eThekwini	Tongaat CHC	63	03:44
eThekwini	Umlazi D Clinic	52	03:41
eThekwini	Ntuzuma Clinic	59	03:41
uMgungundlovu	Pata Clinic	64	03:39
Ugu	KwaMbunde Clinic	53	03:39
eThekwini	Waterloo Clinic	50	03:38
eThekwini	Hambanathi Clinic	52	03:37
eThekwini	Inanda Seminary Clinic	63	03:37
eThekwini	Inanda C CHC	55	03:37
Ugu	Port Edward Clinic	53	03:31
eThekwini	KwaMashu B Clinic	52	03:29
eThekwini	Kingsburgh Clinic	51	03:26
uMgungundlovu	Impilwenhle Clinic	56	03:25
eThekwini	KwaMashu Poly CHC	85	03:25
uMgungundlovu	Sinathing Clinic	66	03:24
eThekwini	Athlone Park Hall Clinic	49	03:22
eThekwini	Qadi Clinic	53	03:20
eThekwini	Amanzimtoti Clinic	54	03:16
eThekwini	Queensburgh Clinic	51	03:08
eThekwini	Prince Mshiyeni Gateway Clinic	56	03:07
Ugu	Umzinto Clinic	55	03:04
uMgungundlovu	Mpumzuza Clinic	68	03:04
uMgungundlovu	Caluza Clinic	46	03:02
eThekwini	Sivananda Clinic	58	03:02
Ugu	Southport Clinic	54	03:02



The average earliest arrival time has improved slightly (from 6:04am last year to 6:08am this year), however, some people interviewed still begin queuing early in the morning before clinics open, in an attempt to get seen more quickly

Of 7,096 public healthcare users surveyed, 34% think the waiting times at the facility are long, down from 48% last year (Figure 4) — with 40% blaming staff shortages, 18% blaming staff not working/working slowly, and 32% blaming disorganised filing systems (Figure 5). Filing systems were observed to be in good condition in 82% 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.

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

Patients Surveyed: 7 096

Yes No Don't Know

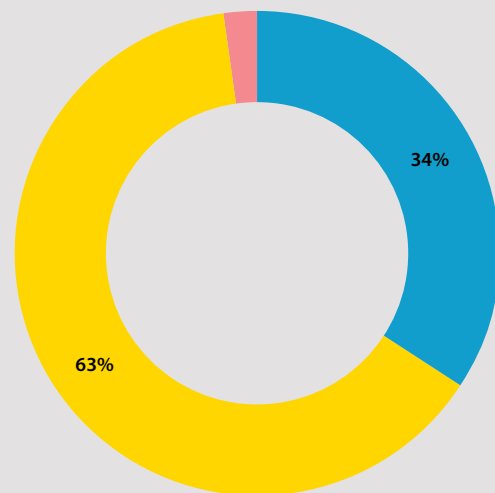


Figure 5: Why do you think the waiting time is long at this facility? (July to August 2023)

Patients Surveyed: 2 406

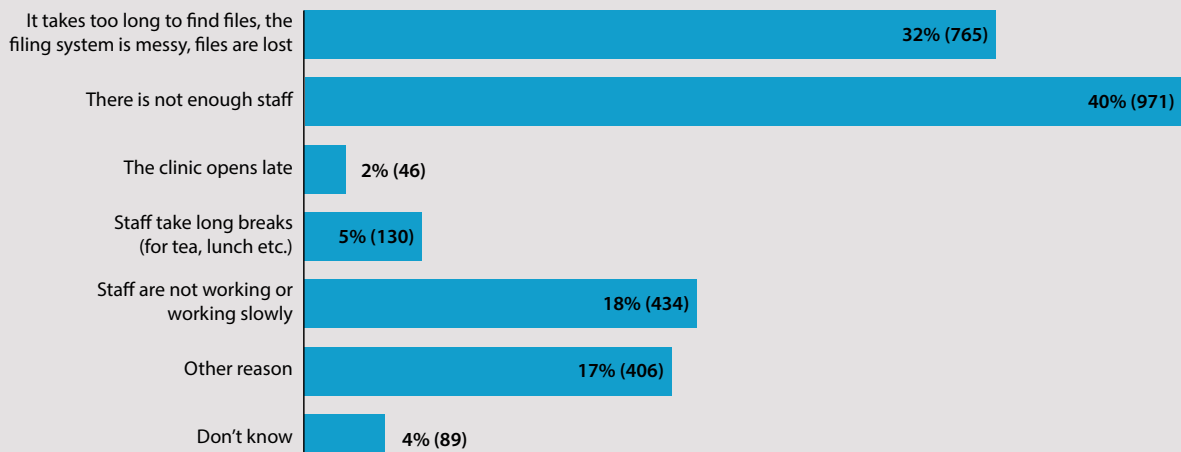




Table 9: What is observed in bad condition in filing systems (July to August 2023)

District	Facility	The filing system is messy	The space where files are stored is too small	Files are stored where patients can access them	There are too few people looking for files
eThekweni	Athlone Park Hall Clinic	1	1		
	Glen Earle Clinic		1		1
	KwaMakhutha Clinic		1	1	
	KwaMashu B Clinic		1		
	Osizweni (Umlazi Q) Clinic		1		1
	Sivananda Clinic		1		
	Umlazi N Clinic		1		
	Umzomuhle (Umlazi H) Clinic		1		
King Cetshwayo	Beckenham Clinic		1		
	KwaMbonambi Clinic (Sappi Clinic)		1		
	Meerensee Clinic		1		
	Nseleni CHC	1	1		
Ugu	Marburg Clinic		1		
	Port Shepstone Clinic		1		
	Umzinto Clinic		1		
uMgungundlovu	Caluza Clinic		1	1	
	Pata Clinic	1	1	1	
Zululand	Emkhwakhweni Clinic		1		
	KwaShoba Clinic		1		
	Ncotshane Clinic		1		
	Pongola Clinic		1		
	Queen Nolonolo Clinic		1		

The average earliest arrival time has improved slightly (from 6:04am last year to 6:08am this year), however, some people interviewed still begin queuing early in the morning before clinics open, in an attempt to get seen more quickly. 92% of facilities have an average arrival time before 7am, 39% before 6am, and 2% before 5am (Table 10). Of 2,421 people who arrived before the facility opened, 11% reported feeling unsafe/very unsafe while waiting for the facility to be open (down from 17% 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, only 3 facilities 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 7,178 public healthcare users, 44% think that extended hours would improve access to services.

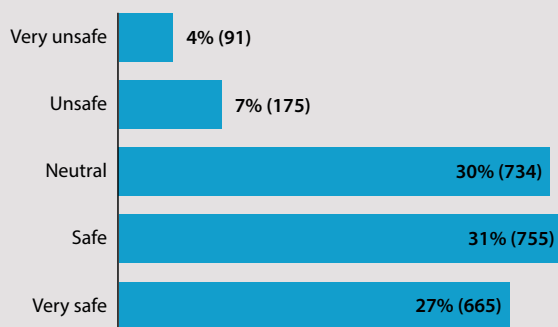
Table 10: Average arrival time before 6am (July to August 2023)

District	Facility	Total number of surveys	Average earliest arrival time
eThekwini	Cato Manor CHC	64	04:16
uMgungundlovu	Caluza Clinic	46	04:57
eThekwini	Prince Mshiyeni Gateway Clinic	56	05:10
uMgungundlovu	Impilwenhle Clinic	56	05:10
eThekwini	Inanda C CHC	55	05:12
eThekwini	Nsimbini Clinic	65	05:13
eThekwini	Umlazi U21 Clinic	72	05:17
eThekwini	Verulam Clinic	50	05:19
eThekwini	Shallcross Clinic	53	05:24
eThekwini	Umbumbulu Clinic	59	05:24
eThekwini	Chatsworth Township Centre Clinic	53	05:25
eThekwini	Ekuphileni (Umlazi L) Clinic	52	05:25
uMgungundlovu	Howick Clinic	50	05:25
uMgungundlovu	Mpophomeni Clinic	52	05:25
eThekwini	Tongaat CHC	63	05:25
uMgungundlovu	Mafakathini Clinic	50	05:25
eThekwini	New Germany Clinic	63	05:30
eThekwini	Lamontville Clinic	50	05:30
uMgungundlovu	Pata Clinic	65	05:31
eThekwini	Isipingo Clinic	53	05:31
King Cetshwayo	Nseleni CHC	55	05:31
eThekwini	Waterloo Clinic	50	05:33
eThekwini	Halley Stott Clinic	80	05:34
uMgungundlovu	Ntembeni Clinic	51	05:34
eThekwini	Mpumalanga Clinic	78	05:35
eThekwini	Besters Clinic	72	05:36
eThekwini	Pinetown Clinic	62	05:36
eThekwini	Phoenix CHC	75	05:38
eThekwini	Folweni Clinic	76	05:39
eThekwini	KwaMakhutha Clinic	61	05:40
King Cetshwayo	KwaMbonambi Clinic (Sappi Clinic)	52	05:40
uMgungundlovu	Taylor's Halt Clinic	46	05:43
eThekwini	Lindelani Clinic	59	05:44
eThekwini	Bluff Clinic	53	05:46
eThekwini	Molweni Clinic	72	05:46
uMgungundlovu	Sinathing Clinic	62	05:48
King Cetshwayo	King Dinuzulu Clinic	52	05:48
eThekwini	Hambanathi Clinic	52	05:49
eThekwini	Caneside Clinic	53	05:49
eThekwini	Amaoti Clinic	63	05:50
eThekwini	Wyebank Clinic	59	05:50
uThukela	Injisuthi Clinic	52	05:51
King Cetshwayo	Eshowe Gateway Clinic	50	05:53
eThekwini	Kingsburgh Clinic	51	05:54
eThekwini	Sivananda Clinic	58	05:56
eThekwini	Illovo Clinic	54	05:56
eThekwini	Redcliffe Clinic	52	05:57
eThekwini	Savannah Park Clinic	80	05:58
King Cetshwayo	Gingindlovu Clinic	50	05:59



Figure 6: How safe is the facility to wait before it opens? (July to August 2023)

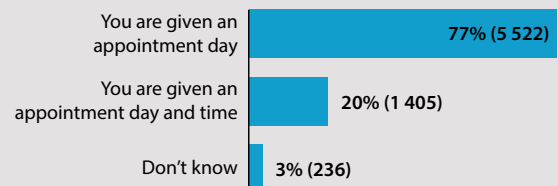
Patients Surveyed: 2 421



While 94% of public healthcare users were aware of a clinic appointment system, only 20% report getting both a date and time, and 77% report just getting a date (Figure 7). 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? (July to August 2023)

Patients Surveyed: 7 163



COMMUNITY STORY

For a person like Lungile* who has stayed on ARV treatment since 2007, running out of medication because of a lost patient file is a cause for deep distress.

She tells how this June she went, as usual, to Caluza Clinic to pick up her three-month script. The clinic is a 24-hour facility, and she was there by 5am. But she was told her file could not be found and she should wait for the day shift staff instead.

After another two and a half hours she asked the new team on duty to help locate her file.

“They just looked at me; they didn’t even speak to me, so I just had to wait some more,” she says, speaking through a translator.

She waited until her turn at the consulting room came up but she still didn’t have a file. By then three hours had passed. She decided to leave the clinic without a consultation and without her pills.

“You can’t go into the consulting room without your file so there was no point, I went home,” she says.

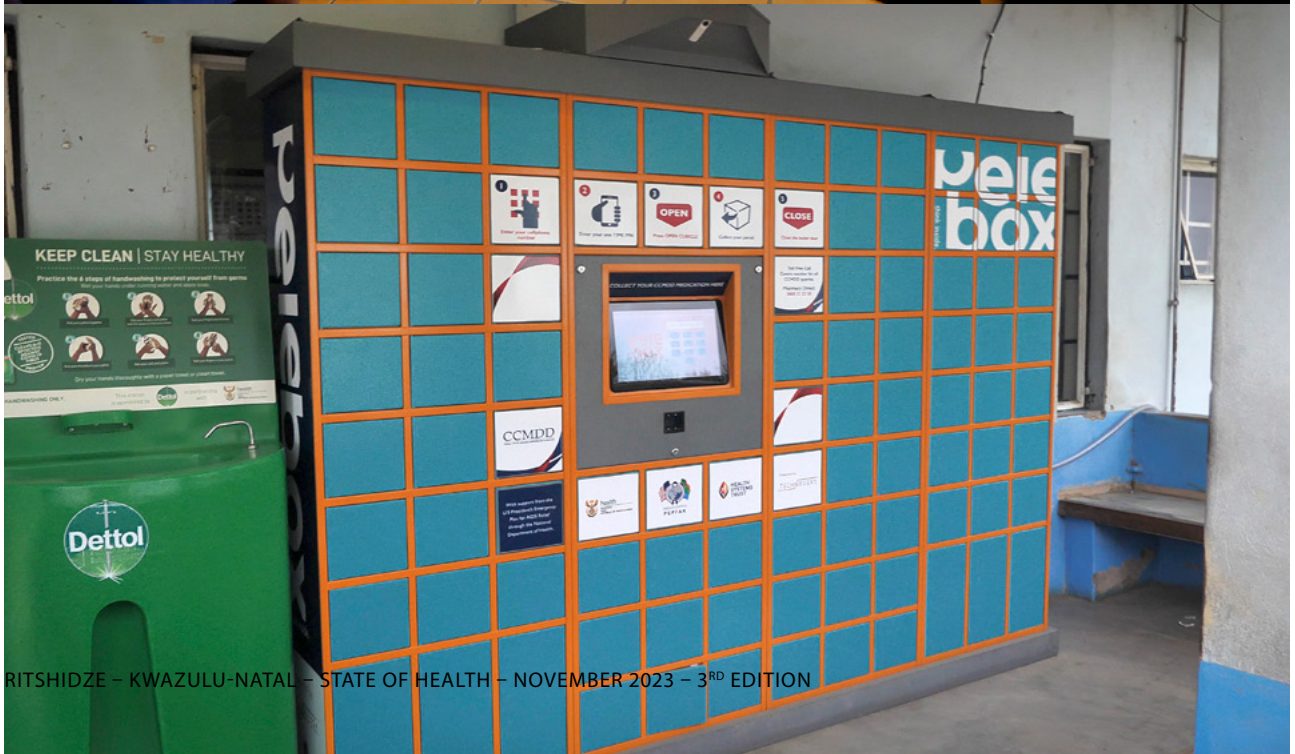
That night Lungile says “her body felt heavy because it’s like you know you should be taking the pills, but you don’t have any left.”

She went back to the clinic the following day and with a different person on duty her file was immediately found. When she asked where the file was the person said it was where it was supposed to be and the people from the previous day probably didn’t even bother to look, she was told.

Lungile says she’s heard that many people have stopped using Caluza Clinic because of these issues of bad service and being given the runaround. Many prefer to pick up medication at other facilities, she says. For her though she has no alternative to Caluza Clinic — while it still costs her R30 a day in a round-trip taxi fare it’s the closest facility to her home and therefore the cheapest to travel to.

“You can’t even complain about this problem because if you tell the nurses they will tell you that they only deal with consultations and that files are an admin problem, so you are just left like this,” she says.

* Name changed to protect identity



3. ART collection

2021

- 15%** of PLHIV received one month or less supply of ARVs
- 54%** of PLHIV received two months supply of ARVs
- 31%** of PLHIV received three or six months supply of ARVs
- 54%** of PLHIV would like to collect ARVs closer to their home

2022

- 9%** of PLHIV received one month or less supply of ARVs
- 41%** of PLHIV received two months supply of ARVs
- 49%** of PLHIV received three or six months supply of ARVs
- 41%** of PLHIV would like to collect ARVs closer to their home

2023

- 7%** of PLHIV received one month or less supply of ARVs
- 32%** of PLHIV received two months supply of ARVs
- 61%** of PLHIV received three or six months supply of ARVs
- 37%** of PLHIV would like to collect ARVs closer to their home

RECOMMENDATIONS

KWAZULU-NATAL DEPARTMENT OF HEALTH

1. **Extend and implement ARV refills** (to 3 months by end February 2024 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.

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- d. Ensuring people going back to clinics for their RPCs rescript, **receive the rescript on the same day** if clinically well to ensure no unnecessary additional facility visits with effective recall system to action any abnormal results or elevated viral load.

RECOMMENDATIONS

PEPFAR

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

Multi-month dispensing and repeat prescription collection strategies (RPCs) can simplify and adapt HIV services across the cascade, in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system. The revised 2023 National Adherence Guidelines Standard Operating Procedures (SOPs) agree that time constraints represent a challenge to many people living with HIV and recommends that people living with HIV with suppressed viral loads receive extended refills and/or enrollment in RPCs — including for children and adolescents.

Ritshidze data reveal that there has been a major improvement since last year in terms of extending ARV refills, with 61% of people living with HIV interviewed reporting 3-6 month ART refills compared to 49% last year (Figure 8). However, the province is lagging behind in comparison to 71% in Mpumalanga, the best performing province monitored by

RECOMMENDATIONS

BROADREACH & HEALTH SYSTEMS TRUST

1. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:

Ritshidze. Progress towards multi-month dispensing (MMD) in KwaZulu-Natal also remains low compared to 21 other PEPFAR supported countries, where 80% of people living with HIV received a 3-6 month ART refill between October

and December 2021 (Figure 9). According to the national health department, the number of active people living with HIV receiving a three month supply has decreased from 372,586 to 189,358 in KwaZulu-Natal (Figure 10).

