RITSHIDZE

SAVING OUR LIVES

FREE STATE STATE OF HEALTH

AUGUST 2024

4TH EDITION

ABOUT RITSHIDZE

Ritshidze is 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+) — in alliance with Health GAP, amfAR, and the O'Neill Institute.

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DEVELOPING THE REPORT

This is the fourth edition of the Free State State of Health report; the first was published in September 2021[1], the second in September 20222, and the third in August 20233. Like the earlier editions, the fourth edition of the Free State State of Health report outlines key challenges people living with HIV, members of key populations, and other public healthcare users face in the province.

The report focuses on the following critical themes: staffing; waiting times; ART collection; ART continuity; treatment and viral load literacy; accessibility and friendliness of health services for members of key populations; the implementation of index testing to find people living with HIV; infrastructure; 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 members of key populations are empowered to monitor services provided at clinics, identify challenges, generate solutions that respond to the evidence collected, and engage duty bearers to implement the solutions.

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 34 facilities across Free State: 18 in Lejweleputswa and 16 in Thabo Mofutsanyana. Additional once off data were collected during this data period in a further 17 facilities: 6 in Lejweleputswa and 11 in Thabo Mofutsanyana. Additional quantitative and qualitative data is collected within the community specific to the quality and friendliness of health services provided for people who use drugs, sex workers, and the LGBTQIA+ community.

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

ABOUT THE DATA IN THIS REPORT

Data in this report were collected between April 2024 and May 2024 (Q3 2024 — marked as "2024") (Table 1).

+ 51 facilities were assessed
+ Interviews took place with 50 Facility Managers
+ Observations took place at 51 facilities
+ Interviews took place with 2,659 public healthcare users
  - 48% (1,270) identified as people living with HIV
  - 9% (250) identified as young people under 25 years of age

Data in this report are compared to data compiled in the first, second, and third editions of the Free State State of Health report to understand progress. These data were collected between April to May 2021 (Q3 2021 — marked as "2021"), July to August 2022 (Q4 2022 — marked as "2022"), and April to May 2023 (Q3 2023 — marked as "2023"). Increased numbers of survey participants of public healthcare users and people living with HIV cautions against over-interpretation of the direct comparison to prior year results.

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

Additional quantitative data related to HIV prevention were collected in June 2024 and are compiled with HIV prevention data for existing Ritshidze sites in this report. Data collection took place at an additional 43 sites across three districts: 19 sites in Fezile Dabi, 3 sites in Lejweleputswa, and 21 sites in Mangaung.

1. 1st edition Free State State of Health report, September 2021. Available at: https://ritshidze.org.za/wp-content/uploads/2021/09/Ritshidze-State-of-Health-Free-State-2021.pdf
2. 2nd edition Free State State of Health report, September 2022. Available at: https://ritshidze.org.za/wp-content/uploads/2022/09/Ritshidze-State-of-Health-Free-State-2022.pdf
3. 3rd edition Free State State of Health report, August 2023. Available at: https://ritshidze.org.za/wp-content/uploads/2023/08/Ritshidze-State-of-Health-Free-State-2023.pdf

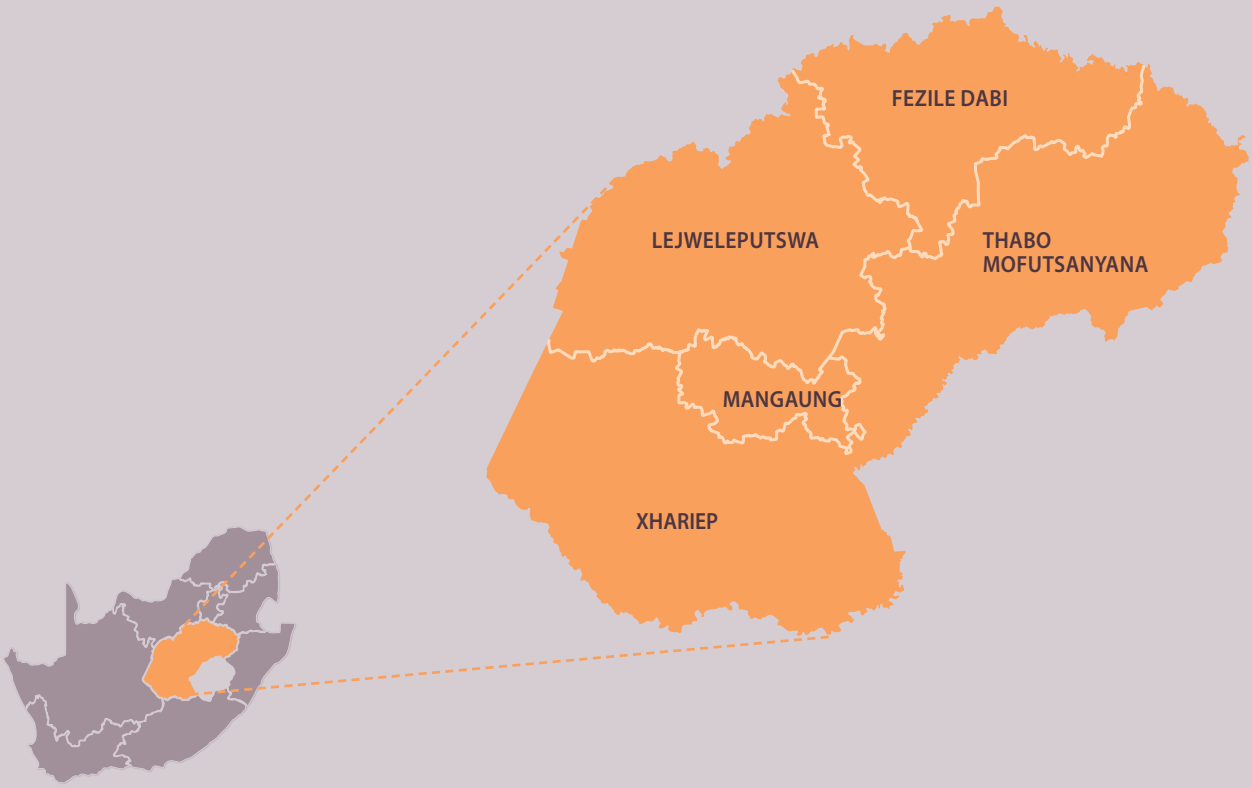

Table 1: Facilities included in monitoring (April to May 2024)

District	Facility	PEPFAR agency	District support partner (DSP)	Type of monitoring
Fezile Dabi	Bophelong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Brentpark Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Harry Gwala Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Hill Street Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Kananelo Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Lesedi CHC	n/a	n/a	Ritshidze HIV Prevention Survey
	Parys Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Relebohile Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Sasolburg Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Schonkenville Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Seisoville Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	SPS Tsatsi CHC	n/a	n/a	Ritshidze HIV Prevention Survey
	Tahepong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thabang Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thasanang Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thusanong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Tumahole Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Vivian Mangwane	n/a	n/a	Ritshidze HIV Prevention Survey
	Zamdela CHC	n/a	n/a	Ritshidze HIV Prevention Survey

District	Facility	PEPFAR agency	District support partner (DSP)	Type of monitoring
Lejweleputswa	Boithusong Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Bophelong Allanridge Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Bophelong Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Bophelong Odendaalsrus Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Bronville Clinic	USAID	Wits RHI	Existing Ritshidze Site
	DA Maleho Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Geneva Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Hani Park Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Hope CHC	USAID	Wits RHI	Additional site monitored by Ritshidze in Q3
	Ikgomotseng Clinic	USAID	Wits RHI	Additional site monitored by Ritshidze in Q3
	Kgothalang Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Kgotsong (Bothaville) Clinic	USAID	Wits RHI	Additional site monitored by Ritshidze in Q3
	Kgotsong Welkom Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Leratong Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Masilo Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
	Matjhabeng Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Meloding Clinic	USAID	Wits RHI	Additional site monitored by Ritshidze in Q3
	Mmamahabane Clinic	USAID	Wits RHI	Additional site monitored by Ritshidze in Q3
	OR Tambo Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Phahameng (Bultfontein) Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Phomolong (Hennenman) Clinic	USAID	Wits RHI	Additional site monitored by Ritshidze in Q3
	Rheeders Park Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Riebeeckstad Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Thabong Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Tshepong (Welkom) Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Welkom Clinic	USAID	Wits RHI	Existing Ritshidze Site
	Winburg Clinic	USAID	Wits RHI	Ritshidze HIV Prevention Survey
Mangaung	Bloemspruit Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Bophelong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Dinane Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Finance Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Freedom Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Gabriel Dichabe Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Gaongalelwe Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Itumeleng Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Jazzman Mokgothu Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Kagisanong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Maletsatsi Mabaso	n/a	n/a	Ritshidze HIV Prevention Survey
	Melefi Tau Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Mmabana Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	MUCPP Community Health Centre	n/a	n/a	Ritshidze HIV Prevention Survey
	Opkoms Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Poly Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Potlako Motlohi	n/a	n/a	Ritshidze HIV Prevention Survey
	Pule Sefatsa Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Thusong Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	TS Mahloko Clinic	n/a	n/a	Ritshidze HIV Prevention Survey
	Winnie Mandela Clinic	n/a	n/a	Ritshidze HIV Prevention Survey

District	Facility	PEPFAR agency	District support partner (DSP)	Type of monitoring
Thabo Mofutsanyana	Bluegumbosch Clinic	USAID	Right to Care	Existing Ritshidze Site
	Bohlokong Clinic	USAID	Right to Care	Existing Ritshidze Site
	Boiketlo Clinic	USAID	Right to Care	Existing Ritshidze Site
	Bolata Clinic	USAID	Right to Care	Existing Ritshidze Site
	Harrismith Clinic	USAID	Right to Care	Existing Ritshidze Site
	Intabazwe Clinic	USAID	Right to Care	Existing Ritshidze Site
	Kopanong K Clinic	USAID	Right to Care	Existing Ritshidze Site
	Leratswana Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Leseding Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Lindley Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Makwane Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Malesaoana Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Monontsha Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Mphatlalatsane Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Mphohadi Clinic	USAID	Right to Care	Existing Ritshidze Site
	Namahali Clinic	USAID	Right to Care	Existing Ritshidze Site
	Nthabiseng Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Paballong Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Petsana Clinic	USAID	Right to Care	Existing Ritshidze Site
	Phuthaditjhaba Clinic	USAID	Right to Care	Existing Ritshidze Site
	Rearabetswe Clinic	USAID	Right to Care	Existing Ritshidze Site
	Reitumetse Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Riverside Clinic	USAID	Right to Care	Existing Ritshidze Site
	Thaba Bosiu Clinic	USAID	Right to Care	Additional site monitored by Ritshidze in Q3
	Thusa Bophelo Clinic	USAID	Right to Care	Existing Ritshidze Site
	Tseki Clinic	USAID	Right to Care	Existing Ritshidze Site
	Tshiame B Clinic	USAID	Right to Care	Existing Ritshidze Site

Additional quantitative data related to members of key populations were collected between July and September 2023. Data collection took place across three districts: Lejweleputswa, Mangaung, and Thabo Mofutsanyana. A total of 1,449 surveys were taken, combining 357 gay, bisexual, and other men who have sex with men (GBMSM), 659 people who use drugs, 270 sex workers, and 163 trans people (Table 2).

Table 2: Surveys by district and key population group

District	PEPFAR KP drop-in centre	GBMSM	People who use drugs	Sex workers	Trans people
Fezile Dabi*	/	1		1	
Lejweleputswa	/	104	194	105	63
Mangaung	/	139	343	78	53
Thabo Mofutsanyana	/	113	122	86	47

** No direct data collection was done in these districts. Individuals from these districts were surveyed in the 24 districts where data collection took place*

Ritshidze is not a research project. We are not testing hypotheses. Community-led monitoring is more akin to independent monitoring, evaluation and advocacy than research. Limitations of the Ritshidze data include:

+ Generalisability — Results are from the facilities monitored and may not be generalisable to other facilities in the district, province, or country.
+ Facility heterogeneity — Facility results, even at the district level, are heterogeneous. Challenges and successes should be approached as facility-specific unless they consistently identify poor performance and policy level issues.
+ A non-representative sampling of public healthcare users — Public healthcare users identified and surveyed at the facility are not necessarily representative of all individuals in the catchment of the health facility. For example, the sample excludes by definition those who may have stopped accessing services at a facility. To address this, further qualitative data is collected in the *community* to capture the experiences of people who may not currently be in care.

INTRODUCTION

Long waiting times continue to frustrate public healthcare users who waste long hours in queues for check-ups and even just to collect medication. 81% think the waiting times at the facility are long.

"I wish to get a longer supply of ARVs…. when you get there you queue for a long time unnecessarily just for collection… a longer refill will help".

"I come to the clinic sometimes at 6am to wait for the clinic to open at 8am and I will only get out of there again after maybe 12 noon," one person told us. He says people are forced to endure the long wait even before the clinic opens because they're afraid they'll be turned away if they are at the back of the queue.

A simple solution exists to reduce the frequency of clinic visits — for people who are collecting ARVs to simply get a longer supply of medication. However, only 11% reported receiving a 3 month supply in Thabo Mofutsanyana and only 25% in Lejweleputswa — despite being recommended in National ART Guidelines.

This compares to 98% of people reporting a 3-6 month supply in Mopani (Limpopo), and 97% in Bojanala (North West). The Free State has made the least progress towards giving people longer ARV refills out of all provinces monitored by Ritshidze.

Not only would a longer supply of ARVs mean fewer trips back to the clinic — making medicine collection easier — but it would also reduce the burden on already congested and overstretched facilities. The guidelines were revised in 2023 based on strong evidence showing longer ARV supplies support long term retention.

"I would be very happy if they could give me a longer supply of treatment so that I don't go to the clinic as often and avoid the queue," one person living with HIV told us. *"The problem I have is the long waiting times. We arrive early but we leave the facility around 3pm to 4pm,"* another said. *"I would like to get a 6 month supply of ARVs."*

The report also finds that health workers continue to treat people poorly — only 50% of public healthcare users reported that staff were always friendly. They also continue to mock, judge, or refuse to acknowledge people who use drugs, sex workers, and members of the LGBTQIA+ community — let alone be sensitive to or knowledgeable of the health services they need. *"The clinic staff are so rude and they truly don't care about how we feel,"* one sex worker explained.

Only 55% of gay, bisexual, and other men who have sex with men (GBMSM) said staff were always friendly, only 48% of trans people, only 47% of sex workers, and as few as 37% of people who use drugs. One person told us how: *"the staff knew I was someone who uses drugs. All I wanted was to get ARVs because I was in pain. It took 3 weeks to receive them".* One trans woman explained how: *"They are leaving us feeling destroyed. They are aware that we feel like we are someone else in the wrong body but they don't try to understand, or even to listen. We are unseen."*

Another challenge is an ingrained culture of punishing those who are late for appointments. Health workers must recognise that people living with HIV might miss appointments and may even miss taking some pills. That is normal. When they return to the clinic they should be met with support and encouragement, not punishment that *"leads to more people stopping taking treatment"* as one person living with HIV put it.

Yet 26% of those who had been late for/missed appointments said staff shouted at them, and 46% were sent to the back of the queue. *"If you miss your appointment they make you wait... you go to the clinic at 6am and leave at 4pm. They shout at you for missing your date"* another said.

Alarmingly, some people even report health workers denying them ARVs following a late or missed appointment. *"We get punished for missing dates. I went to the clinic for five months without being helped,"* explained one person. Another woman explained how she asked for enough pills to last until her new appointment date but they refused. *"I was devastated,"* she told us. *"This month I missed my appointment because I was at work. I was sent away. Even now I have not received my pills,"* another person told us.

Changing between clinics can also turn into a nightmare as outlined in the report. 130 people told us they or someone they knew had been denied services without a transfer letter over the last year. *"I had to stay without ARVs from March 2023 until May 2024 when I got the transfer letter,"* one person explained.

On top of that, 550 people also reported being denied services without an ID. *"Whether you have a transfer letter or an ID or not, you should get services,"* one person exclaimed. The Free State was one of the worst provinces for turning people away like this accounting for 24% of the 2,309 of people who have reported this to us across the 8 provinces in which we monitor.

A further finding is that not all people taking ARVs understand the benefits of taking their pills every day. Only 78% of those surveyed understood that having an undetectable viral load means treatment is working well — and just 72% understood that having an undetectable viral load means a person cannot transmit HIV.

One person told us that: *"they never tell you the results. You don't know what your CD4 count is or how low your viral load is. The last time they explained my results to me was when I first tested positive".* The Free State was among the lowest scores on these indicators.

Healthcare workers taking the time to explain people's viral load test results is critical to improving this performance. Yet only 78% said that their results had been explained. *"They don't explain anything… They tell us that it is not our concern. They don't tell us anything. They just give us papers and some of us cannot read,"* one person explained.

For many there seems to be no practical opportunity to ask questions at these appointments. One person explained: *"You yourself are tired by the time it is your turn. Then you can see that the nurses are showing a bad attitude and they don't want to do anything extra, so you don't feel comfortable to ask anything. You just take your script and you go".*

Lowering the rate of new HIV infections is critical to turning the tide on HIV. Yet, while globally we talk of 6 monthly prevention injections, the reality in our clinics is that even basic tools like lubricants are not always available.

Lubricants can make sex safer by reducing the risk of vaginal or anal tears caused by dryness or friction, and can also prevent a condom tearing. Yet, out of 95 clinics monitored in the province, only 41% actually had lubricants available. *"They have not had lubricants in stock for the past two years,"* one gay man living with HIV told us.

Despite promises made by the Free State health department in 2022, this year there was a decline in the number of sites making lubricants freely available. *"There are risks associated with my work, condoms burst…. yet there are no lubricants,"* one sex worker explained.

Clinic cleanliness is another challenge raised in the report. 21% of public healthcare users reported that clinics were dirty or very dirty — worse than any other province monitored by Ritshidze. *"The cleaner once said to me there is no mop. How do they hire cleaners without cleaning equipment?"* one community member asked us.

75% of toilets were also found to be in a bad condition, with 21% having no running water and 26% having no water at all. *"I think it has been 4 to 5 years of experiencing water and toilet problems"* one person told us. Another said: *"The toilets are not working. There is no toilet paper, no water or soap, and they are dirty".*

This year's report continues to call for urgent action to improve health services across health facilities in the Free State. The failures in the health system are core reasons why people struggle to stay on ARVs, or access HIV prevention. Instead of feeling less anxious and more in control of your own health, clinic visits are more frustrating and time wasting. Instead, clinics must become safe spaces that provide empathy and support to everyone, regardless of who they are, what they do, or where they come from. Clinics must offer evidence based strategies to make staying on treatment easier. This is critical to ending AIDS.

> **The failures in the health system are core reasons why people struggle to stay on ARVs, or access HIV prevention.**

RECOMMENDED SOLUTIONS – AUGUST 2024

This table reflects the recommendations in this report. Some are priorities that were included in the 1st, 2nd, and 3rd Editions of the State of Health report but have not yet been implemented. Ritshidze requests a written response on each of the recommendations by the Free State Department of Health, Right to Care and Wits RHI by 30 September 2024.

Priority recommendations	What years did we ask for it?	Do we have it?
1. Staffing		
FREE STATE DEPARTMENT OF HEALTH		
1. **Hire sufficient numbers of healthcare workers** — including doctors, nurses, pharmacists, pharmacy assistants, data capturers, community healthcare workers, lay counsellors, peer-educators, and even security guards and cleaners.	2024	No
2. **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 2022), the vacancies, and the cost of these posts to the government.	2022, 2023, 2024	No
3. **Fill all vacancies** and **establish new positions** where demand is high.	2021, 2022, 2023, 2024	No
PEPFAR		
1. Support facilities to **fill all vacancies** at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term.	2022, 2023, 2024	No
2. **Provide additional staffing** for all PEPFAR supported sites to reduce waiting times below 2 hours.X	2021, 2022, 2023, 2024	No
3. **Fund adequate numbers of adherence club facilitators** to allow for the restart of adherence clubs.	2023, 2024	No
2. Waiting times		
FREE STATE DEPARTMENT OF HEALTH		
1. **Reduce waiting times to under two hours** across all sites.	2024	No
2. **Use appointment days and times** to spread out appointments throughout the day and ease congestion at clinics.	2022, 2023, 2024	In part
3. **Open clinic grounds by 5am** so that people can wait safely in the mornings.	2022, 2023, 2024	No
4. Ensure that **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.).	2022, 2023, 2024	In part
5. **Set up more external pick-up points** for people established on ART to be referred to, closer to their homes.	2022, 2023, 2024	In part
6. **Maintain filing systems in an organised manner** to reduce time people spend waiting for files, and reduce lost files.	2021, 2022, 2023, 2024	In part
7. Infrastructural renovations to ensure that all clinics have **sufficient space to maintain a functional filing room**.	2024	No
RIGHT TO CARE & WITS RHI:		
1. **Immediately do an assessment at all POPS (PEPFAR Operation Phuthuma Support) sites with waiting time over 3 hours** and develop a specific plan for each facility that will bring the waiting time below 2 hours.	2023, 2024	No
2. Support the facility to **organise and maintain an organised filing system.**	2022, 2023, 2024	In part
3. Ensure that **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.).	2022, 2023, 2024	In part
4. **Set up more external pick-up points** for people established on ART to be referred to, closer to their homes.	2022, 2023, 2024	In part
3. ART collection		
FREE STATE DEPARTMENT OF HEALTH		
1. Ensure that **all eligible people living with HIV get a 3 month supply of ARVs** as required by National ART Guidelines.	2021, 2022, 2023, 2024	In part
2. **Better support stock management to ensure that there are enough ARVs** at clinics to give out 3 and 6 month supply.	2024	In part

Priority recommendations	What years did we ask for it?	Do we have it?
3. **Release CCMDD numbers of people on 3MMD, 4MMD, and 6MMD by facility.** These numbers should be available and immediately retrievable from the SyNCH system for which the National Department of Health holds responsibility. These numbers should be presented to us on a quarterly basis at facility, sub district, and district levels through the district nerve centres and provincial Operation Phuthuma platforms (that we request inclusion in).	2024	No
4. **10% of eligible people living with HIV receive their first 6 month supply** by the end of 2024. It is already provided for in the 2023 ART national guidelines and policies, dependent on confirmation of operational capacity and stock availability. Provincial and district health departments need to start their planning processes now.	2024	No
FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE/WITS RHI:		
1. **Establish more pick-up points**, especially linked to peri-urban and rural clinics.	2022, 2023, 2024	In part
2. **Re-establish, revitalise, and rollout functional adherence clubs** across the province.	2022, 2023, 2024	No
3. Ensure that all eligible people living with HIV are offered and voluntarily **enrolled into a pick-up point or adherence club of their choice** — and all those enrolled are active.	2022, 2023, 2024	In part
4. Ensure that **facility pick-up points are a quick, one-stop ART refill collection-only visit in under 30 minutes**. No need to go to the registry, vitals, collect folders, see clinician etc.	2022, 2023, 2024	In part
5. Ensure the **collection of ART refills for up to 28 days** from pick-up points.	2024	No
6. Ensure 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, 2024	In part
7. **Quality clinical management** when people are required to come to health facilities to see a clinician (not just a rescript and refill).	2022, 2023, 2024	No
8. Ensure every person starting ART is provided with good quality fast track initiation counselling at ART start and after 1 month on ART, taking first viral load as early as possible to ensure **earlier access to longer treatment supply at more convenient locations.**	2022, 2023, 2024	In part
RIGHT TO CARE & WITS RHI		
1. **Support and mentor clinicians at facilities to script 3 month supply** to everyone who is eligible.	2024	In part
2. **Support with stock management to ensure that there are enough ARVs** at clinics to give out 3 and 6 month supply.	2024	In part
PEPFAR		
1. Monitor and hold accountable District Support Partners to **implement 2023 Adherence Guidelines Standard Operating Procedures (SOPs) with fidelity**.	2022, 2023, 2024	In part
4. ART continuity		
FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE/WITS RHI		
1. Healthcare workers (DOH & DSP) provide **friendly and welcoming services** and **acknowledge that it is normal to be late for or miss appointments**, and to support people living with HIV to re-engage in care. Investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate.	2021, 2022, 2023, 2024	In part
2. **People are never sent to the back of the queue when they return** after a late appointment, silent transfer, or treatment interruption.	2021, 2022, 2023, 2024	In part
3. People returning after a late appointment, silent transfer, or treatment interruption should be **offered enrollment into pick-up points or clubs and longer ARV supplies to make ARV collection easier**.	2022, 2023, 2024	In part
4. Those who move or relocate for work should not be denied ARVs without a transfer letter. **Transfer letters must not be required for ARV continuation or restart**.	2022, 2023, 2024	In part
5. Migrants, asylum seekers, stateless people, and **people without identity documents or proof of address should not be denied health services**.	2022, 2023, 2024	In part
6. **Provide a full package of psychosocial support services** including: 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.	2022, 2023, 2024	No
7. Action an elevated viral load without delay, through an effective abnormal result recall system and provide quality enhanced adherence counselling when appropriate.	2022, 2023, 2024	In part
8. Action a suppressed viral load without delay, focusing on immediate assessment, offer and enrolment into the pick-up point or club of choice and longer ARV supplies the month after viral load taken.	2022, 2023, 2024	In part
RIGHT TO CARE & WITS RHI		
1. Support with **training and mentoring of facilities** on the revised 2023 re-engagement clinical and adherence guidelines SOPs.	2023, 2024	In part
5. Treatment and viral load literacy		
FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE/WITS RHI		
1. Ensure all healthcare workers provide **timely, accurate, and easily understandable information on HIV treatment literacy, adherence, and the importance of an undetectable viral load** through consultations, counselling, health talks, and outreach.	2021, 2022, 2023, 2024	In part
2. Ensure that **treatment literacy information is provided at health talks** each day at the clinic.	2021, 2022, 2023, 2024	In part
3. Ensure that health workers **explain viral load test results to all people living with HIV properly** in a timely manner.	2021, 2022, 2023, 2024	In part

Priority recommendations	What years did we ask for it?	Do we have it?
PEPFAR		
1. Fund an **expansion of PLHIV + KP led treatment literacy efforts** across all provinces, through training, education and localised social mobilisation campaigns.	2019, 2020, 2021, 2022, 2023, 2024	No
6. Key populations		
FREE STATE DEPARTMENT OF HEALTH & PEPFAR		
1. **Establish at least two Centres of Excellence per district, per population group (*this means up to 8 sites per district*). They must offer the clinical services, expertise, transport, and referral pathways that key populations need.** The sites must not be exclusive to one population group, but rather must have additional concentrated expertise, training, and recruitment strategies, based on the population group the site is most likely to be working with. These sites must remain sites primarily accessed by the general population, but with a culture, staffing, services, and clinical expertise available to support members of key populations within that facility. No separation of the populations. Where people live too far away still to access services, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.	2022, 2023, 2024	No
2. **All facility staff (including clinical staff, non-clinical staff, lay staff, and security guards) who ill treat people, violate people's privacy, or verbally or physically abuse or harass people must be held accountable and face consequences.**	2021, 2022, 2023, 2024	No
3. **Centres of Excellence (COEs) need additional staffing so that they can function effectively and to support and instil culture change** within the facility: + For PEPFAR, this means District Support Partners (DSPs) that already employ significant healthcare workforces should redistribute staff to the COEs, including specifically recruiting individuals and advertising positions that will have an emphasis on specific key populations within the context of general population services. + For the national, provincial, and district health departments, this means ensuring that all COE staff recognise that their obligation is to provide services equitably across all populations, and not as unique cases to be handled by PEPFAR DSP staff. Ensuring that Facility Managers and other facility leadership buy-in to being a service delivery hub for members of key populations.	2024	No
4. **Knowledgeable services specific to the needs of people who use drugs, sex workers, and LGBTQIA+ communities must be made available in public health facilities**, beginning with the expansion of the COE model.	2022, 2023, 2024	No
5. **A minimum package of services (as outlined in Table 22) must be made available at facilities serving as Centres of Excellence**, as well as drop-in centres, so that they can provide comprehensive health services to people who use drugs, sex workers, and LGBTQIA+ communities. PEPFAR must commit to additional resources to make this a reality.	2022, 2023, 2024	No
6. **HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP must be easily available at <u>all</u> public health facilities**. + Condoms and lubricants should be available in a range of spaces across the facility (including in the toilets, at the gate, in quiet areas out of sight) so people can freely and easily collect them without fear or judgement. + PrEP should be offered to all members of key populations who are not living with HIV/test negative for HIV, with information shared on its benefits. + PrEP posters to be distributed and put up in all facilities informing people about PrEP. + PrEP information to be provided in daily health talks.	2022, 2023, 2024	In part
7. **People who use drugs must be able to access life saving harm reduction tools like new needles/syringes, safe disposal of injecting equipment, methadone, naloxone, and drug dependence support, closer to home**. Harm reduction services must be made available to sex workers and LGBTQIA+ community members who use drugs.	2024	No
8. **Methadone programmes should be made available in public health facilities, beginning with the expansion of COEs**. The Department of Health should social contract this work to organisations competent in providing these services already.	2024	No
9. **Clinicians must understand the unique health needs and concerns of GBMSM, sex workers, and trans and gender diverse people** and be able to offer appropriate services, inc. hormone therapy.	2024	No
10. **All facilities must provide gender affirming services** including: + Using trans people's correct name and pronouns; + Providing a gender neutral toilet for trans people; + Removing coloured folders that mark people's (perceived) gender; + Ensuring that trans women are not made to use service points for men (including Men's Corners or men only clinic days); + Protecting privacy by ensuring that additional staff members are not called into consultation rooms, and that staff knock before entering, allowing consultations to pause until the person has vacated the room.	2024	No
NATIONAL DEPARTMENT OF HEALTH		
1. National Department of Health **guidelines and policies should be amended to ensure that naloxone is not only nurse initiated**, but can be initiated by community members themselves.	2024	No
2. National Department of Health **guidelines and policies must be amended to ensure that trans people are able to access hormone therapy from doctors in public health facilities** locally. COEs must have access to medical support networks, mentorship, and tele-support to assist in consultations on the use of hormone therapy for trans people.	2024	No

Priority recommendations	What years did we ask for it?	Do we have it?
7. Index testing		
FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE/WITS RHI		
1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that: a. Index testing is always voluntary. b. All healthcare providers **ask if the individual's partners have ever been violent** and record the answer to this question, before contacting the sexual partners. c. **No contacts who have ever been violent or are at risk of being violent are ever 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, 2024	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, 2024	No
3. **Index testing must be suspended in poorly performing sites until it can be carried out safely and with consent.**	2022, 2023, 2024	No
PEPFAR		
1. **PEPFAR must follow-through on commitments in COP22**, including all monitoring and reporting elements. PEPFAR must share: a. Adverse Event Monitoring Tools of each DSP; b. Data from monthly analyses site level acceptance rates analyses (Oct-Jan); c. Results of REDCap assessments; d. Data on numbers of index clients screened for IPV and those screened positive; e. Planning Meeting Reporting/Presentation Expectations: f. Report on all adverse events (number, type of adverse event, and resolution); g. Results from first wave of 1-2 month delayed healthcare provider follow-ups with index clients on adverse events; h. Plan for implementation of PEPFAR's GBV Quality Assurance Tool: Number of sites, timeframe for implementation, any preliminary results; i. Status of referral network for GBV services; j. Plan for mechanism on reporting data to CSOs on all elements documented in the SDS.	2023, 2024	No
8. Infrastructure and clinic conditions		
FREE STATE DEPARTMENT OF HEALTH		
1. Audit all facilities in the province to assess infrastructure. **Put plans in motion to renovate buildings and ensure adequate space to provide efficient, private, and safe healthcare services**. The department must publish these plans.	2023, 2024	No
2. Ensure all public healthcare users are always **consulted, tested, and/or counselled in private rooms**. In the interim before infrastructural renovations have taken place, provide temporary structures to ensure that privacy and confidentiality is maintained.	2022, 2023, 2024	In part
3. Ensure all public health facilities have a **functional generator with sufficient fuel, rechargeable bulbs, and other useful loadshedding devices** so that health services and administrative work can continue during power outages.	2023, 2024	In part
4. Ensure all facilities are maintained to the **highest standards of cleanliness** including through implementing regular cleaning rotas, and ensuring that soap and toilet paper are provided in all clinic toilets.	2023, 2024	In part
9. TB infection control		
FREE STATE DEPARTMENT OF HEALTH		
1. **All facilities must follow a checklist of basic measures to ensure adequate TB infection control** including: 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, 2024	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, 2024	No


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PRIORITY 1

STAFFING

2021	2022	2023	2024
21% of Facility Managers say their facilities have enough staff	**20%** of Facility Managers say their facilities have enough staff	**10%** of Facility Managers say their facilities have enough staff	**20%** of Facility Managers say their facilities have enough staff
36% of public healthcare users say there are always enough staff at facilities	**16%** of public healthcare users say there are always enough staff at facilities	**12%** of public healthcare users say there are always enough staff at facilities	**24%** of public healthcare users say there are always enough staff at facilities
26 vacancies unfilled across 9 facilities	**50** vacancies unfilled across 10 facilities	**35** vacancies unfilled across 6 facilities	**143** vacancies unfilled across 23 facilities

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

1. **Hire sufficient numbers of healthcare workers** — including doctors, nurses, pharmacists, pharmacy assistants, data capturers, community healthcare workers, lay counsellors, peer-educators, and even security guards and cleaners.
2. **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 2022), the vacancies, and the cost of these posts to the government.
3. **Fill all vacancies** and establish new positions where demand is high.