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

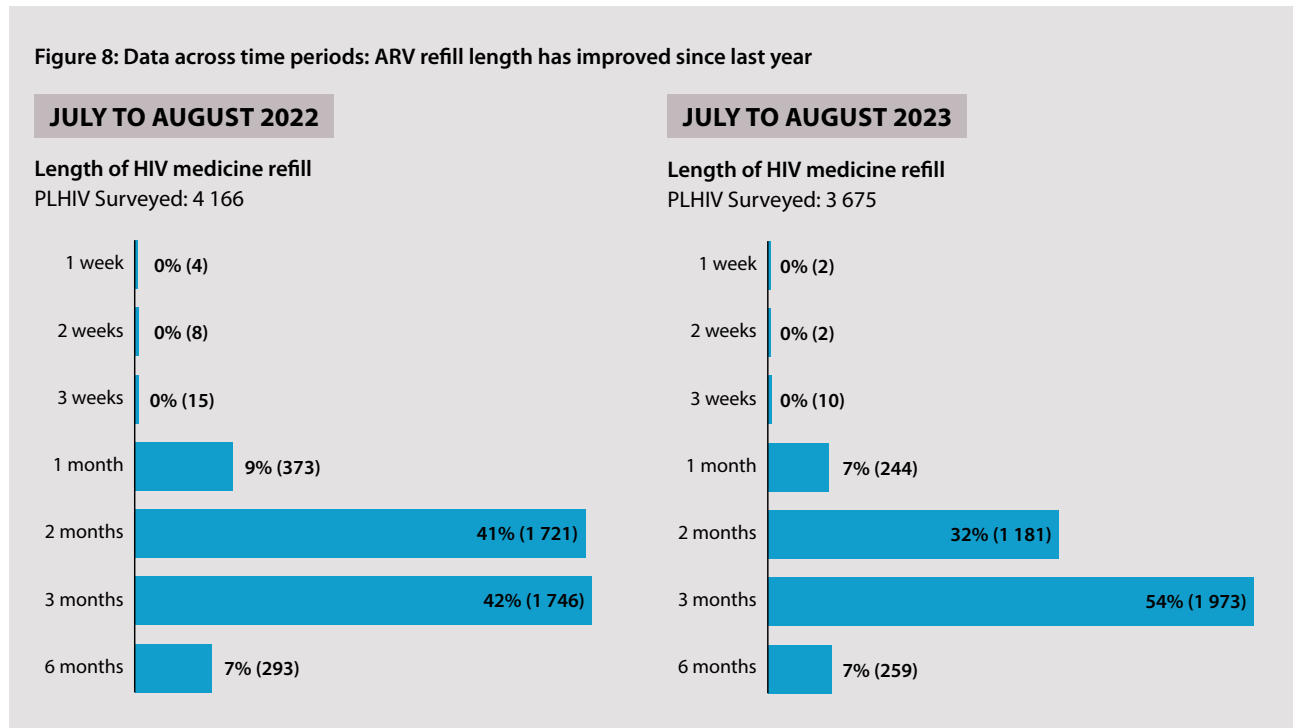


Figure 9: Number and proportion of all people on ART on MMD in 21 PEPFAR supported countries, (Oct 2019-Dec 2021)

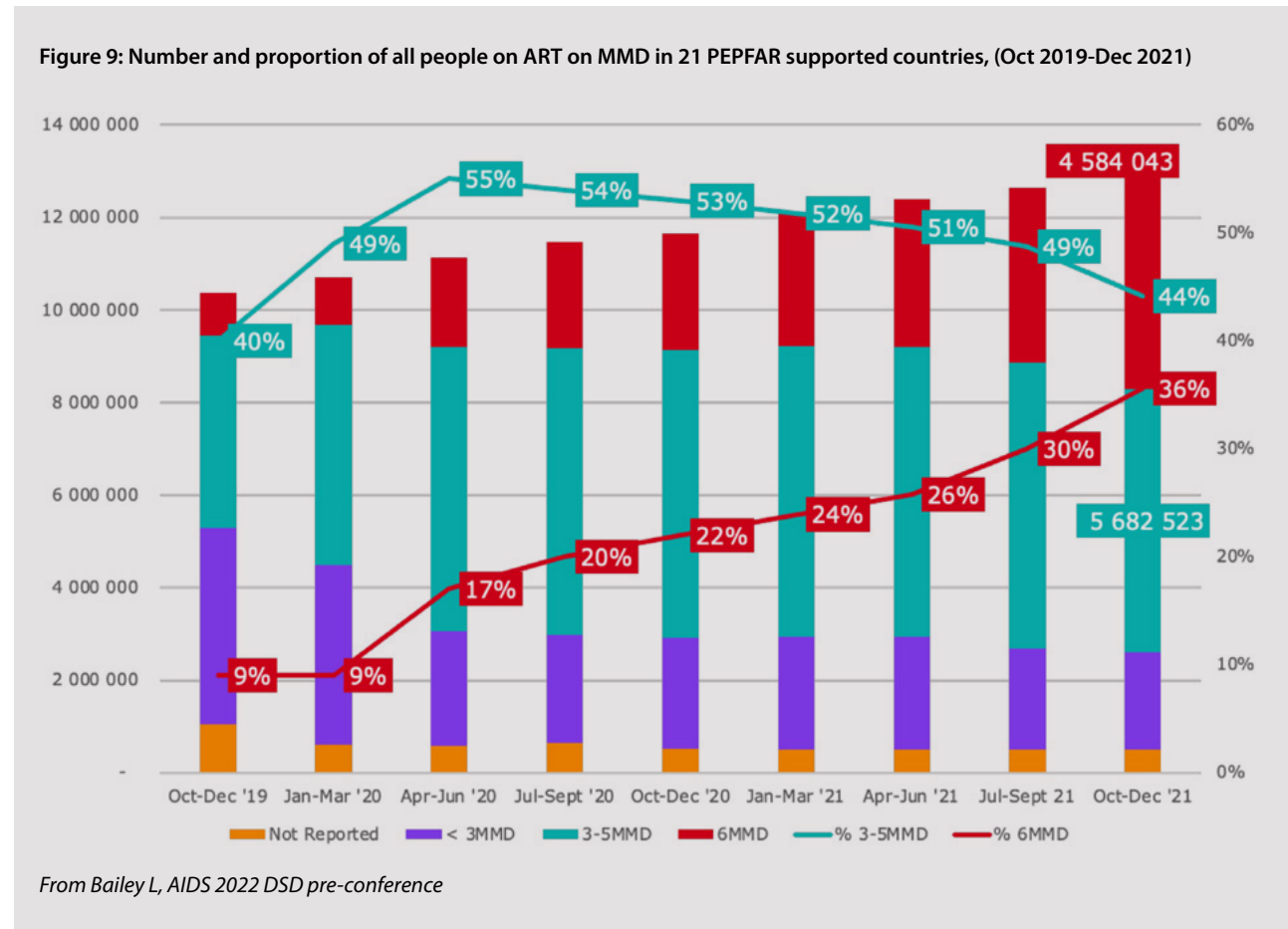
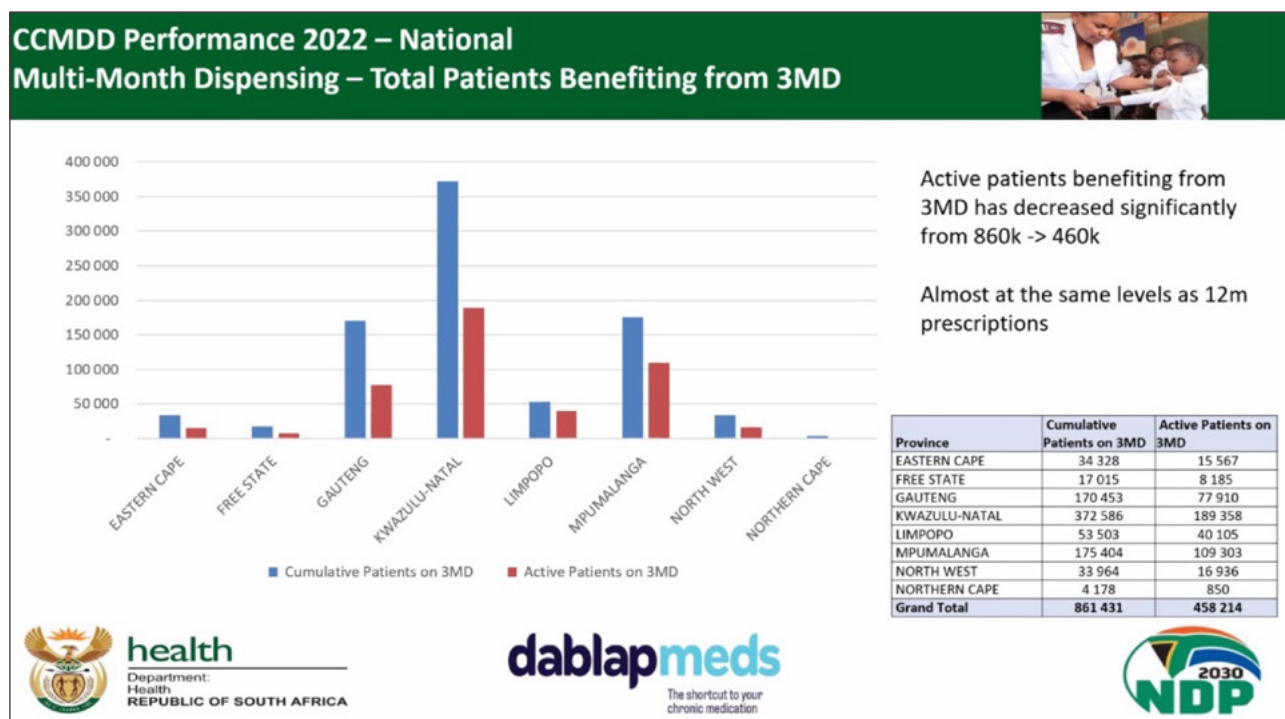
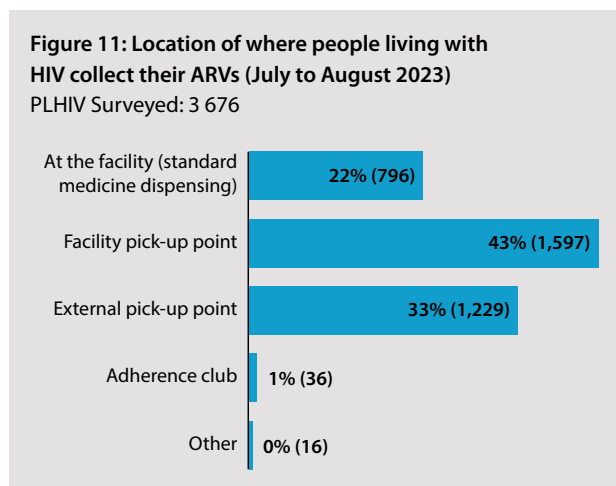


Figure 10: National CCMD data on the number of PLHIV on 3MMD by province



Positively there has been an increase in people reporting that they use facility or external pick-up points (PuPs), up from 63% to 76%. Of people living with HIV interviewed by Ritshidze, this year 22% collected at standard medicine dispensing, with 43% collecting at a facility pick-up point, 33% using an external pick-up point, and 1% using an adherence club (Figure 11).

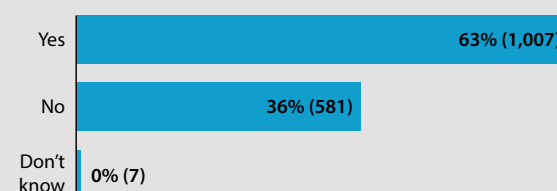


Importantly, in order to be effective, repeat prescription collection strategies (RPCs) should make ARV collection quicker, easier and more satisfactory for people living with HIV — yet this is too often not happening. 51% of facilities monitored said that people using facility PuPs must collect files, take vitals, and see a clinician before getting their parcel (Figure 12). 63% of people living with HIV also affirmed this problem that adds to delays at the facility (Figure 13). While it should take less than 30 minutes to collect your parcel and go, 23% of people interviewed said it takes up to an hour, 6% said it takes up to 2 hours, and 2% said it takes more than 2 hours.

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: 122



Figure 13: When using the facility pick-up point, do you have to go to any other service point other than parcel collection (for example registry or folder collection)? (July to August 2023)
PLHIV Surveyed: 1 595



For those using standard medicine dispensing, 35% said they have not been offered the option to use RPCs (Figure 14). Further 37% of all people living with HIV interviewed said that they would like to collect ARVs closer to their home if it were possible (Figure 15). 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 14: Of those using standard medicine dispensing, has the facility ever offered you an option to be in a facility pick-up point, external pick-up point, or adherence club? (July to August 2023)

PLHIV Surveyed: 778

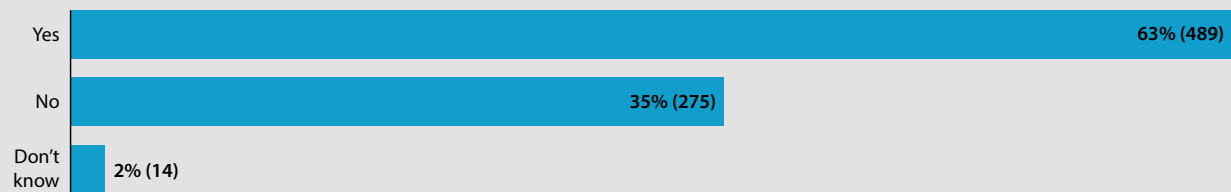
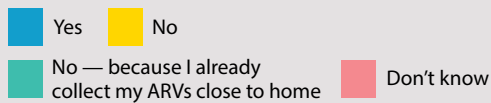


Figure 15: Would PLHIV like to collect ARVs closer to home? (July to August 2023)

PLHIV Surveyed: 3 656



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 95% 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. Only 1% of people reported using an adherence club. Despite repeated requests to revive clubs, they remain suspended. 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.

5. ART continuity

2021

75% say staff were always friendly and professional

23% say they are welcomed back if they miss an appointment

97% feel that facilities keep their HIV status private and confidential

2022

82% say staff were always friendly and professional

17% say they are welcomed back if they miss an appointment

95% feel that facilities keep their HIV status private and confidential

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

2023

83% say staff are always friendly and professional

50% say they are welcomed back if they miss an appointment

98% feel that facilities keep their HIV status private and confidential

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

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

RECOMMENDATIONS

KWAZULU-NATAL DEPARTMENT OF HEALTH

1. Ensure DOH staff **acknowledge that it is normal to miss appointments and/or have treatment interruptions** — PLHIV returning to care after a late/missed scheduled visit, silent transfer from another facility or treatment interruption should be welcomed
2. Ensure DOH staff **treat people in a dignified and friendly manner** and investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate
3. Send communication to all sites highlighting that **no PLHIV should be sent to the back of the queue if they miss an appointment** as per the Welcome Back Campaign strategy that says people returning to care should be triaged.
4. **Transfer letters must not be required for ARV continuation or restart.** Any reports where treatment is delayed by healthcare workers requiring a transfer letter should be urgently investigated and disciplinary action taken where appropriate.
5. Implement the 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity including:
 - a. Ensuring every person starting ART is provided with good quality fast track initiation counselling **session 1** at ART start **and session 2** after 1 month on ART **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
 - 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

BROADREACH & HEALTH SYSTEMS TRUST

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, 25% 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 7,217 respondents, 83% of people thought that the staff were always friendly and professional (Figure 16). KwaZulu-Natal scored second best on this indicator out of all provinces monitored by Ritshidze. The best and worst performing facilities are outlined in the tables (Table 11 and Table 12).

Figure 16: Staff attitudes over time (higher scores are better)

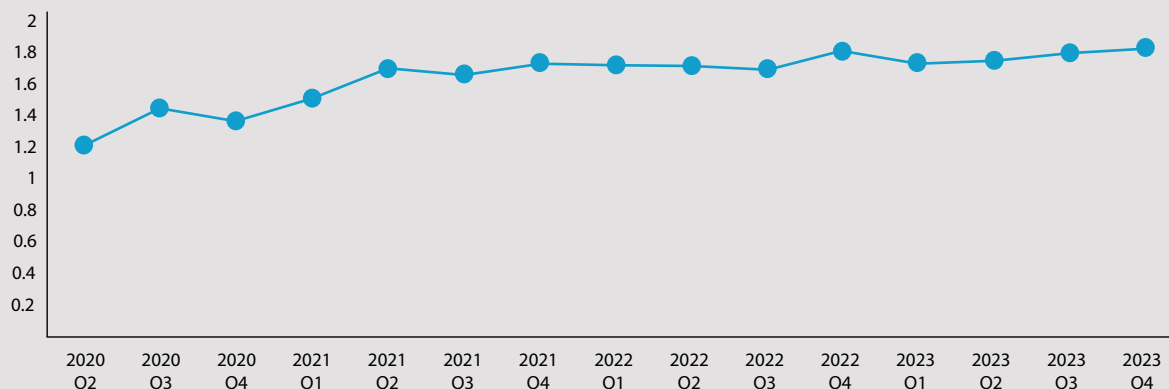


Table 11: Best performing facilities on staff attitudes (July to August 2023)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
eThekweni	Goodwins Clinic	63	63	0	0	2.00
	Halley Stott Clinic	79	79	0	0	2.00
	KwaMashu B Clinic	54	54	0	0	2.00
	KwaMashu Poly CHC	91	91	0	0	2.00
	Molweni Clinic	72	72	0	0	2.00
	Mpumalanga Clinic	78	78	0	0	2.00
	New Germany Clinic	63	63	0	0	2.00
	Ntuzuma Clinic	60	60	0	0	2.00
	Prince Mshiyeni Gateway Clinic	56	55	0	0	2.00
	Qadi Clinic	54	54	0	0	2.00
	Redhill Clinic	56	56	0	0	2.00
	Sydenham Heights Clinic	71	71	0	0	2.00
King Cetshwayo	Eshowe Gateway Clinic	50	50	0	0	2.00
	Gingindlovu Clinic	50	50	0	0	2.00
	King Dinuzulu Clinic	52	52	0	0	2.00
	Mvutshini Clinic	50	50	0	0	2.00
	Sphilile Clinic	50	50	0	0	2.00
	Umbonambi Clinic	51	51	0	0	2.00
Ugu	Gamalakhe CHC	51	51	0	0	2.00
	Gcilima Clinic	50	50	0	0	2.00
	Izingolweni Clinic	57	57	0	0	2.00
	KwaMbunde Clinic	53	53	0	0	2.00
	Margate Clinic	51	51	0	0	2.00
	Umzinto Clinic	55	55	0	0	2.00
uMgungundlovu	Ntembeni Clinic	51	51	0	0	2.00
Zululand	Ncotshane Clinic	52	52	0	0	2.00
	Pongola Clinic	52	52	0	0	2.00

Table 12: Worst performing facilities on staff attitudes (July to August 2023)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
eThekweni	Phoenix CHC	75	12	41	15	0.96
eThekweni	Besters Clinic	72	24	34	14	1.14
eThekweni	Lindelani Clinic	59	20	30	9	1.19
eThekweni	Amaoti Clinic	62	30	20	12	1.29
eThekweni	Sivananda Clinic	58	27	21	10	1.29
uMgungundlovu	Songonzima Clinic	55	17	37	0	1.31
uMgungundlovu	Azalea Clinic	51	18	32	0	1.36
uMgungundlovu	Willowfountain Clinic	54	23	30	1	1.41
uMgungundlovu	Mpophomeni Clinic	52	30	14	8	1.42
uThukela	Injisuthi Clinic	52	23	29	0	1.44
eThekweni	Inanda C CHC	55	34	13	8	1.47
uMgungundlovu	Impilwenhle Clinic	56	29	25	2	1.48
uMgungundlovu	Pata Clinic	65	36	26	3	1.51
uThukela	AE Haviland Memorial Clinic	50	26	24	0	1.52
eThekweni	Folweni Clinic	76	43	33	0	1.57
uThukela	Steadville Clinic	52	30	22	0	1.58
uThukela	Ncibidwane Clinic	55	32	23	0	1.58
eThekweni	Umlazi U21 Clinic	72	42	30	0	1.58
uMgungundlovu	Caluza Clinic	50	29	20	0	1.59



Out of the 413 people living with HIV who had missed appointments, 50% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit (Figure 17), up from 17% last year. 8% said that staff still send you to the back of the queue the next time you come in — yet the guiding principles of the re-engagement SOP state:

“Returning or re-engaging patients should not be made to wait until last to see any service provider but should join the patient queue on the same basis as all other patients. No punitive actions may be taken by facility staff.”

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.

* 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.

All public healthcare users, including people living with HIV and key populations, should be 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.