RECOMMENDATIONS

PEPFAR

1. Support facilities to **fill all vacancies** at PEPFAR Operation Phuthuma Support (POPS) facilities in the short term.
2. **Provide additional staffing** for all PEPFAR supported sites to reduce waiting times below 2 hours.
3. **Fund adequate numbers of adherence club facilitators** to allow for the restart of adherence clubs.

The shortage of healthcare workers at our clinics remains a crisis. Improving the state of health services provided — so that all people living with HIV, members of key populations, 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 2,657 public healthcare users, only 24% said there was always enough staff to meet the needs of public healthcare users (Figure 1). The best and worst performing sites are outlined in the tables (Table 3 and Table 4). Of 50 Managers, 80% reported there was not enough clinical and/or non-clinical staff at the facility (Figure 2). While there was some variance across districts, no district performed well, with 85% of Facility Managers in Thabo Mofutsanyana (23 sites) reporting too few staff in place, and 74% in Lejweleputswa (17 sites).

> ***"I don't think** the staff problem will be solved. A shortage of staff is still a problem. Sometimes you find one person working"* — *a person living with HIV, Tseki Clinic (Thabo Mofutsanyana), June 2024*

Figure 1: Are there enough staff at the facility? (April to May 2024)

Patients Surveyed: 2 657

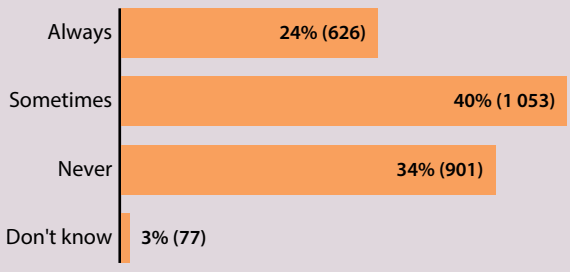


Table 3: Best performing facilities for "Are there enough staff at the facility?" (April to May 2024)

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
Thabo Mofutsanyana	Boiketlo Clinic	53	46	4	0	3	1.92
Lejweleputswa	Mmamahabane Clinic	40	24	14	1	1	1.59
Lejweleputswa	Ikgomotseng Clinic	48	31	12	5	0	1.54
Lejweleputswa	Bophelong Clinic	50	26	20	1	3	1.53
Thabo Mofutsanyana	Namahali Clinic	52	21	24	1	6	1.43
Lejweleputswa	Meloding Clinic	34	15	17	2	0	1.38
Lejweleputswa	Hope CHC	31	12	17	2	0	1.32
Thabo Mofutsanyana	Monontsha Clinic	53	20	29	4	0	1.30

Table 4: Worst performing facilities for "Are there enough staff at the facility?" (April to May 2024)

District	Facility	Surveys Completed	Always	Sometimes	Never	Don't know	Score
Thabo Mofutsanyana	Riverside Clinic	54	1	10	43	0	0.22
Thabo Mofutsanyana	Intabazwe Clinic	61	1	18	42	0	0.33
Thabo Mofutsanyana	Tshiame B Clinic	53	5	8	40	0	0.34
Lejweleputswa	Geneva Clinic	55	3	13	38	0	0.35
Lejweleputswa	OR Tambo Clinic	55	2	16	36	1	0.37
Thabo Mofutsanyana	Nthabiseng Clinic	34	5	4	24	1	0.42
Thabo Mofutsanyana	Tseki Clinic	50	3	18	24	5	0.53
Thabo Mofutsanyana	Bolata Clinic	53	4	21	28	0	0.55
Thabo Mofutsanyana	Harrismith Clinic	53	3	26	24	0	0.60
Thabo Mofutsanyana	Bluegumbosch Clinic	55	5	22	26	2	0.60
Thabo Mofutsanyana	Kopanong K Clinic	62	6	26	29	1	0.62
Thabo Mofutsanyana	Leseding Clinic	55	9	17	29	0	0.64
Lejweleputswa	Matjhabeng Clinic	52	5	22	23	2	0.64
Thabo Mofutsanyana	Lindley Clinic	71	12	19	36	4	0.64
Lejweleputswa	Kgotsong (Bothaville) Clinic	57	9	20	28	0	0.67
Thabo Mofutsanyana	Makwane Clinic	51	7	16	22	6	0.67
Lejweleputswa	Bophelong Odendaalsrus Clinic	57	1	40	16	0	0.74
Lejweleputswa	Phomolong (Hennenman) Clinic	42	11	9	22	0	0.74
Thabo Mofutsanyana	Paballong Clinic	55	10	20	24	1	0.74
Lejweleputswa	DA Maleho Clinic	56	15	12	29	0	0.75
Thabo Mofutsanyana	Mphatlalatsane Clinic	63	16	16	31	0	0.76
Thabo Mofutsanyana	Mphohadi Clinic	69	9	35	23	2	0.79
Thabo Mofutsanyana	Rearabetswe Clinic	63	12	24	24	3	0.80
Lejweleputswa	Kgotsong Welkom Clinic	50	8	26	15	0	0.86
Thabo Mofutsanyana	Phuthaditjhaba Clinic	55	8	31	14	2	0.89
Thabo Mofutsanyana	Thusa Bophelo Clinic	57	6	37	12	2	0.89
Lejweleputswa	Thabong Clinic	58	15	21	20	2	0.91
Lejweleputswa	Phahameng (Bultfontein) Clinic	55	14	23	18	0	0.93
Lejweleputswa	Leratong Clinic	51	12	24	14	1	0.96
Thabo Mofutsanyana	Thaba Bosiu Clinic	44	12	16	13	3	0.98
Lejweleputswa	Rheeders Park Clinic	58	19	16	20	3	0.98
Lejweleputswa	Welkom Clinic	51	15	23	13	0	1.04
Lejweleputswa	Kgothalang Clinic	55	13	32	10	0	1.05
Thabo Mofutsanyana	Reitumetse Clinic	52	14	26	9	3	1.10
Lejweleputswa	Tshepong (Welkom) Clinic	50	17	16	12	5	1.11
Lejweleputswa	Bronville Clinic	50	10	36	4	0	1.12
Thabo Mofutsanyana	Petsana Clinic	77	27	26	18	6	1.13
Lejweleputswa	Hani Park Clinic	50	11	33	4	2	1.15

Figure 2: Facility Manager: does the facility have enough staff? (April to May 2024)
Facility Staff Surveyed: 50

Figure 3: Which cadres are understaffed? (April to May 2024)
Facility Staff Surveyed: 40

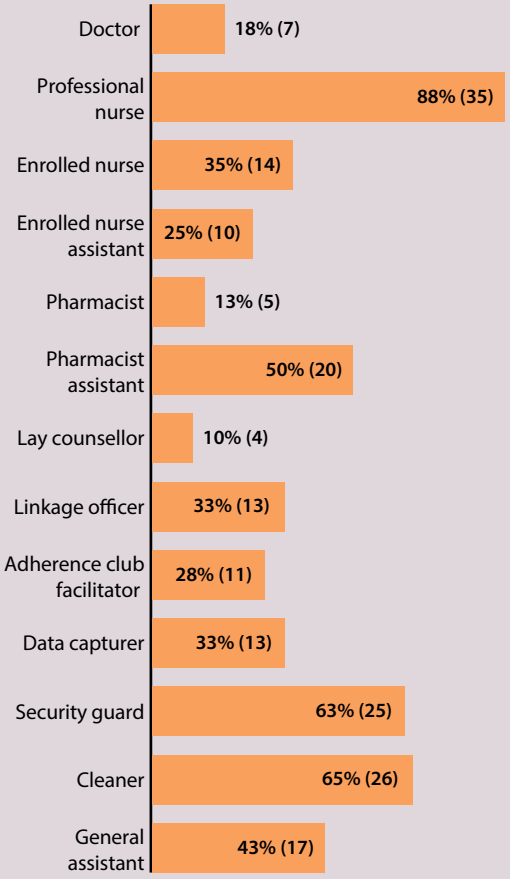


Table 5: Total number of vacancies per healthcare cadre

	July to August 2023 (Q4 2023)	October to November 2023 (Q1 2024)	January to February 2024 (Q2 2024)	April to May 2024 (Q3 2024)
# Facilities monitored with vacancies	9	8	4	23
Doctor	1	1	1	6
Professional nurse	8	11	10	40
Enrolled nurse	2	2	1	8
Enrolled nurse assistant				5
Pharmacist	2	3		6
Pharmacist assistant	2	2	3	12
Lay counsellor	2	3		3
Data capturer	6	1	1	12
Cleaner	2	6	4	23
Security guard	6	5	7	28
Total	**31**	**34**	**27**	**143**

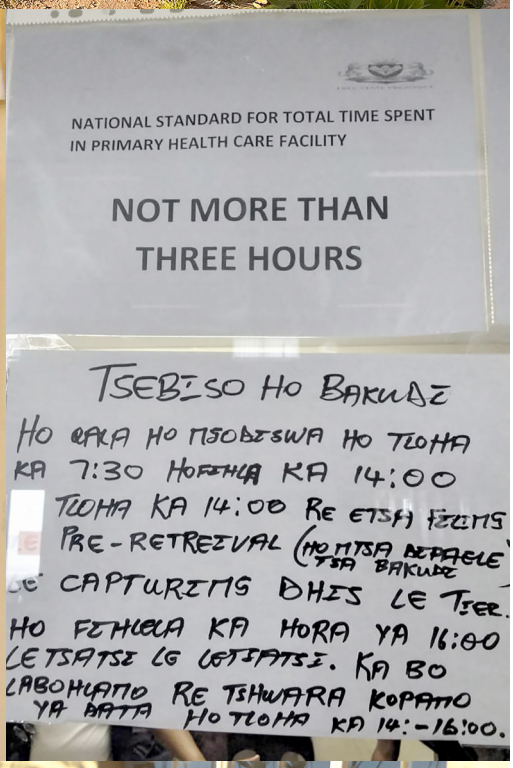
Of facilities reporting shortages, 44% blamed one or more unfilled vacancies, 23% said there are not enough positions, and 21% pointed to one or more staff members being away on study leave or at trainings. According to Facility Managers, the most commonly understaffed cadres were professional nurses, cleaners, security guards, pharmacist assistant, and general assistants (Figure 3). The most common vacancies reported by facilities were among professional nurses, security guards, and cleaners. 143 vacancies were reported in this reporting period. The total number of reported vacancies over the last year are outlined in the table (Table 5). Of 47 facilities, only 45% said they thought staff had the resources and support to do their jobs well.

57% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — Right to Care and Wits RHI. Further, 33% wanted the district support partners to provide more linkage officers, 18% wanted more social workers, and 8% wanted more community healthcare workers. However, PEPFAR's funding for critical human resources posts has only reduced in recent years.

A major gap still remains in 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.

> **Of 47 facilities, only 45% said they thought staff had the resources and support to do their jobs well. 57% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — Right to Care and Wits RHI.**


health
Riebeeckstad Clinic
CONSULTATION AREA
STANDARD WAITING TIME
: 180 MINUTES
Compiled by
Tlhaole , P.I – Facility manager
Sign
Date
2019/04/01


NATIONAL STANDARD FOR TOTAL TIME SPENT
IN PRIMARY HEALTH CARE FACILITY
NOT MORE THAN
THREE HOURS
TSEBISO HO BAKUDZ
HO QALA HO NTSOBETSWA HO TLOHA
KA 7:30 HOFETHELA KA 14:00
TLOHA KA 14:00 RE ETSA FELLIS
PRE-RETREIVAL (HO NTSA BEFAELE
TSA BAKUDZ
CAPTURING DHIS LE TSER
HO FETHELA KA HORA YA 16:00
LETSATSE LE LOTJATSE. KA BO
LABOHLANO RE TSHWARA KOPANO
YA BATTA HO TLOHA KA 14:-16:00.

PRIORITY 2

WAITING TIMES

2021	2022	2023	2024
5:36 hours was the average reported waiting time by patients (including time before the facility opened)	**6:03** hours was the average reported waiting time by patients (including time before the facility opened)	**5:27** hours was the average reported waiting time by patients (including time before the facility opened)	**4:32** hours was the average reported waiting time by patients (including time before the facility opened)
5:30 hours was the average reported waiting time by patients after the facility opened	**4:31** hours was the average reported waiting time by patients after the facility opened	**4:42** hours was the average reported waiting time by patients after the facility opened	**4:06** hours was the average reported waiting time by patients after the facility opened
5:22am was the average earliest arrival time	**5:31am** was the average earliest arrival time	**5:27am** was the average earliest arrival time	**5:39am** was the average earliest arrival time
66% of public healthcare users felt unsafe/ very unsafe waiting for facility to open	**65%** of public healthcare users felt unsafe/ very unsafe waiting for facility to open	**30%** of public healthcare users felt unsafe/ very unsafe waiting for facility to open	**44%** of public healthcare users felt unsafe/ very unsafe waiting for facility to open
40% of facilities had a filing system observed in bad condition	**63%** of facilities had a filing system observed in bad condition	**80%** of facilities had a filing system observed in bad condition	**43%** of facilities had a filing system observed in bad condition
89% of public healthcare users think waiting times are long	**82%** of public healthcare users think waiting times are long	**80%** of public healthcare users think waiting times are long	**81%** of public healthcare users think waiting times are long

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

1. **Reduce waiting times to under two hours** across all sites.
2. **Use appointment days and times** to spread out appointments throughout the day and ease congestion at clinics.
3. **Open clinic grounds by 5am** so that people can wait safely in the mornings.
4. Ensure that **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.).
5. **Set up more external pick-up points** for people established on ART to be referred to, closer to their homes.
6. **Maintain filing systems in an organised manner** to reduce time people spend waiting for files, and reduce lost files.
7. Infrastructural renovations to ensure that all clinics have **sufficient space to maintain a functional filing room**.

RECOMMENDATIONS

RIGHT TO CARE & WITS RHI

1. **Immediately do an assessment at all POPS (PEPFAR Operation Phuthuma Support) sites with waiting time over 3 hours** and develop a specific plan for each facility that will bring the waiting time below 2 hours.
2. Support the facility to **organise and maintain an organised filing system.**
3. Ensure that **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.).
4. **Set up more external pick-up points** for people established on ART to be referred to, closer to their homes.

The knock-on effect of the staffing crisis is for people to, at times, wait many hours to be seen at public health facilities. Positively average waiting times have reduced in the last year in facilities monitored in the Free State, down to an average of 4:32 hours waiting in the facility (including time before the facility opens), and 4:06 hours waiting after the facility opens. There is some variation across districts with Thabo

Mofutsanyana performing better, however neither district performed well and both were among the districts monitored by Ritshidze with the longest waiting times (Table 6). Only 4 facilities had average waiting times under 3 hours (Table 7).

The average waiting time was over 3 hours at 46 facilities monitored, over 4 hours at 34 of those, over 5 hours at 15 of those, and over 6 hours at 5 of those (Table 8). This is a very long time to spend at a facility in which people are usually only seen for a very short consultation — and this is a major source of dissatisfaction for those who experience long waits. For people living with HIV either collecting refills through standard dispensing or at facility pick-up points, or returning to the facility for a rescript, spending an extended time at a facility increases the risk of that person interrupting treatment and/or disengaging from care.

Table 6: Average facility waiting time by district (April to May 2024)

District	Number of Facilities Assessed	Average time patients spent at the facility *(including time before the facility opens)*	Average time patients spent at the facility after opening
Lejweleputswa	24	04:57	04:33
Thabo Mofutsanyana	27	04:13	03:44

Table 7: Facilities with waiting times under 3 hours (April to May 2024)

District	Facility	Surveys Completed	Time patients spent at the facility
Thabo Mofutsanyana	Malesaoana Clinic	20	02:29
	Leratswana Clinic	54	02:33
	Nthabiseng Clinic	34	02:40
Lejweleputswa	Hope CHC	31	02:51

Table 8: Facilities with waiting times over 4 hours (April to May 2024)

District	Facility	Surveys Completed	Time patients spent at the facility
Lejweleputswa	OR Tambo Clinic	55	06:36
Lejweleputswa	Hani Park Clinic	50	06:25
Lejweleputswa	Tshepong (Welkom) Clinic	50	06:22
Lejweleputswa	Matjhabeng Clinic	52	06:21
Thabo Mofutsanyana	Mphohadi Clinic	69	06:01
Lejweleputswa	Geneva Clinic	44	05:54
Lejweleputswa	Thabong Clinic	58	05:44
Lejweleputswa	Bronville Clinic	50	05:37
Lejweleputswa	Welkom Clinic	51	05:33
Thabo Mofutsanyana	Bohlokong Clinic	49	05:28
Lejweleputswa	DA Maleho Clinic	55	05:24
Lejweleputswa	Kgotsong Welkom Clinic	50	05:21
Lejweleputswa	Kgothalang Clinic	55	05:13
Lejweleputswa	Bophelong Clinic	50	05:07
Thabo Mofutsanyana	Leseding Clinic	55	05:06
Thabo Mofutsanyana	Intabazwe Clinic	60	04:52
Lejweleputswa	Bophelong Odendaalsrus Clinic	57	04:45
Thabo Mofutsanyana	Bolata Clinic	53	04:44
Thabo Mofutsanyana	Lindley Clinic	71	04:44
Thabo Mofutsanyana	Petsana Clinic	77	04:43
Thabo Mofutsanyana	Mphatlalatsane Clinic	63	04:40

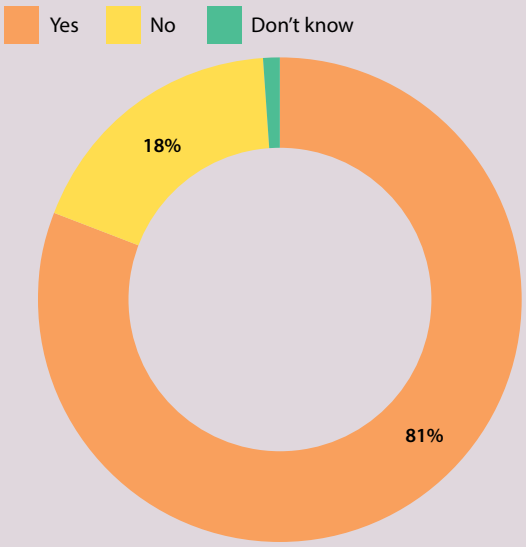
> **The average waiting time was over 3 hours at 46 facilities monitored, over 4 hours at 34 of those, over 5 hours at 15 of those, and over 6 hours at 5 of those (Table 8).**

District	Facility	Surveys Completed	Time patients spent at the facility
Lejweleputswa	Bophelong Allanridge Clinic	59	04:37
Lejweleputswa	Riebeeckstad Clinic	26	04:32
Thabo Mofutsanyana	Harrismith Clinic	53	04:31
Thabo Mofutsanyana	Phuthaditjhaba Clinic	55	04:30
Thabo Mofutsanyana	Monontsha Clinic	53	04:24
Thabo Mofutsanyana	Rearabetswe Clinic	63	04:21
Lejweleputswa	Leratong Clinic	51	04:20
Lejweleputswa	Phahameng (Bultfontein) Clinic	53	04:18
Thabo Mofutsanyana	Bluegumbosch Clinic	54	04:15
Thabo Mofutsanyana	Namahali Clinic	52	04:12
Lejweleputswa	Phomolong (Hennenman) Clinic	42	04:11
Lejweleputswa	Meloding Clinic	34	04:07
Lejweleputswa	Rheeders Park Clinic	58	04:03

While there has been an improvement, waiting all day at the clinic remains an exhausting and frustrating reality for a number of people. Of 2,654 public healthcare users surveyed, 81% think the waiting times at the facility are long (Figure 4) — with 48% stating that staff are not working/working slowly, 46% blaming messy and disorganised filing systems or that files are lost, and 38% blaming staff shortages (Figure 5).

Figure 4: Do you think the waiting time is long at this facility? (April to May 2024)

Patients Surveyed: 2 654



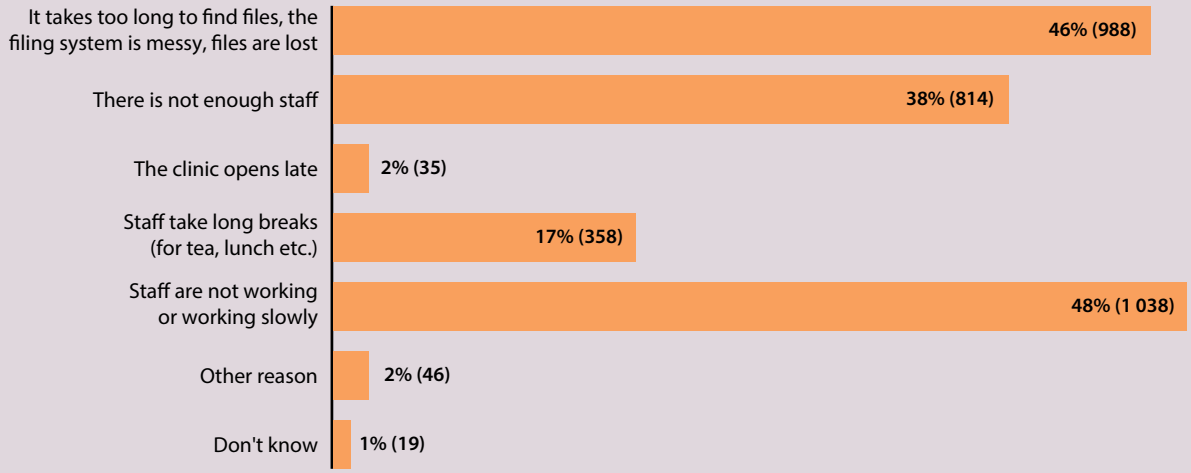
> ***"You get there** in the morning and spend the whole day there. They tell you to wait while they attend to other people. Eventually, they tell you to come back the next day"* — *a person who uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

> ***"I get up** as early as 5am to start queuing. They start with a morning prayer. Services commence at 8am. Queues move slowly and then you will see them loitering with cups of tea. At 10am it's tea time again. If you are 10th in the queue you will be helped after tea time. They can take lunch at 2pm to come back at 4pm when they close. Other patients return home unassisted. That's Bophelong it is like that, we're used to it now"* — *a person living with HIV, Bophelong Clinic (Lejweleputswa), June 2024*

> ***"Staff shortages are** still the biggest problem in the facility. If I arrive at the clinic at 8am to 9:30am, I normally leave the clinic unattended to at 4pm when they are closing"* — *a trans person (Lejweleputswa), June 2024*

> ***"I hadn't been** receiving my treatment for nine months because I lost interest in attending the clinic due to the treatment. My blood pressure was high because I was in distress. I had to ask people for ARVs. The treatment is very bad. They abuse us, old as we are. I guess they wish death on us. On 30 May I decided to go to the clinic. I left the house at 5am and came back at 2pm. It's winter now. It is not safe for anyone to leave the house before dawn and you will still wait outside the clinic before it opens. The clinic has no shelter so we wait outside even when it's raining. We want more staff members that'll assist us"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

Figure 5: Why do you think the waiting time is long at this facility? (April to May 2024)
Patients Surveyed: 2 141



***"The clinic opens** at 7:30am. When you expect to be assisted at 9am they go for a tea break, and there is no nurse to help people. All three of them go for tea. Even the one who takes vitals"* — *a person living with HIV, Bolata Clinic (Thabo Mofutsanyana), June 2024*

***"I arrive at** 4:15am because I want to be attended to first when the clinic opens at 7:30am. I haven't been able to collect treatment because when I arrive the nurses don't assist us, instead they embarrass us. They look down on people. They knock off at 10am and you find that we are a hundred and something waiting. We are told to come back the following day. An injured person can die on the chair instead of them calling an ambulance"* — *a person living with HIV, Phuthaditjhaba Clinic (Thabo Mofutsanyana), June 2024*

***"We get there** in the early morning to collect treatment and leave when the clinic closes. Some of us are unemployed and should be job seeking, instead we sit at the clinic for a long time, which is not right"* — *a trans person living with HIV, Thabong Clinic (Lejweleputswa), June 2024*

***"The staff in** the clinic have no respect at all. You arrive there in the morning to be first in line, but they choose to attend to people they know first. When you ask to place a complaint, they say "who do you think you are?" I doubt that our complaints even get where they should be. I have to walk a very long distance to come to the clinic when I don't have transport money. I walk through the mountain very early in the morning in the darkness, just so I can get to the clinic. I once requested a transfer… but they didn't assist me. They only treat you well if they see that you are an important person. We go to the clinic because we need help. My pills are my life. Harrismith Clinic has never treated everyone right"* — *a person living with HIV, Harrismith Clinic (Thabo Mofutsanyana), June 2024*

***"We get there** before the facility opens. They open on time but won't start seeing us immediately. I arrive exactly at 7am and they open at 7:30am. We will stand outside until 10am. We will enter at 10am and leave at 4pm without being assisted and have to come back the following day. It is unnecessary for us to have so many trips to the clinic"* — *a public healthcare user, Hani Park Clinic (Lejweleputswa), June 2024*

***"The problem with** the clinic is that you arrive at around 7am and end up spending the whole day there. Some of us have diabetes. We need food and we don't have money to buy food. The clinic doesn't treat us well"* — *a person living with HIV, Harrismith Clinic (Thabo Mofutsanyana), June 2024*

***"Even files get** lost. I don't understand how. They work slowly. They take their lunch from 12pm, and they come back at 2 to 2:30pm. Then at 3:30pm they're closing. You haven't seen the nurse, you haven't checked your vitals" — a person living with HIV, Mphohadi Clinic (Thabo Mofutsanyana), June 2024*

COMMUNITY STORY

Three years ago Solly* was diagnosed with diabetes and also tested positive for HIV after a visit to Nthabiseng Clinic in Masaleng Village near Witsieshoek.

He was initiated on treatment for both conditions and now makes monthly visits to the clinic. For Solly the long waiting times are frustrating for public healthcare users who waste long hours in queues for check-ups and even just to collect medication.

But he says what is really galling is when nurses act unprofessionally and there's also no way public healthcare users can lay complaints against them.

"I come to the clinic sometimes at 6am to wait for the clinic to open at 8am and I will only get out there again after maybe 12 noon," he says. He says people are forced to endure the long wait even before the clinic opens because they're afraid they'll be turned away if they are at the back of the queue.

"There is one nurse there who is the problem because she will push her friends, or some people that she knows, to the front of the queue, but we others must wait for even longer," he says.

It's infuriating Solly says to watch this happen over and over but he says those in the queue are left to complain among themselves, with no one they can take their complaint to. Solly's fear of the nurses is very real. He insists that he not be identified speaking to Ritshidze because he says the nurses are likely to retaliate and target him for speaking up.

His other issue is with the state of toilet facilities and lack of sanitation at Nthabiseng Clinic. Solly says: "You can't use the toilets because they are dirty and sometimes there's no water. It's very bad when you see the old people going outside to the yard to go to the toilet, but the toilets don't get fixed. It's not just the toilets; sometimes you can't even wash your hands."

** Name changed to protect identity*


5551 - 5800
8000 - 8199


LINEN ROOM

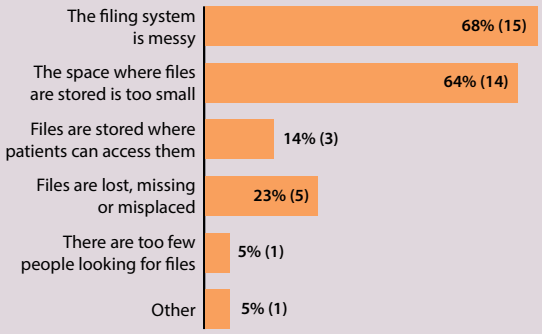

6200
HPRS NUMBER
5550-6699

> ***"You wake up** early in the morning and end up leaving the clinic around 1pm. People who arrive after you are served first"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

> ***"At my last** visit I arrived and queued outside as the staff were still preparing. The cleaner was also cleaning the facility. The cleaner shouted at the patients for walking on the wet floor. She's even proud to tell us that she is going to delay us and we will leave late because of her"* — *a public healthcare user, Geneva Clinic (Lejweleputswa), June 2024*

Figure 6: Concerns with the condition of the filing system (April to May 2024)

Observations completed: 22



Delays at the clinic are only exacerbated by chaotic paper filing systems, where staff struggle to locate people's medical files, or lose them altogether. Filing systems were observed to be in good condition in only 57% of sites monitored, mostly due to filing rooms being too small to maintain and/or filing systems being messy (Figure 6, Table 9). This only adds to the delays, adding to the burden on health workers, as well as at times forcing people to lose their medical records and have to open new files. Of 2,648 respondents, 22% said after registering it took 60-120 minutes to get their file, and 18% said it took more than 120 minutes to get their file.

Table 9: What is observed in bad condition in filing systems (April to May 2024)

District	Facility	The filing system is messy	The space where files are stored is too small	Files are stored where patients can access them	Files are lost, missing or misplaced	There are too few people looking for files
Lejweleputswa	Bophelong Clinic	1	1			
	Bronville Clinic	1	1			
	DA Maleho Clinic		1		1	
	Geneva Clinic	1	1		1	
	Hani Park Clinic		1			
	Hope CHC	1			1	
	Ikgomotseng Clinic		1			
	Kgotsong Welkom Clinic	1				
	Leratong Clinic	1	1			
	Matjhabeng Clinic	1				
	Meloding Clinic	1	1			
	Mmamahabane Clinic	1		1		
	Phahameng (Bultfontein) Clinic	1				
	Rheeders Park Clinic		1			
	Riebeeckstad Clinic	1	1	1		
	Thabong Clinic	1				
Thabo Mofutsanyana	Boiketlo Clinic		1			
	Harrismith Clinic		1			
	Intabazwe Clinic	1	1	1	1	1
	Mphatlalatsane Clinic	1				
	Mphohadi Clinic	1			1	
	Tseki Clinic		1			

***"I arrived in** the morning and left at 4pm. I was told that the files got mixed up. The last to arrive got assisted first. The staff are very intimidating. We make suggestions and nothing changes"* — *a sex worker living with HIV, Hope Clinic (Lejweleputswa), June 2024*

***"I normally arrive** at the clinic around 5am to 5:30am... It is not safe to walk along the street because there are people who are robbing us in the street. We are afraid and we even ask our neighbours to accompany us when we go to the clinic"* — *a person living with HIV, Albert Luthuli Clinic (Lejweleputswa), June 2024*

***"There's only one** clinic here and there are too many people and the clinic is far away which means I must take a taxi. The queues are long at the clinic. There are too many of us so you must wake up early in the morning. You get there at 6am. Since it's winter it's cold, and you can even get mugged. Sometimes you are turned away so that the doctor can attend to other patients"* — *a sex worker living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"I defaulted because** they couldn't find my file when I went on my appointment date. They tell you to come back the following day and the next day they still can't find it"* — *a person living with HIV, Phuthaditjhaba Clinic (Thabo Mofutsanyana), June 2024*

***"I had a** pap smear... after a month I went back but they could not find my file. I don't know the results of the pap smear. I hadn't been to the clinic again until last month. I was very angry. I was shouted at by a staff member in the reception area when I requested my results"* — *a person living with HIV, Hani Park Clinic (Lejweleputswa), June 2024*

***"In 2023 my husband's file got lost and they opened a new one. In 2024 it got lost again. The treatment we get at the clinic is not good"** — a person living with HIV, K9 Clinic (Lejweleputswa), June 2024*

The average earliest arrival time has slightly improved (from 5:27am last year to 5:39am this year), however, many people still begin queuing early in the morning before clinics open, in an attempt to get seen more quickly. 38 facilities had an average arrival time of before 6am (Table 10). The Free State had the earliest average arrival time out of all provinces monitored by Ritshidze. Of 1,301 people who arrived before the facility opened, 44% reported feeling unsafe/very unsafe while waiting for the facility to be open (up from 30% last year) (Figure 7).

While a circular was issued in May 2019 by the National Department of Health calling on facilities to open by 5am on weekdays, no facilities monitored even opened before 7am. Commonly, Facility Managers tell us that they are unable to extend opening hours due to insufficient staffing to cover this time. Yet of 2,658 public healthcare users, 74% think that extended hours would improve access to services.

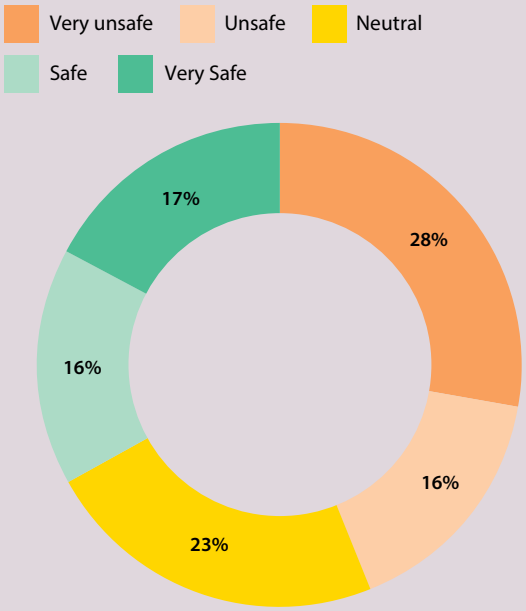
Table 10: Average arrival time before 6am (April to May 2024)

District	Number of Facilities Assessed	Total number of surveys	Average earliest arrival time
Thabo Mofutsanyana	Mphohadi Clinic	69	04:35
Lejweleputswa	Geneva Clinic	55	04:50
Thabo Mofutsanyana	Petsana Clinic	77	04:50
Lejweleputswa	Kgotsong Welkom Clinic	50	05:02
Lejweleputswa	Bronville Clinic	50	05:03
Lejweleputswa	Matjhabeng Clinic	52	05:10
Thabo Mofutsanyana	Phuthaditjhaba Clinic	55	05:12
Lejweleputswa	Bophelong Clinic	50	05:13
Lejweleputswa	Hani Park Clinic	50	05:15
Thabo Mofutsanyana	Paballong Clinic	55	05:15
Lejweleputswa	Tshepong (Welkom) Clinic	50	05:17
Thabo Mofutsanyana	Harrismith Clinic	53	05:20
Lejweleputswa	Bophelong Odendaalsrus Clinic	57	05:22
Thabo Mofutsanyana	Makwane Clinic	51	05:22
Thabo Mofutsanyana	Bluegumbosch Clinic	55	05:23

District	Number of Facilities Assessed	Total number of surveys	Average earliest arrival time
Thabo Mofutsanyana	Reitumetse Clinic	52	05:24
Lejweleputswa	Bophelong Allanridge Clinic	59	05:25
Thabo Mofutsanyana	Thusa Bophelo Clinic	57	05:25
Thabo Mofutsanyana	Boiketlo Clinic	53	05:31
Thabo Mofutsanyana	Intabazwe Clinic	61	05:32
Thabo Mofutsanyana	Namahali Clinic	52	05:34
Thabo Mofutsanyana	Bohlokong Clinic	50	05:37
Thabo Mofutsanyana	Tseki Clinic	50	05:37
Thabo Mofutsanyana	Rearabetswe Clinic	63	05:40
Lejweleputswa	Thabong Clinic	58	05:40
Thabo Mofutsanyana	Kopanong K Clinic	62	05:43
Thabo Mofutsanyana	Riverside Clinic	54	05:45
Thabo Mofutsanyana	Monontsha Clinic	53	05:45
Lejweleputswa	DA Maleho Clinic	56	05:45
Thabo Mofutsanyana	Bolata Clinic	53	05:46
Lejweleputswa	Leratong Clinic	49	05:47
Thabo Mofutsanyana	Leseding Clinic	55	05:47
Lejweleputswa	Phahameng (Bultfontein) Clinic	55	05:49
Lejweleputswa	Kgotsong (Bothaville) Clinic	57	05:51
Thabo Mofutsanyana	Thaba Bosiu Clinic	44	05:53
Lejweleputswa	Phomolong (Hennenman) Clinic	42	05:53
Lejweleputswa	Rheeders Park Clinic	57	05:54
Lejweleputswa	OR Tambo Clinic	55	05:55

Figure 7: How safe is the facility to wait before it opens? (April to May 2024)

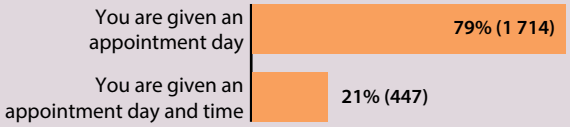
Patients Surveyed: 1 301



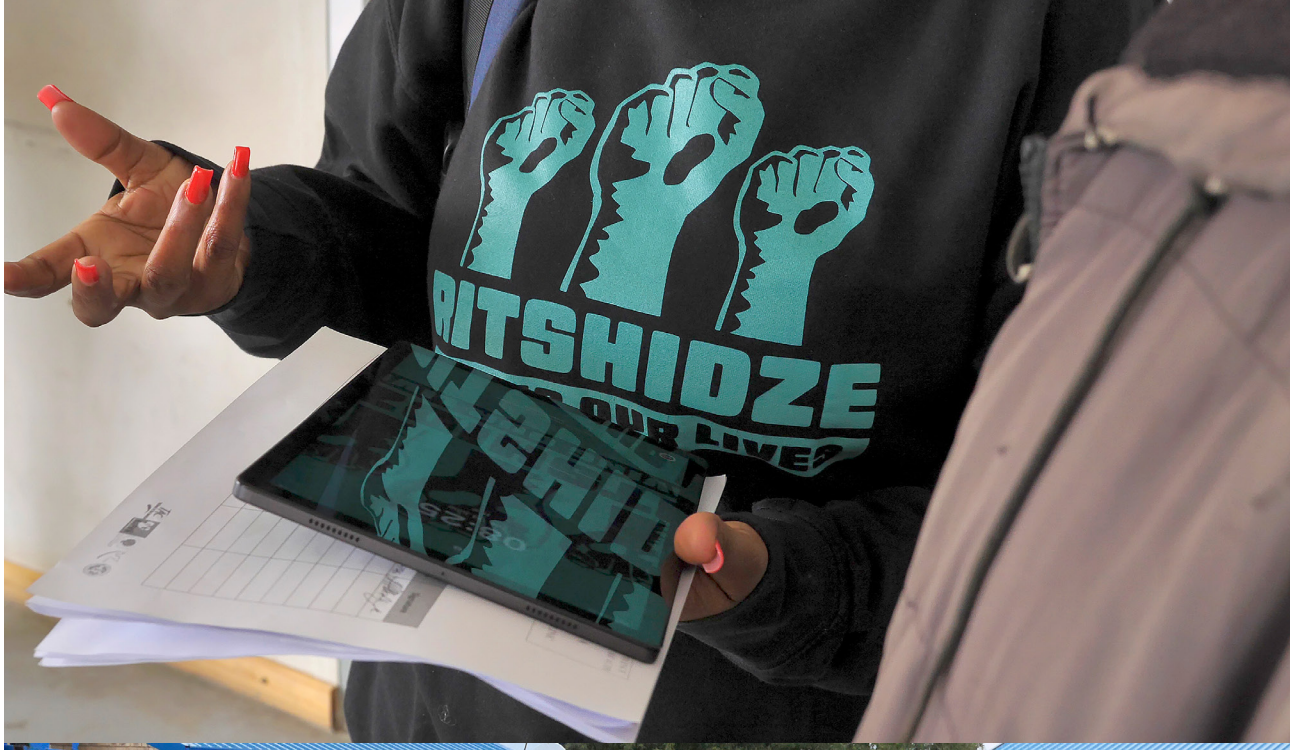
While 82% of public healthcare users were aware of a clinic appointment system, only 21% report getting both a date and time, and 79% reporting just getting a date (Figure 8). This again means people arrive early in a cluster in order to get seen and clinics are empty by the afternoon. Appointments could be spaced out throughout the day to ease congestion. Appointment reminders can also reduce the likelihood of people being late for or missing appointments, yet only 26% of people reported getting sent them.

Figure 8: Which of the following best describes the appointment system? (April to May 2024)

Patients Surveyed: 2 172



***"You arrive early** and are told to wait. We wait a long time without being helped… They did try an appointment system. Patients had scheduled times, but it is not working as you can be scheduled for 8am and only be helped by 12pm. The services are poor as staff run their personal errands during working hours. They send ambulance drivers to pay their accounts or buy groceries. That is why we are not getting help" — a person living with HIV, Rearabetswe Clinic (Thabo Mofutsanyana), June 2024*


RITSHIDZE


LUVIGEN

PRIORITY 3

ART COLLECTION

2021	2022	2023	2024
67% of PLHIV received two months supply of ARVs	**61%** of PLHIV received two months supply of ARVs	**87%** of PLHIV received two months supply of ARVs	**72%** of PLHIV received two months supply of ARVs
7% of PLHIV received three to six months supply of ARVs	**13%** of PLHIV received three to six months supply of ARVs	**3%** of PLHIV received three to six months supply of ARVs	**17%** of PLHIV received three to six months supply of ARVs
66% of PLHIV would like to collect ARVs closer to their home	**66%** of PLHIV would like to collect ARVs closer to their home	**55%** of PLHIV would like to collect ARVs closer to their home	**59%** of PLHIV would like to collect ARVs closer to their home

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

1. Ensure that **all eligible people living with HIV get a 3 month supply of ARVs** as required by National ART Guidelines.
2. **Better support stock management to ensure that there are enough ARVs** at clinics to give out 3 and 6 month supply.
3. **Release CCMDD numbers of people on 3MMD, 4MMD, and 6MMD by facility.** These numbers should be available and immediately retrievable from the SyNCH system for which the National Department of Health holds responsibility. These numbers should be presented to us on a quarterly basis at facility, sub district, and district levels through the district nerve centres and provincial Operation Phuthuma platforms (that we request inclusion in).
4. **10% of eligible people living with HIV receive their first 6 month supply** by the end of 2024. It is already provided for in the 2023 ART national guidelines and policies, dependent on confirmation of operational capacity and stock availability. Provincial and district health departments need to start their planning processes now.

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE/WITS RHI

1. **Establish more pick-up points**, especially linked to peri-urban and rural clinics.
2. **Re-establish, revitalise, and rollout functional adherence clubs** across the province.
3. Ensure that all eligible people living with HIV are offered and voluntarily **enrolled into a pick-up point or adherence club of their choice** — and all those enrolled are active.
4. Ensure that **facility pick-up points are a quick, one-stop ART refill collection-only visit in under 30 minutes**. No need to go to the registry, vitals, collect folders, see clinician etc.
5. Ensure the **collection of ART refills for up to 28 days** from pick-up points.
6. Ensure 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.
7. **Quality clinical management** when people are required to come to health facilities to see a clinician (not just a rescript and refill).
8. Ensure every person starting ART is provided with good quality fast track initiation counselling at ART start and after 1 month on ART, taking first viral load as early as possible to ensure **earlier access to longer treatment supply at more convenient locations.**

RECOMMENDATIONS

RIGHT TO CARE & WITS RHI

1. **Support and mentor clinicians at facilities to script 3 month supply** to everyone who is eligible.
2. **Support with stock management to ensure that there are enough ARVs** at clinics to give out 3 and 6 month supply.

RECOMMENDATIONS

PEPFAR

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

The revised 2023 ART Guidelines agree that time constraints represent a challenge to many people living with HIV in collecting treatment. They note that efforts should be made to support eligible people living with HIV to get longer ARV refills (multi-month dispensing) and/or enrollment in pick-up points or adherence clubs (repeat prescription collection strategies/RPCs). This includes children and adolescents. These strategies are proven to make it easier for people to collect and stay on their treatment. They also reduce unnecessary burdens on the health system, by decreasing overall congestion and reducing waiting times.

Multi-month dispensing

The Guidelines recommend that people receive longer ARV refills (including 3, 4 or 6 month supply), no longer 2 month supply. This is so that people living with HIV do not have to return to collect their ARVs as frequently. The guidelines were revised in 2023 based on Circular 1, 2022 by the National Department of Health instructing provinces to start implementing 3MMD, as well as on strong evidence showing longer refills support long-term retention. The guidelines state that the following people should get 3MMD:

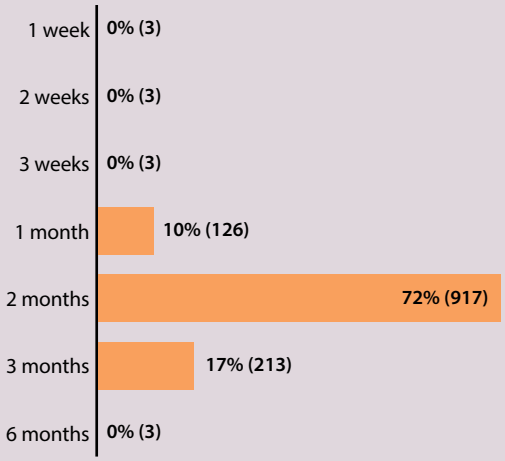
1. All stable people living with HIV (not sick and with a suppressed viral load) whether collecting ARVs from the clinic or easier treatment collection (a facility pick-up point or external pick-up point, or an adherence club).
2. All other people living with HIV who have been on ART for 4 months who struggle to come to the clinic more regularly, provided they are not sick, including people:
   a. re-engaging in care
   b. travelling
   c. postnatally (aligned with infant immunisation dates)
   d. with an elevated viral load after a session of adherence counselling
   e. children under 5 years old

The guidelines also provide for 6 month supply (6MMD), dependent on confirmation of operational capacity and stock availability. Provincial and district health departments need to start their planning processes now to begin moving people to 6 month supply by the end of the year.

However, across the province Ritshidze data show that only 17% of people reported getting a 3-6 month supply of ARVs in this reporting period (Figure 9). This varied slightly across districts. 24% of people living with HIV surveyed in Lejweleputswa reported getting a 3-6 month supply and 11% in Thabo Mofutsanyana. This compares to 98% of people reporting a 3-6 month supply in Mopani (Limpopo), and 97% in Bojanala (North West). The Free State has made the least progress towards giving people 3MMD and 6MMD out of all provinces monitored by Ritshidze.

Figure 9: Length of HIV medicine refill (April to May 2024)

PLHIV Surveyed: 1 270



For facilities struggling with stockouts or space to store medicines, clinicians can now choose to prescribe people using pick-up points or clubs 1 x 2MMD and 1 x 4MMD (2023 ART guidelines DMOC SOP 5). This would mean the individual would still only have two trips to collect medicines in the six month period: collecting 2 month supply at the clinic pharmacy that day; 4 month supply two months later at the pick-up point or club; and only returning to the clinic 4 months later. CCMDD that supplies these collection points does not have stock shortage issues. This will reduce the challenge of low stock or lack of storage space at the facility.

We also note that Ritshidze data is collected from a sample of people living with HIV at a sample of clinics that we monitor. Our data are representative of the people we interview. However, we accept that Ritshidze does not interview all people living with HIV at every clinic. This may mean we miss clinics that are completely failing to supply 3MMD to people living with HIV, or some clinics may be doing better than the sample we surveyed, which was not representative. We collect Ritshidze data to red flag issues requiring further investigation and action, and to give feedback to people living with HIV.

CCMDD data is a more representative example of what length of HIV refill people living with HIV are getting. To date CCMDD does not make this data available. The South African government's public sector data on 3MMD progress should be made public, including the release of CCMDD numbers of people on 3MMD by facility. These numbers should be available and immediately retrievable from the SyNCH system for which the National Department of Health holds responsibility. The proportion of people living with HIV getting 3MMD, 4MMD or 6MMD should be publically available and should be presented to us on a quarterly basis at facility, sub district, district, provincial, and national levels through Operation Phuthuma and nerve centres.

> **Across the province Ritshidze data show that only 17% of people reported getting a 3-6 month supply of ARVs in this reporting period (Figure 9).**

"I collect my ARVs at the clinic, and I only get 2 months supply of pills at a time, while others are getting 3 months... I have asked them multiple times, but no one has given me a straight answer. Although I have been decanted to Clicks, I would still like to get at least 3 months" — *a gay man, Heidedal Clinic (Mangaung), July 2024*

"I would be happy to receive a 3 month supply because I stick to my treatment. I have not defaulted and my viral load is good" — *a person living with HIV, Phomolong Clinic (Lejweleputswa), June 2024*

"They give me 2 month's supply of ARVs. I'd like for them to deliver at least 3 months' supply of ARVs because the 2 months is inconveniencing me" — *a person living with HIV, Tseki Clinic (Thabo Mofutsanyana), June 2024*

"I received a 2 month supply of ARVs. I would like to receive a 3 to 6 month supply and only interact with the clinic when I am sick or when I'm due to take blood. They do not serve patients well" — *a person living with HIV, Hani Park Clinic (Lejweleputswa), June 2024*

"They give me treatment for one month so I need to come to the clinic every month. When I ask for treatment for at least 2 or 3 months, she refuses and says I need to come to the clinic. They do not explain the blood results. Yet they take blood regularly" — *a person living with HIV, Phuthaditjhaba Clinic (Thabo Mofutsanyana), June 2024*

"I have been on ARV treatment for 10 to 11 years…I wish to get a longer supply of ARVs. I'm currently collecting for 2 months. When you get there you queue for a long time unnecessarily just for collection… a longer refill will help… You will only go to the clinic once a year for viral load testing" — *a person living with HIV, Phomolong Clinic (Lejweleputswa), June 2024*

"I finished my treatment yesterday and I have no more ARV pills left until my appointment date on 24 June. I am concerned about my viral load which could significantly rise. I am worried that I might even lose weight. I assume that there was a mistake when they were packing the medication. When I went to pick up my medication this month I noticed that there were fewer pills than before. I am a farm worker and my employer will not give me time off to go to the clinic" — *a person living with HIV, Albert Luthuli Clinic (Lejweleputswa), June 2024*

"I'm getting a 2 month ART refill but I would like to be given at least 3 months. It will help me as I have commitments. It will also save me time. You'll find that you have something to do yet you have to go to the clinic. I would be very happy if I could collect for longer periods at least 3 months, 4 months or 6 months" — *a person living with HIV (Lejweleputswa), June 2024*

"Sometimes the clinic will not have ARVs or they will give you one container of medication saying it lasts 2 months. The medication they give you finishes before time and it becomes a problem when you have to go back to the clinic. You will have to wait until they have the medication, but at that time you're not taking anything. I went there last month and I was given a 2 month supply. I would like to receive a 3 or 6 month supply. The change I want to see is better treatment for all patients and to be given enough medication" — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

"The problem I have is the long waiting times. We arrive at early hours but we leave the facility around 3pm to 4pm. I get a 2 month supply. I would be happy if I could get 3 months supply" — *a sex worker living with HIV, Leratong Clinic (Lejweleputswa), June 2024*

"They give me a 1 month supply of ARVs. I would like to receive a 6 month supply of ARVs" — *a person who uses drugs living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"My problem with** my parcel is that I receive more high blood pills than ARVs. I wish that could give me a 6 month supply of ARVs as they do with the high blood medication. Every 2 months you have to go back to the clinic to collect your ARVs, and you don't always get them when you are there"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"I only go** to the clinic when I'm going to collect my treatment. I usually get 1 month of treatment, month to month. I would prefer 3 months of treatment. Since blood work is not done monthly, they can give medication for 5 months, on the 6th month you know you take bloods"* — *a sex worker living with HIV (Lejweleputswa), June 2024*

***"We queue from** 5:30am to 6am and they open at 7:30am. We all stand outside while they are still cleaning. I only get a 2 month refill of my ARVs"* — *a person living with HIV, K9 Clinic (Lejweleputswa), June 2024*

***"I still collect** my pills at the clinic from the Sister and I wait in a queue like everyone else… It would be better if we could collect our pills in a private area outside the clinic, maybe at the Post Office. I receive a 1 month supply of ARVs. I would like to at least receive a 3 or 6 month supply"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

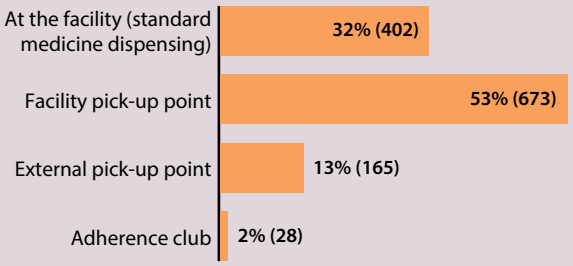
***"They give me** a 2 month supply of ARVs. I would be very happy if they could give me a longer supply of treatment so that I don't go to the clinic as often and avoid the queue. They did say when I take my ARVs correctly and on time they will give me the option to go collect at Clicks. I'll be happy because the long queue is a problem"* — *a sex worker living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

Repeat prescription collection strategies

Positively the majority of people are using pick-up points. Of those surveyed by Ritshidze this included 53% collecting at a facility pick-up point and 13% collecting at an external pick-up point (Figure 10). However, 32% of people still report collecting through standard medicine dispensing, having to consult with a clinician at the facility to get rescripted on each visit.

Figure 10: Location of where people living with HIV collect their ARVs (April to May 2024)

PLHIV Surveyed: 1 270



Importantly, in order to be effective, pick-up points should make ARV collection quicker, easier and more satisfactory for people living with HIV — yet at times this is not happening. 18% of facilities monitored said that people using facility pick-up points must collect files, take vitals, and see a clinician before getting their parcel (Figure 11). 26% of people living with HIV also agreed that this adds to delays at the facility (Figure 12). Yet, the National ART Guidelines say that facility pick-up points should be a one-stop very quick ART collection-only visit in under 30 minutes. There is no need for people to go to the registry, collect folders, see clinician etc. While it should take less than 30 minutes to collect your parcel and go, 46% of people surveyed said it takes up to an hour, 19% said it takes up to 2 hours, and 5% said it takes more than 2 hours. There are also restrictions on the days available to collect ARVs, as reported by 24% of people living with HIV: where 8% reported not being able to collect ARVs on Mondays, 2% on Tuesdays, 27% on Wednesdays, 14% on Thursdays, 24% on Fridays, and 28% on Saturdays (where the facility is open).