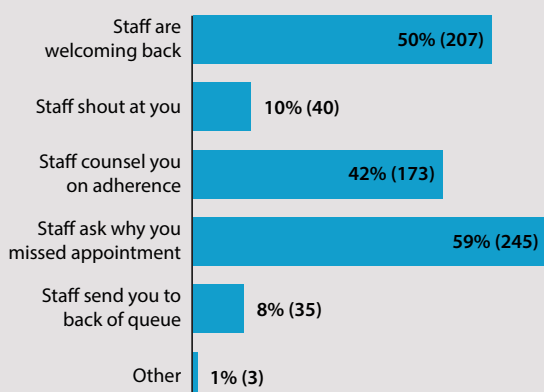
Transfer letters are also not required in the guiding principles of the re-engagement SOP which states:

“If a patient comes from a different facility, it is critical that the patient be provided with treatment on day of presentation to limit any further treatment interruption... while referral letters are helpful, a patient cannot be required to leave the facility without treatment to first obtain a referral/transfer letter”.

Over the last year, 110 people reported having been denied access to services for not having a transfer letter (Table 13). Further, 167 people reported having been denied access to services across the last year for not having an identity document (Table 14). Positively both indicators have vastly improved in more recent quarters, however these reports should still be investigated.

Figure 17: How are PLHIV treated if they miss appointments (July to August 2023)

PLHIV Surveyed: 413



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.



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

District	Facility	Q1 2023	Q2 2023	Q3 2023	Q4 2023
eThekweni	Addington Gateway Clinic	2			
	Amanzimtoti Clinic		1		
	Amaoti Clinic	15	2		
	Athlone Park Hall Clinic			1	
	Besters Clinic	16			
	Hambanathi Clinic			1	
	Illovu Clinic	1			
	Inanda C CHC	11	1		
	Kingsburgh Clinic	1			
	Klaarwater Clinic		1		
	KwaMashu Poly CHC	1			1
	Lindelani Clinic	6			
	Newlands West Clinic	1	1		
	Overport Clinic	2	1		
	Phoenix CHC	2			
	Redhill Clinic			4	
	Reservoir Hills Clinic	2			2
	Sivananda Clinic	7	3		
	Tongaat CHC		1		
	Umlazi K Clinic	2			
Verulam Clinic			4		
Westville Clinic	1				
King Cetshwayo	Eshowe Gateway Clinic		1		
	Mvutshini Clinic		1		
	Sphilile Clinic				1
	Thokozani Clinic	1			
Ugu	Marburg Clinic	1			
	Mfundo Arnold Lushaba CHC				1
uMgungundlovu	Azalea Clinic		5		
	Howick Clinic	2			
	Willowfountain Clinic		2		
uThukela	Driefontein Clinic			1	

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

District	Facility	Q1 2023	Q2 2023	Q3 2023	Q4 2023
eThekweni	Amaoti Clinic	15			
	Athlone Park Hall Clinic			1	
	Besters Clinic	31			
	Chesterville Clinic			1	
	Glen Earle Clinic				2
	Goodwins Clinic			3	
	Illovu Clinic	3			
	Inanda C CHC	14			
	Inanda Seminary Clinic				1
	KwaMashu Poly CHC	1		4	1
	Lindelani Clinic	13			
	Mpola Clinic		2		
	Nagina Clinic			3	
	Nsimbini Clinic				1
	Ntuzuma Clinic			1	1
	Phoenix CHC	3			
	Qadi Clinic			2	1
	Queensburgh Clinic			2	
	Redhill Clinic			1	
	Sivananda Clinic	17			
	Sydenham Heights Clinic				1
	Tongaat CHC	3			
	Tshelimnyama Clinic			1	
Umlazi D Clinic			4		
Umlazi K Clinic	1				
Umzomuhle (Umlazi H) Clinic			1		
Westville Clinic			1		
King Cetshwayo	Eshowe Gateway Clinic		1		
	Meerensee Clinic			1	
Ugu	Gcilima Clinic	1			1
	KwaMbunde Clinic	8			
	Marburg Clinic	1			
uMgungundlovu	Howick Clinic				5
	Mafakathini Clinic				1
	Mpophomeni Clinic	1			
	Sondelani Clinic				3
uThukela	Amazizi Clinic	1	1		
	Bergville Clinic	1			1
	Dukuza Clinic				1
Zululand	Bhekuzulu Clinic	1			
	Mashona Clinic			1	
	Ulundi A Clinic	1			

* 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 90% of people living with HIV interviewed do know that psychosocial support is available. Yet, a full package of psychosocial services are not yet available at every clinic (Figure 18).

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.

Of 1,388 people living with HIV interviewed, positively 98% feel that facilities keep their HIV status private and confidential, up from 95% last year. KwaZulu-Natal is performing best on this indicator out of all provinces monitored by Ritshidze.

Figure 18: The types of psychosocial support that people living with HIV know are available (July to August 2023)
PLHIV Surveyed: 3 217

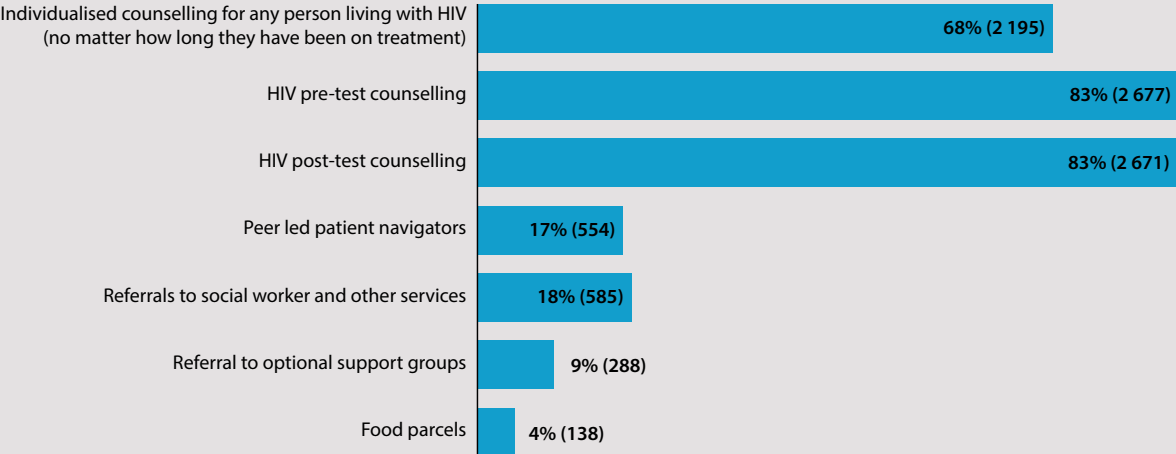


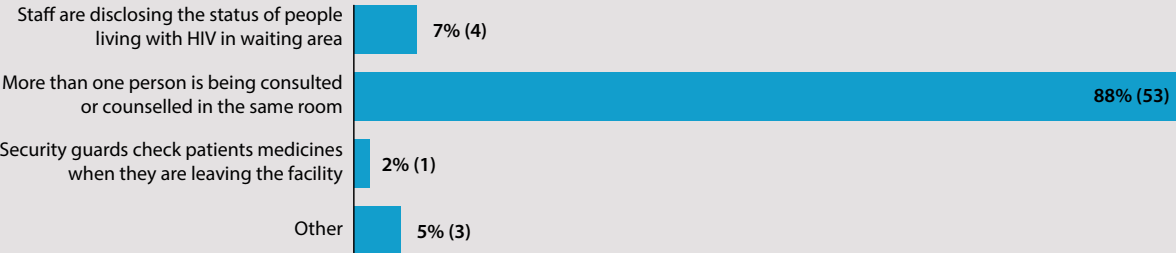
Table 15: The types of psychosocial support that people living with HIV know are available per district (July to August 2023)

District	Number of facilities assessed	Surveys completed	Individualised counselling for any person living with HIV (no matter how long they have been on treatment)	HIV pre-test counselling	HIV post-test counselling	Peer led patient navigators	Referrals to social worker and other services	Referral to optional support groups	Food parcels
eThekweni	66	1710	1191	1246	1282	167	177	132	5
King Cetshwayo	11	311	265	297	282	152	120	99	5
Ugu	11	334	334	332	331	182	171	10	1
uMgungundlovu	14	281	149	252	249	4	12	6	0
uThukela	15	371	141	371	370	1	49	0	127
Zululand	10	210	115	179	157	48	56	41	0

Another reason people stop going to the clinic is where privacy violations occur. Of 1,388 people living with HIV interviewed, positively 98% feel that facilities keep their HIV status private and confidential, up from 95% last year.

KwaZulu-Natal is performing best on this indicator out of all provinces monitored by Ritshidze. For those who did report privacy violations, more than one person being consulted in the same room was the main reason why (Figure 19).

Figure 19: Reasons why people living with HIV felt privacy is being violated (July to August 2023)
PLHIV Surveyed: 60





“They shouted at me in front of everyone and they said do I think that missing my treatment would bring my mother back to life.”

COMMUNITY STORY

When Nokuthula Khanyile said “please use my real name” for this Ritshidze report interview Sibusisiwe Sibiya was delighted.

For Sibusisiwe it’s a moment that sums up the power of health activism and community support and for Nokuthula it’s owning her status after nearly 10 years and looking ahead to being supported to manage HIV in her life.

Nokuthula was diagnosed with HIV nearly 10 years ago at the Phoenix Clinic. That same year she lost her mother. She remembers that she had to leave Phoenix to bury her mother in their village. Her time away from the clinic meant her treatment was disrupted. When she arrived back to Phoenix and back to the clinic she was met with an icy response from the nursing staff.

“They shouted at me in front of everyone and they said do I think that missing my treatment would bring my mother back to life,” she says of the callous cruelty she encountered.

Nokuthula left the facility, she also decided to leave treatment altogether. Over the past 10 years the 39-year-old says she has suffered from skin rashes and she hasn’t had good health but she had no intention to ever go back to Phoenix Clinic.

Then earlier this year she met Sibusisiwe who is herself taking ARVs and has been an activist and Ritshidze Community Monitor.

Sibusisiwe says: “We start from the beginning again to get people on treatment to give them treatment literacy and to explain how the treatment has changed.

Sibusisiwe accompanied Nokuthula to the clinic — a different one from Phoenix — to ensure that she would not fall through the cracks again.

“It doesn’t matter if you don’t have a transfer letter or whatever, we go there with the person, we open new files and we introduce them to the facility manager and make sure everything is right.”

“Sometimes what people don’t understand is that when people disengage from care it is not only because of a shortage of medicines or staff attitudes — sometimes things are very hard where you live and you have to take pills on an empty stomach or you don’t have transport money,” she says.

For Nokuthula, who is now on a two-monthly script, her mind is at rest that she’s been re-initiated on treatment. She says: “I want you to give my full name because I want for others to see that they are not alone and maybe by saying I am HIV-positive it will mean that I can help someone else.”

COMMUNITY STORY

Problems at Willowfontein Clinic start at the security gate for Sibongile*. She says the security guard at the Pietermaritzburg clinic refuses to let some patients who arrive early for appointments wait inside the property.

“He has his friends, and those people are allowed inside even if they come after you. For everyone else you must stand outside the gates even when it’s very early in the morning or when the weather is bad — you’ll stand there till 8am when the clinic opens,” says Sibongile, through a translator.

The security guard also makes people line up according to what they’ve come to the clinic for. It means people living with HIV are singled out in his system.

“Everyone can see what you came there for,” says Sibongile who was diagnosed HIV positive in 2008 and has been a patient at Willowfontein since 2010.

By the time a clinic visit is completed she says she can easily have spent between five or six hours at the facility. She says lost files have also added to waiting time and she says this is happening “so many times now I’ve lost count”. It also means that without a patient file it’s happened that she has been turned away and sent home without her medication.

“Even when they can see that you are on the system and that it’s your appointment day you are told to come back the next day when they think they will have been able to find your file, but by then your last pill is already finished,” she says.

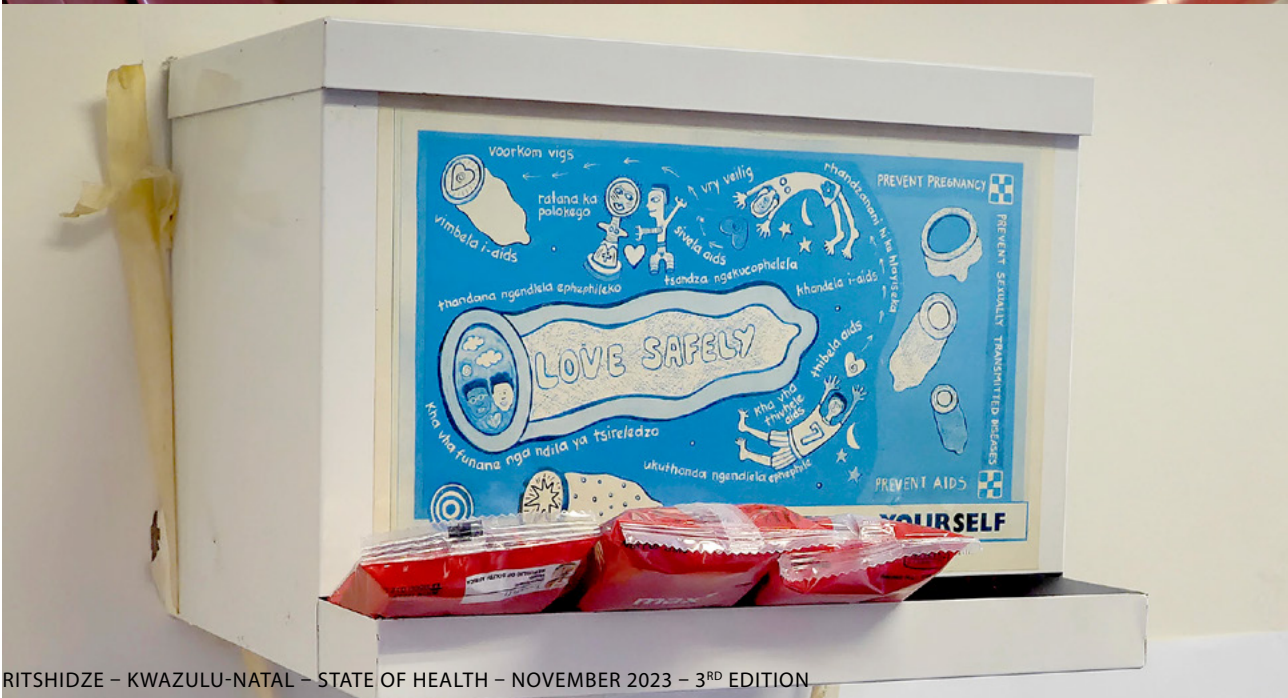
Worse still, she says when she returns the next day as instructed, she has to start waiting from scratch and is only attended to when the last of the day’s patients are seen to.

“They don’t care that you waited the whole day the day before,” she says.

Sibongile says the problem comes from the fact that nurses are being made to do “virtually everything” at Willowfontein Clinic because there is not enough admin staff.

“They need to be able to employ more admin people so that nurses can attend to patients, not patient files, we should be their priority,” she says.

** Name changed to protect identity*



6. Treatment and viral load literacy

2021

97% of PLHIV had a viral load test in the last year

89% of PLHIV said that a healthcare provider had explained the results

89% agreed that having an undetectable viral load means treatment is working well

80% agreed that having an undetectable viral load means a person is not infectious

2022

97% of PLHIV had a viral load test in the last year

87% of PLHIV said that a healthcare provider had explained the results

89% agreed that having an undetectable viral load means treatment is working well

82% agreed that having an undetectable viral load means a person is not infectious

2023

96% of PLHIV had a viral load test in the last year

93% of PLHIV said that a healthcare provider had explained the results

91% agreed that having an undetectable viral load means treatment is working well

84% agreed that having an undetectable viral load means a person cannot transmit HIV

RECOMMENDATIONS

KWAZULU-NATAL DEPARTMENT OF HEALTH

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

RECOMMENDATIONS

BROADREACH & HEALTH SYSTEMS TRUST

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 3,670 people living with HIV surveyed, 96% had received a viral load test in the last year, and 91% reported that they knew their viral load — up from 87% last year. Positively, 91% agreed that having an

undetectable viral load means treatment is working well (Figure 20) and 84% agreed that having an undetectable viral load means a person cannot transmit HIV (Figure 21). KwaZulu-Natal is among the highest performers on treatment literacy across all provinces monitored by Ritshidze, however there remain some gaps for improvement.

Figure 20: Treatment Literacy: Do PLHIV understand viral load and their health? (July to August 2023)

PLHIV Surveyed: 3 664

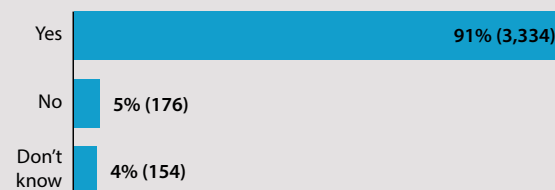
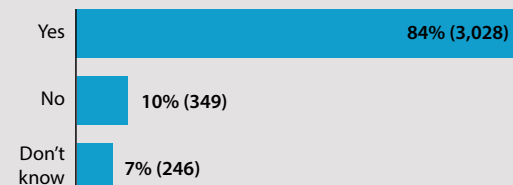


Figure 21: Treatment Literacy: Do PLHIV understand viral load and transmission? (July to August 2023)

PLHIV Surveyed: 3 623



The tables show the best (Table 16 and Table 17) and worst (Table 18 and Table 19) performing sites on these indicators. Positively 68 sites had perfect scores with all respondents understanding that an undetectable viral load is good for your own health, and 58 sites had a perfect score with all respondents understanding that an undetectable viral load prevents onward transmission of HIV. By district, Ugu performed best on both indicators, yet uMgungundlovu performed badly across both indicators, and King Cetshwayo performed worst on people understanding an undetectable viral load prevents onward transmission.

Positively 93% of those surveyed said a healthcare worker had explained the results of their viral load test. It is critical that healthcare workers explain everyone'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.