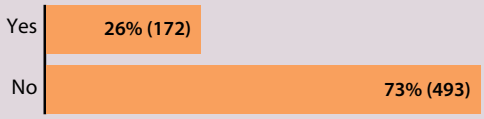
> ***"At least at** the pick-up point I just provide them with my ID, get my treatment, and go home. At the clinic I wait the whole day. At times they can't find my file or someone is not on duty. Services at the clinic are very poor"* — *a person living with HIV, Geneva Clinic (Lejweleputswa), June 2024*

Figure 11: 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 2024)

Facility Staff Surveyed: 49

Figure 12: 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)? (April to May 2024)

PLHIV Surveyed: 673



> ***"The services are** very slow. Those who are there to draw blood or see the doctor and those who are there collect medication will all be there together. Instead of just letting those who are there to collect medication, just collect and go, you would stay in the queue all day"* — *a gay man living with HIV, Hope Clinic (Lejweleputswa), May 2024*

> ***"The queue for** ARV collection is long. I'm in the CCMDD system but I still queue"* — *a person living with HIV, Bophelong Clinic (Lejweleputswa), June 2024*

> ***"I would request** for them to give me one date to collect my medication since I take HIV and hypertension treatment. I also have a baby who is attending the clinic, why can't they just give us one date?"* — *a person living with HIV, Harrismith Clinic (Thabo Mofutsanyana), June 2024*

> ***"I have been** decanted to the community centre and I am happier. I only visit the clinic if I am sick. When collecting at the community centre it only takes 15 minutes as you provide them with a card, sign, and leave. Unlike at the clinic where you queue and files are getting lost"* — *a person living with HIV, Petsana Clinic (Thabo Mofutsanyana), June 2024*

> ***"I used to** receive a 3 month supply. The treatment at the Siyasiza Clinic was very good, and I was encouraged to collect my treatment. I'd just get there, present my card, they would give me my parcel, then I would go home. I hardly even spent 30 minutes there. I wish they can allocate me back to collecting them from Siyasiza"* — *a person living with HIV, Harrismith Clinic (Thabo Mofutsanyana), June 2024*

For those using standard medicine dispensing, 63% said they have not been offered the option to use a pick-up point or club (Figure 13). Further 59% of all people living with HIV surveyed said that they would like to collect ARVs closer to their home if it were possible (Figure 14). There needs to be enough pick-up points to decant people into especially linked to peri-urban and rural clinics. A diversity of external pick-up point 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 13: 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? (April to May 2024)

PLHIV Surveyed: 400

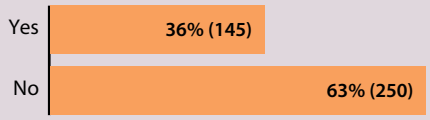
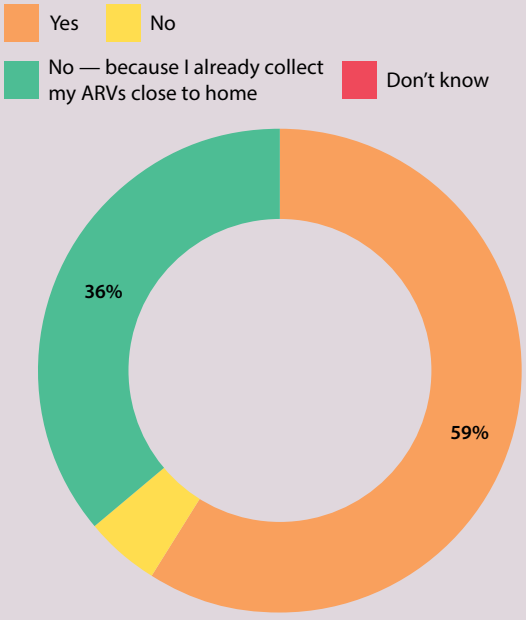


Figure 14: Would PLHIV like to collect ARVs closer to home? (April to May 2024)

PLHIV Surveyed: 1 269



Once enrolled in pick-up points or clubs, 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 pick-up point or club. People living with HIV who are not satisfied should be offered a different option that better meets their needs.

The majority of people in pick-up points 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 98% of Facility Managers report effective recall systems, and only 2% are left without effective recall systems to ensure people in pick-up points 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 entirely, and facilities no longer have adherence club facilitators. The Free State Department of Health committed previously that adherence clubs would be revived, however they remain suspended. While we note that the majority of people would prefer easier and quicker treatment collection options, like external pick-up points, we maintain that functional adherence clubs continue to play an important role in supporting ongoing treatment literacy and peer support for those struggling with adherence.

> ***"I went to** Hani Park Clinic for a week for ARV treatment… I waited the whole day in the clinic without them giving me my treatment. There was nobody who was giving out treatment. It was a Thursday. They said that those who want their treatment delivered at home on Friday should write their addresses down. I did that but they never delivered it. I remained without treatment for the weekend. I went back on Monday for my treatment and they argued with me before they gave it to me"* — *a person living with HIV, Hani Park Clinic (Lejweleputswa), June 2024*

> ***"I have been** requesting the clinic to deliver my medication since I am disabled and suffer financially. Sometimes I don't even go to collect the medication when I don't have money"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

COMMUNITY STORY

This year marks a person milestone for Dolly* — it's 10 years of staying on her ARV treatment and working to live positively with her status.

She says: "Those early days it was sometimes very bad and I was sick and had many side effects. I had to learn different things about my body and how to stay healthy." It's made getting to a 10-year anniversary mostly in good health an important personal triumph for the 69-year old.

But this year she's run into problems and she says she's stressed out that it can't be sorted out. She explains that last year they started to give her a 3 month ARV supply. At first, receiving her ART at three months intervals was a big help, she says, but then in January this year she started being given too few tablets on each collection date and was sent away from the clinic when she has tried to ask questions.

"I am worried too much because they only give me 56 pills and it's supposed to be for three months so it's not enough. But when I ask them to help me they just say I must come back by my next appointment date, but then it will be too late," she says.

For Dolly the frustration is that this has happened now on two collection dates this year already. The tablets will run out by August this year, and she is only scheduled for her next collection in September. Dolly is dreading being back at the clinic in August to try to explain the situation and the error that they have made.

"I have worked hard to stay on my treatment and to be healthy all these years, but now there is this problem of a shortage of pills every time. I don't understand why they can't help me to fix this," she says.

** Name changed to protect identity*

COMMUNITY STORY

Virginia, Free State local Seipati* is faced with the difficult decision of having to be in the clinic for regular check-ups but is also fed up with long clinic queues and having to put up with bad service from nurses.

The long waits are so distressing for her, she says she would rather skip check-ups all together and only be in the clinic to pick up her medicines, currently at two-monthly intervals.

Seipati takes medication for epilepsy and is also on ARVs and uses the OR Tambo Clinic in the town. She's been on ARVs for 15 years and says that she's managed well on her treatment, which means in recent years she was put on a two-month supply for ARVs. Earlier this year though her weight dropped drastically and she was put on a monthly pick-up schedule.

"I know the check-ups are good so that I know what is going on with my body, but sometimes there is nothing wrong. It should be a 3 month supply for all my medicines, because honestly speaking even when the nurses check you every month they aren't helping — it is just wasting our time to have to be there every month," she says in SeSotho.

Seipati adds, by example: "One of the reasons I'm losing weight is that I have no appetite lately. But they don't give me anything to help for that and they aren't telling me anything about why I don't have an appetite. And the problem is that if I don't pick up weight I won't get back to a multi-month supply for two months, never mind maybe for a three month supply for my ARVs," she says.

For Seipati, she's lost trust that the clinic visits are a benefit for her. Instead of feeling less anxious and more in control of managing her conditions, clinic visits are more frustrating and time wasting. It's stressful she says and she feels there's nothing she can do about it — she just has to follow what it says in her appointment book, she says.

** Name changed to protect identity*


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


RECORDS


5951 - 6150
6151 - 63059
6751 - 6750
6901 – 7100
7101 – 7250
7251 - 7400
7401 – 7600
7601 - 7800
7801 - 7999
8000 – 8199
5301 - 5550
5551 - 5800
Booked Clients
MONDAY
TUESDAY

PRIORITY 4

ART CONTINUITY

2021	2022	2023	2024
44% say staff are always friendly	**41%** say staff are always friendly	**54%** say staff are always friendly	**50%** say staff are always friendly
38% say they are welcomed back if they miss an appointment	**37%** say they are welcomed back if they miss an appointment	**61%** say they are welcomed back if they miss an appointment	**25%** say they are welcomed back if they miss an appointment
91% feel that facilities keep their HIV status private and confidential	**83%** feel that facilities keep their HIV status private and confidential	**94%** feel that facilities keep their HIV status private and confidential	**93%** feel that facilities keep their HIV status private and confidential
	142 people had been refused access to services for not having a transfer letter	**11** people had been refused access to services for not having a transfer letter	**47** people had been refused access to services for not having a transfer letter
	183 people had been refused access to services for not having an ID	**38** people had been refused access to services for not having an ID	**220** people had been refused access to services for not having an ID

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE/ WITS RHI

1. Healthcare workers provide **friendly and welcoming services** and **acknowledge that it is normal to be late for or miss appointments**, and to support people living with HIV to re-engage in care. Investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate.
2. **People are never sent to the back of the queue when they return** after a late appointment, silent transfer, or treatment interruption.
3. People returning after a late appointment, silent transfer, or treatment interruption should be **offered enrollment into pick-up points or clubs and longer ARV supplies to make ARV collection easier**.
4. Those who move or relocate for work should not be denied ARVs without a transfer letter. **Transfer letters must not be required for ARV continuation or restart**.
5. Migrants, asylum seekers, stateless people, and **people without identity documents or proof of address should not be denied health services**.
6. **Provide a full package of psychosocial support services** including: 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.
7. **Action an elevated viral load** without delay, through an effective abnormal result recall system and provide quality enhanced adherence counselling when appropriate.
8. **Action a suppressed viral load** without delay, focusing on immediate assessment, offer and enrolment into the pick-up point or club of choice and longer ARV supplies the month after viral load taken.

RECOMMENDATIONS

RIGHT TO CARE & WITS RHI

1. Support with **training and mentoring of facilities** 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 members of 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.

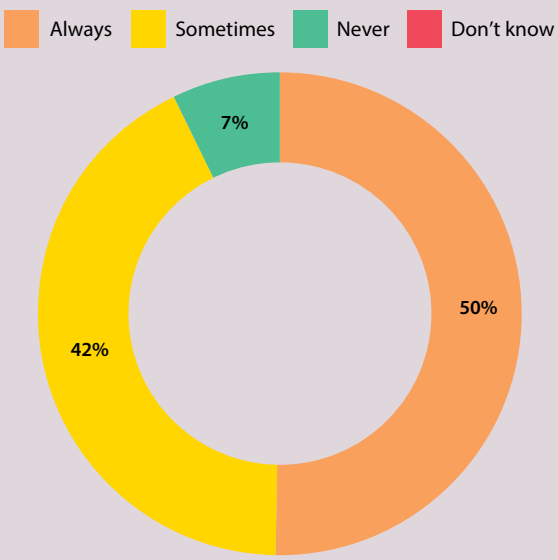
A differentiated service approach is required for people living with HIV who re-engage in care. Some will require intensive clinical management including advanced HIV screening and management. Some will require psychosocial support in the form of quality counselling and support group options. The majority need it to be made easier to collect treatment. These people should be offered longer ARV supplies and should be assessed and offered access to pick-up points or clubs as quickly as possible. Implementing the 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, only 83% of facilities report that PEPFAR partners have supported in training/ mentoring on the changes in the new 2023 adherence SOPs.

Staff friendliness

Ritshidze data reveal that out of 2,654 respondents, only 50% of people thought that the staff were always friendly. 49% of people thought staff were only sometimes or never friendly (Figure 15). The best and worst performing facilities are outlined in the tables (Table 11 and Table 12). Further, of 2,655 respondents, only 47% felt comfortable/ very comfortable to use the facility. By comfortable we mean that a person would feel at ease among other patients and with the clinic staff, and believe they will be treated well.

Figure 15: Are the facility staff friendly? (April to May 2024)

Patients Surveyed: 2 645



***"I always face** unfriendly treatment at the clinic. I am having an ongoing struggle with the HIV treatment that I receive, which often makes me sick. Despite requesting a change in the treatment, my concerns were ignored. I am continually given the medication that causes me discomfort" — a sex worker living with HIV who also uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

***"In March I** went to collect my medication. I found two nurses who asked why my medication finished ahead of time. They asked if I share my medication. They said they would give me fewer ARV pills. They said they will not give me a full refill because I am sharing. We even had a huge conflict" — a person living with HIV, Leratswana Clinic (Thabo Mofutsanyana), June 2024*

***"I can hear** how they talk to other patients. I dread going to the clinic… When you ask questions they are rude. They always say we are abusing them, but they are the ones abusing us with their attitude and rudeness. We leave the clinic hurt because of their actions. Going to the clinic is very stressful. You can ask anyone from the community. They will tell you that you don't get a wink of sleep the night before going there" — a person living with HIV, Phomolong Clinic (Lejweleputswa), June 2024*

***"I was supposed** to get my blood tested. When I got to the clinic, they said they were busy and that I should come back on Monday. I couldn't go back on Monday because I had to go to work. The next month I came back to do my blood test so I could get my treatment. When I got there, they said I was supposed to have come last month. I then asked if they would give me medication… again they said they couldn't and that I should come back in the morning. I had to go and ask people to give me medication. It's not right to take another person's medication, and now I don't know what we are supposed to do. I've been trying to find a place where I can write my complaints so we can get help" — a person living with HIV, Harrismith Clinic (Thabo Mofutsanyana), June 2024*

Table 11: Best performing facilities on staff attitudes (April to May 2024)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
Lejweleputswa	Ikgomotseng Clinic	48	46	2	0	1.96
Thabo Mofutsanyana	Boiketlo Clinic	53	40	12	1	1.74
Thabo Mofutsanyana	Leratswana Clinic	54	40	12	1	1.74
Thabo Mofutsanyana	Mphatlalatsane Clinic	63	47	14	2	1.71
Lejweleputswa	Bophelong Clinic	50	37	11	2	1.70
Thabo Mofutsanyana	Monontsha Clinic	53	37	15	1	1.68
Lejweleputswa	Riebeeckstad Clinic	26	19	4	2	1.68
Thabo Mofutsanyana	Lindley Clinic	71	50	17	3	1.67
Lejweleputswa	OR Tambo Clinic	55	37	16	1	1.67

Table 12: Worst performing facilities on staff attitudes (April to May 2024)

District	Facility	Surveys Completed	Yes	Sometimes	No	Score
Thabo Mofutsanyana	Phuthaditjhaba Clinic	55	4	45	5	0.98
Lejweleputswa	Kgotsong (Bothaville) Clinic	57	18	20	17	1.02
Thabo Mofutsanyana	Harrismith Clinic	53	7	41	5	1.04
Thabo Mofutsanyana	Riverside Clinic	54	8	41	5	1.06
Thabo Mofutsanyana	Tshiame B Clinic	53	9	39	5	1.08
Thabo Mofutsanyana	Thusa Bophelo Clinic	57	8	46	2	1.11
Lejweleputswa	Kgotsong Welkom Clinic	50	9	37	3	1.12
Thabo Mofutsanyana	Intabazwe Clinic	61	13	45	3	1.16
Lejweleputswa	Thabong Clinic	58	21	29	7	1.25
Lejweleputswa	Hope CHC	31	13	14	4	1.29
Lejweleputswa	Bophelong Odendaalsrus Clinic	57	19	37	1	1.32
Lejweleputswa	Tshepong (Welkom) Clinic	50	20	26	4	1.32
Lejweleputswa	Phahameng (Bultfontein) Clinic	55	21	28	4	1.32
Thabo Mofutsanyana	Makwane Clinic	51	24	20	7	1.33
Thabo Mofutsanyana	Bluegumbosch Clinic	55	20	34	1	1.35
Thabo Mofutsanyana	Kopanong K Clinic	62	32	20	10	1.35
Lejweleputswa	Geneva Clinic	55	23	29	3	1.36
Lejweleputswa	Bophelong Allanridge Clinic	59	23	35	1	1.37

Late or missed appointments

Out of the 560 people living with HIV who had missed appointments, only 25% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit (Figure 16), down from 54% last year. 26% said staff shouted at them instead. Only 1% of people said that staff ask how they can make ARV collection easier, only 1% were offered a longer supply of ARVs to make collection easier, and 0% said staff told them about external pick-up points closer to home which would make collection easier. This is despite the fact that the 2023 National ART Guidelines recommend that people living with HIV get longer refills and enrollment in pick-up points or clubs to make it easier to collect treatment.

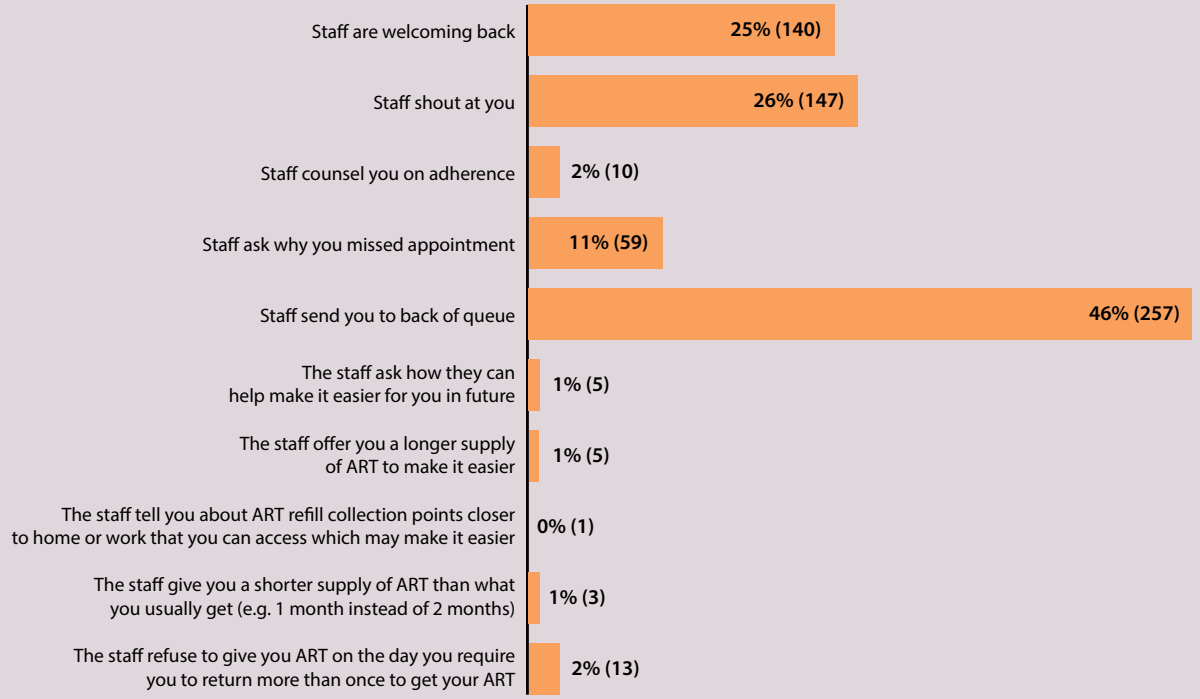
46% still said that staff still send you to the back of the queue the next time you come in (same as last year) — yet the guiding principles of the re-engagement SOP state: "Returning or re-engaging patients should not be made to wait until last to see any service provider but should join the patient 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 take up the next queue space. The guidelines specifically state that no punitive actions are allowed. People should join the queue as normal on arrival at the facility, irrespective of whether on time or late for their appointment. Punitive actions lead to people deciding not to come back again. We need to normalise late and missed appointments, without penalty. People who have come back despite being late have made it easier for the health system — it is not necessary to track and trace them and encourage them back into care. The person has stepped back into the facility, so that experience should be as supportive as possible.

All public healthcare users, including people living with HIV and members of 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.

Figure 16: How are PLHIV treated if they miss appointments (April to May 2024)

PLHIV Surveyed: 560



** It is important to note that Ritshidze surveys are carried out 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.*

***"I was initiated** on ART in 2019. I stopped taking treatment in 2023. I wish to be re-engaged in treatment, but the service at the clinic is not good… we are shouted at… If you miss your date and manage to go the next week you are sent to the back of the queue and not given a (new) date. They assist other patients first, while you are not feeling well. That was the reason why I stopped treatment. They can't speak nicely to people. They will shout at you, asking you a lot of questions in front of other people… I want to take my medication to live for my child"* — *a person living with HIV, Mphohadi Clinic (Thabo Mofutsanyana), June 2024*

***"They mistreat you** when you miss an appointment. You will be last in the queue.You will be told that you have to wait for them to finish all patients who have honoured their dates. This month I missed my appointment because I was at work. I was sent away. Even now I have not received my pills"* — *a person living with HIV, Tshepong Clinic (Lejweleputswa), June 2024*

Denial of services without transfer letters or IDs

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 the 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, 130 people reported having been denied access to services for not having a transfer letter (Table 13). While this represents just 2% of all public healthcare users surveyed, most people would have not needed a transfer letter and therefore this points to a larger challenge with regard to transferring among clinics in the province.

Alarmingly 550 people also reported having been denied access to services across the last year for not having an identity document (Table 14). This represents 8% of all public healthcare users surveyed in the province — and 24% of the 2,309 of people who have reported this to us across the 8 provinces in which we monitor. The Free State had the highest number of people denied services without an ID this reporting period, and was consistently second across previous quarters in the year. This despite having fewer sites than many other provinces monitored. All reports should be urgently investigated.

***"If you miss** your appointment you will be sent home. I went to the clinic for five months without being helped. I last went in February and gave up. I arrived early and was told I will be attended to last. I did not have any medication. The staff give us attitude and they don't speak to us nicely. We get punished for missing dates. If you miss a date it can take the whole week without being helped. Even lodging complaints does not help, the problem persists"* — *a person living with HIV, Rearabetswe Clinic (Thabo Mofutsanyana), June 2024*

***"I missed my** date and I was shouted at. I was asked why I missed the date. They were focused on why I missed the date and did not want to hear my reasons. We always have reasons why we miss dates. If you are late for your appointment, the staff send you to the back of the queue. That leads to more people stopping taking treatment and having more defaulters"* — *a person living with HIV, Petsana Clinic (Thabo Mofutsanyana), June 2024*

***"I had gone** to visit relatives for a while and went to the clinic to get my treatment on my return. They refused to give me the treatment and gave me another date to return on. I requested that they at least provide me with ARVs to take until the appointment date, as I had run out, but they refused. I was devastated by the treatment I got"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"My stress is** the clinic, you will arrive at 8am and leave at 3pm. We need to rest because we are working at night. When you arrive at 3pm they shout at you, telling you that you were not working yesterday. I don't know if perhaps they keep tabs on us, if we are at work or not. When I send someone to collect my medication, they refuse to give them medication. They want me to collect medication even if I'm not due to take blood. When I return the following day and go to the clinic, they will shout at me for not coming on my appointment date"* — *a sex worker living with HIV (Lejweleputswa), June 2024*

***"I asked for** a day off from work so I could go to the clinic to collect my ARVs. On arrival, they told me that I had missed my date so they would give me a new date. I tried explaining to them that I would lose my job since we were not allowed to be absent for two days in a month. I then agreed to the date and told them I'd send my mother to collect for me. The date came and my mother went, but they still refused to give her the pills. I had to go myself to the clinic. It has now been four days since I have taken medication, because I'm avoiding absenteeism at work which will make me lose my job. I am the only person that works at home. They would struggle if I were to lose my job. No-one from the clinic called or came to ask what my reason was for not collecting my medication. I did not miss my appointment intentionally"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 202*

***"I struggle to** get treatment. I was turned away twice by the receptionist, despite having an appointment. On the date that I was given the receptionist told me it was not time to bring a prescription. She said I should come back the following day which I did. Again she turned me away and said I should go back home as I could see that the clinic was full. So I left. This month I went back because last time I didn't get my medication and had to buy them after leaving the clinic. When I got there she told me it was not the right time for me to get medication. We had an argument. I stood my ground and did not leave. I ended up getting my pills. I was never told that I should be at the clinic by 7am, as that is when they say they take the prescriptions. I arrived at 8am. They only write the date on the appointment card, they never indicate the time. I wish they could realise that we are too old to be going up and down to the clinic. It is frustrating. I'm no longer a child. I'm 75 years old and I can't"* — *a person living with HIV, Phahameng Clinic (Lejweleputswa), June 2024*

***"I gave them** my appointment card. They asked what I was there for. I was given the date for the 29th from Bethlehem to come to this clinic to collect my treatment. The nurse told me to go to the pharmacy. I only got arthritis tablets. I went back to the window to tell the pharmacist that she didn't give me the epilepsy and HIV medication. She said I should book a date. I went to book a date at the reception and the clerks asked me which date they should book me because I don't have treatment. It's been 7 days without taking my treatment, and that does not sit well with me. Even ARV tablets that I take every day, I was not given them at the clinic, and I was not given even a date for us to fix that problem. I would love to go back to get them because it is my life. I don't have money to travel back to Bethlehem Clinic"* — *a person living with HIV, Bolata Clinic (Thabo Mofutsanyana), June 2024*

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

District	Facility	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Lejweleputswa	Bophelong Clinic	2		1	
	Bronville Clinic	5	1	1	
	DA Maleho Clinic	2	2	3	
	Geneva Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Hani Park Clinic	5	1		
	Kgothalang Clinic	1	1		
	Kgotsong (Bothaville) Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Leratong Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Matjhabeng Clinic	1			
	Meloding Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Mmamahabane Clinic	Not Monitored	Not Monitored	Not Monitored	8
	Phahameng (Bultfontein) Clinic		6	5	2
	Rheeders Park Clinic	7		1	
	Thabong Clinic				1
	Tshepong (Welkom) Clinic	3	1		
	Welkom Clinic	6			
Thabo Mofutsanyana	Bohlokong Clinic		7		1
	Bolata Clinic		1		
	Harrismith Clinic				1
	Intabazwe Clinic	Not Monitored	Not Monitored	Not Monitored	6
	Kopanong K Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Makwane Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Malesaoana Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Mphatlalatsane Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Mphohadi Clinic	1	7		
	Nthabiseng Clinic	Not Monitored	Not Monitored	Not Monitored	3
	Paballong Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Petsana Clinic				1
	Phuthaditjhaba Clinic				1
	Rearabetswe Clinic	1			3
	Reitumetse Clinic	1	8		
	Riverside Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Thusa Bophelo Clinic		1		1
	Tseki Clinic		1		
	Tshiame B Clinic	Not Monitored	Not Monitored	Not Monitored	7

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

District	Facility	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Lejweleputswa	Bophelong Allanridge Clinic	Not Monitored	Not Monitored	Not Monitored	**42**
	Bophelong Clinic	2	21	13	1
	Bophelong Odendaalsrus Clinic	Not Monitored	Not Monitored	Not Monitored	23
	Bronville Clinic	6		12	12
	DA Maleho Clinic	6	5	2	2
	Geneva Clinic	Not Monitored	Not Monitored	Not Monitored	11
	Hani Park Clinic	9		11	1
	Hope CHC	Not Monitored	Not Monitored	Not Monitored	5
	Kgothalang Clinic	1	5		
	Kgotsong (Bothaville) Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Kgotsong Welkom Clinic	Not Monitored	Not Monitored	Not Monitored	23
	Leratong Clinic	Not Monitored	Not Monitored	Not Monitored	13
	Matjhabeng Clinic		8	11	
	Meloding Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Mmamahabane Clinic	Not Monitored	Not Monitored	Not Monitored	5

District	Facility	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Lejweleputswa	OR Tambo Clinic	3		1	1
	Phahameng (Bultfontein) Clinic		5	6	5
	Rheeders Park Clinic	8	20	1	10
	Thabong Clinic	5	10	17	
	Tshepong (Welkom) Clinic	1	9	25	
	Welkom Clinic	3	23	1	8
Thabo Mofutsanyana	Bluegumbosch Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Bohlokong Clinic	3	3	1	
	Boiketlo Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Bolata Clinic	2	3	2	6
	Harrismith Clinic		1	4	1
	Intabazwe Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Leseding Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Lindley Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Makwane Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Malesaoana Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Monontsha Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Mphatlalatsane Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Mphohadi Clinic	1	7	5	2
	Namahali Clinic			1	2
	Nthabiseng Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Paballong Clinic	Not Monitored	Not Monitored	Not Monitored	2
	Petsana Clinic	Not Monitored	1	Not Monitored	1
	Phuthaditjhaba Clinic			1	1
	Rearabetswe Clinic	5			3
	Reitumetse Clinic	10	3	1	
	Riverside Clinic	Not Monitored	Not Monitored	Not Monitored	6
	Thabong Clinic	Not Monitored	Not Monitored	Not Monitored	3
	Thusa Bophelo Clinic	3	4		
	Tseki Clinic	2	12	5	9
	Tshepong (Welkom) Clinic	Not Monitored	Not Monitored	Not Monitored	1
	Tshiame B Clinic	Not Monitored	Not Monitored	Not Monitored	4

** Again it is important to note that Ritshidze surveys are carried out 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 survey.*

***"At Ventersburg Clinic** I couldn't get help with my ARVs. I was told to go back to Senekal… they refused to help me. At Senekal I was told to wait for the transfer letter… I receive a 2 month supply of treatment. When they are finished, I have to travel back to Senekal to collect my treatment on a scheduled date. I spend R50 return fare to Senekal"* — *a sex worker living with HIV, Ventersburg Clinic (Lejweleputswa), June 2024*

***"I used to** attend the clinic at the farm. My ARVs and blood pressure treatment are almost finished… I am too scared to go to the nearby clinic because someone told me that they could not assist her without a transfer letter. I am afraid that this will also happen to me, but I don't know when I will go back to the farm again"* — *a person living with HIV (Lejweleputswa), June 2024*

***"I had forgotten** my ID at home. She kept shouting at me even when I tried to explain that I knew my ID number off by heart. If they could be taught how to speak to people because we all have different problems. We know that they are also human and have problems, but they should put themselves in our shoes"* — *a person living with HIV, Phahameng Clinic (Lejweleputswa), June 2024*

***"On my prescription** they always write "philani porridge" but I never get it. It has been 4 months now without getting it. I get my medication, yet I don't get the porridge"* — *a person living with HIV, Phahameng Clinic (Lejweleputswa), June 2024*

COMMUNITY STORY

Changing between two Free State clinics without a transfer letter has turned into a nightmare for Leti*.

Leti has been on ARVs for over 10 years and was approved for a three-month ARV supply at her previous clinic that she calls "Rhanda Clinic". But the round trip taxi fare became too costly for her so she asked to be transferred to the Hani Park Clinic, closer to her home earlier this year.

"At that clinic they told me I didn't have to have a letter and I could just go there and be enrolled at Hani Park," she says, speaking in SeSotho.

But at Hani Park she was told she was "a visitor" and was initially refused medication outright. She says she was also not offered an HIV blood test and was not given any help to continue on her treatment at this facility.

"In the end I had to get help from the Ritshidze community monitors who were there at the clinic on that day. The nurses didn't check my bloods, they made me bring in an old medicine container to prove that I was on ARVs and they only gave me a refill for one month," Leti says.

She adds that the nurses have not tried to help her resolve the problem and have simply told her that without a transfer letter she will be treated as a visitor going forward. They have also not asked about her medical history for her new patient file.

Leti says another complication is that nurses at the clinic she used previously had taken her bloods earlier this year and told her someone would call her with the results. To date no one has called, so she doesn't know her viral load.

"It is very frustrating because I was happy to be on the multi-month supply at my old clinic — it was easier. Right now I'm just trying to find the taxi money so that I can go back to the old clinic and try to get a letter or something to try to sort this out," she says.

* *Name changed to protect identity*

Psychosocial support is another critical element to ensure long-term retention. Ritshidze data show that only 61% of people living with HIV surveyed across the province do know that psychosocial support is available. This varies across districts with only 53% of people in Lejweleputswa knowing that psychosocial support is available and 68% in Thabo Mofutsanyana.

In addition a full package of psychosocial services are not yet available at every clinic (Figure 17, Table 15). A full package of services should include: provision of individualised quality assured counselling to patients; peer-led patient navigators acting as a bridge between clinicians and patients; mapped networks of referral services; optional support groups, and food parcels. As part of 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.

Figure 17: The types of psychosocial support that people living with HIV know are available (April to May 2024)
PLHIV Surveyed: 777

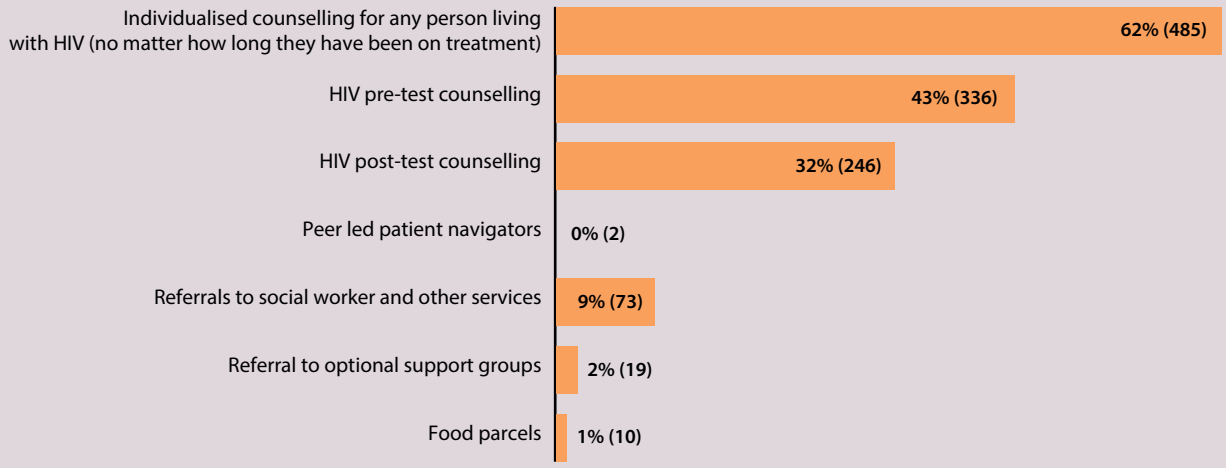


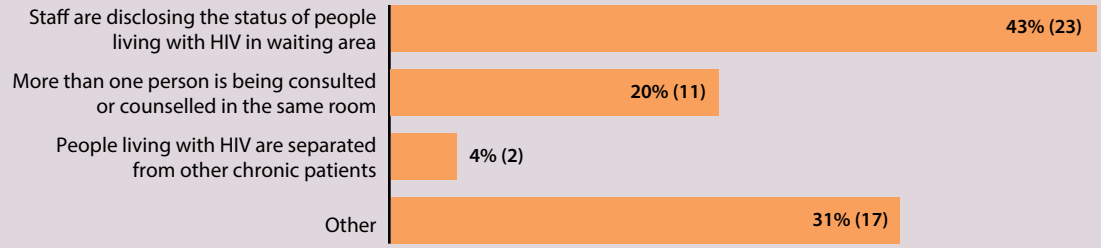
Table 15: The types of psychosocial support that people living with HIV know are available per district (April to May 2024)

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
Lejweleputswa	24	292	258	167	166	0	7	2	1
Thabo Mofutsanyana	27	485	227	169	80	2	66	17	9

Another reason people stop going to the clinic is where privacy violations occur. Of 1,270 people living with HIV surveyed, 93% feel that facilities keep their HIV status private and confidential.

For those who did report privacy violations, staff disclosing people's HIV status and more than one person being consulted or counselled in the same room were the main reasons given (Figure 18).

Figure 18: Reasons why people living with HIV felt privacy is being violated (April to May 2024)
PLHIV Surveyed: 54



***"My late daughter** was taking her child to Harrismith Clinic for their check-ups. My daughter then passed on. I requested for a transfer to Intabazwe Clinic, since I am using crutches and can't afford to travel the distance. I don't have transport money to go to the clinic in town and I am still fixing the child's social grant. They refused to give me the transfer. The last time I went to the clinic to collect the child's ARVs was last year… then they told me to stop coming to the clinic until the child is 12 years old. That was my last time going there"* — *a person caring for a child living with HIV, Harrismith Clinic (Thabo Mofutsanyana), June 2024*

***"I was using** Reitz Clinic. I had to move to Lindley. I was denied access and told to go get a transfer letter from Reitz. I did not go as I did not have money for transport. I had to stay without medication from March last year until last month when I got the transfer letter. This affected me because if you stop your treatment you will get opportunistic infections. Whether you have a transfer letter or an ID or not, you should get services"* — *a person living with HIV, Reitz Clinic (Thabo Mofutsanyana), June 2024*

***"Even how they** speak to people, it is not nice. I don't think they respect people's confidentiality, judging from how they treat patients"* — *a person living with HIV, Phuthaditjhaba Clinic (Thabo Mofutsanyana), June 2024*

***"Another thing that** frustrates me is how we are separated and that those that have a particular sickness should wait in a particular area"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"What's worse is** they will tell you in public. In the consultation room there will be many staff members visiting one another and we can't talk about our problems. On the collection day they don't ask if you have pain. They will write your treatment prescription with the door wide open and people from outside hear what you are consulting about"* — *a person living with HIV, Tshepong Clinic (Lejweleputswa), June 2024*

PRIORITY 5

TREATMENT AND VIRAL LOAD LITERACY

2021	2022	2023	2024
92% of PLHIV had a viral load test in the last year	**86%** of PLHIV had a viral load test in the last year	**85%** of PLHIV had a viral load test in the last year	**86%** of PLHIV had a viral load test in the last year
82% of PLHIV said that a healthcare provider had explained the results	**78%** of PLHIV said that a healthcare provider had explained the results	**84%** of PLHIV said that a healthcare provider had explained the results	**78%** of PLHIV said that a healthcare provider had explained the results
83% agreed that having an undetectable viral load means treatment is working well	**76%** agreed that having an undetectable viral load means treatment is working well	**83%** agreed that having an undetectable viral load means treatment is working well	**78%** agreed that having an undetectable viral load means treatment is working well
63% agreed that having an undetectable viral load means a person cannot transmit HIV	**57%** agreed that having an undetectable viral load means a person cannot transmit HIV	**76%** agreed that having an undetectable viral load means a person cannot transmit HIV	**72%** agreed that having an undetectable viral load means a person cannot transmit HIV

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE WITS RHI

1. Ensure all healthcare workers provide **timely, accurate, and easily understandable information on HIV treatment literacy, adherence, and the importance of an undetectable viral load** through consultations, counselling, health talks, and outreach.
2. Ensure that **treatment literacy information is provided at health talks** each day at the clinic.
3. Ensure that health workers **explain viral load test results to all people living with HIV 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 educates and empowers ordinary people in South Africa to understand how HIV and TB work in the body, how they can be treated, and how transmission can be prevented. It helps people understand the importance of taking treatment as prescribed. Yet not all clinics ensure that they explain the results of people's viral load tests and help them understand the importance of taking treatment effectively.

Of the 1,270 people living with HIV surveyed, 86% had received a viral load test in the last year, yet only 71% reported that they knew their viral load. Only 78% agreed that having an undetectable viral load means treatment is working well (Figure 19). The Free State scored worse than any other province monitored by Ritshidze on this indicator. Further, only 72% agreed that having an undetectable viral load means a person cannot transmit HIV (Figure 20). The Free State scored second worst on this indicator. There remain major gaps in knowledge around treatment literacy.

Figure 19: Treatment Literacy: Do PLHIV understand viral load and their health? (April to May 2024)

PLHIV Surveyed: 1 266

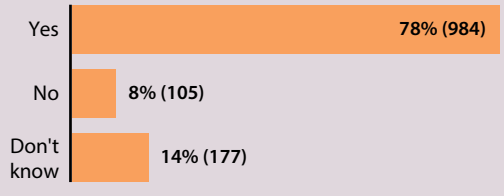
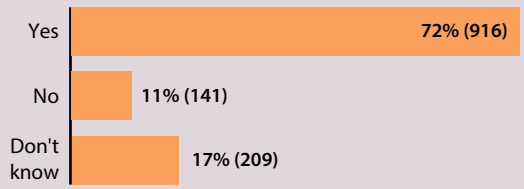


Figure 20: Treatment Literacy: Do PLHIV understand viral load and transmission? (April to May 2024)

PLHIV Surveyed: 1 266



The tables show the best (Table 16 and Table 17) and worst (Table 18 and Table 19) performing sites on these indicators. Only 10 sites had perfect scores with all respondents understanding that an undetectable viral load is good for your own health, and only 3 sites had a perfect score with all respondents understanding that an undetectable viral load prevents onward transmission of HIV.

Only 78% of those surveyed said a healthcare worker had explained the results of their viral load test. Further only 63% of people were supported to make a treatment adherence plan (steps to help them remember to take their treatment, for example when they travel). It is critical that healthcare workers explain people's viral load test results in a timely manner, and provide people with information on treatment adherence so that people understand the benefits and are better able to stay on treatment.

***"They took blood** in December and it was discovered that my kidneys are not ok. If they were checking our results and interpreting them, they should've been able to pick up that my results had a problem earlier. But they only realised it in June when I was at the clinic. The nurse who had my file is the one who saw within my December results. She said I was supposed to have taken blood for my kidneys because they were not functioning properly then. No-one called me. She was the one who had told me while she had my card. It did not sit well with me because I continued taking treatment yet the treatment was affecting me and I didn't know"* — *a person living with HIV, Phomolong Clinic (Lejweleputswa), June 2024*

***"I am on** ART. Whenever I go to take blood, they never tell you the results. You don't know what your CD4 count is or how low your viral load is. The last time they explained my results to me was when I first tested positive"* — *a gay man living with HIV, Hope Clinic (Lejweleputswa), May 2024*

***"My problem is** the clinic because when I go for viral load testing they do not explain our results. You have to read them yourself and try to interpret them. But they are written in a way that only the staff can understand. They are not something they explain. You have to ask about your results when consulting"* — *a person living with HIV, Phahameng Clinic (Lejweleputswa), June 2024*

***"I had been** taking pills which I was responding well to. I now receive a package containing blue tablets. When I take these tablets my stomach burns. I once complained about the blue pills, the facility manager told me that there was nothing they could do. I then found out that there are other people experiencing the same problem as me. I realised that I would never be helped. My other problem is that they take blood and do pap smears, but they don't give us the results. Going to the clinic seems pointless to me. We'd rather resort to traditional medicines. I plead for help… they mustn't be irritated by us. When you enter the clinic you are already scared you can't speak freely… we can't be open to them because they are always angry"* — *a person living with HIV, Bophelong Clinic (Lejweleputswa), June 2024*

***"I always take** blood every year but they have never provided me with results or told me that my CD4 has decreased or increased"* — *a sex worker, Mmamahabane Clinic (Lejweleputswa), June 2024*

***"They always say** the results are ok, but they don't explain"* — *a person living with HIV, K9 Clinic (Lejweleputswa), June 2024*

***"I'm going for** bloods next month. They just give you the paper showing your results. They don't explain anything. They don't even care to explain to us why they are taking bloods. They tell us that it is not our concern. They should explain how it is going. They don't tell us anything. They just give us papers and some of us cannot read"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"Healthcare workers shout** at me. They don't tell me about my viral load. They must explain our blood results. There are also medication shortages. I don't see the need to go to the clinic"* — *a person living with HIV, Bophelong Clinic (Lejweleputswa), June 2024*

Table 16: Facilities with perfect scores on people living with HIV understanding that an undetectable viral load is beneficial for their own health (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Perfect score
Lejweleputswa	Bophelong Allanridge Clinic	25	25	0	100%
	Geneva Clinic	27	27	0	100%
	Hope CHC	12	12	0	100%
	Ikgomotseng Clinic	17	17	0	100%
	Kgotsong (Bothaville) Clinic	22	22	0	100%
	Kgotsong Welkom Clinic	26	26	0	100%
	Leratong Clinic	28	28	0	100%
	Thabong Clinic	26	26	0	100%
	Welkom Clinic	25	25	0	100%
Thabo Mofutsanyana	Malesaoana Clinic	5	5	0	100%

Table 17: Facilities with perfect scores on people living with HIV understanding that an undetectable viral load means a person cannot transmit HIV (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Perfect score
Lejweleputswa	Bophelong Allanridge Clinic	25	25	0	100%
	Kgotsong Welkom Clinic	26	26	0	100%
Thabo Mofutsanyana	Malesaoana Clinic	5	5	0	100%

Table 18: Facilities with worst scores on people living with HIV understanding that an undetectable viral load is beneficial for their own health (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Lejweleputswa	OR Tambo Clinic	25	6	0	19	24%
Lejweleputswa	Hani Park Clinic	27	12	10	5	44%
Lejweleputswa	Phomolong (Hennenman) Clinic	22	10	0	12	45%
Thabo Mofutsanyana	Bolata Clinic	28	13	2	13	46%
Thabo Mofutsanyana	Thaba Bosiu Clinic	16	9	2	5	56%
Thabo Mofutsanyana	Paballong Clinic	14	8	1	5	57%
Lejweleputswa	Bophelong Clinic	26	15	2	9	58%
Thabo Mofutsanyana	Riverside Clinic	29	17	11	1	59%
Lejweleputswa	Bronville Clinic	32	19	3	10	59%
Thabo Mofutsanyana	Boiketlo Clinic	25	15	1	9	60%
Thabo Mofutsanyana	Harrismith Clinic	26	16	8	2	62%
Lejweleputswa	Tshepong (Welkom) Clinic	26	16	3	7	62%
Lejweleputswa	Meloding Clinic	8	5	1	2	63%
Lejweleputswa	Mmamahabane Clinic	9	5	0	3	63%
Lejweleputswa	Kgothalang Clinic	25	16	1	8	64%
Thabo Mofutsanyana	Tshiame B Clinic	31	20	10	1	65%
Thabo Mofutsanyana	Bluegumbosch Clinic	31	20	7	4	65%
Thabo Mofutsanyana	Mphohadi Clinic	29	19	6	4	66%
Thabo Mofutsanyana	Kopanong K Clinic	25	16	1	7	67%
Lejweleputswa	Riebeeckstad Clinic	15	10	0	5	67%
Thabo Mofutsanyana	Nthabiseng Clinic	19	13	4	2	68%

Table 19: Facilities with worst scores on people living with HIV knowing that an undetectable viral load means a person cannot transmit HIV (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Lejweleputswa	OR Tambo Clinic	25	6	0	18	25%
Lejweleputswa	Mmamahabane Clinic	9	3	3	3	33%
Thabo Mofutsanyana	Bolata Clinic	28	11	1	16	39%
Thabo Mofutsanyana	Boiketlo Clinic	25	11	1	13	44%
Lejweleputswa	Hani Park Clinic	27	12	10	5	44%
Lejweleputswa	Phomolong (Hennenman) Clinic	22	10	0	12	45%
Lejweleputswa	Meloding Clinic	8	4	2	2	50%
Lejweleputswa	Riebeeckstad Clinic	15	8	2	5	53%
Thabo Mofutsanyana	Tshiame B Clinic	31	17	12	2	55%
Thabo Mofutsanyana	Thaba Bosiu Clinic	16	9	0	7	56%
Thabo Mofutsanyana	Paballong Clinic	14	8	1	5	57%
Thabo Mofutsanyana	Harrismith Clinic	26	15	9	2	58%
Lejweleputswa	Bophelong Clinic	26	15	2	9	58%
Thabo Mofutsanyana	Riverside Clinic	29	17	11	1	59%
Lejweleputswa	Bronville Clinic	32	19	3	10	59%
Thabo Mofutsanyana	Tseki Clinic	25	15	1	9	60%
Lejweleputswa	Leratong Clinic	28	17	11	0	61%
Lejweleputswa	Tshepong (Welkom) Clinic	26	16	3	7	62%
Thabo Mofutsanyana	Mphohadi Clinic	29	18	5	6	62%
Thabo Mofutsanyana	Nthabiseng Clinic	19	12	5	2	63%
Lejweleputswa	Hope CHC	12	8	4	0	67%
Thabo Mofutsanyana	Kopanong K Clinic	25	16	1	7	67%
Lejweleputswa	Kgothalang Clinic	25	17	0	8	68%
Thabo Mofutsanyana	Reitumetse Clinic	32	22	6	4	69%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PRIORITY 6

KEY POPULATIONS

Most people use public health facilities to access their health services

Only 37% of people who use drugs say that facility staff are always friendly

70% of people feared facility staff would treat them worse if they found out they were a sex worker

62% of people who use drugs felt that privacy was not well respected at the facility

Only 11% of gay, bisexual, and other men who have sex with men (GBMSM) felt very safe at the facility

Only 9% of trans people felt very comfortable at the facility

23% refused access to health services because they use drugs

Only 41% of facilities monitored had lubricants freely available

88% of sites actively offer GBMSM PrEP

Only 15% of sex workers had been offered PrEP at the facility

Only 3% of people who use drugs got information on methadone

68% of trans people wanted hormones at facilities

Only 58% of trans people were able to get the contraception they wanted

Only 29% of GBMSM think staff are well trained to provide post violence services at the facility

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH & PEPFAR

1. **Establish at least two Centres of Excellence per district, per population group *(this means up to 8 sites per district)***. They must offer the clinical services, expertise, transport, and referral pathways that key populations need. The sites must not be exclusive to one population group, but rather must have additional concentrated expertise, training, and recruitment strategies, based on the population group the site is most likely to be working with. These sites must remain sites primarily accessed by the general population, but with a culture, staffing, services, and clinical expertise available to support members of key populations within that facility. No separation of the populations. Where people live too far away still to access services, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.
2. **All facility staff (including clinical staff, non-clinical staff, lay staff, and security guards) who ill treat people, violate people's privacy, or verbally or physically abuse or harass people must be held accountable and face consequences.**
3. **Centres of Excellence (COEs) need additional staffing so that they can function effectively and to support and instil culture change** within the facility:
   + For PEPFAR, this means District Support Partners (DSPs) that already employ significant healthcare workforces should redistribute staff to the COEs, including specifically recruiting individuals and advertising positions that will have an emphasis on specific key populations within the context of general population services.
   + For the national, provincial, and district health departments, this means ensuring that all COE staff recognise that their obligation is to provide services equitably across all populations, and not as unique cases to be handled by PEPFAR DSP staff. Ensuring that Facility Managers and other facility leadership buy-in to being a service delivery hub for members of key populations.
4. **Knowledgeable services specific to the needs of people who use drugs, sex workers, and LGBTQIA+ communities must be made available in public health facilities**, beginning with the expansion of the COE model.
5. **A minimum package of services (as outlined in Table 22) must be made available at facilities serving as Centres of Excellence**, as well as drop-in centres, so that they can provide comprehensive health services to people who use drugs, sex workers, and LGBTQIA+ communities. PEPFAR must commit to additional resources to make this a reality.
6. **HIV prevention tools including lubricants, external and internal condoms, PrEP, and PEP must be easily available at all public health facilities**.

+ Condoms and lubricants should be available in a range of spaces across the facility (including in the toilets, at the gate, in quiet areas out of sight) so people can freely and easily collect them without fear or judgement.
+ PrEP should be offered to all members of key populations who are not living with HIV/test negative for HIV, with information shared on its benefits.
+ PrEP posters to be distributed and put up in all facilities informing people about PrEP.
+ PrEP information to be provided in daily health talks.

7. **People who use drugs must be able to access life saving harm reduction tools like new needles/ syringes, safe disposal of injecting equipment, methadone, naloxone, and drug dependence support, closer to home**. Harm reduction services must be made available to sex workers and LGBTQIA+ community members who use drugs.
8. **Methadone programmes should be made available in public health facilities, beginning with the expansion of COEs**. The Department of Health should social contract this work to organisations competent in providing these services already.
9. **Clinicians must understand the unique health needs and concerns of GBMSM, sex workers, and trans and gender diverse people** and be able to offer appropriate services, inc. hormone therapy.
10. **All facilities must provide gender affirming services** including:
    + Using trans people's correct name and pronouns;
    + Providing a gender neutral toilet for trans people;
    + Removing coloured folders that mark people's (perceived) gender;
    + Ensuring that trans women are not made to use service points for men (including Men's Corners or men only clinic days);
    + Protecting privacy by ensuring that additional staff members are not called into consultation rooms, and that staff knock before entering, allowing consultations to pause until the person has vacated the room.

RECOMMENDATIONS

NATIONAL DEPARTMENT OF HEALTH

1. National Department of Health **guidelines and policies should be amended to ensure that naloxone is not only nurse initiated**, but can be initiated by community members themselves.
2. National Department of Health **guidelines and policies must be amended to ensure that trans people are able to access hormone therapy from doctors in public health facilities** locally. COEs must have access to medical support networks, mentorship, and tele-support to assist in consultations on the use of hormone therapy for trans people.

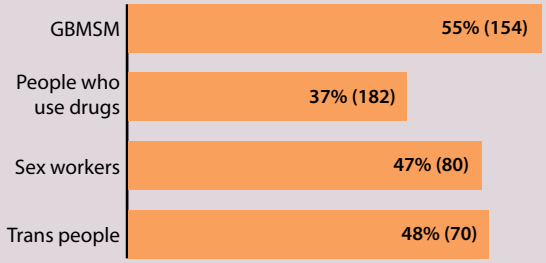
Where people get services

Again this year, most members of key populations we surveyed in the province use public healthcare facilities to get their primary healthcare services — including 92% of trans people, 84% of people who use drugs, 81% of gay, bisexual, and other men who have sex with men (GBMSM), and 72% of sex workers. 6% of people who use drugs, 4% of GBMSM, 1% of trans people, and 3% of sex workers were not getting health services anywhere at all.

Staff attitudes

Yet commonly people who are queer or trans, use drugs, or engage in sex work, face uncaring, disrespectful, cruel, and even abusive treatment at public health facilities. In this reporting period, very few people said that facility staff were actually nice to them. Only 55% of GBMSM said staff were always friendly, only 48% of trans people, only 47% of sex workers, and as few as 37% of people who use drugs (Figure 21). Clinical staff, such as doctors and nurses, were the most commonly reported as being unfriendly, followed by security guards (Figure 22). Staff being unfriendly was the main reason people reported for not using public health facilities, including those who have disengaged from care altogether.

Figure 21: Percentage of key populations reporting staff are always friendly at the facility (July to September 2023)



***"The staff are** not friendly and we are mistreated because of a lack of understanding. They call us names and treat us like they are doing us a favour. They take their time… The staff need to change their attitude, especially towards members of the LGBTQIA community. I think they are just stubborn and stuck in their ways as they do get training, but they just don't want to change"* — *a gay man, Hope Clinic (Lejweleputswa), May 2024*

"Services are not confidential or private. Staff members enter the consultation room without knocking and cleaners dispense medication as well" — *a gay man, Hope Clinic (Lejweleputswa), May 2024*

"The staff were recently changed and some were moved to other clinics. The nurses are alright, but the cleaner is not. I go there with my friends, and the way she treats us is so unfriendly, especially LGBTQIA+ people and people who use drugs… the cleaner was always questioning why we were there and making fun of us. After an HIV self test came back positive, I decided not to go to the clinic but buy ARVs as I did not want to deal with the cleaner and the uncomfortable questions and rude remarks that she makes" — *a trans woman, Petsana Clinic (Thabo Mofutsanyana), July 2024*

"I wish the staff could be changed because the ones at the mobile clinic are more helpful with all that we want, but the clinic staff are so rude, and they truly don't care about how we feel as people who came to the clinic for help" — *a sex worker, Mmamahabane Clinic (Lejweleputswa), July 2024*

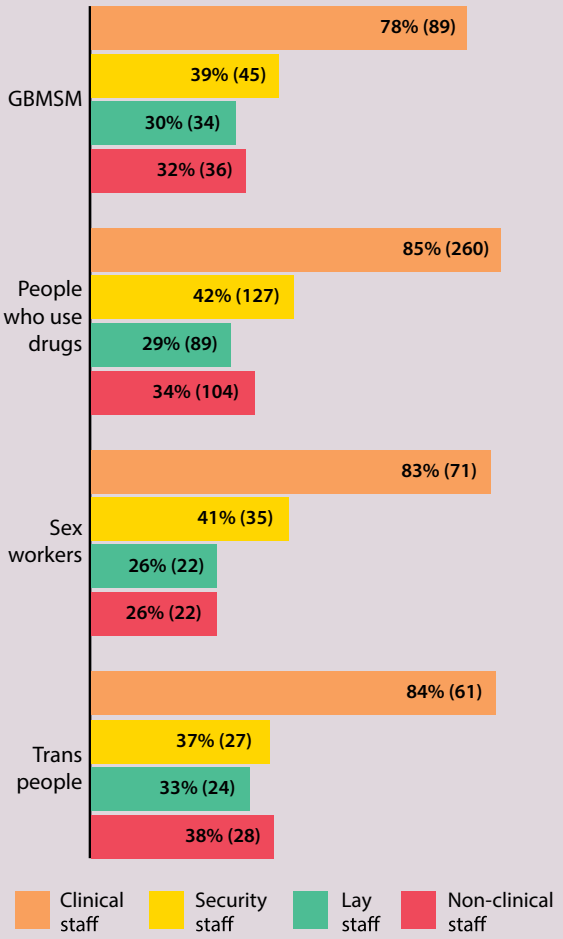
"I was diagnosed with HIV when I was staying in Johannesburg. I had moved to Hillbrow because I was using drugs. I felt unwell and went to the clinic in Hillbrow. The service was not good… I arrived at 5am and ended up leaving at around 3pm without getting help. I assume they were disgusted by the sores I had on my body. My mother sent me money to go back to Harrismith. Then I started going to Intabazwe Clinic.The treatment was just as bad because the staff knew I was someone who uses drugs. All I wanted was to get ARVs because I was in pain. It took 3 weeks to receive them. What frustrates me about the clinic is the discrimination we face, especially when they know that you use drugs" — *a person who uses drugs living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

"The way they treat people who use drugs is different. It is like you can't be trusted. It is like you are already guilty without doing anything" — *a person who uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

"They don't know that I am a sex worker. The reason why I don't want them to know it is because they call us by those names. They don't help us easily when they know that we are sex workers" — *a sex worker living with HIV, Ventersburg Clinic (Lejweleputswa), June 2024*

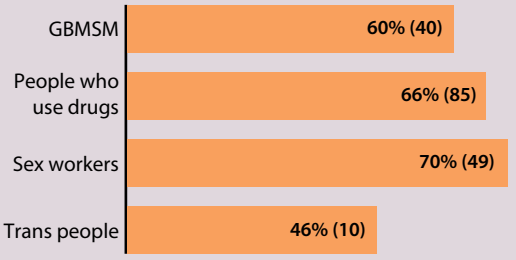
"I once went because I had a discharge. They treated me well. They didn't give me any problems, but I didn't tell them that I am a sex worker because if I told them they'd treat me differently. I was once hurt but you will never explain what got you hurt. You'll just tell them you're hurt or maybe lie that you got hurt in the house or elsewhere. But you'll never say you were at work doing sex work. When you tell them they don't treat you right. Also because it's people you live near to, they'll be treating your children badly too. They'll say their parents are "prostitutes". They don't speak correctly. When you enter they poke one another speaking about you and saying "that's her" — *a sex worker living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

Figure 22: Which staff are unfriendly (July to September 2023)



Many people feared that staff would treat them worse if they found out they were a member of a key population including: 46% of trans people, 60% of GBMSM, 66% of people who use drugs, and 70% of sex workers (Figure 23). If people are worried about disclosing that they are queer or trans, use drugs, or engage in sex work, how can they be expected to ask for specific services they might want and need?