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

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
eThekweni	Addington Gateway Clinic	26	26	0	0	100%
	Amanzimtoti Clinic	32	32	0	0	100%
	Bluff Clinic	28	28	0	0	100%
	Caneside Clinic	26	26	0	0	100%
	Cato Manor CHC	29	29	0	0	100%
	Chatsworth Township Centre Clinic	27	27	0	0	100%
	Chesterville Clinic	26	26	0	0	100%
	Clare Estate Clinic	26	26	0	0	100%
	Folweni Clinic	31	31	0	0	100%
	Goodwins Clinic	34	34	0	0	100%
	Halley Stott Clinic	35	35	0	0	100%
	Hambanathi Clinic	28	28	0	0	100%
	Illovu Clinic	37	37	0	0	100%
	Isipingo Clinic	27	27	0	0	100%
	Kingsburgh Clinic	31	31	0	0	100%
	KwaMakhutha Clinic	30	30	0	0	100%
	KwaMashu Poly CHC	55	55	0	0	100%
	KwaNdengezi Clinic	23	23	0	0	100%
	Lamontville Clinic	30	30	0	0	100%
	Molweni Clinic	34	34	0	0	100%
	Mpumalanga Clinic	30	30	0	0	100%
	New Germany Clinic	32	32	0	0	100%
	Nsimbini Clinic	25	25	0	0	100%
	Ntuzuma Clinic	30	30	0	0	100%
	Osizweni (Umlazi Q) Clinic	25	25	0	0	100%
	Overport Clinic	27	27	0	0	100%
	Pinetown Clinic	33	33	0	0	100%
	Prince Mshiyeni Gateway Clinic	30	30	0	0	100%
	Queensburgh Clinic	32	32	0	0	100%
	Savannah Park Clinic	30	30	0	0	100%
	Shallcross Clinic	28	28	0	0	100%
	Sydenham Heights Clinic	29	29	0	0	100%
	Umbumbulu Clinic	30	30	0	0	100%
Umlazi K Clinic	29	29	0	0	100%	
Umlazi N Clinic	25	25	0	0	100%	
Umlazi U21 Clinic	33	33	0	0	100%	
Umzomuhle (Umlazi H) Clinic	26	26	0	0	100%	
Westville Clinic	25	25	0	0	100%	
Wyebank Clinic	27	27	0	0	100%	

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
King Cetshwayo	Beckenham Clinic	26	26	0	0	100%
	Eshowe Gateway Clinic	30	30	0	0	100%
	Gingindlovu Clinic	29	29	0	0	100%
	King Dinuzulu Clinic	29	29	0	0	100%
	Mvutshini Clinic	38	38	0	0	100%
	Richards Bay Clinic	26	26	0	0	100%
	Sphilile Clinic	29	29	0	0	100%
Ugu	Gamalakhe CHC	34	34	0	0	100%
	Gcilima Clinic	30	30	0	0	100%
	Izingolweni Clinic	31	31	0	0	100%
	Marburg Clinic	27	27	0	0	100%
	Margate Clinic	30	30	0	0	100%
	Port Edward Clinic	31	31	0	0	100%
	Port Shepstone Clinic	33	33	0	0	100%
	Umzinto Clinic	30	30	0	0	100%
uMgungundlovu	Mpophomeni Clinic	25	25	0	0	100%
	Mpumzuza Clinic	27	27	0	0	100%
	Ntembeni Clinic	27	27	0	0	100%
	Pata Clinic	25	25	0	0	100%
	Sondelani Clinic	25	25	0	0	100%
	Taylors Halt Clinic	26	26	0	0	100%
uThukela	Acaciavale Clinic	25	25	0	0	100%
	Driefontein Clinic	27	27	0	0	100%
	Walton Clinic	25	25	0	0	100%
Zululand	Mashona Clinic	30	30	0	0	100%
	Nhlungwane Clinic	30	30	0	0	100%
	Nomdiya Clinic	24	24	0	0	100%
	Pongola Clinic	28	28	0	0	100%
	Queen Nolonolo 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 (July to August 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
eThekweni	Addington Gateway Clinic	26	26	0	0	100%
	Bluff Clinic	28	28	0	0	100%
	Caneside Clinic	26	26	0	0	100%
	Cato Manor CHC	29	29	0	0	100%
	Chatsworth Township Centre Clinic	27	27	0	0	100%
	Chesterville Clinic	26	26	0	0	100%
	Clare Estate Clinic	26	26	0	0	100%
	Folweni Clinic	31	31	0	0	100%
	Halley Stott Clinic	35	35	0	0	100%
	Isipingo Clinic	27	27	0	0	100%
	KwaMakhutha Clinic	30	30	0	0	100%
	KwaMashu Poly CHC	55	55	0	0	100%

District	Facility	Surveys Completed	Yes	No	Don't know	Perfect score
eThekweni	KwaNdengezi Clinic	23	23	0	0	100%
	Lamontville Clinic	30	30	0	0	100%
	Molweni Clinic	34	34	0	0	100%
	Mpumalanga Clinic	30	30	0	0	100%
	Nagina Clinic	27	27	0	0	100%
	New Germany Clinic	32	32	0	0	100%
	Ntuzuma Clinic	30	30	0	0	100%
	Osizweni (Umlazi Q) Clinic	25	25	0	0	100%
	Overport Clinic	27	27	0	0	100%
	Pinetown Clinic	32	32	0	0	100%
	Prince Mshiyeni Gateway Clinic	30	30	0	0	100%
	Queensburgh Clinic	32	32	0	0	100%
	Savannah Park Clinic	30	30	0	0	100%
	Shallcross Clinic	28	28	0	0	100%
	Sydenham Heights Clinic	29	29	0	0	100%
	Tshelimnyama Clinic	25	25	0	0	100%
	Umbumbulu Clinic	30	30	0	0	100%
	Umlazi K Clinic	29	29	0	0	100%
	Umlazi N Clinic	25	25	0	0	100%
	Umlazi U21 Clinic	33	33	0	0	100%
Umzomuhle (Umlazi H) Clinic	26	26	0	0	100%	
Westville Clinic	25	25	0	0	100%	
Wyebank Clinic	27	27	0	0	100%	
King Cetshwayo	Eshowe Gateway Clinic	30	30	0	0	100%
	Gingindlovu Clinic	29	29	0	0	100%
	King Dinuzulu Clinic	29	29	0	0	100%
	Mvutshini Clinic	38	38	0	0	100%
	Sphilile Clinic	29	29	0	0	100%
Ugu	Gamalakhe CHC	34	34	0	0	100%
	Gcilima Clinic	30	30	0	0	100%
	Izingolweni Clinic	31	31	0	0	100%
	KwaMbunde Clinic	30	30	0	0	100%
	Marburg Clinic	27	27	0	0	100%
	Margate Clinic	30	30	0	0	100%
	Port Edward Clinic	31	31	0	0	100%
	Port Shepstone Clinic	33	33	0	0	100%
	Umzinto Clinic	30	30	0	0	100%
uMgungundlovu	Mpophomeni Clinic	25	25	0	0	100%
	Mpumuza Clinic	27	27	0	0	100%
	Ntembeni Clinic	27	27	0	0	100%
	Pata Clinic	25	25	0	0	100%
	Sondelani Clinic	25	25	0	0	100%
	Taylors Halt Clinic	26	26	0	0	100%
uThukela	Acaciavale Clinic	25	25	0	0	100%
	Driefontein Clinic	27	27	0	0	100%
	Walton Clinic	25	25	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 (July to August 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
uMgungundlovu	Azalea Clinic	25	0	17	8	0%
uMgungundlovu	Impilwenhle Clinic	26	0	3	23	0%
uMgungundlovu	Songonzima Clinic	25	1	1	23	4%
uMgungundlovu	Caluza Clinic	31	2	6	23	6%
uMgungundlovu	Willowfountain Clinic	28	10	16	2	36%
eThekwini	Amaoti Clinic	25	11	2	12	44%
uThukela	Injisuthi Clinic	32	15	17	0	47%
eThekwini	Lindelani Clinic	29	17	0	12	59%
uThukela	AE Haviland Memorial Clinic	27	16	11	0	59%
uThukela	Ncibidwane Clinic	32	19	13	0	59%
eThekwini	Besters Clinic	30	18	0	12	60%
uThukela	Steadville Clinic	28	17	11	0	61%
eThekwini	Phoenix CHC	26	17	2	7	65%
eThekwini	Sivananda Clinic	25	17	2	6	68%
uThukela	Wembezi Clinic	28	20	8	0	71%
uThukela	Bergville Clinic	28	21	7	0	75%
King Cetshwayo	Nseleni CHC	27	21	6	0	78%
uThukela	Amazizi Clinic	28	22	6	0	79%

Table 19: Facilities with worst scores on people living with HIV knowing that an undetectable viral load means a person cannot transmit HIV (July to August 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
uMgungundlovu	Impilwenhle Clinic	26	0	2	24	0%
uMgungundlovu	Azalea Clinic	25	0	15	10	0%
uMgungundlovu	Songonzima Clinic	25	0	2	23	0%
King Cetshwayo	Umbonambi Clinic	29	0	29	0	0%
King Cetshwayo	Beckenham Clinic	26	1	25	0	4%
uMgungundlovu	Caluza Clinic	31	2	6	23	6%
eThekwini	Waterloo Clinic	27	6	11	10	22%
King Cetshwayo	Nseleni CHC	27	7	20	0	26%
King Cetshwayo	Meerensee Clinic	25	8	17	0	32%
Zululand	Queen Nolonolo Clinic	26	9	15	2	35%
uMgungundlovu	Willowfountain Clinic	28	10	16	2	36%
eThekwini	Ottawa Clinic	26	11	7	8	42%
eThekwini	Verulam Clinic	30	13	6	11	43%
Zululand	Emkhwakhweni Clinic	25	11	14	0	44%
uThukela	Injisuthi Clinic	32	15	17	0	47%
eThekwini	Tongaath CHC	23	11	5	7	48%
King Cetshwayo	KwaMbonambi Clinic (Sappi Clinic)	25	12	13	0	48%
eThekwini	Amaoti Clinic	25	12	2	11	48%
eThekwini	Redcliffe Clinic	35	17	6	12	49%
eThekwini	Hambanathi Clinic	24	12	3	9	50%
Zululand	Nomdiya Clinic	20	11	1	8	55%
eThekwini	Lindelani Clinic	29	17	3	9	59%
uThukela	AE Haviland Memorial Clinic	27	16	11	0	59%
uThukela	Ncibidwane Clinic	32	19	13	0	59%
eThekwini	Besters Clinic	30	18	1	11	60%
uThukela	Steadville Clinic	28	17	11	0	61%
eThekwini	Phoenix CHC	26	16	4	6	62%
King Cetshwayo	Richards Bay Clinic	26	16	10	0	62%
Zululand	Ulundi A Clinic	21	13	0	8	62%
Zululand	Mashona Clinic	28	18	0	10	64%
eThekwini	Sivananda Clinic	25	17	1	7	68%
Zululand	Nhlungwane Clinic	26	18	0	8	69%
uThukela	Wembezi Clinic	28	20	8	0	71%
uThukela	Bergville Clinic	28	21	7	0	75%
uThukela	Amazizi Clinic	28	21	7	0	75%
Zululand	KwaShoba Clinic	32	24	3	5	75%
Zululand	Mdumezulu Clinic	25	19	0	6	76%

Of the 3,670 people living with HIV surveyed, 96% had received a viral load test in the last year, and 91% reported that they knew their viral load — up from 87% last year.

7. Key populations

Only 22% of people who use drugs say that clinic staff are always friendly and professional

Only 3% of trans people feel very safe at the facility

Only 12% of gay, bisexual, and other men who have sex with men (GBMSM) feel very comfortable at the facility

38% of sex workers think privacy is not well respected at the facility

25% refused access to health services because they use drugs

Only 26% of facilities monitored had lubricants available

Only 38% of sites actively offer trans people PrEP

Only 11% of sex workers had been offered PrEP

Only 9% of people who use drugs got information on methadone

77% of trans people wanted hormones at facilities

Only 40% of GBMSM think staff are well trained to provide post-violence services at the facility

RECOMMENDATIONS

KWAZULU-NATAL 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 26) 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

5. Ensure that all facilities provide gender affirming services including:

- a. Using trans people's correct name and pronouns
- b. Providing a gender neutral toilet for trans people
- c. Respectfully asking trans people which colour folder they are more comfortable using (pink/blue)
- d. Trans women should not be made to use "Men's Corners"
- e. Privacy and confidentiality should be maintained: additional healthcare workers and clinic staff should not be called into consultations rooms under the guise of helping, when often this is to mock and judge trans people

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 26) 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



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 22). This is consistent across all key population groups. Clinical staff were again this year the most commonly reported as being unfriendly and unprofessional (Figure 23). Overall people who use drugs faced the most unfriendly services at public health facilities across key population groups.

“The attitude of the staff towards LGBTQI individuals is very bad. They behave like they are seeing something that they are not used to. When the nurse was drawing blood, she was rushing and I still have the scar. It was like she just wanted to get away from me” — a non binary person using KwaMsane Clinic (King Cetshwayo), interviewed in September 2023

“The staff should change their attitude towards people who use drugs. They always criticise us that we are not bathing and dirty. Maybe they should give us soap to bathe with and provide porridge so that we can eat something when they give us medication” — a person who uses drugs, using Addington Hospital (eThekweni), interviewed in April 2023

“Overall experience is fine but regarding my sexuality, it is not fine because I believe there is a lot of stigma. It is a clinic that has a wide range of nurses from different races, and due to religious reasons, some nurses don’t take it well if you need services that consider your sexuality or need you to disclose your sexuality. Those are the challenges I can say I am facing” — a trans woman, using Marburg Clinic (Ugu), interviewed in August 2023

“It would be nice if there are LGBTQI people that work in the clinic or a separate section where we can use. The staff need to be taught about us, and there should be more awareness around the facility so that patients and staff are aware of us” — a non binary person, using KwaMsane Clinic (King Cetshwayo), interviewed in September 2023

“In the clinic, they see us trans people as a clown, when a trans woman walks into the clinic, they would all be laughing. They do not take us seriously” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

“There is a nurse that is known for being a “no-nonsense” and strict woman. I was warned by the patient that came out that if you don’t explain properly, she would shout at you. She would shout that you see you have made me do the wrong thing. I was scared when I went into the consultation room” — a gay man, using Durban University of Technology Clinic (uMgungundlovu), interviewed in September 2023

“The security would search you when you enter and leave the facility, but they don’t search the other patients. It is like you are going to steal inside the facility” — a person who uses drugs, using East Boom Street Clinic (uMgungundlovu), interviewed in August 2023

“It would be good if the staff are more sensitised about LGBTQI people because some complain that they get treated badly and called names. Some have stopped going to the clinic because they are scared” — a gay man, using Cinci Clinic (King Cetshwayo), interviewed in September 2023

“A lot of people who use drugs are suffering because of the way they are being treated in clinics and communities. They recently formed a forum that chases and beats PWUDs here in Port Shepstone. They accuse them of stealing and other crimes, one guy even died last week” — a person who uses drugs, using Mbunde Clinic (Ugu), interviewed in August 2023

“There are challenges especially if you are part of the LGBTQI community. When I first started my ART, I had medical aid but when my financial situation changed I moved to the clinic. The staff were unfriendly, from the receptionist, the way they looked at me was very uncomfortable based on how I was dressed. You could sense their discomfort as to whether I am male or female” — a non binary person, using KwaMsane Clinic (King Cetshwayo), interviewed in September 2023

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

“The attitude of the staff is very bad towards queer people, even the cleaners would shout at you. I was told to come back the next day for my medication as they were out of stock. I missed work to return there and the doctor was full of attitude, only the counsellor was friendly” — a gay man, using Umlazi N Clinic (eThekweni), interviewed in April 2023

“I don’t get the treatment on time because I am smoking. They would attend to other people first and me last. If I miss my date, they would shout at me and call me names — and they don’t do that to other people. They said I am coughing and told me to stand outside” — a person who uses drugs, using Corner Street Clinic (uThukela), interviewed in August 2023

“It would be good for the staff to be more friendly and also if they can hire LGBT people. It is very difficult to share your medical challenges with the older nurses, or talk about your sexual health. This is a real problem, we need people that would understand us and listen to us without any judgement” — a gay man, using Cinci Clinic (King Cetshwayo), interviewed in September 2023

“Even if you arrive early and join the queue, you would get skipped and the nurses would attend to people who came after you. Sometimes we leave without getting the service we went there” — a person who uses drugs, using Mbunde Clinic (Ugu), interviewed in August 2023

“I was very sick and my brother gave me money to go to Estcourt Hospital. They attended to me very late and there was no transport to go back. The nurse told me to speak to the security to show me where I could sleep. He left me outside in the cold and only around 11pm did he give me a mattress with no blanket to sleep on” — a person who uses drugs, using Estcourt Hospital (uThukela), interviewed in August 2023

“The staff should change their attitude towards people who use drugs. They always criticise us that we are not bathing and dirty. Maybe they should give us soaps to bathe

with and provide porridge so that we can eat something when they give us medication” — a person who uses drugs, using Addington Hospital (eThekweni), interviewed in April 2023

“I went to the clinic and had a quarrel with the security because I refused to let him search me when he was not searching the other patients. They called me names, so I left without getting the services” — a person who uses drugs, using Richmond Clinic (uMgungundlovu), interviewed in August 2023

“They do not ask all the normal questions or do any examinations. It is like our sexuality is going to jump on them like we are contagious. If I, who is a known activist in the community, still face all these challenges, I wonder how bad the rest of the LGBTIQ members in the community get treated. Especially those that are in the rural and semi-rural clinics where they have staff that are older and are stuck in their ways” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

Figure 22: Percentage of key populations reporting staff are always friendly and professional (July to September 2022)

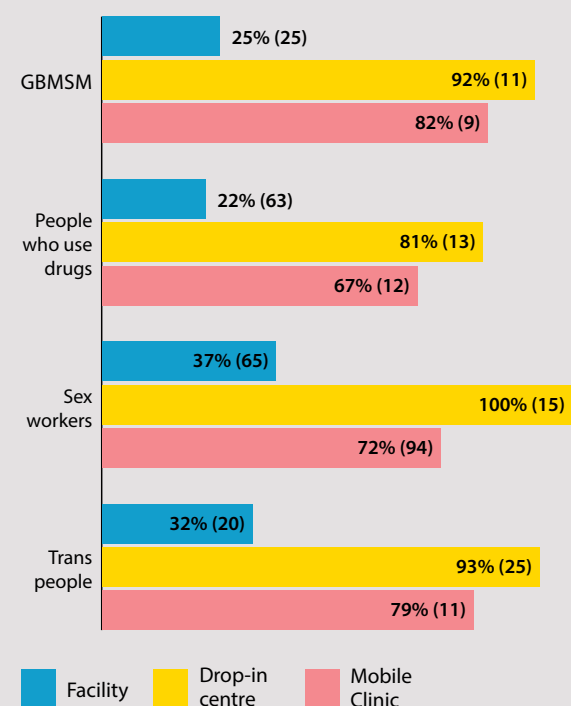
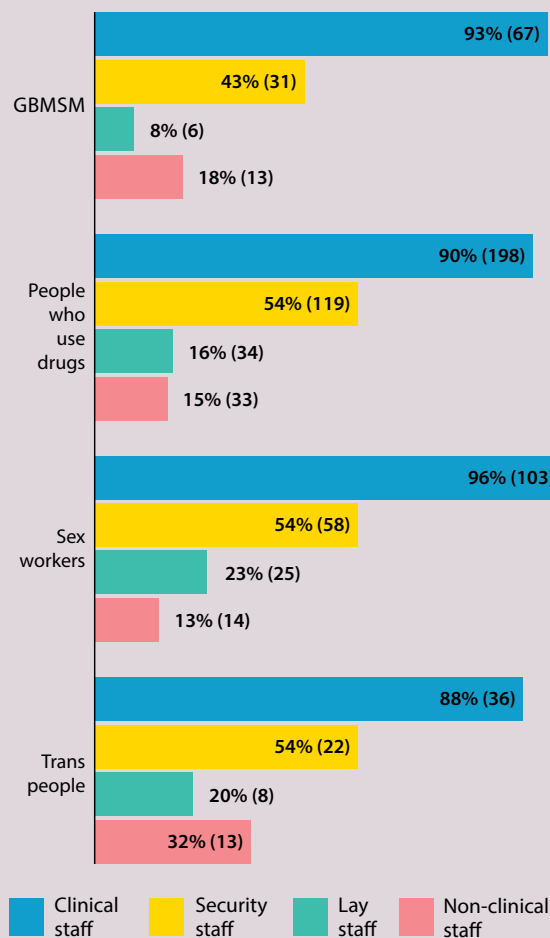


Figure 23: Which staff are unfriendly and unprofessional (July to September 2022)



The majority of key populations interviewed did not feel safe or comfortable at the facility (Figures 24 and 25). 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.