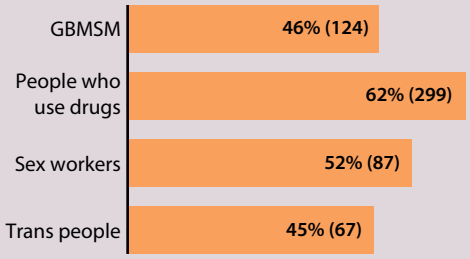
Figure 23: Of those reporting that staff did not know they were a key population, those reporting they did think or did not know if thought staff would treat them worse if they found out (July to September 2023)



Privacy & confidentiality

Privacy violations are alarmingly common. In this reporting period 45% of trans people, 46% of GBMSM, 52% of sex workers, and 62% of people who use drugs did not think privacy was well respected at the facility (Figure 24).

Figure 24: Percentage (n) of key populations reporting they feel privacy is not well respected at facilities (July to September 2023)



These privacy violations include people's HIV status being disclosed, or people's sexuality or gender being revealed, or the fact that someone uses drugs or is a sex worker (Figure 25, Figure 26, Figure 27, Figure 28). It also includes other medical issues being shared either indirectly through more than one person being consulted in the same room, or by staff entering without knocking or calling other health workers in the room, often as a way to mock or judge people, or even security guards checking your medicines as you leave. Privacy violations create an unsafe and uncomfortable environment to be in that ultimately cause people to disengage from the public health system or to stop accessing healthcare at all.

> ***"Privacy is lacking** there at the clinic. Where you collect your file is fine, but when you get into the room to consult, the problem is there. People walk into the consultation room"* — *a gay man, Heidedal Clinic (Mangaung), July 2024*

> ***"There is no** privacy at all. When I was doing a second test to confirm my HIV status, other staff members and patients were entering the room. I did not feel comfortable at all… The staff, even the non-clinical staff, must be more professional. There needs to be a consultation room where members of the LGBTQI community can be free to talk"* — *a trans woman, Petsana Clinic (Thabo Mofutsanyana), July 2024*

> ***"I am a** sex worker and use my local clinic for checkups and HIV medication. I don't like to use the clinic because when I go there with an STI symptom, the nurses talk loudly about it, and other patients can hear. I feel people gossip about me"* — *a sex worker, Mmamahabane Clinic (Lejweleputswa), July 2024*

Figure 25: Most common privacy violations faced by GBMSM (July to September 2023)
GBMSM interviewed: 112

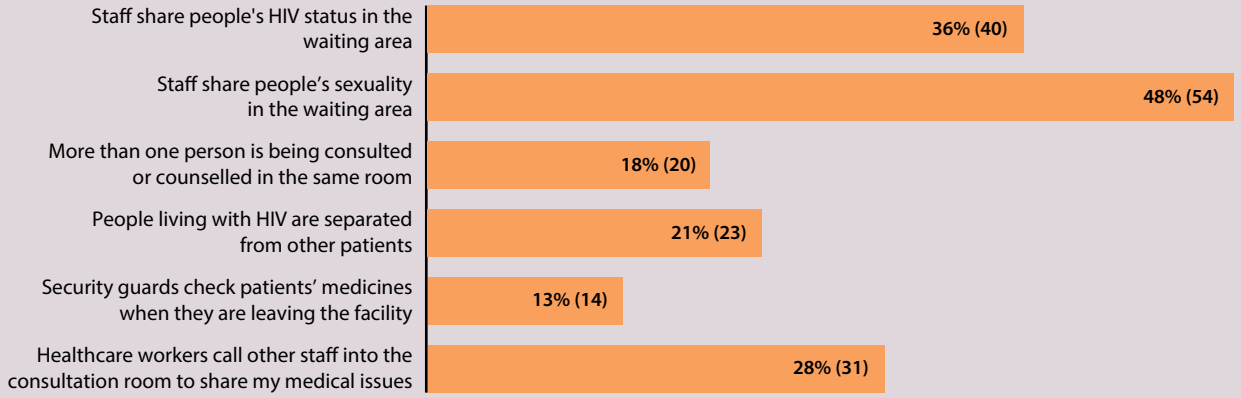


Figure 26: Most common privacy violations faced by people who use drugs (July to September 2023)
People who use drugs interviewed: 289

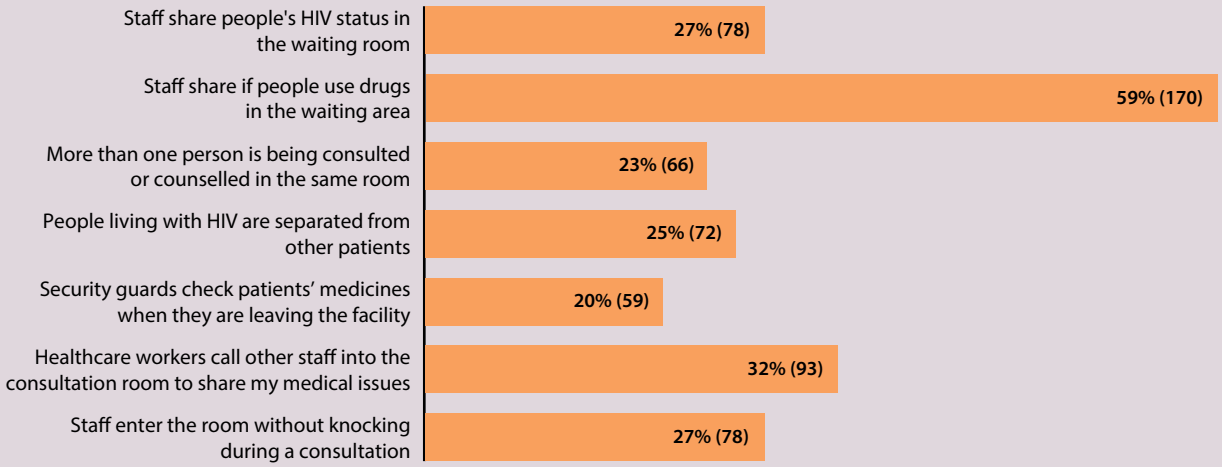


Figure 27: Most common privacy violations faced by sex workers (July to September 2023)
Sex workers interviewed: 84

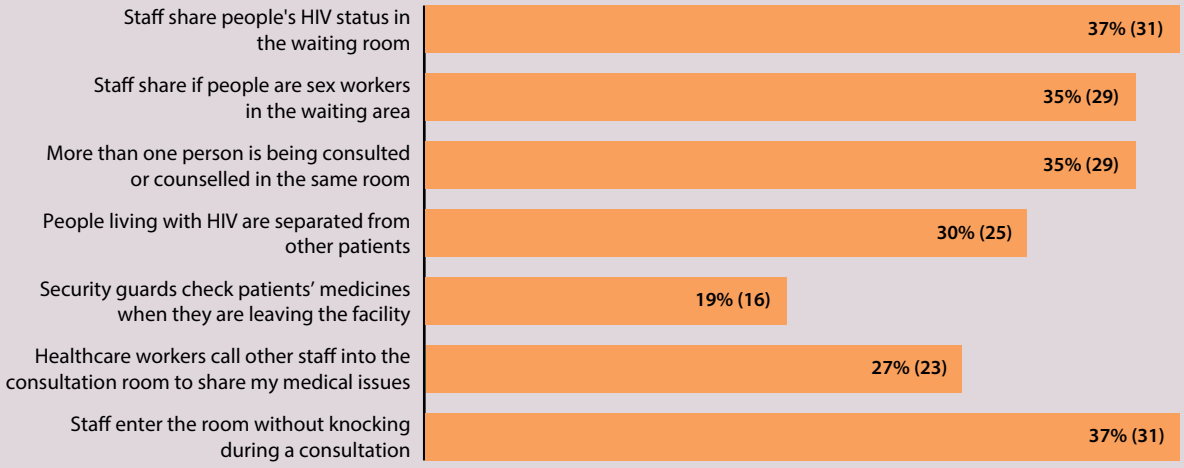
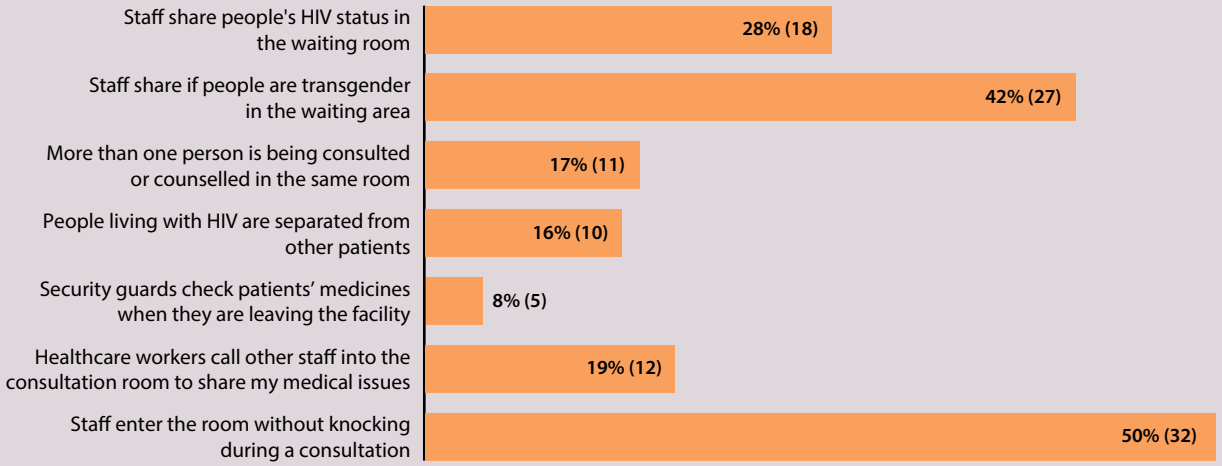


Figure 28: Most common privacy violations faced by trans people (July to September 2023)
Trans people interviewed: 64



Safety & comfort

The implications of poor treatment, abuse, and violations of confidentiality are that only very few people felt truly safe and comfortable accessing services at public health facilities. Only 11% of GBMSM, 10% of trans people, 7% of people who use drugs, and 7% of sex workers felt very safe at the facility (Figure 29). In this context safe means safe and protected from verbal/physical abuse, verbal/physical harassment, or even the risk of arrest.

Only 14% of GBMSM, 9% of trans people, 5% of sex workers, and 4% of people who use drugs felt very comfortable at the facility (Figure 30). In this context comfortable means feeling at ease among the staff and other patients, and like you will be treated well.

Figure 29: Percentage (n) of key populations reporting they feel very safe accessing services at the facility (July to September 2023)

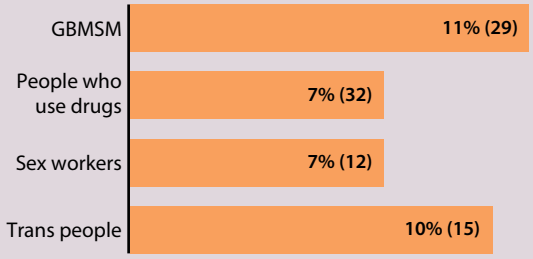
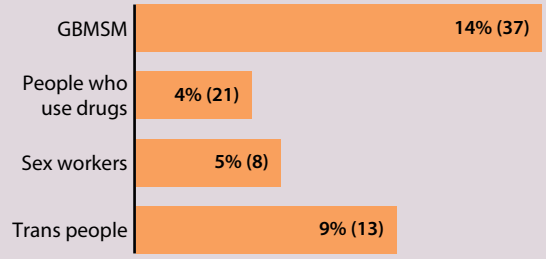


Figure 30: Percentage (n) of key populations reporting they feel very comfortable accessing services at the facility (July to September 2023)



> ***"I use the** mobile clinic or private doctor when I have STI symptoms or need contraceptives because at the clinic, they gossip about you and ask you uncomfortable questions. And the services take too long"** — a sex worker, Mmamahabane Clinic (Lejweleputswa), July 2024*

> ***"It is very** difficult to explain myself to any of the nurses, and I have to make sure it is one of the ones who knows me. If there are none of them free, I am uncomfortable disclosing my medical issues with others"** — a gay man, Heidedal Clinic (Mangaung), July 2024*

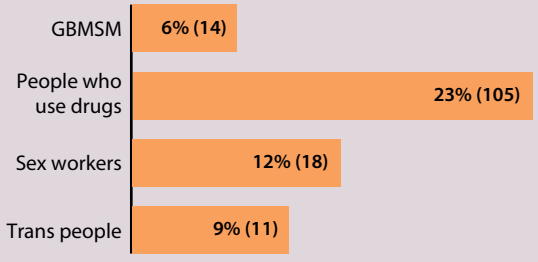
> ***"The lack of** understanding and support for transgender individuals at the clinic make it impossible for me to feel safe or respected. Sometimes, despite being very ill, I am forced to leave the facility without getting the care I needed"** — a trans man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

Denial of services

Disturbingly and a major cause for concern is that some people had been refused health services at the facility in the last year because of being a member of a key population. This is a violation of people's Constitutional right to health, equality, and human dignity. Alarmingly, in this reporting period 6% of GBMSM, 9% of trans people, 12% of sex workers, and 23% of people who use drugs had been denied services in the last year (Figure 31).

Being denied services is a humiliating, painful, unjust, and unconstitutional experience to go through. While some people may suffer the indignity of trying to get services another time, others can be pushed out of care altogether. Of those who had been denied services, 24% of sex workers, 40% of GBMSM, 55% of trans people, and 56% of people who use drugs never ended up getting the services they needed.

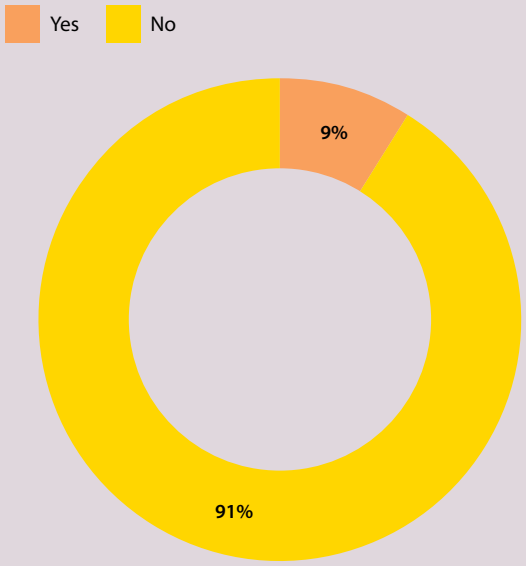
Figure 31: Percentage of people who had been refused access to services at the facility because they are a key population (July to September 2022)



9% of people who use drugs also reported having been denied access to their HIV treatment in the last year (Figure 32). This is often in the face of longstanding and unfounded myths around the inclusion of ARVs in nyaope. 79% of these people were told they could not have their ARVs because staff thought (incorrectly) that they would smoke them. No one should be denied their life-saving ARVs.

Figure 32: Of people living with HIV, in the last year have you been refused access to ARVs at this facility because you are a person who uses drugs? (July to September 2023)

People who use drugs interviewed: 152



***"They refused me** services because I used drugs. They blamed me for using drugs and I didn't get the service I went there for" — a person who uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

Condoms & lubricant

For those who are not deterred by the unfriendliness at the facility — and not refused entry — the services they need might still be unavailable.

External condoms, internal condoms, and lubricant are basic HIV prevention tools. Yet, these tools are not always available for queer and trans people, people who use drugs, and sex workers at the facility. Despite the disproportionate risk of getting HIV if you are among these populations.

The Free State Department of Health made positive commitments in 2022 that condoms and lubricants would be made available in all Free State public health facilities going forward. However, in April to June 2024, Ritshidze data collected at facility level show that only 85% of sites had external condoms available and only 68% had internal condoms available (Figure 33). 90% of sites said they do provide lubricant for HIV prevention purposes (Figure 34) yet in reality only 41% of sites actually had lubricant freely available.

After an initial improvement between 2022 to 2023, from 23% of sites having lubricant available up to 45% when commitments were first made, there has now been a decline in sites having lubricant available. The department must improve on this to ensure that all facilities have condoms and lubricants available in a range of spaces across the facility (including in the toilets, at the gate, in quiet areas out of sight) so people can freely and easily collect them without fear or judgement.

A further 24% of sites had lubricant available, but only on request. This is very problematic for several reasons. Firstly, it can be uncomfortable for people to have to ask for condoms and lubricants. Secondly, lubricants are often associated with people who are members of key populations (despite the fact that lubricants can make sex safer and more enjoyable for everybody), therefore by asking for lubricant you could be forced to disclose this. Building on this, given the limited number of people who reported feeling very safe and comfortable at the facility, as well as those who thought they would be treated worse if staff knew they were a member of a key population, it makes asking for lubricant potentially unsafe.

Of the sites that did provide lubricant without having to ask anyone, only 8% (just 3 sites) put those in a private space, and only 8% were in the toilets. Most sites put them by the reception or in the waiting area, or again in the consultation room where they must be requested (Figure 35). Not only can it be uncomfortable to take condoms and lubricant in front of people in the waiting area or the receptionist, so you opt not to, it can also be unsafe or lead to further harassment or abuse.

Condoms were more available at facilities. However, still only 76% of GBMSM, and only 55% of sex workers we surveyed said they were always able to get condoms. Further only 54% of those GBMSM and 55% of those sex workers said they were able to get enough. For those who were unable to access condoms, mostly this was a result of staff saying there was a stockout. However, notably 18% of GBMSM

Figure 33: Are condoms and lubricant available at the facilities? (April to May 2024)

Observations completed: 95

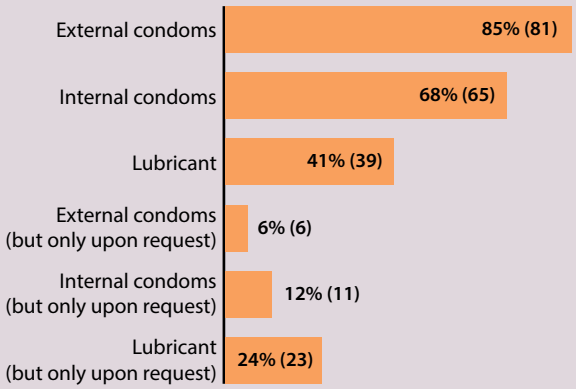


Figure 34: Does this facility provide lubricant for HIV prevention? (April to May 2024)

Facility Staff Surveyed: 94

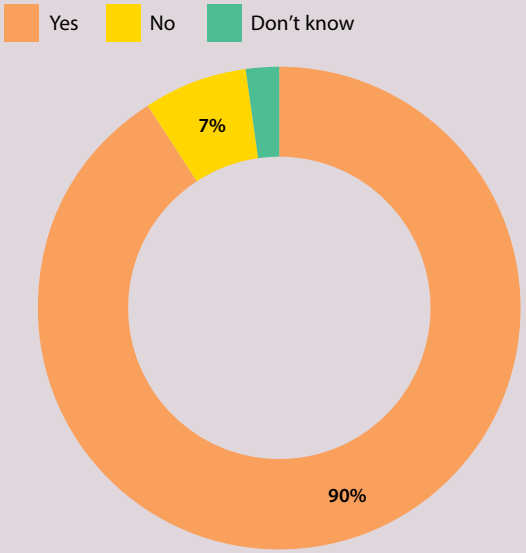
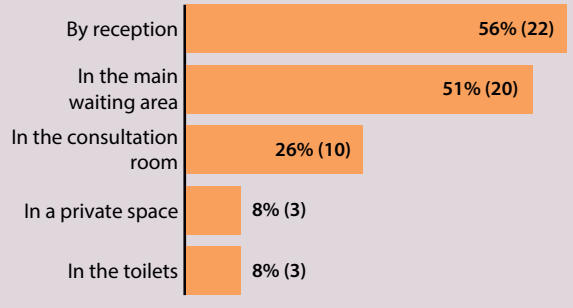


Figure 35: Where available, where lubricants are located at facilities (April to May 2024)

Observations completed: 39

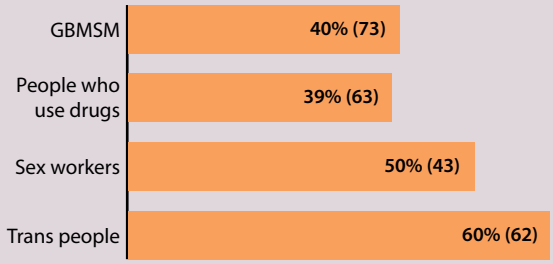


***"They have not** had lubricants in stock for the past two years. We can only access them from the mobile clinic when they come. Condoms are always available" — a gay man, Hope Clinic (Lejweleputswa), May 2024*

did not feel comfortable asking for them, 12% were asked too many questions about why they needed them, and 10% said staff were rude so they decided they didn't want them anymore. Similarly, 5% of sex workers did not feel comfortable asking for them, 10% were asked too many questions about why they needed them, and 7% said staff were rude so they decided they didn't want them anymore

Fewer people reported being able to always get lubricant than condoms: including only 60% of trans people, 50% of sex workers, 40% of GBMSM, and 39% of people who use drugs (Figure 36). For those who did ask for lubricants, too often staff were not respectful or questioned them on why they needed them. Another factor that puts people off asking in the first place.

Figure 36: Percentage (n) of key populations who have tried to access lube reporting they can always get lube at facilities (July to September 2023)



***"Condoms are always** there, but lube is the problem. You never find it… I don't know why they always put condoms there and no lubricants. Maybe they feel it is just for gay people… If I ask them, they would say we must wait for the NGO to bring it, why is the government not providing lubes? It is an organisation called Free State Rainbow Seeds that brings lubricants to the clinic. If they are not there, you can't access lubes"* — *a gay man, Heidedal Clinic (Mangaung), July 2024*

***"The biggest problem** in the clinic is lubricant. They will tell you it is out of stock. Every time I go there, I ask for it, and they say they don't have any. But they always have condoms"* — *a trans woman, Mmamahabane Clinic (Lejweleputswa), July 2024*

***"We don't get** condoms and lubricants from the clinic but there is someone who brings them at N1 or the truck stop"* — *a sex worker living with HIV, Ventersburg Clinic (Lejweleputswa), June 2024*

***"I have to** ask for condoms & lubricants. They are not placed where we can access them"* — *a sex worker living with HIV, Leratong Clinic (Lejweleputswa), June 2024*

***"I do go** and collect condoms, but they don't have lubricants. They have never had them"* — *a sex worker living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

***"I cannot access** lubricants at the facility. I've never seen lubricants at Thabong"* — *a trans person living with HIV, Thabong Clinic (Lejweleputswa), June 2024*

***"There are risks** associated with my work, condoms burst. They don't know that I do sex work. There are no lubricants. They supply expired condoms"* — *a sex worker living with HIV, Hope Clinic (Lejweleputswa), June 2024*

PrEP and PEP services

Again the department made positive commitments in 2022 to ensure that all sites in the province actively offer PrEP to all members of key populations. Positively, there has been an ongoing increase in the number of sites that report they prioritise offering PrEP to members of key populations since this commitment was made. In April to June 2024, 88% of sites said they offer PrEP to GBMSM (up from 70% last year), 83% to sex workers (up from 72% last year), 79% to trans people (up from 65% last year), and 76% to people who use drugs (up from 64% last year) (Figure 37). However, far fewer people reported ever being offered PrEP at a facility: just 24% of trans people, 22% of GBMSM, 15% of sex workers, and 10% of people who use drugs (Figure 38).

Figure 37: Does the facility prioritise offering PrEP to any of the following populations? (April to May 2024)

Facility Staff Surveyed: 94

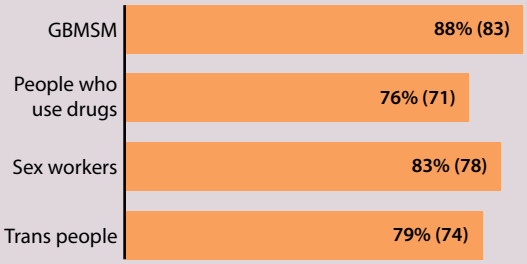
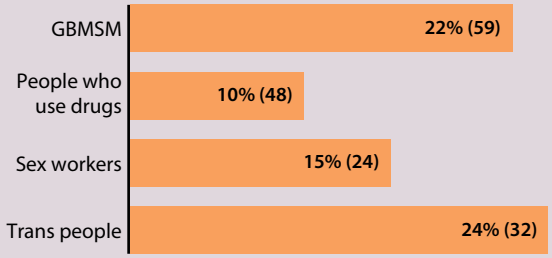


Figure 38: Percentage (n) of key populations not living with HIV reporting they have ever been offered PrEP at facilities (July to September 2023)



PrEP awareness varies across population groups with 95% of trans people, 85% of GBMSM, and 73% of sex workers using the facility we spoke to knowing what PrEP is. Yet only 59% of people who use drugs using the facility we spoke to had heard of PrEP and knew what it is. It is important that PrEP is actively offered to members of key populations, and that people are actually made aware of its benefits in order to make an informed decision about starting.

Given that members of key populations likely may not want to "out" themselves at the facility, given the ill treatment they could face, this can make it difficult to offer PrEP to those people. Other options such as putting posters up explaining the benefits of PrEP (as observed at only 23 sites monitored in April to June 2024), or including PrEP as a topic in daily health talks, could increase awareness and knowledge of PrEP. It also shows the critical role of Centres of Excellence which need to create a safer environment for members of key populations, that would allow for more people to be offered PrEP.

> ***"I have never** been offered PrEP or contraceptives, it is like they don't see a need for it. Condoms and lubes are available around the clinic"* — *a trans man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

PEP is another tool that has been part of the HIV prevention package for a long time, yet is not always made available. Availability varies across population groups: while 83% of sex workers said they could always get PEP in the last year, only 75% of trans people could, and only 25% of GBMSM could. The main reason people were told PEP was unavailable was due to it being out of stock. However at times it also seems to be withheld because of a moral judgement on other people's behaviour, especially to those who have had unprotected sex, a condom break, or shared a needle.

Sexually transmitted infections (STIs)

Sexually transmitted infection (STI) screening and treatment services must also be available at all public health facilities. Untreated STIs are a significant enhanced risk for HIV transmission and contraction. Positively, the majority of people attempting to access these services reported being able to. 82% of sex workers, 81% of GBMSM, and 79% of trans people said they could always access STI screening services, and the majority needing treatment were also able to access it (Table 20).

Table 20: STI service access at facilities (July to September 2023)

	GBMSM	Sex workers	Trans people
% tried to access STI screening	41% (103)	48% (78)	39% (58)
Among those seeking STI screening, % always able to access it	81% (79)	82% (62)	79% (45)
% of staff always respectful when asking for STI screening	72% (72)	61% (46)	68% (39)
Among those needing STI treatment, % able to access it	87% (60)	86% (51)	81% (43)

> ***"During a recent** visit for STI testing, I encountered more ignorance and insensitivity from the clinic staff. They couldn't comprehend how a transgender man could contract an STI, confusing my identity with being a lesbian. Feeling embarrassed and uncomfortable, I refrained from disclosing details about my sex life"* — *a trans man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

> ***"I don't think** they have the full information about the type of STIs that LGBTQIA people have. I once went there for STI treatment, and they gave me treatment for piles, whereas I had genital warts. I had to go back when the medication did not work. It felt like I was the one educating them about what was wrong with me. Nurses need to know the different types of STIs. They need to be more educated so they can give us the right treatment"* — *a gay man, Heidedal Clinic (Mangaung), July 2024*

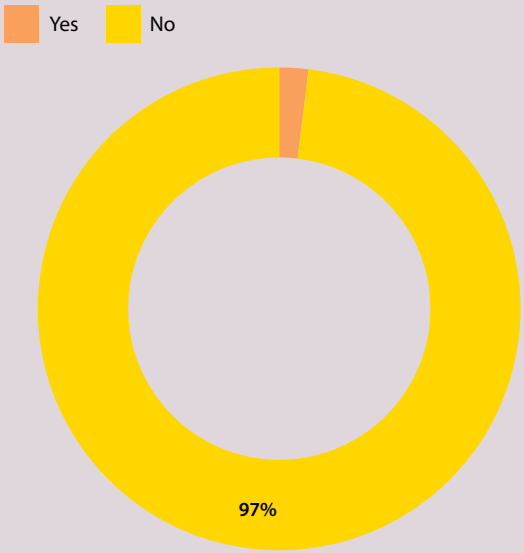
Harm reduction services

Harm reduction services — like new needles, naloxone, information on safer drug use, methadone, psychosocial support — are life saving. However, they are almost entirely unavailable in primary health facilities in the public sector. Even getting information about some of these services can be a challenge. On top of this, while people should be met without judgement, people who use drugs are often met with open hostility.

Only 2% of people who use drugs told us they could get information on where to get new needles from (Figure 39). This despite the benefits of not reusing or sharing needles on reducing wounds, the risk of endocarditis, or transmitting HIV or hepatitis. Instead people can be told that these commodities are not for them. Ensuring access to new needles & syringes and providing a safe place to dispose of used ones, is a key component of harm reduction. Not only supporting people to take drugs safely, reducing the burden on the health system overall, it can also support a reduction in syringe litter in public places.

Figure 39: Did the facility give you any information about where you could get new/unused needles? (July to September 2023)

People using drugs interviewed: 433

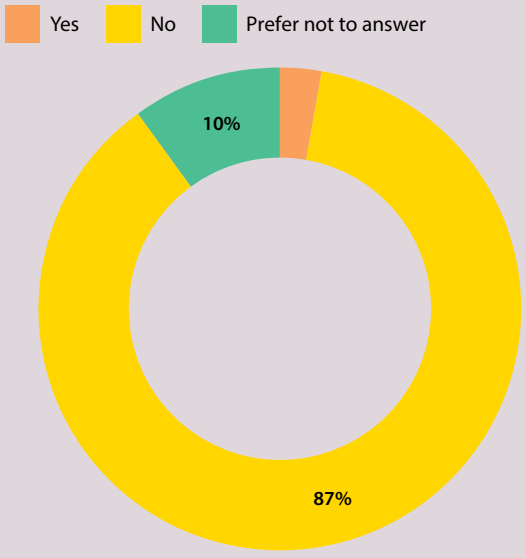


Methadone, an important treatment to help people safely reduce or stop taking opioids, is unavailable at the facility level. Only 3% of people who use drugs surveyed were even given any information about where they could get it (Figure 40). It is unrealistic to think that people will be able to afford to see a private doctor and pay for a prescription, or that people will be able to afford to attend one of the few drop-in centres or harm reduction centres across the country on a daily basis. Methadone must be made available, closer to where people actually live in order to be useful.

> ***"I heard about** methadone from one of the guys I was smoking with. I asked about it at the clinic but I was told that you get it by prescription only, so I would have to go to a private doctor. I'm not working, so I don't have money to go to the doctor. I would be very happy if we were able to access methadone from clinics"* — *a person who uses drugs living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

Figure 40: Has the facility given you any information about where you could get methadone in the last year? (July to September 2023)

People using drugs interviewed: 504



Drug dependence support and other psychosocial support also needs to be made available. 15% of people who use drugs that we surveyed wanted drug dependence support at the facility in the last year, yet only 1% of those people were actually able to access it.

> ***"I didn't try** to go to the clinic for any assistance to stop using drugs as they always judge. I have been trying on my own"* — *a person who uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

Gender affirming care

To provide gender affirming care means that public health facilities should respect trans and gender diverse people and ensure they feel comfortable and affirmed in their gender identity and gender expression. These include but are not limited to using the correct pronouns and name, removing colour coded folders marking (perceived) gender identity, allowing trans people to use their preferred toilets and providing a gender neutral toilet, and having posters that affirm gender diverse people.

In this reporting period, only 44% of trans people surveyed said that staff were always respectful, 36% said they were only sometimes respectful, but 17% said they were never respectful (Figure 41). 59% of trans people said they used their wrong name and 87% said they use their wrong pronouns (Figure 42). Moreover, 23% of people said staff were rude because they were trans. All of this adds the discomfort, lack of safety, and gender dysphoria trans and gender diverse people may feel while at the facility. The department must take urgent steps to ensure that all facilities provide healthcare that is gender affirming.

Figure 41: Are the staff respectful of your gender identity, for example using your preferred name and using your correct gender? (July to September 2023)

Trans people interviewed: 136

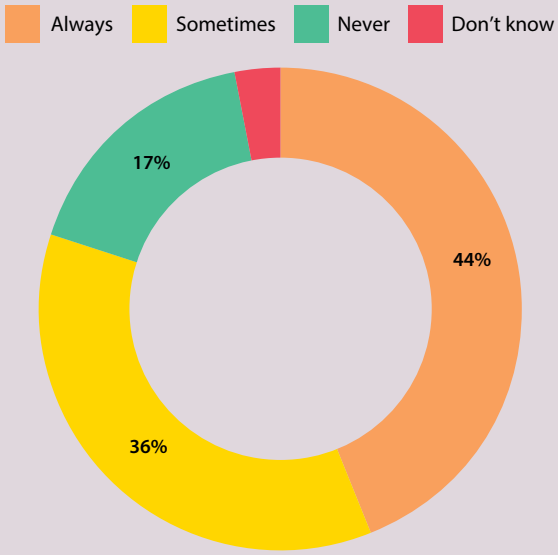
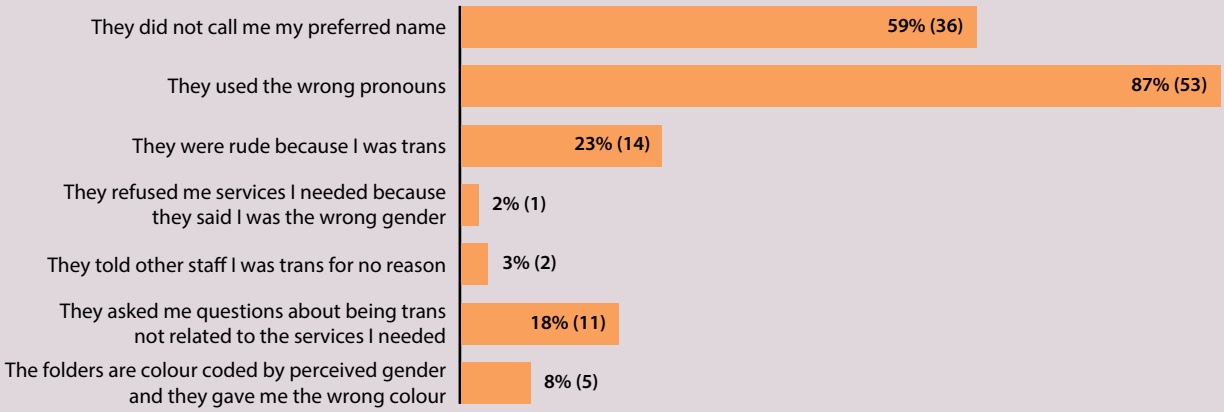


Figure 42: How were staff disrespectful? (July to September 2023)

Trans people interviewed: 61



"Some of the staff do use my correct pronouns. Some of them see me as gay and not trans, but I have been trying to let them know that I am trans and these are my preferred name and pronouns. They still use a blue file for me" *— a trans woman, Petsana Clinic (Thabo Mofutsanyana), July 2024*

***"During my visit** to Phuthaditjhaba Clinic in February 2024, I experienced judgement and stigma that left me frustrated and disheartened. As a trans man, I faced judgement from the nurse when I explained my identity and health concerns. The nurse's insensitive remark — "you like making yourselves male even though you are female" — only added to my discomfort"*
— a trans man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024

***"They discriminate against** LGBTQIA+ people and should be sensitised. They don't use my correct pronouns. The forms only have male or female options. I need gender affirming toilets. I don't feel comfortable in male toilets"* *— a trans person living with HIV, Thabong Clinic (Lejweleputswa), June 2024*

***"The clinical staff** are fine; but the cleaners and security guards use inappropriate words. The last time I went there, it was the cleaner that was at the reception, and she kept on using he instead of she... I never use the bathroom at the clinic to avoid any issues. I would make sure I use the bathroom at home or hold it until I leave the clinic"* — *a trans woman, Mmamahabane Clinic (Lejweleputswa), July 2024*

Figure 43: Have you ever been told to use a Men's Corner or men only clinic day? (July to September 2023)

Trans women interviewed: 103

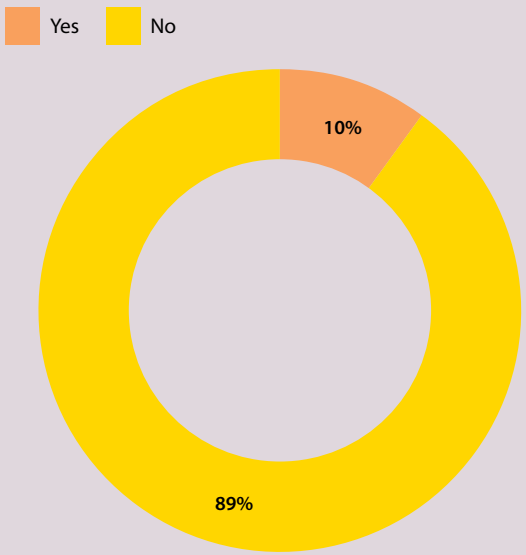
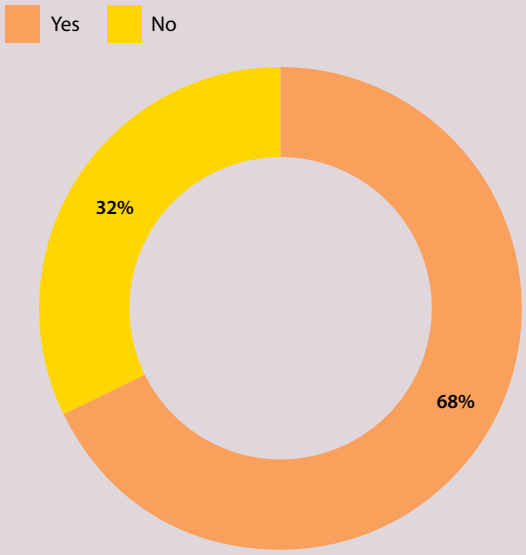


Figure 44: If available, would you have wanted to access hormone therapy at this facility in the last year? (July to September 2023)

Trans people interviewed: 144



Another challenge is for trans women to be told to use Men's Corners, or attend men only clinic days. These types of interventions have been established to encourage cisgender men to go to the facility, with positive impact. However, no trans woman should ever be made to use one. Trans women are women. Yet 10% of trans women surveyed reported being told to use one (Figure 43). Being forced to access services in spaces designated for men can be at best, immensely uncomfortable, and at worst, extremely unsafe. It outs trans women as trans, and puts them in the line of fire to face transphobic verbal or physical abuse or attacks. Forcing trans women to use spaces for men is not gender affirming care — it is reckless, dangerous, and unconstitutional. As a result, 43% of these trans women refused and never received the services they needed.

In addition to the standard primary health package, trans and other gender diverse people may also want information and access to hormone therapy. Gender dysphoria can be extremely distressing, and can lead to broader mental health issues. Rates of suicide are also extremely high. This is also in the context of living in a country rife with transphobia and attacks on trans people. Hormonal care is life saving care.

Yet hormone therapy is not available in the primary healthcare system, despite the need and demand. 68% of trans people surveyed this year wanted to access hormones at their facility (Figure 44). Yet 38% of those who asked about them were confronted with a staff member that did not know anything about hormones or where to get them, while 13% were told to pay another doctor for a referral. Only 43% were referred to another facility. We note that with the current system, gender affirming hormonal care is only available at tertiary level, making it inaccessible for trans people in rural areas — contributing to a deeply concerning rural and urban divide in terms of access.

***"I have asked** about HRT at the clinic, but they told me they don't offer it there, but that they can write me a referral to a psychologist at the hospital"* — *a trans woman, Petsana Clinic (Thabo Mofutsanyana), July 2024*

***"Because of the** discrimination I've faced, I've had to rely on a private doctor for HRT, which comes at an additional cost. There are little to no services for transgender individuals within the public healthcare system"* — *a trans man, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

COMMUNITY STORY

Stop-start efforts for 26-year old Tumi* to be enrolled in a hormonal care programme in the Free State has been crushing. Worse still, she says, is suffering the insults and the dehumanising comments from the nurses at the Hope Clinic in the Lejweleputswa district.

As a trans woman, Tumi says the LGBTQIA+ community is made invisible by nurses who refuse to acknowledge the community, let alone be sensitive to or knowledgeable of the health services they need.

"The nurses will say things like 'you guys' or 'men like you' and such things to me. One time I asked for something to help control my appetite and the nurse said 'men should not be trying to lose weight, you must just smoke dagga'," Tumi says.

Tumi was meant to be enrolled for hormonal care in Bloemfontein along with two other trans women in 2022. But she says since one particular nurse at Hope Clinic who was assisting them left the clinic, the process has ground to halt. She has not been given any help since; not even a referral letter, she says.

Tumi also collects her ART from the clinic and says bad staff attitudes are also apparent in the work ethic of the staff. She adds: "We are there in the queue at 8am and we see the nurses wasting time. They are always on breaks or chatting and that's why we will sit there for hours," she says.

Another complaint is that nurses don't respect patient privacy and sometimes, Tumi says, they allow a cleaner to hand out medicines to public healthcare users.

"You can go into a consulting room and there will be another patient there and there will be three nurses inside. We are supposed to tell them our problems in front of all the people.

"I have also complained about the cleaner giving us our medicines because that is very dangerous for someone with no training to do that, but complaining doesn't change much. They don't even have a complaints box at that clinic," she says.

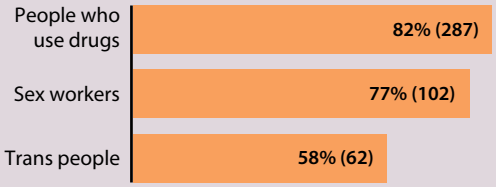
Tumi says the Hope Clinic nurses are failing patients, especially those in the LGBTQIA+ community. She adds: "They are leaving us feeling destroyed. They are aware that we feel like we are someone else in the wrong body but they don't try to understand, or even to listen. We are unseen."

** Name changed to protect identity*

Contraceptives

Contraceptive access also varied: 82% of people who use drugs, 77% of sex workers, and just 58% of trans people we spoke to reported being able to access the contraceptives they wanted (Figure 45).

Figure 45: Percentage of people who were able to access the contraception they wanted at the facility (July to September 2023)



Alarmingly, of those who were unable to get contraceptives, 9% were denied them because they were sex workers, 40% were denied them because they use drugs, and 80% were denied them because they are trans. Other reasons for not getting the contraceptives they wanted were due to stockouts, being told they are too young, their first choice being unavailable, or being told to come back another time.

"I am a sex worker living with HIV and I went to the clinic for an implant. The nurse had an attitude. She said they did not have the implant and suggested pills instead, which I did not want. The nurse was very dismissive, and I ended up leaving without the implant I came for" *— a sex worker who also uses drugs, Phuthaditjhaba Clinic (Thabo Mofutsanyana), July 2024*

Post violence services

It is critical that public health facilities provide safe and caring post violence services — especially in the context of an epidemic of gender based violence, abuse faced by sex workers at the hands of clients or partners, and attacks on queer and trans people. In this reporting period only 34% of sex workers, 33% of trans people, and 29% of GBMSM thought staff were well trained to care for those who experience violence (Table 21). Further,

only 67% of trans people, 61% of GBMSM, and 51% of sex workers said they would feel comfortable seeking care if they experienced violence. After violence, people must not be faced with the secondary trauma and indignity when trying to access post violence services.

Table 21: Sexual violence services at facilities (July to September 2023)

	GBMSM	Sex workers	Trans people
% who feel staff are well trained to care for those who experience violence from a sexual partner	29% (74)	34% (57)	33% (46)
% who would feel comfortable seeking care if they experienced violence from a sexual partner	61% (143)	51% (79)	67% (84)
Among those who needed them, % reporting they were able to access post violence services	70% (7)	100% (9)	40% (2)
Among those who needed them, % reporting staff were always respectful when seeking post violence services	75% (6)	89% (8)	25% (1)

Centres of excellence

The establishment of Centres of Excellence (COEs) has been one solution put forward by the Department of Health and PEPFAR teams. COEs are public health facilities that are identified as places members of key populations can go to access services. In order for these centres to be workable, they have to be more accessible than drop-in centres (*there are no PEPFAR drop-in centres for members of key populations in the province at all*), be known/advertised to the community, and offer the clinical services, expertise, transport, and referral pathways that key populations need. This means the establishment of at least two centres per district, per population group (*this means up to 8 sites per district*). This does not mean that each site would be exclusive to a population, rather that additional concentrated expertise, training, and recruitment strategies, as well as the location of the selected sites will be made based on the specific population a particular site is likely to be most working with. These sites must remain sites primarily accessed by the general population, but with a culture, staffing, services, and clinical expertise available to support members of key populations within that facility. There should be no separation of the populations. Where people live too far away still to access them, resources (taxi fare, planned patient transport) must be made available so that people can actually get to them.

For Centres of Excellence (COEs) to function, they must be friendly, safe, and confidential spaces, or else members of key populations will not use them. Just by giving sites the label "Centre of Excellence" does not suddenly mean that the friendliness and safety at the facility has improved from how it had been. While sensitivity training is essential, it is insufficient to ensure that facility culture is comprehensively supportive of the needs of members of key populations. COEs need additional staffing so that they can function effectively and to support and instil culture change within the facility. For PEPFAR, this means District Support Partners (DSPs) that already employ significant healthcare workforces should redistribute staff to the COEs, including specifically recruiting individuals and advertising positions that will have an emphasis on specific key populations within the context of general population services. For the national, provincial, and district health departments, this means ensuring that all COE staff recognise that their obligation is to provide services equitably across all populations, and not as unique cases to be handled by PEPFAR DSP staff. Facility Managers and other facility leadership must buy-in to being a service delivery hub for members of key populations.

To function effectively, Centres of Excellence (COEs) must offer the clinical services and expertise that members of key populations need. A minimum package of services must be made available at COEs (Table 22) that includes all primary health services (including HIV testing, treatment, and prevention services, STI screening and treatment services, sexual and reproductive health services, post violence services, TB services, hepatitis vaccination, testing and treatment). Clinicians must understand the unique health needs and concerns of GBMSM, sex workers, and trans and gender diverse people and be able to offer appropriate services, inc. hormone therapy. Harm reduction services should also be available for all members of key populations who use drugs, such as new needles/syringes and safe places to dispose of used needles/syringes or other injecting equipment, overdose treatment, and methadone.

PACKAGE OF KP SPECIFIC SERVICE PROVISION:

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

+ friendly/knowledgeable outreach services
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ GBMSM friendly/knowledgeable HIV testing and counselling
+ GBMSM friendly/knowledgeable 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
+ GBMSM friendly/knowledgeable HIV support groups including PrEP/ART refill collection
+ GBMSM friendly/knowledgeable psychosocial support & mental health services
+ GBMSM friendly/knowledgeable sexual health services
+ GBMSM friendly/knowledgeable Information packages for sexual health services
+ GBMSM friendly/knowledgeable STI prevention, screening & treatment
+ GBMSM friendly/knowledgeable hepatitis B (HBV) vaccination, screening, diagnosis and treatment
+ GBMSM friendly/knowledgeable hepatitis C (HCV) screening, diagnosis and treatment
+ GBMSM friendly/knowledgeable prostate cancer screening
+ Harm reduction services for GBMSM who use drugs
+ GBMSM friendly/knowledgeable post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, completion of J88 forms, rape kits, counselling, and referral to domestic violence shelters.

PEOPLE WHO USE DRUGS

+ PWUD friendly/knowledgeable outreach services
+ PWUD friendly/knowledgeable on site or referral to drug dependence initiation and treatment (e.g. methadone)
+ PWUD friendly/knowledgeable on site or referral to drug-dependence counselling and support
+ Resources to take up referred services (e.g. taxi fare, planned patient transport)
+ PWUD friendly/knowledgeable risk reduction information
+ PWUD friendly/knowledgeable wound and abscess care
+ Unused needles, syringes, or other injecting equipment
+ Safe disposal of used needles, syringes, or other injecting equipment
+ PWUD friendly/knowledgeable overdose management and treatment (e.g. naloxone)
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ Internal condoms
+ Sexual and reproductive health services
+ Information packages for sexual and reproductive health services
+ Non barrier contraception (including the pill, IUD, implant, injection)
+ Gender-based violence services on site or by referral
+ PWUD friendly/knowledgeable HIV testing and counselling
+ PWUD friendly/knowledgeable 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
+ PWUD friendly/knowledgeable HIV support groups including PrEP/ART refill collection
+ PWUD friendly/knowledgeable drug dependence support
+ PWUD friendly/knowledgeable psychosocial support & mental health services
+ PWUD friendly/knowledgeable STI prevention, screening & treatment
+ PWUD friendly/knowledgeable hepatitis B (HBV) vaccination, screening, diagnosis and treatment
+ PWUD friendly/knowledgeable hepatitis C (HCV) screening, diagnosis and treatment
+ PWUD friendly cervical cancer screening
+ PWUD friendly prostate cancer screening
+ PWUD friendly/knowledgeable post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, completion of J88 forms, rape kits, counselling, and referral to domestic violence shelters.

SEX WORKERS

+ Sex worker friendly/knowledgeable outreach services
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ Internal condoms
+ Sex worker friendly/knowledgeable sexual and reproductive health services
+ Sex worker friendly/knowledgeable information packages for sexual and reproductive health services
+ Sex worker friendly/knowledgeable non barrier contraception (including the pill, IUD, implant, injection)
+ Sex worker friendly/knowledgeable HIV testing and counselling
+ Sex worker friendly/knowledgeable 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
+ Sex worker friendly/knowledgeable HIV support groups including PrEP/ART refill collection
+ + Sex worker friendly/knowledgeable psychosocial support & mental health services
+ Sex worker friendly/knowledgeable gender-based violence services on site or by referral
+ Sex worker friendly/knowledgeable STI prevention, screening & treatment
+ Sex worker friendly/knowledgeable cervical cancer screening
+ Sex worker friendly/knowledgeable prostate cancer screening
+ Sex worker friendly/knowledgeable hepatitis B (HBV) vaccination, screening, diagnosis and treatment
+ Sex worker friendly/knowledgeable hepatitis C (HCV) screening, diagnosis and treatment
+ Harm reduction services for sex workers who use drugs
+ Sex worker friendly/knowledgeable post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, completion of J88 forms, rape kits, counselling, and referral to domestic violence shelters.

TRANS PEOPLE

+ Trans friendly/knowledgeable outreach services
+ Pre-Exposure Prophylaxis (PrEP) including MMD and community refill collection
+ Post-Exposure Prophylaxis (PEP)
+ Lubricant
+ External condoms
+ Internal condoms
+ Trans friendly/knowledgeable sexual and reproductive health services
+ Trans friendly/knowledgeable non barrier contraception (including the pill, IUD, implant, injection)
+ Trans friendly/knowledgeable information packages for sexual and reproductive health services
+ Trans friendly/knowledgeable HIV testing and counselling
+ Trans friendly/knowledgeable 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
+ Trans friendly/knowledgeable HIV support groups including PrEP/ART refill collection
+ Trans friendly/knowledgeable psychosocial support & mental health services
+ Trans friendly/knowledgeable hormone therapy
+ Trans friendly/knowledgeable gender-based violence services on site or by referral
+ Trans friendly/knowledgeable STI prevention, screening & treatment
+ Trans friendly/knowledgeable cervical cancer screening
+ Trans friendly/knowledgeable prostate cancer screening
+ Trans friendly/knowledgeable hepatitis B (HBV) vaccination, screening, diagnosis and treatment
+ Trans friendly/knowledgeable hepatitis C (HCV) screening, diagnosis and treatment
+ Harm reduction services for transgender people who use drugs
+ Trans friendly/knowledgeable post violence services including rapid HIV testing, PEP, STI treatment, emergency contraceptive, completion of J88 forms, rape kits, counselling, and referral to domestic violence shelters.

ALL

+ Peer educators/navigators at the facility level

PRIORITY 7

INDEX TESTING

2021	2022	2023	2024
59% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing	**64%** of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing	**56%** of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing	**44%** of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing
52% of PLHIV reported that they were asked about the risk of violence from their partner	**57%** of PLHIV reported that they were asked about the risk of violence from their partner	**61%** of PLHIV reported that they were asked about the risk of violence from their partner	**38%** of PLHIV reported that they were asked about the risk of violence from their partner
74% of facilities always screen PLHIV for intimate partner violence	**81%** of facilities always screen PLHIV for intimate partner violence	**65%** of facilities always screen PLHIV for intimate partner violence	**84%** of facilities always screen PLHIV for intimate partner violence
13% of facilities trace all contacts regardless of reports of violence	**30%** of facilities trace all contacts regardless of reports of violence	**25%** of facilities trace all contacts regardless of reports of violence	**37%** of facilities trace all contacts regardless of reports of violence

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH & RIGHT TO CARE /WITS RHI

1. Follow all protocols outlined in the National Department of Health guidelines on index testing including that:
2. Index testing is always voluntary.
   a. 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.
   b. **No contacts who have ever been violent or are at risk of being violent are ever contacted.**
   c. **Adequate IPV services available** at the facility or by referral.
   d. **Referrals are actively tracked** to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.
   e. **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.
   f. 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.
3. 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.
4. **Index testing must be suspended in poorly performing sites** until it can be carried out safely and with consent.

RECOMMENDATIONS

PEPFAR

1. **PEPFAR must follow-through on commitments in COP22, including all monitoring and reporting elements. PEPFAR must share:**
   a. Adverse Event Monitoring Tools of each DSP;
   b. Data from monthly analyses site level acceptance rates analyses (Oct-Jan);
   c. Results of REDCap assessments;
   d. Data on numbers of index clients screened for IPV and those screened positive;
   e. Planning Meeting Reporting/ Presentation Expectations:

f. Report on all adverse events (number, type of adverse event, and resolution);

g. Results from first wave of 1-2 month delayed healthcare provider follow-ups with index clients on adverse events;

h. Plan for implementation of PEPFAR's GBV Quality Assurance Tool: Number of sites, timeframe for implementation, any preliminary results;

i. Status of referral network for GBV services;

j. Plan for mechanism on reporting data to CSOs on all elements documented in the SDS.

100% of facilities monitored by Ritshidze engage in index testing and of 1,268 people living with HIV surveyed, 49% said a healthcare worker had asked them for the names and contact information of their partners to test them for HIV. While index testing has the ability to help identify individuals who may have been exposed to HIV earlier, it must be implemented in ways that do not cause harm to individuals, or undermine their rights to consent, privacy, safety and confidentiality.

Yet in terms of consent, only 44% reported that they were allowed to refuse to give the names of their partners. Index testing must always be completely voluntary. Only 5 facilities had perfect scores where 100% of people reported that they were told they could refuse (Table 23). However, many facilities performed much worse, with 0% of respondents reporting they could refuse at Bophelong Allanridge Clinic, Bophelong Clinic, Bophelong Odendaalsrus Clinic, Geneva Clinic, Kgothalang Clinic, Kgotsong Welkom Clinic, Leratong Clinic, Nthabiseng Clinic, Riebeeckstad Clinic and Thaba Bosiu Clinic (Table 24).

Table 23: Facilities with perfect scores on people living with HIV reporting they were told they could refuse to engage in index testing (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Score
Thabo Mofutsanyana	Bohlokong Clinic	12	12	0	100%
	Harrismith Clinic	13	13	0	100%
	Monontsha Clinic	18	18	0	100%
	Paballong Clinic	5	5	0	100%
	Rearabetswe Clinic	5	5	0	100%

Table 24: Worst performing sites on people living with HIV reporting they were told they could refuse to engage in index testing (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Don't know	Score
Thabo Mofutsanyana	Thaba Bosiu Clinic	7	0	7	0	0%
Lejweleputswa	Bophelong Odendaalsrus Clinic	24	0	22	2	0%
Lejweleputswa	Geneva Clinic	22	0	19	3	0%
Lejweleputswa	Bophelong Clinic	19	0	19	0	0%
Lejweleputswa	Leratong Clinic	21	0	18	3	0%
Lejweleputswa	Kgothalang Clinic	13	0	13	0	0%
Lejweleputswa	Kgotsong Welkom Clinic	22	0	18	4	0%
Thabo Mofutsanyana	Nthabiseng Clinic	11	0	11	0	0%
Lejweleputswa	Riebeeckstad Clinic	7	0	7	0	0%
Lejweleputswa	Bophelong Allanridge Clinic	24	0	20	4	0%
Lejweleputswa	OR Tambo Clinic	11	1	10	0	9%
Lejweleputswa	Phomolong (Hennenman) Clinic	14	2	12	0	14%
Lejweleputswa	Hani Park Clinic	20	3	17	0	15%
Lejweleputswa	Tshepong (Welkom) Clinic	16	4	12	0	25%
Thabo Mofutsanyana	Tseki Clinic	4	1	3	0	25%
Lejweleputswa	Mmamahabane Clinic	4	1	3	0	25%
Lejweleputswa	Meloding Clinic	4	1	3	0	25%
Thabo Mofutsanyana	Bolata Clinic	4	1	3	0	25%
Lejweleputswa	Bronville Clinic	26	7	17	2	29%
Thabo Mofutsanyana	Intabazwe Clinic	19	6	13	0	32%
Thabo Mofutsanyana	Bluegumbosch Clinic	18	7	10	1	41%
Lejweleputswa	Hope CHC	9	3	4	2	43%
Lejweleputswa	Rheeders Park Clinic	11	3	3	5	50%
Thabo Mofutsanyana	Malesaoana Clinic	2	1	1	0	50%

This year 84% of facilities say they always screen for intimate partner violence (IPV) as part of their index testing protocol — yet of 626 people living with HIV, only 38% reported that they were asked about the risk of violence from their partners. Only 2 facilities had perfect scores where 100% of people reported that they were asked about the risk of violence from their partners (Table 25). However, again many facilities performed much worse, with 0% of people reporting an IPV screen at Bophelong Allanridge Clinic, Bophelong Odendaalsrus Clinic, Geneva Clinic and Thabong Clinic (Table 26). There must always be an IPV screen to protect people's safety who undergo index testing.