“The services are fine but there is always a doctor and nurse in the consultation room. You have to explain what is wrong to both of them. It doesn’t help that they are both elderly which makes it even more uncomfortable to fully disclose why you are there. That was the first time of seeing such” — a gay man, using Durban University of Technology Clinic (uMgungundlovu), interviewed in September 2023

“There is no privacy because sometimes when I am still in the consultation room, another nurse would come to interrupt us. Or when I ask the nurse what a particular symptom means, without asking for permission if I am

comfortable to call someone else to assist, she just calls another nurse. That makes me feel so uncomfortable” — a sex worker, using Pennington Municipal Clinic (Ugu), interviewed in August 2023

Figure 24: % (n) of respondents reporting they feel very safe accessing services at the facility (July to September 2022)

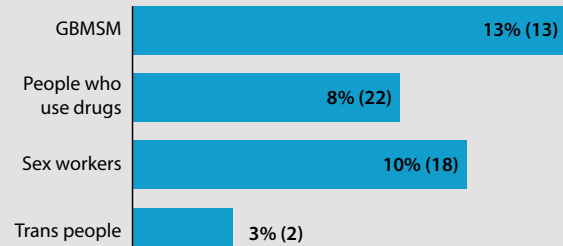
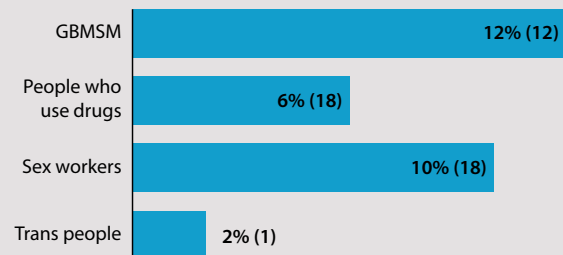


Figure 25: % (n) of respondents reporting they feel very comfortable accessing services at the facility (July to September 2022)



Disgraceful privacy violations also continue to occur that destroy people’s right to privacy and make clinics feel more unsafe and uncomfortable to be in (Table 20). This year 40% of GBMSM, 39% of people who use drugs, 38% of sex workers, and 33% of trans people did not think privacy is well respected at clinics.

“The one that seems to irritate me the most is the interruption of consultation. If you are discussing something, the nurses do not respect privacy. While you are sitting there consulting, they would just go on chatting to another nurse or someone would come in and they start having a full on conversation like I am not there. Then I need to wait for the chat to finish, it just seems very rude” — a trans woman, using Marburg Clinic (Ugu), interviewed in August 2023

“I collect my ARVs at the clinic, and there is never privacy. Sometimes there are like three people in the consultation room and everyone can hear what you are discussing. This makes me uncomfortable as I cannot share what is wrong with me in the presence of others” — a gay man, using Umlazi N Clinic (eThekweni), interviewed in April 2023



“There are times where more than one nurse is in the consultation room. Though there is a curtain that separates you from the other consultation rooms, you can hear everything that is being discussed there and they can also hear what you are discussing as well. Sometimes, the nurse in the other room would pop in to share what the patient she just dealt with spoke about and I just have to wait and listen to everything. No one apologises for disrupting the consultation, you just continue” — a sex worker, using Mbunde Clinic (Ugu), interviewed in August 2023

“There is no privacy at all. We take our ARVs there daily because we live on the streets, they give us pills to drink in front of other patients. So, everyone knows our status” — a person who uses drugs, using Denis Hurley Centre (eThekweni), interviewed in August 2023

“On one occasion, I went for STI medication. I am aware of some of the symptoms of some STIs so once I experience them, I know I need to go to the clinic. I explained what was happening. The nurse told me to lie down to give me an injection. While preparing herself to inject me, another nurse comes in. I was laying on my stomach with my pants pulled down and I was in a painful situation and had to patiently wait for the nurse to leave. She did not care and there was no apology. She just went on, knowing that you need the service. It was very embarrassing” — a trans woman, using Marburg Clinic (Ugu), interviewed in August 2023

“There are privacy issues. You would sit like this and the nurse would say she is going to

get something. Then another person would pop in to ask you where the sister is, you tell them she has gone to fetch something. Then another person, and another person. Then it clicks that they are coming to see who is in the room. Immediately after you share something personal, this happens” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

“I was consulted by one nurse, but then she called another nurse to come listen to what I was saying. They did not do any examination or give me any medication. There was no medical or psychological assistance provided to me” — a gay man, using KwaMsane Clinic (King Cetshwayo), interviewed in September 2023

“When you go there for your injection, you get to the consultation room and they give you the container to go pee in. Then you have to use the toilets that are outside the facility and then when you get back there is someone else in the consultation room and the nurse just puts the stick into the urine and you wait there while she continues with the other patient. And when the test is done, she writes a note on your card that you can go get the injection if the test is negative. So, if I am pregnant, then the other patient would know” — a sex worker, using Mbunde Clinic (Ugu), interviewed in August 2023

“It would be good for the staff attitude to change as well as the privacy as this makes me feel uncomfortable. Imagine going to the clinic and other patients now know my medical history or that I am a sex worker. I feel discriminated against and stigmatised” — a sex worker, using Pennington Municipal Clinic (Ugu), interviewed in August 2023

Table 20: 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	40% (40)	Disclosure of HIV status (50%), disclose that respondent is GBMSM (50%), patients are consulted in the same room together (45%), healthcare workers call other staff into the consultation room to share medical issues (43%), PLHIV are put in separate queues (18%) security checks your medication when leaving (8%)
People who use drugs	39% (114)	Disclosure that the respondent is a person who uses drugs (64%), disclosure of HIV status (56%), workers call other staff into the consultation room to share medical issues (39%), patients are consulted in the same room together (37%), PLHIV are put in separate queues (28%), security checks your medication when leaving (27%)
Sex workers	38% (66)	Disclosure respondent is a sex worker (67%), disclosure of HIV status (56%), healthcare workers call other staff into the consultation room to share medical issues (50%), patients are consulted in the same room together (45%), staff enter the room without knocking (42%), PLHIV are put in separate queues (27%), security checks your medication when leaving (26%)
Trans people	33% (21)	Disclosure that respondent is trans (62%), disclosure of HIV status (52%), patients are consulted in the same room together (38%), security checks your medication when leaving (33%), staff enter the room without knocking (29%), PLHIV are put in separate queues (24%), healthcare workers call other staff into the consultation room to share medical issues (24%)

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, 25% of people who use drugs, 10% of sex workers, and 3% of trans people (Figure 26). This is absolutely unacceptable and goes against Section 27 of the Constitution.

“We took a friend to the clinic last week and the security did not even let us in. He told us to wait outside, we said you can see that she is very sick and cannot even stand. He did not care about that” — a person who uses drugs, using Corner Street Clinic (uThukela), interviewed in August 2023

“I speak with the other guys when I see one that is sick or has a wound that looks bad, they would say they are scared as they get chased away, telling them that they are dirty and smelling. So, if you are clean or showered, they would attend to you but if you are dirty then you are chased away” — a person who uses drugs, using Mbunde Clinic (Ugu), interviewed in August 2023

“The services at the hospital and clinics are bad. It just depends on who you meet, whether they are nice or not. Even at the police station. If someone abuses us, they don’t attend to us — a person who uses drugs, using Corner Street Clinic (uThukela), interviewed in August 2023

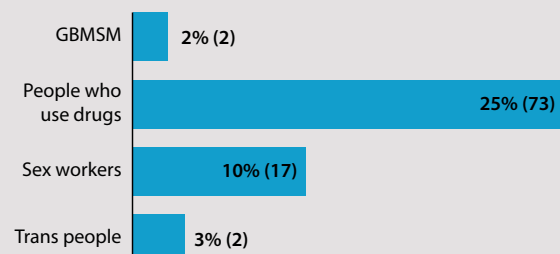
“They have no time for us, they call us names like ‘paras’, especially the security. If one of us is sick and you call the ambulance, they will tell you they cannot come to the rank. There are three guys that died on the streets last year because we could not get them to the hospital or clinic on time because the ambulance refused to come” — a person who uses drugs, using Corner Street Clinic (uThukela), interviewed in August 2023

“Even when you tell the nurses that you are in a harm reduction programme, it does not change their attitude towards you. I explained that I am on methadone and ARVs, but that did not make them attend to me. They said I should have gone to Addington Hospital where they attend to ‘drug users” — a person who uses drugs, using King Edward Hospital (eThekwinini), interviewed in April 2023

“I tried to use Addington Hospital, I had pneumonia but they did not attend to me. They just let me sit on the bench without attending to me, they said it was because I use drugs. I begged them to contact Belhaven to confirm that I am on methadone but they ignored me, I was forced to just leave without receiving any treatment” — a person who uses drugs, using Addington Hospital (eThekwinini), interviewed in April 2023

“I live in a shelter here in Durban. I was attacked by a mob and my right leg was broken. People called the ambulance but they never came so my friends rushed me to King Edward Hospital. They made me wait from the early hours of the morning till late afternoon with no one attending to me. They said they don’t deal with ‘paras’”
— a person who uses drugs, using King Edward Hospital (eThekweni), interviewed April 2023

Figure 26: 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 25% of GBMSM, 2% of people who use drugs, 5% of sex workers, and 27% of trans people we interviewed. Others were not receiving services anywhere including 12% of GBMSM, 24% of people who use drugs, 9% of sex workers, and 7% 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.

“I am afraid to go back to the clinic because of the staff attitude. They would insult me that why am I on chronic medication and still continue to smoke. And it is not just me, a lot of the guys have stopped taking their ARVs and TB medication. They insist that people who use drugs bring their ID” — a person who uses drugs, using Corner Street Clinic (uThukela), interviewed in August 2023

Compared to public health facilities, drop-in centres and mobile clinics performed better from the perspective of all key population groups in terms of service acceptability and service availability. However, most key populations we interviewed are not using either a drop-in centre or mobile clinic to access services but public health facilities. In fact, Ritshidze data

show that a very high proportion of key populations are not even aware of any drop-in centres — including 75% of GBMSM, 86% of people who use drugs, 81% of sex workers, and 76% of trans people. We support drop-in centres but they are not a panacea to the challenge of improving services for key populations. Public health facilities must also be drastically improved to ensure key populations can access the services they need in a friendly, safe, and welcoming way.

“I heard about a place called Step up (TB HIV Care) which provides services for PWUDs and gives methadone for free. We registered and I still take methadone there. I wish we had these centres in our township” — a person who uses drugs, using Step Up (eThekweni), interviewed in May 2023

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.

Lubricants, for example, are only freely available in 26% of facilities monitored (Figure 27) and in those sites too often the lubricants are put in spaces where staff and community members can see as you collect them (Figure 28). A low proportion of key populations actually reported being able to access lubricants (Table 21)

“You will see condoms at the clinic, but I’ve never seen lubricants displayed visibly before” — a trans woman, using Marburg Clinic (Ugu), interviewed in August 2023

“There are always condoms but you only see lubricants there sometimes. They will ask why are you coming to get lubricants, what is it for? Who are you going to use it with?” — a gay man, using Cinci Clinic (King Cetshwayo), interviewed in September 2023

“They have lubricants and condoms but they put it right by the reception so it is difficult to take it as you would get the look when you try to take it” — a gay man, using Durban University of Technology Clinic (uMgungundlovu), interviewed in September 2023

“I hardly get lubricants as they are always out of stock but the condoms are outside so you can just take how many that you want” — a sex worker, using Pennington Municipal Clinic (Ugu), interviewed in August 2023

Figure 27: Are condoms and lubricant available at the facilities? (July to August 2023)

Observations completed: 122

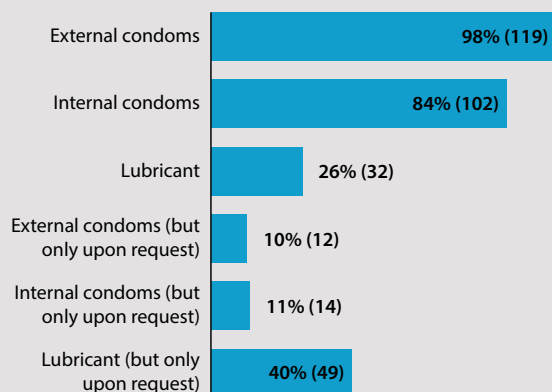


Figure 28: Where available, where lubricants are located at facilities (July to August 2023)

Observations completed: 32

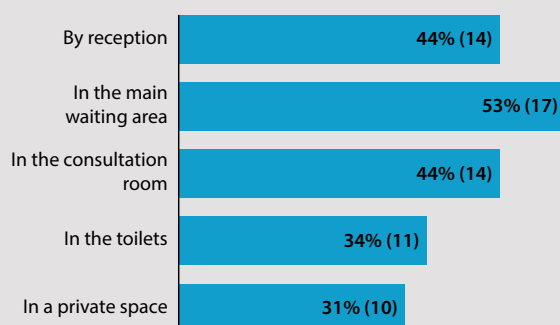


Table 21: Lubricant access at facilities (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans people
% aware they should be able to get lubricant (lube) at all public health facilities	60% (59)	29% (82)	61% (107)	76% (47)
% tried to access lube	50% (49)	6% (18)	67% (116)	48% (30)
Among those seeking lube, % always able to get it	35% (17)	22% (4)	45% (52)	40% (12)
% reporting staff are always respectful when asked for lube	43% (21)	28% (5)	43% (50)	37% (11)
Among those able to get lube, % always able to get enough	22% (8)	24% (4)	25% (25)	37% (10)

Not all facilities prioritise offering key populations PrEP (Figure 29) and far fewer report being actively offered it (Table 22), despite it being widely available in facilities monitored by Ritshidze.

“I take my PrEP at Aurum, the services are good but there are a few challenges. I don’t like the way some of the staff handle things. They insist on giving you feedback on the phone without considering the environment that one might be in, instead of asking me to come in. That makes me very uncomfortable”
— a gay man, using Aurum Institute (uMgungundlovu), interviewed in September 2023

Figure 29: Does the facility prioritise offering PrEP to any of the following populations? (April to May 2023)

Facility Staff Surveyed: 123

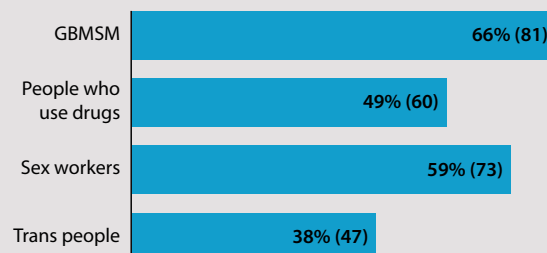


Table 22: PrEP access at facilities (July to September 2022)

	GBMSM	People who use drugs	Sex workers	Trans people
% heard of PrEP	76% (74)	41% (116)	80% (139)	81% (50)
Among those not living with HIV, % ever offered PrEP	10% (10)	4% (12)	11% (19)	30% (19)
Among those offered PrEP, % who ever received it	73% (8)	50% (8)	74% (14)	35% (7)
% very satisfied with PrEP services	38% (3)	13% (1)	35% (5)	29% (2)

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 5% of people who use drugs were offered information about where they could get new needles (Figure 30), only 9% were given information on where to get methadone (Figure 31), and only 9% able to access drug dependence support (Figure 32). 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.

“I decided to stop using drugs but my family could not afford rehab and the clinic did not give us any information. I got very sick with stomach cramps and vomiting. I lost a lot of weight and could not walk on my own. My sisters took me to Ndwedwe CHC but once we told the nurse about my drug use, her attitude changed and she said we should have gone to a rehab because they were not trained on how to attend to drug users. She gave me glucose and Allergex. I pleaded for a drip but she refused” — a person who uses drugs, using Step Up (eThekwini), interviewed in May 2023

“Mooi River Clinic is the worst, they treat us very badly there. But thankfully we get some services at the mobile clinic but they never give us enough needles so we end up sharing and using old ones. And we get sores and wounds from using blunt needles” — a person who uses drugs, using Inkunzi Isematholeni Foundation Mobile Clinic (uMgungundlovu), interviewed in August 2023

“As someone who used to use drugs, it would be good to be able to access methadone at the clinic as it does work. If they can also have a schedule or time when they attend to people who use drugs so they can get attended to without judgement. Sometimes the guys get cramps while in the queue, or have a wound that needs immediate attention but they have to spend the whole day at the facility as it is overcrowded” — a person using drugs, using Philani Clinic (Ugu), interviewed in August 2023

“There are no counsellors that are well trained on how to deal with people who use drugs, they are judgemental towards us” — a person using drugs, using Philani Clinic (Ugu), interviewed in August 2023

“I don’t get services anywhere at the moment, I always try Belhaven if I need assistance but they would refer me to another clinic. I tried to register to take methadone there too but they put me on a waiting list saying there is a shortage of funds to take new patients” — a sex worker who also uses drugs, (eThekwini), interviewed in August 2023

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

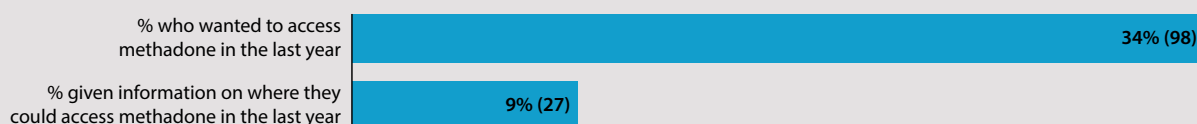
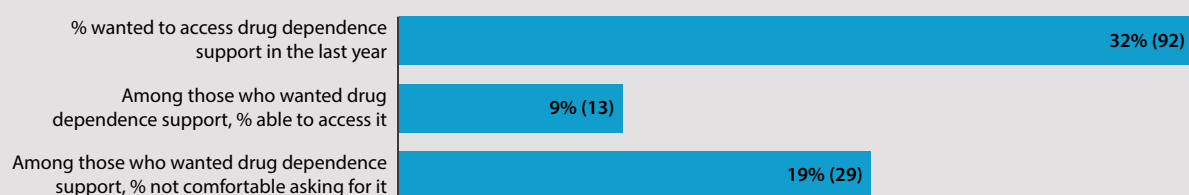


Figure 31: Access to new needles at facilities (July to September 2022)



Figure 32: Access to drug dependence support at facilities (July to September 2022)



“When I asked about hormones, they just started laughing that I want to “become” a man” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

The availability of gender affirming services for those who need them is critically important. Yet only 21% of trans people say facility staff are respectful of their gender identity — 75% said that healthcare providers use their wrong names and 61% said they use their wrong pronouns.

“Healthcare is a basic right, the clinics should be gender friendly whereby you know that if I go into the clinic as a trans person, I would go in with a smile and come back with a smile” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

“On the register for the clinic, they would insist on entering you in the female space...” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

“On one instance, I went to the reception and they wanted to take the pink card. They have blue cards for male and pink cards for females. I cannot take the blue card because some of the information is for biological males and the pink one also does not cover me. I told them I prefer the white card, but they refused because they needed to make a file

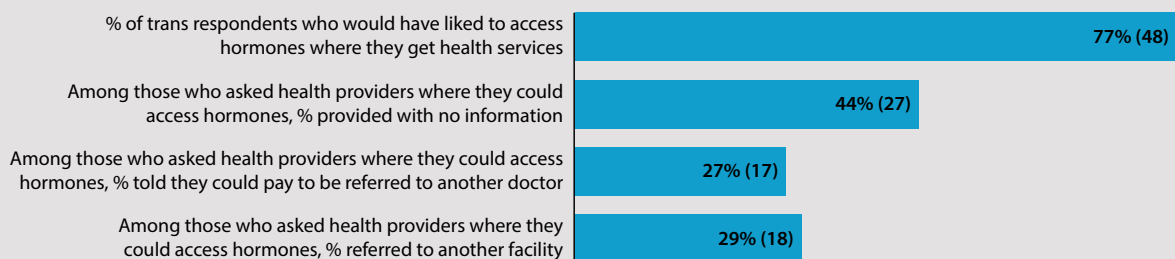
and we had to argue about my refusal about the pink card. I try to not be angry in such instances but to use it as an opportunity to educate them” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

“When you go there, you need to re-unpack and explain about your dead name and preferred pronouns. So, you know you would not be addressed by the correct name and pronouns” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 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. 77% of trans people we spoke to wanted access to hormone therapy at public health facilities (Figure 33). 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.

“When I asked about hormones, they just started laughing that I want to “become” a man” — a trans man, using Mbunde Clinic (Ugu), interviewed in August 2023

Figure 33: Access to hormones at facilities (July to September 2022)



Positively the majority of people were able to get the contraceptives they wanted. For those who were not, at times they had been refused access to contraceptives specifically because they are a member of a key population group including 42% of people who use drugs, 10% of sex workers, and 17% of trans people (Table 23).

“I go there for my ART and contraceptives, I have also gone there for TB and STI screening which I never got the results. There was a

time the injection was not available and they offered me something else but I preferred the injection” — a sex worker, using Mbunde Clinic (Ugu), interviewed in August 2023

“They give us general services but we don’t get contraceptives. They say we cannot fall pregnant while smoking nyaope” — a person who uses drugs, using Walton Clinic (uThukela), interviewed in August 2023



Table 23: Contraceptive access at facilities (July to September 2022)

	People who use drugs	Sex workers	Trans people
% able to get the contraception they wanted	87% (82)	85% (118)	82% (27)
Top reasons they were unable to get the contraception they wanted	Were denied because they use drugs (42%), were told to come back (17%), were told their first choice was not available (17%), were told there was a stockout (17%), were told they are too young (17%)	Were told first choice was not available (52%), were told they had to come back (29%), were told there was a stockout (19%), were denied because they are a sex worker (10%), were told they cannot get it without an HIV test (10%), were told there were no pregnancy tests (5%)	Were told to come back (50%), were told there was a stockout (17%), were denied because they are trans (17%), were told they are too young (17%)

South Africa faces a well documented epidemic of gender based violence including homophobic and transphobic attacks on LGBTQIA+ community members. 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, many members of key populations interviewed did not think staff were well trained to care for those who have experienced violence (Table 24).

“I stopped going to KwaMsane Clinic because of the bad treatment that I received. After a sexual assault, I went there to report what happened and I never received any medical assistance. The nurses laughed at me that how can you say a man raped you when you are also a man, don’t joke around. So, I went home without getting any services for sexual violence like HIV testing or PEP. I found out months later that I was living with HIV, this might have been prevented if I was assisted

during the incident that I reported at the clinic” — a gay man, using KwaMsane Clinic (King Cetshwayo), interviewed in September 2023

“I was seeing a private psychologist after a sexual assault but stopped due to financial reasons. But there is no mental health support at the clinic, I still struggle and need support but this is not available. I do not need to go all the way to a hospital far away when there is a clinic next to me” — a trans woman, using Marburg Clinic (Ugu), interviewed in August 2023

“I was taken to the hospital after I was attacked by a mob. They did not provide any care for me, I was told to go get J88 form from the police station and bring it back. I was stigmatised by healthcare workers who should be caring for every patient and not discriminate because of who I am” — a person who uses drugs, using King Edward Hospital (eThekweni), interviewed in April 2023

Table 24: 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	26% (25)	45% (78)	31% (19)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	42% (41)	48% (83)	34% (21)
Among those who needed them, % reporting staff were always respectful when seeking post-violence services	80% (4)	67% (6)	n/a
Among those who needed them, % reporting they were able to access post-violence services	80% (4)	89% (8)	n/a

Very few people who wanted to access STI screening and treatment were able to at the facility (Table 25). Where they could, still we hear reports of key populations being discriminated against or staff acting in a hostile manner to those trying to access these services.

“They will always gossip about me among each other. When you have a condom burst with a client and you go there, they would gossip and complain that we sex workers do not like to use condoms and are always coming to access STI treatment often. I then have to explain that in the profession, things like this happen often” — a sex worker, using Pennington Municipal Clinic (Ugu), interviewed in August 2023

“I noticed some symptoms of STI after having unprotected sex. They told me the girl I slept with was “not clean”. I was scolded for not using a condom but was eventually given the treatment” — a person using drugs, using Philani Clinic (Ugu), interviewed in August 2023

Table 25: STI service access at facilities (July to September 2022)

	GBMSM	Sex workers	Trans people
Among those seeking STI testing, % always able to access it	71% (15)	66% (43)	60% (9)
% of staff always respectful when asking for STI testing	48% (10)	51% (33)	53% (8)
Among those needing STI treatment, % able to access it	75% (15)	68% (43)	86% (12)

A minimum package of key population specific services (Table 26) 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.

COMMUNITY STORY

For Julie*, even just repeating the insults she was called by a nurse at Northdale Clinic, Pietermaritzburg is offensive. “My God, I don’t want to say the words — just that I’m never going back to that clinic,” she says.

She’s a trans woman and tells how about a year ago she missed a clinic appointment that was also to pick up her ARVs. “I was shouted at by the nurse and then disrespected by how rude she was — it’s an assault, the things she said to me.”

The nurse also refused to help Julie that day and told her to come back the following day.

“But I never went back — I never want to go back there and I will tell people not to go there,” she says.

She managed to get help through a mobile clinic run by the NGO, TB HIV Care and also from Aurum. With the help of the NGOs she’s been able to get her ARVs and start hormone therapy. It’s something she never even thought to ask for at Northdale.

“I’m really happy and everything is working fine now. I think the problem with a public clinic is that they treat patients badly because there are so many ‘stages’ to go through, so they don’t ever get into trouble,” says Julie. She adds that patients do not have access to a proper way of complaining and to have their problems resolved and for staff to be accountable.

“You have to find their line manager and then the person above that person, so it means that nurse can hide,” says Julie.

Julie is also a sex worker and she says she used to have to collect condoms in the reception area of the clinic in full view of everyone else. It was not ideal, she says, but over time she came to a personal reckoning that her safety was more important than the sense of discomfort.

“I would say to anyone else, including other sex workers, you can’t care about what anyone else thinks. You can only think about your health. I knew that without those condoms I would be putting myself at risk,” she says.

But her key message is for nurses: “You shouldn’t care about someone’s gender; we are all your patients — just do your job.”

* Name changed to protect identity

Table 26: Package of KP-specific provision

PACKAGE OF KP SPECIFIC SERVICE PROVISION	
<p>GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN</p> <ul style="list-style-type: none"> + 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 <p>PEOPLE WHO USE DRUGS</p> <ul style="list-style-type: none"> + 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 	<p>SEX WORKERS</p> <ul style="list-style-type: none"> + 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 <p>TRANS PEOPLE</p> <ul style="list-style-type: none"> + 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 <p>ALL KPS</p> <ul style="list-style-type: none"> + Peer educators/navigators at the facility level

8. Index testing

2021

85% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing

88% of PLHIV reported that they were asked about the risk of violence from their partner

90% of facilities always screen PLHIV for intimate partner violence

52% of facilities trace all contacts regardless of reports of violence reported violence

2022

90% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing

87% of PLHIV reported that they were asked about the risk of violence from their partner

94% of facilities always screen PLHIV for intimate partner violence

42% of facilities trace all contacts regardless of reports of violence reported violence

2023

92% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing

92% of PLHIV reported that they were asked about the risk of violence from their partner

88% of facilities always screen PLHIV for intimate partner violence

54% of facilities trace all contacts regardless of reports of violence reported violence

RECOMMENDATIONS

KWAZULU-NATAL DEPARTMENT OF HEALTH

- Follow all protocols outlined in the National Department of Health guidelines on index testing including that:
 - Index testing is always voluntary**
 - 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
 - No contacts who have ever been violent or are at risk of being violent are ever be contacted**
 - Adequate IPV services available** at the facility or by referral
 - Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual
 - 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.
 - 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.
- 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.
- Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.

RECOMMENDATIONS

BROADREACH & HEALTH SYSTEMS TRUST

- Follow all protocols outlined in the National Department of Health guidelines on index testing including that:
 - Index testing is always voluntary**
 - 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
 - No contacts who have ever been violent or are at risk of being violent are ever be contacted**
 - Adequate IPV services available** at the facility or by referral
 - Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual
 - 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
 - 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.
- 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.
- Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.



RECOMMENDATIONS

PEPFAR

1. PEPFAR must follow-through on commitments in COP23, 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.

99% of facilities monitored by Ritshidze engage in index testing and of 3,651 people living with HIV interviewed, 86% 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.

Overall, in terms of consent, 92% reported that they were allowed to refuse to give the names of their partners. Index testing must always be completely voluntary. Positively 83 facilities had perfect scores where 100% of people reported that they were told they could refuse (Table 27). However, some facilities performed much worse, with 0% of respondents reporting they could refuse at Waterloo Clinic and Driefontein Clinic for example (Table 28).

Table 27: Facilities with perfect scores on people living with HIV reporting they were told they could refuse to engage in index testing (July to August 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
eThekweni	Addington Gateway Clinic	18	18	0	0	100%
	Bluff Clinic	28	28	0	0	100%
	Caneside Clinic	26	26	0	0	100%
	Cato Manor CHC	29	29	0	0	100%
	Chatsworth Township Centre Clinic	27	27	0	0	100%
	Chesterville Clinic	26	26	0	0	100%
	Folweni Clinic	30	30	0	0	100%
	Glen Earle Clinic	27	27	0	0	100%
	Halley Stott Clinic	35	35	0	0	100%
	Isipingo Clinic	27	27	0	0	100%
	Kingsburgh Clinic	30	30	0	0	100%
	Klaarwater Clinic	20	20	0	0	100%
	KwaMakhutha Clinic	30	30	0	0	100%
	KwaMashu Poly CHC	55	55	0	0	100%
	Lamontville Clinic	29	29	0	0	100%
	Luganda Clinic	22	22	0	0	100%
	Molweni Clinic	34	34	0	0	100%
	Mpola Clinic	19	19	0	0	100%
	Mpumalanga Clinic	30	30	0	0	100%
	Nagina Clinic	21	21	0	0	100%
	New Germany Clinic	32	32	0	0	100%
	Newlands West Clinic	12	12	0	0	100%
	Nsimbini Clinic	25	25	0	0	100%
	Ntuzuma Clinic	30	30	0	0	100%
	Osizweni (Umlazi Q) Clinic	25	25	0	0	100%
	Overport Clinic	21	21	0	0	100%
	Pinetown Clinic	33	33	0	0	100%
	Qadi Clinic	34	34	0	0	100%
	Queensburgh Clinic	32	32	0	0	100%
	Redhill Clinic	26	26	0	0	100%
	Reservoir Hills Clinic	29	29	0	0	100%
	Savannah Park Clinic	30	30	0	0	100%
	Sydenham Heights Clinic	29	29	0	0	100%
	Tshelimnyama Clinic	19	19	0	0	100%
Umbumbulu Clinic	30	30	0	0	100%	
Umlazi K Clinic	28	28	0	0	100%	
Umlazi N Clinic	25	25	0	0	100%	
Umlazi U21 Clinic	33	33	0	0	100%	
Umzomuhle (Umlazi H) Clinic	25	25	0	0	100%	
Westville Clinic	16	16	0	0	100%	
Wyebank Clinic	27	27	0	0	100%	

District	Facility	Surveys Completed	Yes	No	Don't know	Score
King Cetshwayo	Beckenham Clinic	26	26	0	0	100%
	Eshowe Gateway Clinic	30	30	0	0	100%
	Gingindlovu Clinic	29	29	0	0	100%
	King Dinuzulu Clinic	29	29	0	0	100%
	KwaMbonambi Clinic (Sappi Clinic)	25	25	0	0	100%
	Mvutshini Clinic	38	38	0	0	100%
	Richards Bay Clinic	26	26	0	0	100%
	Sphilile Clinic	29	29	0	0	100%
	Umbonambi Clinic	29	29	0	0	100%
Ugu	Gamalakhe CHC	34	34	0	0	100%
	Gcilima Clinic	29	29	0	0	100%
	Izingolweni Clinic	31	31	0	0	100%
	KwaMbunde Clinic	30	30	0	0	100%
	Margate Clinic	30	30	0	0	100%
	Mfundo Arnold Lushaba CHC	31	30	0	1	100%
	Port Edward Clinic	30	30	0	0	100%
	Umzinto Clinic	29	29	0	0	100%
uMgungundlovu	Azalea Clinic	25	25	0	0	100%
	Howick Clinic	9	9	0	0	100%
	Impilwenhle Clinic	26	26	0	0	100%
	Mafakathini Clinic	4	4	0	0	100%
	Mpophomeni Clinic	1	1	0	0	100%
	Mpumuzu Clinic	27	27	0	0	100%
	Pata Clinic	18	18	0	0	100%
	Songonzima Clinic	24	24	0	0	100%
	Taylors Halt Clinic	19	19	0	0	100%
uThukela	AE Haviland Memorial Clinic	27	27	0	0	100%
	Bergville Clinic	11	11	0	0	100%
	Dukuza Clinic	17	17	0	0	100%
	Oliviershoek Clinic	20	20	0	0	100%
	Steadville Clinic	28	28	0	0	100%
	Walton Clinic	2	2	0	0	100%
	Wembezi Clinic	28	28	0	0	100%
Zululand	Emkhwakhweni Clinic	25	25	0	0	100%
	KwaShoba Clinic	32	32	0	0	100%
	Mashona Clinic	24	24	0	0	100%
	Ncotshane Clinic	27	27	0	0	100%
	Nhlungwane Clinic	19	19	0	0	100%
	Nomdiya Clinic	17	17	0	0	100%
	Pongola Clinic	28	28	0	0	100%
	Queen Nolonolo Clinic	24	24	0	0	100%
	Ulundi A Clinic	20	20	0	0	100%



Table 28: Worst performing sites on people living with HIV reporting they were told they could refuse to engage in index testing (July to August 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
eThekwini	Waterloo Clinic	17	0	17	0	0%
uThukela	Driefontein Clinic	1	0	1	0	0%
eThekwini	Ottawa Clinic	23	1	22	0	4%
eThekwini	Verulam Clinic	25	1	21	3	5%
eThekwini	Tongaat CHC	20	1	19	0	5%
eThekwini	Redcliffe Clinic	26	2	24	0	8%
eThekwini	Hambanathi Clinic	20	4	16	0	20%
eThekwini	Besters Clinic	30	11	19	0	37%
eThekwini	Amaoti Clinic	24	9	15	0	38%
uMgungundlovu	Sondelani Clinic	5	2	3	0	40%
eThekwini	Lindelani Clinic	28	14	14	0	50%
eThekwini	Phoenix CHC	21	12	9	0	57%
eThekwini	Sivananda Clinic	24	15	9	0	63%

This year only 88% of facilities say they screen for intimate partner violence (IPV) as part of their index testing protocol — down from 94% last year — and of 3,116 people living with HIV, 92% reported that they were asked about the risk of violence from their partners. Positively 67 facilities had perfect scores where 100% of people reported that they were

asked about the risk of violence from their partners (Table 29). However, again some facilities performed much worse, with only 15% of people reporting an IPV screen at Maluti CHC for example (Table 30). There must always be an IPV screen to protect people's safety who undergo index testing.

Table 29: Facilities with perfect scores on people living with HIV reporting they were asked about the risk of violence from their partner(s) (July to August 2023)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
eThekwini	Addington Gateway Clinic	18	18	0	0	100%
	Bluff Clinic	28	28	0	0	100%
	Caneside Clinic	26	26	0	0	100%
	Cato Manor CHC	29	29	0	0	100%
	Chatsworth Township Centre Clinic	27	27	0	0	100%
	Chesterville Clinic	26	26	0	0	100%
	Folweni Clinic	30	30	0	0	100%
	Glen Earle Clinic	27	27	0	0	100%
	Goodwins Clinic	33	33	0	0	100%
	Hlengisizwe CHC	27	27	0	0	100%
	Isipingo Clinic	27	27	0	0	100%
	Kingsburgh Clinic	30	30	0	0	100%
	Lamontville Clinic	29	29	0	0	100%
	Molweni Clinic	34	34	0	0	100%
	Mpola Clinic	19	19	0	0	100%
	Mpumalanga Clinic	30	30	0	0	100%
	New Germany Clinic	32	32	0	0	100%
	Newlands West Clinic	12	12	0	0	100%
	Osizweni (Umlazi Q) Clinic	25	25	0	0	100%
	Overport Clinic	21	21	0	0	100%
Pinetown Clinic	33	33	0	0	100%	

District	Facility	Surveys Completed	Yes	No	Don't know	Score
eThekweni	Prince Mshiyeni Gateway Clinic	30	30	0	0	100%
	Queensburgh Clinic	32	31	0	1	100%
	Redhill Clinic	26	26	0	0	100%
	Reservoir Hills Clinic	29	29	0	0	100%
	Savannah Park Clinic	30	30	0	0	100%
	Sydenham Heights Clinic	29	29	0	0	100%
	Umbumbulu Clinic	30	30	0	0	100%
	Umlazi N Clinic	25	25	0	0	100%
	Umlazi U21 Clinic	33	33	0	0	100%
	Umzomuhle (Umlazi H) Clinic	25	25	0	0	100%
	Westville Clinic	16	16	0	0	100%
	Wyebank Clinic	27	27	0	0	100%
King Cetshwayo	Eshowe Gateway Clinic	30	30	0	0	100%
	Gingindlovu Clinic	29	29	0	0	100%
	King Dinuzulu Clinic	29	29	0	0	100%
	KwaMbonambi Clinic (Sappi Clinic)	25	25	0	0	100%
	Mvutshini Clinic	38	38	0	0	100%
	Nseleni CHC	27	27	0	0	100%
	Richards Bay Clinic	26	26	0	0	100%
	Sphilile Clinic	29	29	0	0	100%
Ugu	Gamalakhe CHC	34	34	0	0	100%
	Izingolweni Clinic	31	31	0	0	100%
	KwaMbunde Clinic	30	30	0	0	100%
	Marburg Clinic	27	27	0	0	100%
	Margate Clinic	30	30	0	0	100%
	Port Edward Clinic	30	30	0	0	100%
	Port Shepstone Clinic	32	32	0	0	100%
	Southport Clinic	27	27	0	0	100%
uMgungundlovu	Azalea Clinic	25	25	0	0	100%
	Howick Clinic	9	9	0	0	100%
	Impilwenhle Clinic	26	26	0	0	100%
	Mafakathini Clinic	4	4	0	0	100%
	Mpophomeni Clinic	1	1	0	0	100%
	Mpumuzu Clinic	27	27	0	0	100%
	Songonzima Clinic	24	24	0	0	100%
	Taylor's Halt Clinic	19	19	0	0	100%
uThukela	Amazizi Clinic	17	17	0	0	100%
	Dukuza Clinic	17	17	0	0	100%
	Oliviershoek Clinic	20	20	0	0	100%
	Walton Clinic	2	2	0	0	100%
Zululand	Emkhwakhweni Clinic	25	25	0	0	100%
	KwaShoba Clinic	32	32	0	0	100%
	Mashona Clinic	24	24	0	0	100%
	Ncotshane Clinic	27	27	0	0	100%
	Nhlungwane Clinic	19	19	0	0	100%
	Pongola Clinic	28	28	0	0	100%

Table 30: Worst performing sites on people living with HIV who reported they were asked about risk of violence from their partner(s) (July to August 2023)

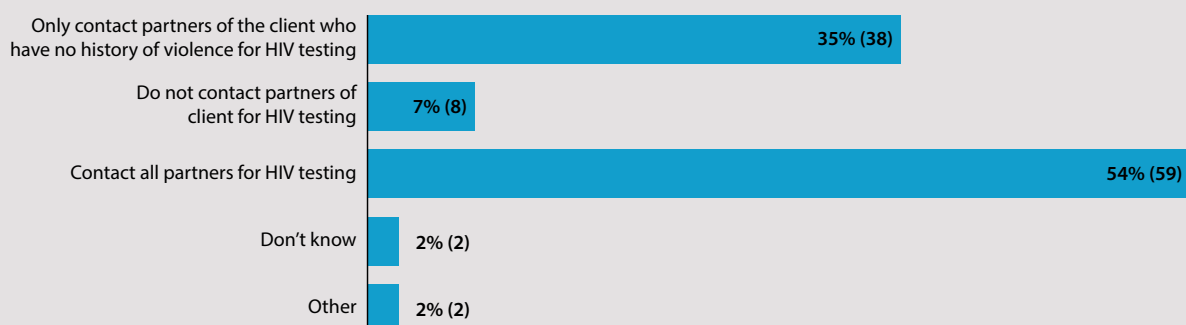
District	Facility	Surveys Completed	Yes	No	Don't know	Score
uThukela	Driefontein Clinic	1	0	1	0	0%
uThukela	Bergville Clinic	11	1	9	1	10%
eThekwini	Verulam Clinic	29	4	25	0	14%
eThekwini	Tongaat CHC	21	3	18	0	14%
eThekwini	Waterloo Clinic	18	4	13	1	24%
uThukela	Emmaus Gateway Clinic	11	4	7	0	36%
eThekwini	Ottawa Clinic	20	7	12	1	37%
eThekwini	Hambanathi Clinic	21	9	10	2	47%
eThekwini	Redcliffe Clinic	29	14	12	3	54%
uMgungundlovu	Sondelani Clinic	5	3	2	0	60%
uThukela	AE Haviland Memorial Clinic	27	19	8	0	70%
eThekwini	Amaoti Clinic	24	17	6	1	74%
uThukela	Injisuthi Clinic	32	24	8	0	75%
uThukela	Wembezi Clinic	28	21	7	0	75%
uThukela	Ncibidwane Clinic	32	24	8	0	75%
eThekwini	Phoenix CHC	21	16	5	0	76%

Worryingly still 54% 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 34) — up

from 42% last year. 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 34: In case of violence from a sexual partner, what do you do with the contact information of the sexual partner? (July to August 2023)

Facility Staff Surveyed: 109

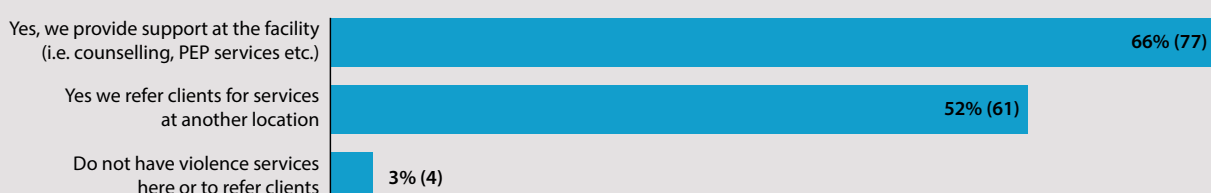


The majority of sites said that if people living with HIV screen positive for IPV they offer them services either on site or by referral (Figure 35). However, all facilities should be able to provide on site or referred services for IPV. Screening for IPV at sites without

adequate IPV services to respond to an individual's '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.

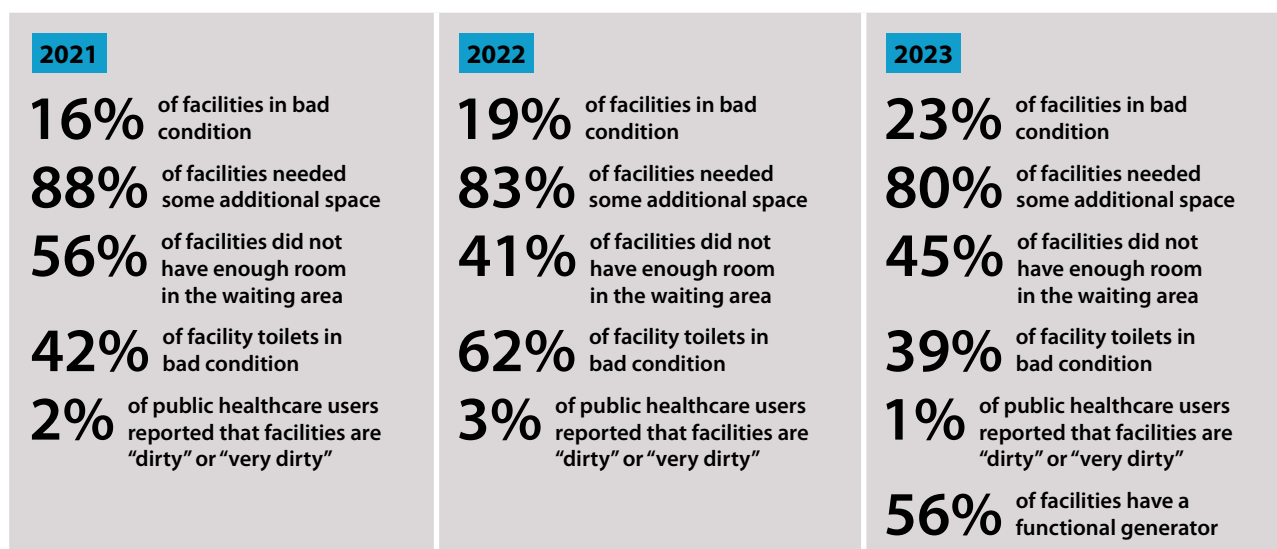
Figure 35: In case of violence from a sexual partner, what additional services do you provide? (July to August 2023)

Facility Staff Surveyed: 117





9. Infrastructure and clinic conditions



RECOMMENDATIONS

KWAZULU-NATAL DEPARTMENT OF HEALTH

1. Ensure that all public health facilities have a **functional generator with sufficient fuel and rechargeable bulbs** 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 **are being supported into out of facility RPCs and receiving longer ART refills**, to reduce the burden on overcrowded clinics
5. Ensure that **all facilities are maintained to the highest standards of cleanliness** including through implementing regular cleaning rotas
6. Ensure clinics have resources to **provide soap and toilet paper in all toilets**

The country's loadshedding crisis negatively impacts the provision of healthcare in our clinics and can often lead to people waiting much longer to collect medicines or consult with a clinician. In KwaZulu-Natal the most common challenges include delays in finding files when filing rooms are in darkness, increasing overall waiting times, medicines getting spoilt, 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 36). Generators at each facility could resolve these challenges, yet only 56% of facilities monitored have a generator that is working and has fuel (Figure 37).

Figure 36: What challenges does the facility face because of loadshedding? (July to August 2023)

Facility Staff Surveyed: 126

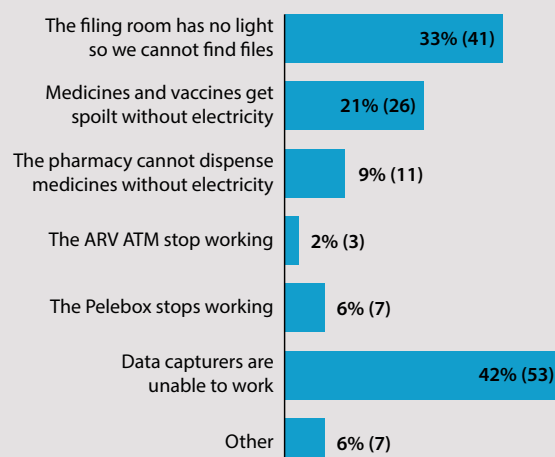
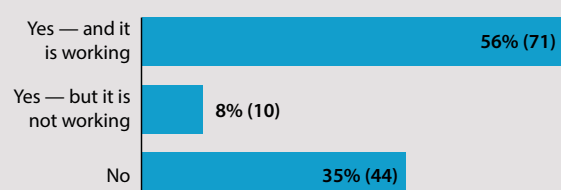


Figure 37: Is there a generator at the facility? (July to August 2023)

Facility Staff Surveyed: 126



80% of facilities reported needing more space — with waiting space, rooms for medical care, filing space, and storage given as the most common things facilities needed extra space for.

77% of facilities monitored in KwaZulu-Natal are in good condition. Of the 23% in bad condition, the most common reasons are that buildings are old and in need of renovation, there are broken or cracked roofs, walls, or floors, and there is broken furniture (Table 31).

80% of facilities reported needing more space — with waiting

space, rooms for medical care, filing space, and storage given as the most common things facilities needed extra space for (Figure 38). 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.

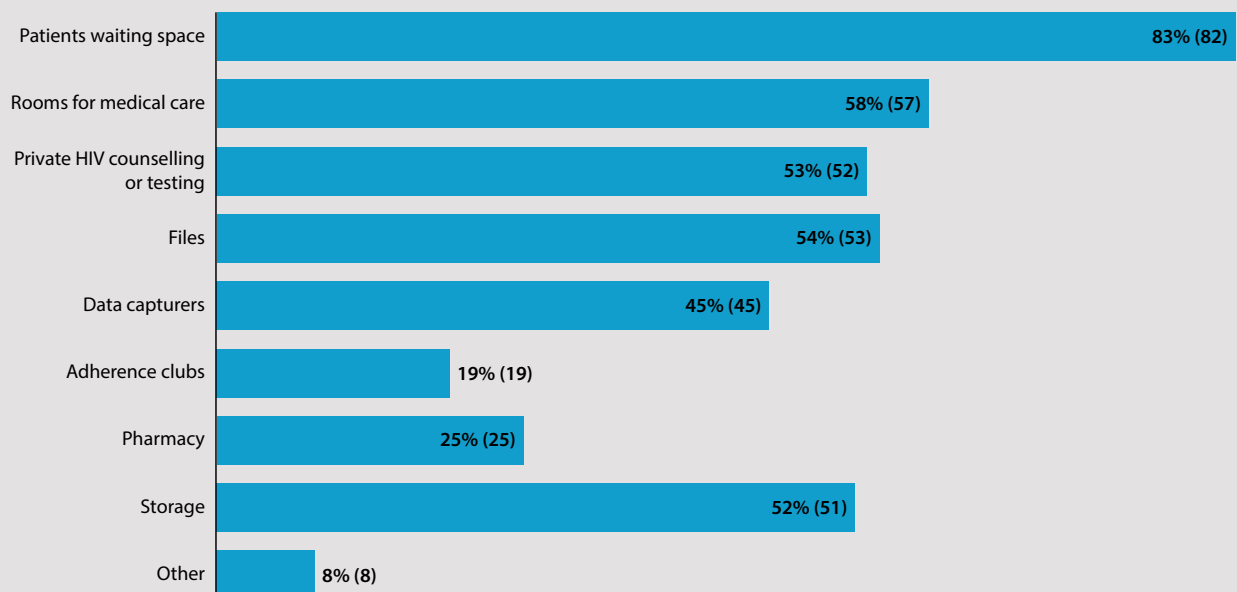
Table 31: Concerns with the condition of building (July to August 2023)

District	Facility	No light /or lights	Broken furniture	Broken or cracked roof, walls or floor	No running water at the facility	Broken windows or doors	Old building needs renovation	Rubbish Piles	Other
eThekweni	Addington Gateway Clinic			1				1	
	Athlone Park Hall Clinic						1		
	Besters Clinic						1		
	Chesterville Clinic			1			1		
	Clare Estate Clinic			1			1		
	Glen Earle Clinic		1				1	1	
	Hambanathi Clinic		1						
	Inanda C CHC				1		1		
	Lamontville Clinic					1			
	Newlands West Clinic		1	1			1		
	Osizweni (Umlazi Q) Clinic	1	1			1	1		
	Sivananda Clinic						1		
	Tshelimnyama Clinic						1		
	Umlazi D Clinic						1		
Umzomuhle (Umlazi H) Clinic						1			
King Cetshwayo	Beckenham Clinic						1		
	KwaMbonambi Clinic (Sappi Clinic)						1		
	Meerensee Clinic						1		
Ugu	Marburg Clinic	1	1	1			1		
	Margate Clinic						1		
	Port Shepstone Clinic	1		1			1		
	Umzinto Clinic		1	1			1		
uMgungundlovu								1	
uThukela	Acaciavale Clinic					1			
	Driefontein Clinic			1					
	Dukuza Clinic			1			1		
	Walton Clinic			1					
	Watersmeet Clinic			1					
Zululand		1							



Figure 38: What do you need more space for? (April to May 2023)

Facility Staff Surveyed: 99



On overall cleanliness, positively 76% of public healthcare users reported that facilities were very clean/clean — and only 1% reported that facilities were very dirty/

dirty. Again, KwaZulu-Natal was in the top performing provinces on this indicator. The best (Table 32) and worst (Table 33) performing sites are shown in the tables.



Table 32: Best performing sites on clinic cleanliness (July to August 2023)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
eThekwini	Molweni Clinic	72	0	0	0	0	72	5
eThekwini	Mpumalanga Clinic	78	0	0	0	0	78	5
King Cetshwayo	Sphilile Clinic	50	0	0	0	0	50	5
Ugu	Gamalakhe CHC	51	0	0	0	0	51	5
Ugu	Gcilima Clinic	50	0	0	0	0	50	5
Ugu	Izingolweni Clinic	57	0	0	0	0	57	5
Ugu	KwaMbunde Clinic	53	0	0	0	0	53	5
Ugu	Margate Clinic	51	0	0	0	0	51	5
Ugu	Port Edward Clinic	53	0	0	0	0	53	5
uMgungundlovu	Azalea Clinic	51	0	0	0	0	51	5
uMgungundlovu	Caluza Clinic	50	0	0	0	0	50	5
uMgungundlovu	Willowfountain Clinic	54	0	0	0	0	54	5
eThekwini	New Germany Clinic	63	0	0	0	1	62	4.98
eThekwini	Wyebank Clinic	59	0	0	0	1	58	4.98
King Cetshwayo	King Dinuzulu Clinic	51	0	0	0	1	50	4.98
uMgungundlovu	Mafakathini Clinic	50	0	0	0	1	49	4.98
uMgungundlovu	Howick Clinic	50	0	0	0	2	48	4.96
uMgungundlovu	Songonzima Clinic	55	0	0	1	0	54	4.96
uMgungundlovu	Impilwenhle Clinic	56	0	0	1	1	54	4.95
uMgungundlovu	Ntembeni Clinic	51	0	0	0	3	48	4.94
uThukela	Driefontein Clinic	51	0	0	0	3	48	4.94
eThekwini	Cato Manor CHC	64	0	0	0	5	59	4.92
King Cetshwayo	Gingindlovu Clinic	50	0	0	0	4	46	4.92
uMgungundlovu	Mpophomeni Clinic	52	0	0	0	4	48	4.92
uThukela	Walton Clinic	51	0	0	0	4	46	4.92
Zululand	Mashona Clinic	55	0	0	0	5	49	4.91
uMgungundlovu	Taylor's Halt Clinic	50	0	0	0	5	45	4.9
uThukela	Acaciavale Clinic	51	0	0	0	6	45	4.88
uThukela	Watersmeet Clinic	50	0	0	0	6	44	4.88
eThekwini	Savannah Park Clinic	80	0	0	1	9	70	4.86
uThukela	Ekuvukeni Clinic	51	0	0	0	7	44	4.86
eThekwini	Halley Stott Clinic	80	0	0	3	6	71	4.85
Zululand	Nomdiya Clinic	55	0	0	0	10	45	4.82
Zululand	Nhlungwane Clinic	51	0	0	0	12	39	4.76



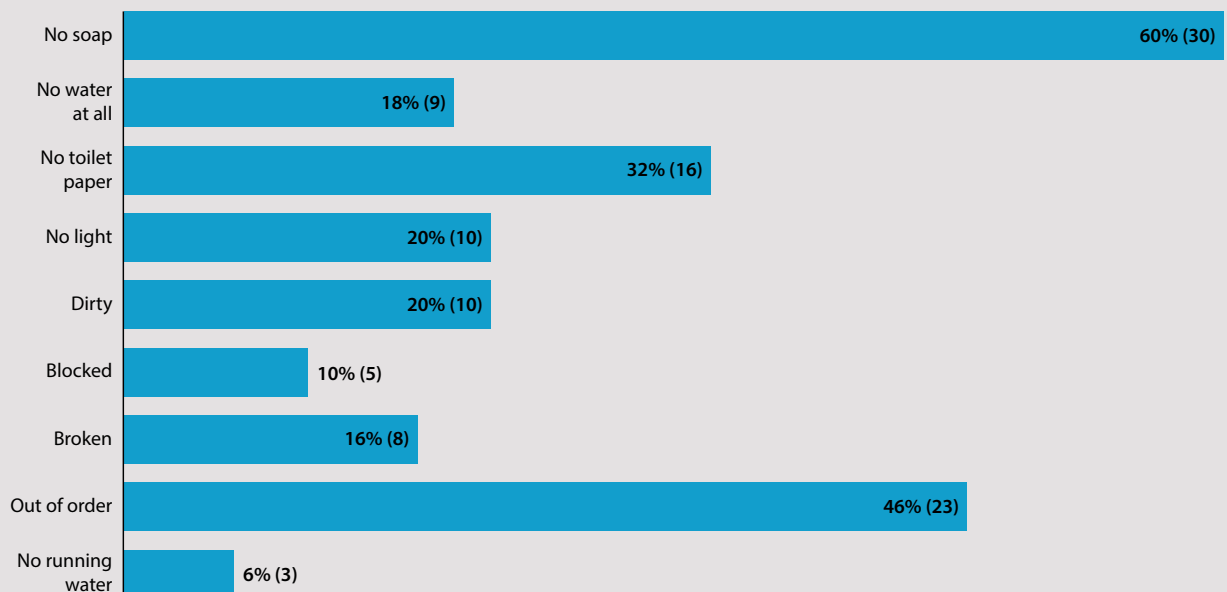
Table 33: Worst performing sites on clinic cleanliness (July to August 2023)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
King Cetshwayo	Nseleni CHC	55	0	28	27	0	0	2.49
Ugu	Umzinto Clinic	55	0	10	41	4	0	2.89
King Cetshwayo	Richards Bay Clinic	52	0	0	51	1	0	3.02
King Cetshwayo	Umbonambi Clinic	51	0	0	50	1	0	3.02
Zululand	Emkhawhweni Clinic	50	0	0	49	1	0	3.02
eThekweni	Isipingo Clinic	53	0	0	50	3	0	3.06
King Cetshwayo	Beckenham Clinic	52	0	0	47	5	0	3.1
King Cetshwayo	KwaMbonambi Clinic (Sappi Clinic)	52	0	0	46	6	0	3.12
eThekweni	Hlengisizwe CHC	54	0	5	36	13	0	3.15
King Cetshwayo	Meerensee Clinic	50	0	0	42	8	0	3.16
Zululand	Queen Nolonolo Clinic	50	0	0	43	3	4	3.22

39% of Ritshidze observations found that toilets were in bad condition — with no soap, toilets being out of order, no toilet paper given as the most common reasons (Figure 39).

Figure 39: Concerns with the condition of the toilets (July to August 2023)

Observations Completed: 50





10. TB infection control

2021	2022	2023	
0 facilities were awarded green status	3 facilities were awarded green status	7 facilities scored green status	<p>Green (checking all six measures on the TB infection control scorecard)</p> <p>Yellow (following about half of the best practice measures)</p> <p>Red (failing altogether at meeting the best practices to stop the spread of TB)</p>
99 facilities scored yellow status	89 facilities scored yellow status	90 facilities scored yellow status	
34 facilities scored red status	31 facilities scored red status	30 facilities scored red status	

RECOMMENDATIONS

KWAZULU-NATAL DEPARTMENT OF HEALTH

1. Issue communication to all facilities stating that:

- All windows must be kept open
- TB infection control posters must be displayed in visible places in the waiting area
- Public healthcare users must be screened for TB symptoms upon arrival
- People coughing or with TB symptoms must be seen first to reduce the risk of transmission
- People coughing or with TB symptoms must be provided with masks
- 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?

1 Is there enough room in the waiting area?

2 Are you seen within 1 hour 15 minutes of arriving at the facility?

3 Are the windows open?

4 Are people in the facility waiting area asked if they have TB symptoms?

5 Are people who cough a lot or who may have TB given tissues or TB masks?

6 Are people who are coughing separated from those who are not?

7 Are there posters telling you to cover your mouth when coughing or sneezing?

SCORING SYSTEM:

- RED** 3+ questions answered “no”
YELLOW 1-2 questions answered “no”
GREEN 0 questions answered “no”



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 July and August 2023, 7 facilities were awarded green status for checking all six measures on the scorecard. 71% of facilities scored yellow status for following about half of the best practice measures for infection control. It leaves 24% of facilities surveyed failing altogether at meeting the six basic best practices to stop the spread of TB (Table 34).

BY INDICATOR

- + Only 55% of facilities had enough room in the waiting area
- + 96% of facilities had the windows open
- + 98% of facilities had TB infection control posters
- + Of 7,212 responses, only 77% say staff always ask people in the waiting areas if they have TB symptoms
- + Of 7,198 responses, only 65% say people coughing in waiting areas are always moved to a separate room
- + Of 7,022 responses, only 53% say people who are coughing in the waiting room are always given a mask

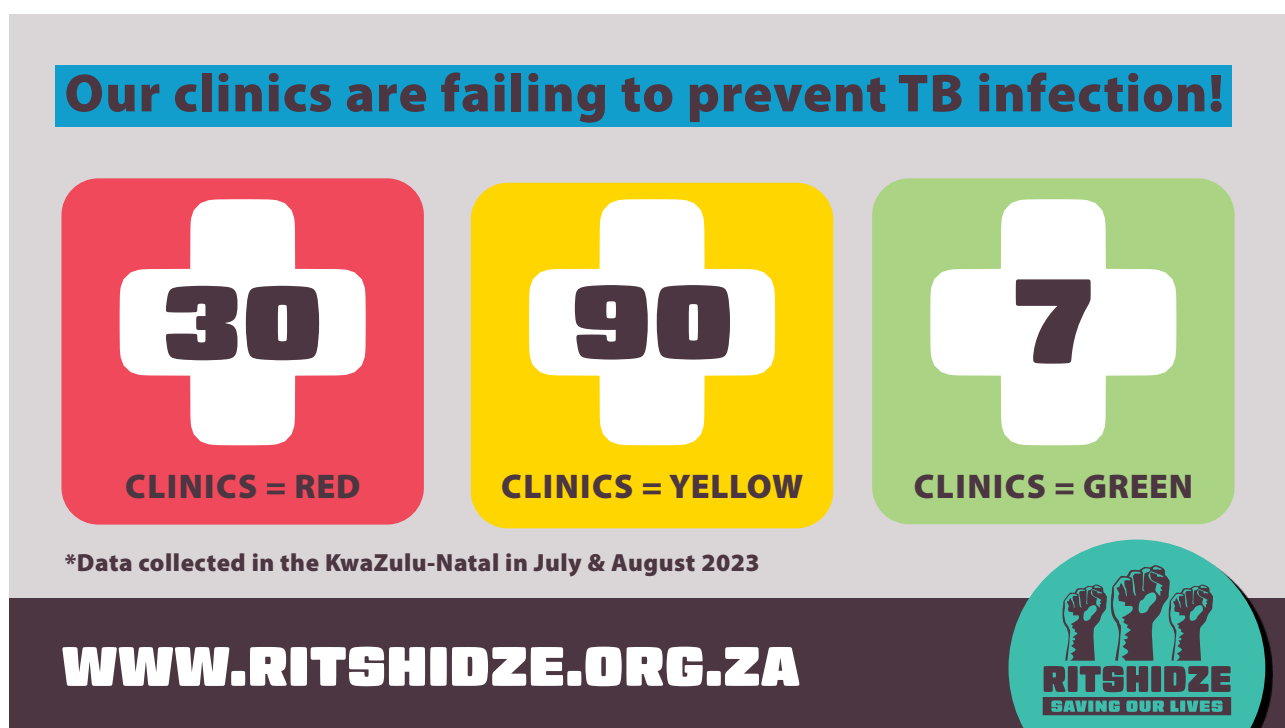


Table 34: TB Infection Control (July to August 2023)

District	Facility	Enough room in the waiting area?	Were the facility windows open?	Are there posters telling patients 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
eThekweni	Addington Gateway Clinic	100%	100%	100%	100%	01:47	100%	YELLOW
	Amanzimtoti Clinic	100%	100%	100%	31%	02:46	35%	RED
	Amaoti Clinic	0%	100%	100%	2%	02:12	79%	RED
	Athlone Park Hall Clinic	0%	100%	100%	0%	03:03	10%	RED
	Besters Clinic	0%	100%	100%	3%	01:21	11%	RED
	Bluff Clinic	0%	100%	100%	0%	02:08	0%	RED
	Caneside Clinic	100%	100%	100%	NA	02:19	0%	YELLOW
	Cato Manor CHC	100%	100%	100%	97%	02:35	97%	YELLOW
	Chatsworth Township Centre Clinic	100%	100%	100%	0%	02:18	0%	RED

District	Facility	Enough room in the waiting area?	Were the facility windows open?	Are there posters telling patients 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
eThekweni	Chesterville Clinic	0%	100%	100%	97%	02:44	94%	YELLOW
	Clare Estate Clinic	0%	100%	100%	83%	01:52	89%	YELLOW
	Ekuphileni (Umlazi L) Clinic	100%	100%	100%	67%	01:25	39%	YELLOW
	Folweni Clinic	100%	0%	100%	45%	01:49	100%	RED
	Glen Earle Clinic	100%	100%	100%	90%	02:33	90%	YELLOW
	Goodwins Clinic	100%	100%	100%	100%	03:51	100%	YELLOW
	Halley Stott Clinic	100%	100%	100%	100%	02:05	100%	YELLOW
	Hambanathi Clinic	100%	100%	100%	74%	03:06	96%	YELLOW
	Hlengisizwe CHC	100%	100%	100%	85%	02:31	91%	YELLOW
	Illovu Clinic	100%	100%	100%	0%	03:12	6%	RED
	Inanda C CHC	0%	100%	100%	40%	03:35	40%	RED
	Inanda Seminary Clinic	100%	100%	0%	99%	02:25	99%	YELLOW
	Isipingo Clinic	100%	100%	100%	57%	02:22	89%	YELLOW
	Kingsburgh Clinic	0%	100%	100%	6%	02:55	31%	RED
	Klaarwater Clinic	100%	100%	100%	70%	02:06	76%	YELLOW
	KwaMakhutha Clinic	100%	100%	100%	42%	01:35	95%	YELLOW
	KwaMashu B Clinic	100%	100%	0%	98%	02:25	98%	YELLOW
	KwaMashu Poly CHC	100%	100%	100%	100%	03:25	100%	YELLOW
	KwaNdengezi Clinic	0%	100%	100%	94%	02:06	85%	YELLOW
	Lamontville Clinic	100%	100%	100%	0%	02:06	0%	RED
	Lindelani Clinic	0%	100%	0%	0%	01:10	25%	RED
	Luganda Clinic	0%	100%	100%	92%	02:03	94%	YELLOW
	Molweni Clinic	100%	100%	100%	100%	02:04	100%	YELLOW
	Mpola Clinic	0%	100%	100%	95%	02:30	95%	YELLOW
	Mpumalanga Clinic	100%	100%	100%	100%	02:01	100%	YELLOW
	Nagina Clinic	0%	100%	100%	82%	02:04	94%	YELLOW
	New Germany Clinic	100%	100%	100%	100%	01:45	100%	YELLOW
	Newlands West Clinic	0%	100%	100%	100%	01:58	100%	YELLOW
	Nsimbini Clinic	100%	100%	100%	60%	02:54	98%	YELLOW
	Ntuzuma Clinic	100%	100%	100%	98%	02:35	97%	YELLOW
	Osizweni (Umlazi Q) Clinic	0%	100%	100%	98%	02:23	100%	YELLOW
	Ottawa Clinic	100%	100%	100%	74%	02:32	96%	YELLOW
	Overport Clinic	0%	100%	100%	100%	01:35	100%	YELLOW
	Phoenix CHC	100%	100%	100%	3%	04:00	37%	RED
Pinetown Clinic	100%	100%	100%	90%	01:59	87%	YELLOW	
Prince Mshiyeni Gateway Clinic	100%	100%	100%	100%	02:42	2%	YELLOW	
Qadi Clinic	100%	100%	100%	100%	03:20	91%	YELLOW	
Queensburgh Clinic	100%	100%	100%	0%	02:43	0%	RED	
Redcliffe Clinic	0%	100%	100%	72%	02:47	100%	YELLOW	

District	Facility	Enough room in the waiting area?	Were the facility windows open?	Are there posters telling patients 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
eThekweni	Redhill Clinic	100%	100%	100%	90%	01:40	74%	YELLOW
	Reservoir Hills Clinic	0%	100%	100%	89%	01:57	85%	YELLOW
	Savannah Park Clinic	100%	100%	100%	100%	01:50	100%	YELLOW
	Shallcross Clinic	100%	100%	100%	0%	02:16	12%	RED
	Sivananda Clinic	0%	100%	100%	4%	02:43	11%	RED
	Sydenham Heights Clinic	100%	100%	100%	100%	01:46	100%	YELLOW
	Tongaat CHC	100%	100%	100%	88%	03:44	98%	YELLOW
	Tshelimnyama Clinic	0%	0%	100%	70%	01:58	93%	RED
	Umbumbulu Clinic	100%	100%	100%	47%	02:26	98%	YELLOW
	Umlazi D Clinic	100%	100%	100%	90%	03:41	88%	YELLOW
	Umlazi K Clinic	100%	100%	100%	98%	02:32	96%	YELLOW
	Umlazi N Clinic	0%	100%	100%	100%	02:43	100%	YELLOW
	Umlazi U21 Clinic	100%	100%	100%	32%	02:15	90%	YELLOW
	Umzomuhle (Umlazi H) Clinic	100%	100%	100%	77%	02:39	94%	YELLOW
	Verulam Clinic	100%	100%	100%	65%	03:48	98%	YELLOW
	Waterloo Clinic	0%	100%	100%	81%	03:27	100%	YELLOW
	Westville Clinic	0%	100%	100%	100%	01:38	100%	YELLOW
	Wyebank Clinic	100%	100%	100%	100%	01:15	100%	GREEN
King Cetshwayo	Beckenham Clinic	100%	100%	100%	46%	00:59	46%	RED
	Eshowe Gateway Clinic	100%	100%	100%	43%	02:49	100%	YELLOW
	Gingindlovu Clinic	0%	100%	100%	72%	01:31	100%	YELLOW
	King Dinuzulu Clinic	100%	100%	100%	98%	01:14	100%	GREEN
	KwaMbonambi Clinic (Sappi Clinic)	0%	100%	100%	48%	01:30	54%	RED
	Meerensee Clinic	0%	100%	100%	26%	01:11	28%	RED
	Mvutshini Clinic	0%	100%	100%	100%	00:39	100%	YELLOW
	Nseleni CHC	0%	100%	100%	60%	02:43	64%	YELLOW
King Cetshwayo	Richards Bay Clinic	0%	0%	100%	52%	01:37	58%	RED
	Sphilile Clinic	100%	100%	100%	98%	01:03	98%	GREEN
	Umbonambi Clinic	100%	100%	100%	57%	01:02	51%	GREEN
Ugu	Gamalakhe CHC	100%	100%	100%	100%	03:53	100%	YELLOW
	Gcilima Clinic	0%	100%	100%	100%	03:56	100%	YELLOW
	Izingolweni Clinic	100%	100%	100%	100%	03:59	100%	YELLOW
	KwaMbunde Clinic	100%	100%	100%	100%	03:37	100%	YELLOW
	Marburg Clinic	0%	100%	100%	92%	02:46	100%	YELLOW
	Margate Clinic	0%	100%	100%	100%	04:00	100%	YELLOW
	Mfundo Arnold Lushaba CHC	100%	100%	100%	85%	02:13	89%	YELLOW
	Port Edward Clinic	100%	100%	100%	100%	03:29	100%	YELLOW
	Port Shepstone Clinic	0%	100%	100%	94%	02:39	98%	YELLOW
	Southport Clinic	0%	0%	100%	96%	02:34	93%	RED
	Umzinto Clinic	0%	100%	100%	93%	02:20	96%	YELLOW

District	Facility	Enough room in the waiting area?	Were the facility windows open?	Are there posters telling patients 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
uMgungundlovu	Azalea Clinic	0%	100%	100%	90%	01:31	100%	YELLOW
	Caluza Clinic	100%	100%	100%	68%	03:02	90%	YELLOW
	Howick Clinic	0%	100%	100%	45%	02:36	52%	RED
	Impilwenhle Clinic	0%	100%	100%	92%	03:17	100%	YELLOW
	Mafakathini Clinic	0%	100%	100%	41%	02:29	48%	RED
	Mpophomeni Clinic	0%	0%	100%	19%	01:42	15%	RED
	Mpumuzu Clinic	100%	100%	100%	88%	03:04	97%	YELLOW
	Ntembeni Clinic	0%	100%	100%	10%	01:38	18%	RED
	Pata Clinic	0%	100%	100%	66%	03:39	97%	YELLOW
	Sinathing Clinic	0%	100%	100%	77%	03:24	76%	YELLOW
	Sondelani Clinic	0%	100%	100%	72%	01:30	79%	YELLOW
	Songonzima Clinic	0%	100%	100%	82%	02:21	96%	YELLOW
	Taylors Halt Clinic	100%	100%	100%	70%	02:54	68%	YELLOW
	Willowfountain Clinic	0%	100%	100%	77%	02:20	81%	YELLOW
uThukela	Acaciavale Clinic	0%	100%	100%	88%	02:13	100%	YELLOW
	AE Haviland Memorial Clinic	100%	100%	100%	58%	02:21	78%	YELLOW
	Amazizi Clinic	0%	100%	100%	76%	01:39	82%	YELLOW
	Bergville Clinic	0%	100%	100%	91%	01:34	93%	YELLOW
	Driefontein Clinic	0%	100%	100%	94%	01:26	98%	YELLOW
	Dukuza Clinic	0%	100%	100%	69%	01:15	96%	YELLOW
	Ekuvukeni Clinic	100%	100%	100%	90%	02:36	98%	YELLOW
	Emmaus Gateway Clinic	0%	100%	100%	92%	01:39	98%	YELLOW
uThukela	Injisuthi Clinic	100%	100%	100%	74%	02:38	92%	YELLOW
	Ncibidwane Clinic	100%	100%	100%	49%	01:48	82%	YELLOW
	Oliviershoek Clinic	100%	100%	100%	83%	01:28	90%	YELLOW
	Steadville Clinic	0%	100%	100%	54%	02:21	85%	YELLOW
	Walton Clinic	0%	100%	100%	94%	02:01	96%	YELLOW
	Watersmeet Clinic	0%	100%	100%	96%	02:42	98%	YELLOW
Zululand	Wembezi Clinic	100%	100%	100%	35%	02:07	72%	YELLOW
	Emkhwakhweni Clinic	100%	100%	100%	72%	01:04	74%	GREEN
	KwaShoba Clinic	100%	100%	100%	79%	01:09	92%	GREEN
	Mashona Clinic	100%	100%	100%	50%	02:04	30%	YELLOW
	Mdumezulu Clinic	100%	100%	100%	42%	01:57	33%	RED
	Ncotshane Clinic	100%	100%	100%	98%	01:12	98%	GREEN
	Nhlungwane Clinic	0%	100%	100%	42%	00:47	27%	RED
	Nomdiya Clinic	0%	100%	100%	65%	01:31	35%	RED
	Pongola Clinic	100%	100%	100%	60%	01:49	92%	YELLOW
	Queen Nolonolo Clinic	100%	100%	100%	36%	01:52	30%	RED
Ulundi A Clinic	100%	100%	100%	46%	00:49	52%	YELLOW	