Table 25: Facilities with perfect scores on people living with HIV reporting they were asked about the risk of violence from their partner(s) (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Score
Thabo Mofutsanyana	Rearabetswe Clinic	5	5	0	100%
	Boiketlo Clinic	3	3	0	100%

Table 26: Worst performing sites on people living with HIV who reported they were asked about risk of violence from their partner(s) (April to May 2024)

District	Facility	Surveys Completed	Yes	No	Score
Lejweleputswa	Bophelong Allanridge Clinic	24	0	10	0%
Lejweleputswa	Bophelong Odendaalsrus Clinic	24	0	5	0%
Lejweleputswa	Geneva Clinic	22	0	9	0%
Lejweleputswa	Thabong Clinic	2	0	2	0%
Thabo Mofutsanyana	Thusa Bophelo Clinic	24	1	23	4%
Lejweleputswa	Leratong Clinic	21	1	15	6%
Lejweleputswa	OR Tambo Clinic	11	1	10	9%
Thabo Mofutsanyana	Nthabiseng Clinic	11	1	10	9%
Thabo Mofutsanyana	Tshiame B Clinic	11	1	10	9%
Thabo Mofutsanyana	Bluegumbosch Clinic	18	2	15	12%
Lejweleputswa	Kgotsong Welkom Clinic	22	1	6	14%
Thabo Mofutsanyana	Thaba Bosiu Clinic	7	1	6	14%
Thabo Mofutsanyana	Harrismith Clinic	13	2	11	15%
Thabo Mofutsanyana	Riverside Clinic	11	2	9	18%
Thabo Mofutsanyana	Phuthaditjhaba Clinic	20	5	15	25%
Lejweleputswa	Mmamahabane Clinic	4	1	3	25%
Thabo Mofutsanyana	Bolata Clinic	4	1	3	25%
Lejweleputswa	Bophelong Clinic	19	5	14	26%
Thabo Mofutsanyana	Intabazwe Clinic	19	5	14	26%
Lejweleputswa	Hope CHC	9	2	5	29%
Lejweleputswa	Rheeders Park Clinic	11	3	6	33%
Lejweleputswa	Hani Park Clinic	20	7	13	35%
Lejweleputswa	Tshepong (Welkom) Clinic	16	6	10	38%
Lejweleputswa	Bronville Clinic	26	9	14	39%
Lejweleputswa	DA Maleho Clinic	5	2	3	40%
Lejweleputswa	Riebeeckstad Clinic	7	3	4	43%
Lejweleputswa	Phomolong (Hennenman) Clinic	14	6	8	43%
Thabo Mofutsanyana	Mphatlalatsane Clinic	18	8	10	44%
Thabo Mofutsanyana	Mphohadi Clinic	11	5	6	45%

Figure 46: In case of violence from a sexual partner, what do you do with the contact information of the sexual partner? (April to May 2024)

Facility Staff Surveyed: 43

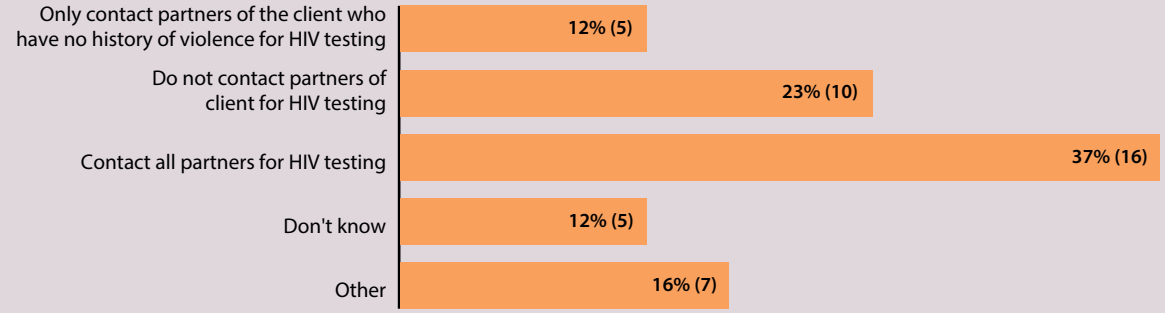
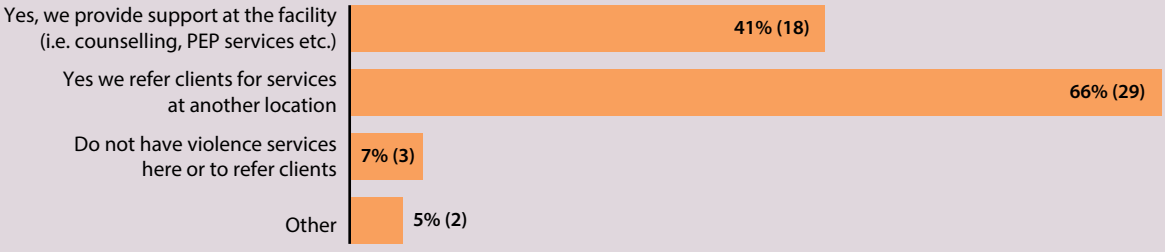


Figure 47: In case of violence from a sexual partner, what additional services do you provide? (April to May 2024)

Facility Staff Surveyed: 44



Worryingly still 37% 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 46). 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.

Most sites said that if people living with HIV screen positive for IPV they offer them services either on site or by referral (Figure 47). However 3 sites did not have services on site or by referral, and 2 sites did not know. All facilities should be able to provide on site or referred services for IPV. Screening for IPV at sites without adequate IPV services to respond to an individuals 'positive' screen is dangerous and unethical. Referrals must be actively tracked to ensure individuals access them and referral sites have adequate capacity to provide services to the individual.

> **Worryingly still 37% 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 46).**


Entrance
Ingang
Makeno

PRIORITY 8

INFRASTRUCTURE AND CLINIC CONDITIONS

2021	2022	2023	2024
18% of facilities in bad condition	**81%** of facilities in bad condition	**55%** of facilities in bad condition	**18%** of facilities in bad condition
95% of facilities needed some additional space	**90%** of facilities needed some additional space	**90%** of facilities needed some additional space	**76%** of facilities needed some additional space
45% of facilities did not have enough room in the waiting area	**42%** of facilities did not have enough room in the waiting area	**55%** of facilities did not have enough room in the waiting area	**59%** of facilities did not have enough room in the waiting area
59% of facility toilets in bad condition	**70%** of facility toilets in bad condition	**74%** of facility toilets in bad condition	**82%** of facility toilets in bad condition
27% of public healthcare users reported that facilities are "dirty" or "very dirty"	**25%** of public healthcare users reported that facilities are "dirty" or "very dirty"	**20%** of public healthcare users reported that facilities are "dirty" or "very dirty"	**21%** of public healthcare users reported that facilities are "dirty" or "very dirty"
		0% of facilities have a functional generator	**2%** of facilities have a functional generator

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

1. Audit all facilities in the province to assess infrastructure. **Put plans in motion to renovate buildings and ensure adequate space to provide efficient, private, and safe healthcare services**. The department must publish these plans.
2. Ensure all public healthcare users are always **consulted, tested, and/or counselled in private rooms**. In the interim before infrastructural renovations have taken place, provide temporary structures to ensure that privacy and confidentiality is maintained.
3. Ensure all public health facilities have a **functional generator with sufficient fuel, rechargeable bulbs, and other useful loadshedding devices** so that health services and administrative work can continue during power outages.
4. Ensure all facilities are maintained to the **highest standards of cleanliness** including through implementing regular cleaning rotas, and ensuring that soap and toilet paper are provided in all clinic toilets.

Loadshedding only intensifies problems at clinics. In Free State the most common challenges include: 1) data capturers not being able to capture information, creating a backlog and impacting follow up with those who are late for or have missed appointments, or need to be recalled; 2) delays in finding files when filing rooms are in darkness increasing overall waiting times; and 3) medicines getting spoilt (Figure 48). Generators at each facility, or even loadshedding bulbs, could improve this situation, but only one facility monitored had a generator that was working and had fuel (Figure 49).

> ***"Due to loadshedding** you have to return home without your medication as the ATM needs electricity, and you have to come back once there is electricity"* — *a public healthcare user, Rearabetswe Clinic (Thabo Mofutsanyana), June 2024*

> ***"The toilets there** are very dirty. Either there's water running on the floor or they're not working. We did raise the issue and they promised to fix it, but only one toilet was working when I went back"* — *a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

Figure 48: What challenges does the facility face because of loadshedding? (April to May 2024)

Facility Staff Surveyed: 50

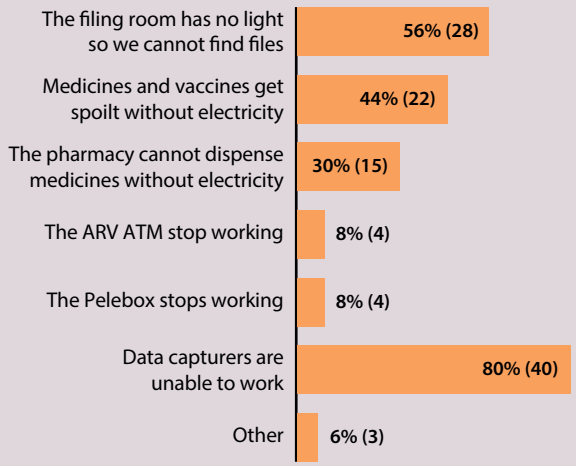


Figure 49: Is there a generator at the facility? (July to August 2023)

Facility Staff Surveyed: 50

Positively 82% of facilities monitored in the Free State are in good condition. Of the 18% in bad condition, the most common reason is that the buildings are in need of renovation and that there are broken or cracked roofs, walls, or floors (Table 27).

Table 27: Concerns with the condition of building (April to May 2024)

District	Facility	No light / or lights	Broken or cracked roof, walls or floor	No running water at the facility	Broken windows or doors	Old building needs renovation	Other
Lejweleputswa	Bophelong Allanridge Clinic		1			1	
	DA Maleho Clinic	1	1	1			
	Leratong Clinic				1		1
	Rheeders Park Clinic					1	
	Riebeeckstad Clinic		1			1	
Thabo Mofutsanyana	Harrismith Clinic		1	1			
	Intabazwe Clinic	1		1		1	
	Mphatlalatsane Clinic					1	1
	Riverside Clinic		1		1		

76% of facilities reported needing more space — with waiting space, filing space, storage, space for data capturers and rooms for medical care given as the most common things facilities needed extra space for (Figure 50). 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. Lack of space for medical care can result in privacy violations as people are consulted, tested, or counselled in the same room as someone else — leading to some people not wanting to test, or for those living with HIV to interrupt treatment or disengage from care.

***"The cleaner once** said to me there is no mop. How do they hire cleaners without cleaning equipment? We also struggle with water. They must install Jojo tanks. The tank water will be used for flushing toilets. We also need to sit in a clean environment"* — *a public healthcare user, Rearabetswe Clinic (Thabo Mofutsanyana), June 2024*

***"The toilets are** not working. There is no toilet paper, no water or soap, and they are dirty. If I want to use the toilet I ask the neighbours. Most people use the house next door. Sometimes the toilets will be locked because they are not working"* — *a person living with HIV, Tshepong Clinic (Lejweleputswa), June 2024*

***"Bophelong Clinic is** small. There's no confidentiality. The medication is dispensed publicly"* — *a person living with HIV, Bophelong Clinic (Lejweleputswa), June 2024*

Figure 50: What do you need more space for? (April to May 2023)

Facility Staff Surveyed: 38

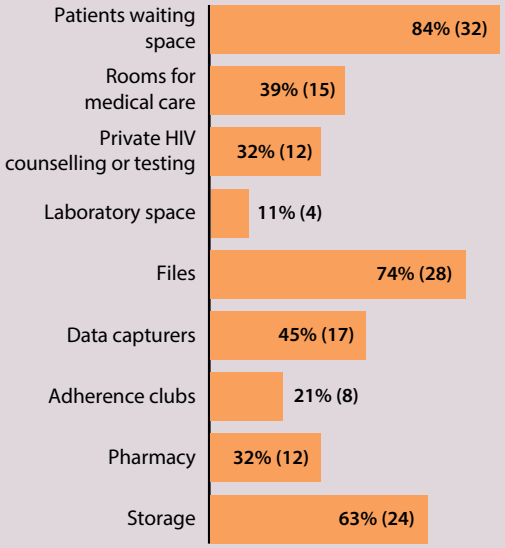
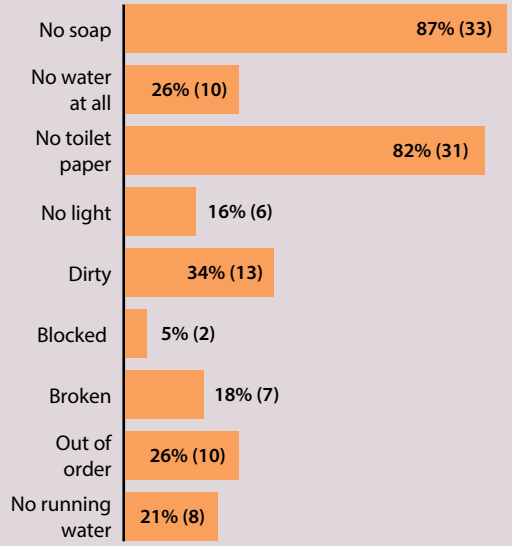


Figure 51: Concerns with the condition of the toilets (April to May 2024)

Observations completed: 38



On overall cleanliness, 48% of public healthcare users reported that facilities were very clean/clean. However, 21% reported that facilities were very dirty/dirty. The Free State had the most reports of dirty facilities out of all provinces monitored. The best and worst performing sites are shown in the tables (Table 28, Table 29). Further, 75% of Ritshidze observations found that toilets were in bad condition — with no soap, no toilet paper, and being dirty as the major reasons (Figure 51). Of further concern is that 21% of sites had no running water and 26% had no water at all.

***"On Monday I** was at the clinic. There was no water from the JoJo tanks and the toilet was closed… I think it has been 4 to 5 years of experiencing water and toilet problems"* — *a person living with HIV, Tseki Clinic (Thabo Mofutsanyana), June 2024*

***"Water is still** a serious problem. It has become difficult to get water regularly. You have to pay for it… A JoJo tank was assisting as backup. Some visitors came before to assist with a borehole… When the water problem persisted, the borehole crew returned to the clinic and they were refused access. We didn't know why. I was there when they arrived. The facility manager called the superiors to consult first, then the instruction was to not allow anyone inside the clinic. We weren't happy as the clinic committee… the last time when I was there both patients and staff were using one toilet because they said the other one was out of order. We feel useless as the clinic committee. I don't see a reason why there should be clinic committees, because they don't take us seriously. We raised points about improving security after they installed solar panels at the clinic, but our pleas were hindered which led to the panels being stolen… We as the committee sometimes feel like people who have no power"* — *a person living with HIV, Tseki Clinic (Thabo Mofutsanyana), June 2024*

***"The other challenge** we have at the clinic is the toilets. The two toilets are closed because there is no water"* — *a person living with HIV, Tseki Clinic (Thabo Mofutsanyana), June 2024*

***"We struggle to** get toilet paper. Toilets seldom get cleaned"* — *a trans person living with HIV, Thabong Clinic (Lejweleputswa), June 2024*

***"The toilets are** not working properly. It has been a problem here. We bring our own toilet paper. You rarely find that toilets are clean"* — *a public healthcare user, Geneva Clinic (Lejweleputswa), June 2024*

On overall cleanliness, 48% of public healthcare users reported that facilities were very clean/clean. However, 21% reported that facilities were very dirty/dirty.

Table 28: Best performing sites on clinic cleanliness (April to May 2024)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
Thabo Mofutsanyana	Nthabiseng Clinic	34	0	0	0	5	29	4.85
Thabo Mofutsanyana	Leratswana Clinic	54	0	1	8	5	40	4.56
Lejweleputswa	Kgotsong Welkom Clinic	50	0	3	3	10	34	4.50
Thabo Mofutsanyana	Thusa Bophelo Clinic	57	0	3	7	15	32	4.33
Thabo Mofutsanyana	Lindley Clinic	71	2	3	9	14	43	4.31
Thabo Mofutsanyana	Petsana Clinic	77	4	4	10	15	44	4.18
Thabo Mofutsanyana	Tshiame B Clinic	53	4	3	7	9	30	4.09
Thabo Mofutsanyana	Thaba Bosiu Clinic	44	1	3	7	14	19	4.07
Thabo Mofutsanyana	Riverside Clinic	54	2	1	14	15	22	4.00
Lejweleputswa	Bophelong Allanridge Clinic	59	0	1	12	34	12	3.97
Lejweleputswa	Bophelong Odendaalsrus Clinic	57	1	2	8	35	11	3.93
Thabo Mofutsanyana	Boiketlo Clinic	53	0	0	16	27	10	3.89
Lejweleputswa	Meloding Clinic	34	0	6	8	4	16	3.88
Thabo Mofutsanyana	Bluegumbosch Clinic	55	3	4	10	19	19	3.85
Lejweleputswa	Ikgomotseng Clinic	48	4	5	7	10	22	3.85
Thabo Mofutsanyana	Bolata Clinic	53	0	3	12	29	9	3.83
Thabo Mofutsanyana	Phuthaditjhaba Clinic	55	6	3	10	12	23	3.80

Table 29: Worst performing sites on clinic cleanliness (April to May 2024)

District	Facility	Surveys completed	Very Dirty	Dirty	Neutral	Clean	Very Clean	Score
Lejweleputswa	Riebeeckstad Clinic	26	15	4	7	0	0	1.69
Lejweleputswa	Thabong Clinic	58	9	29	11	5	4	2.41
Lejweleputswa	Rheeders Park Clinic	58	13	14	24	6	1	2.45
Lejweleputswa	Bronville Clinic	50	8	17	20	4	1	2.46
Lejweleputswa	Matjhabeng Clinic	52	6	15	26	3	1	2.57
Lejweleputswa	Leratong Clinic	51	7	12	22	8	2	2.73
Lejweleputswa	Phomolong (Hennenman) Clinic	42	8	9	11	12	2	2.79
Thabo Mofutsanyana	Namahali Clinic	52	0	14	35	3	0	2.79
Lejweleputswa	OR Tambo Clinic	55	7	17	14	12	5	2.84
Lejweleputswa	Hani Park Clinic	50	4	17	15	11	3	2.84
Thabo Mofutsanyana	Malesaoana Clinic	20	6	0	6	6	2	2.90
Thabo Mofutsanyana	Makwane Clinic	51	8	3	31	4	5	2.90
Thabo Mofutsanyana	Paballong Clinic	55	9	6	25	4	9	2.96
Thabo Mofutsanyana	Mphatlalatsane Clinic	63	15	5	22	9	12	2.97
Thabo Mofutsanyana	Tseki Clinic	50	0	8	35	7	0	2.98
Thabo Mofutsanyana	Reitumetse Clinic	52	5	6	26	13	2	3.02
Thabo Mofutsanyana	Leseding Clinic	55	5	15	15	12	8	3.05
Thabo Mofutsanyana	Kopanong K Clinic	62	10	6	21	18	7	3.10
Thabo Mofutsanyana	Bohlokong Clinic	50	6	11	16	1	14	3.13
Lejweleputswa	Mmamahabane Clinic	40	7	4	16	3	10	3.13
Lejweleputswa	DA Maleho Clinic	56	8	12	14	7	14	3.13

COMMUNITY STORY

The toilet at Khothalang Clinic has remained behind barrier tape with an 'out of order' sign on the door for years now, says Bokang*, who has been a long-time public healthcare user at the clinic.

For the past 12 years the 39-year-old has been on ART and collects her medicine at this clinic that is in the Virginia area of the province. She says the toilets have not been working for longer than she can remember and she says the facilities also often run out of water, even though there are water tanks on the premises. It's a recipe for disease, she says and it makes waiting in the queue that much more uncomfortable.

The clinic runs two shifts — a morning and an afternoon shift, but she says that the queues jam up especially when there are disruptions like no water at the clinic.

"These problems have been there for so long but they don't get fixed and then they wonder why people don't come to the clinic until it's too late or why others default," she says.

Bokang says public healthcare users are not treated like patients but are rather like just another file that must be closed by the end of each day. She says medication is handed out outside the clinic and patients are called forward to collect, so there's no privacy. There's also no patient education or psychosocial support, she adds.

She says: "You can't tell them your problems to the nurses or anything. They just want to give you your medicines and you must go. What they don't understand is that sometimes people are going home where there is no food, so they don't take their pills. Others are taking pills at the wrong time but no one explains anything to them. Some of us are taking our pills and we are depressed, but we don't get help for our mental health."

Most worrying for her is that she has not given information about her viral load or blood test results for years. She's just told she's fine and everything is in her file. After 12 years of being on ART, Bokang says this lack of patient care is not acceptable.

"People want information to manage their health better, they also want to be understood and want to be treated like patients, not just a disease or a condition," Bokang says. She adds: "We need better support. When they understand us better, they'll also understand why it's not always easy for someone to stay on ART — there are many things they are not aware of."

** Name changed to protect identity*

PRIORITY 9

TB INFECTION CONTROL

2021	2022	2023	2024	
0 facilities were awarded green status	**0** facilities were awarded green status	**0** facilities were awarded green status	**0** facilities were awarded green status	***GREEN*** *(checking all six measures on the TB infection control scorecard)*
9 facilities scored yellow status	**1** facilities scored yellow status	**0** facilities scored yellow status	**0** facilities scored yellow status	***YELLOW*** *(following about half of the best practice measures)*
13 facilities scored red status	**15** facilities scored red status	**20** facilities scored red status	**51** facilities scored red status	***RED*** *(failing altogether at meeting the best practices to stop the spread of TB*

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

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

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

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

In April and May 2024, 0 facilities were awarded green status (for checking all six measures on the scorecard) or yellow status (for following about half of the best practice measures for infection control). All facilities surveyed failed altogether at meeting these six basic best practices to stop the spread of TB (Table 31).

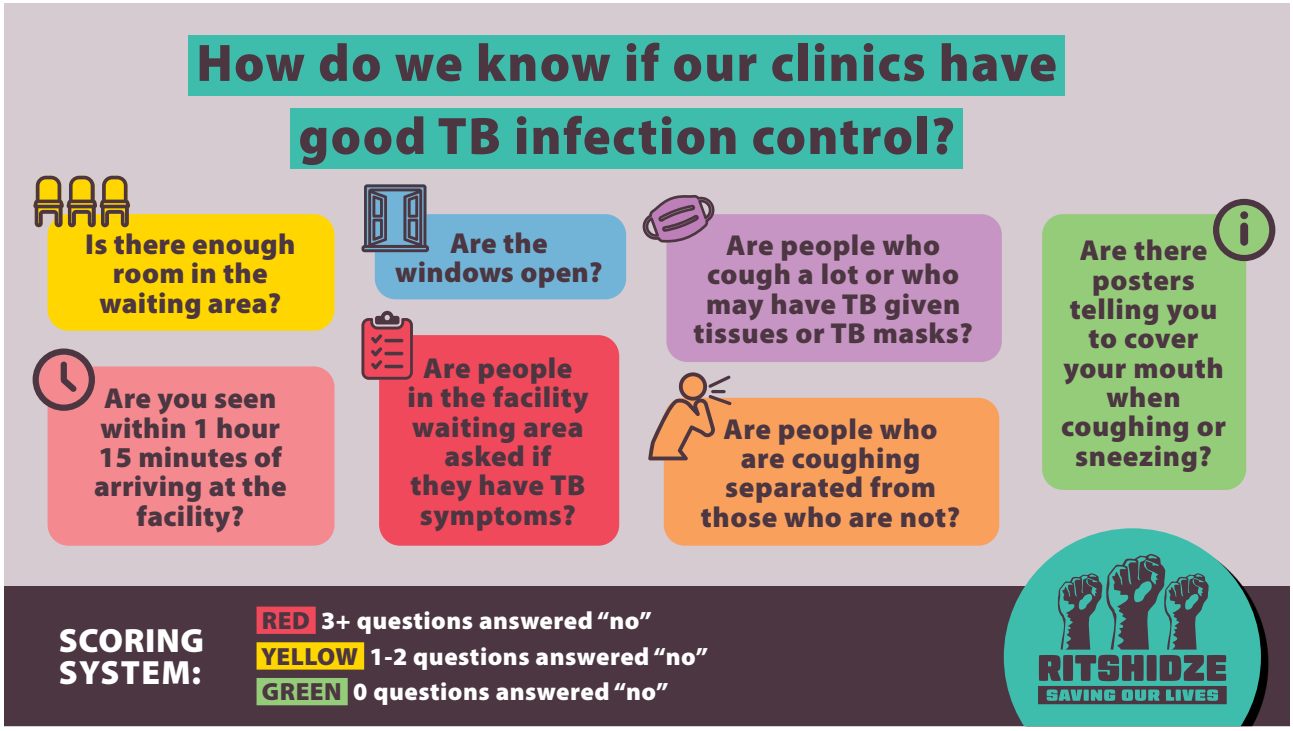
BY INDICATOR:

+ Only 41% of facilities had enough room in the waiting area
+ 22% of facilities had all the windows open and 39% had more than half open
+ 69% of facilities had TB infection control posters
+ Of 2,657 responses, only 29% say staff always ask people in the waiting areas if they have TB symptoms
+ Of 2,657 responses, only 12% say people coughing in waiting areas are always moved to a separate room
+ Of 2,657 responses, only 10% say people who are coughing in the waiting room are always given a mask

> ***When I am** at the facility we are not screened for TB. We wait in one waiting area with those who are coughing"* — *a person living with HIV, Bophelong Clinic (Lejweleputswa), June 2024*

> ***"No-one is controlling** the queues to check if there are any patients coughing. There is no TB screening, no masks. I don't think safety precautions are taken at this clinic"* — *a public healthcare user, Geneva Clinic (Lejweleputswa), June 2024*

> ***"People with TB** symptoms are not fast tracked. They bring their own masks. People cough in the waiting area. I wait outside to be safe from infection"* — *a trans person living with HIV, Thabong Clinic (Lejweleputswa), June 2024*



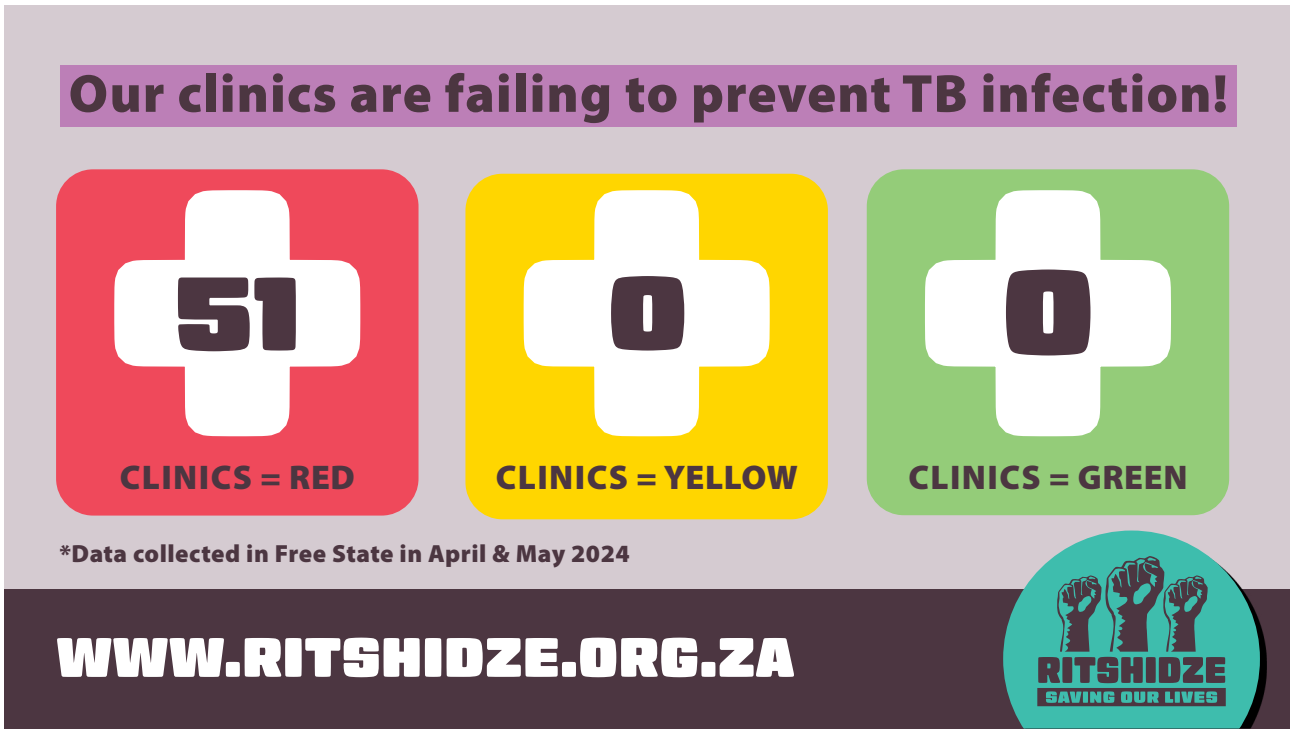
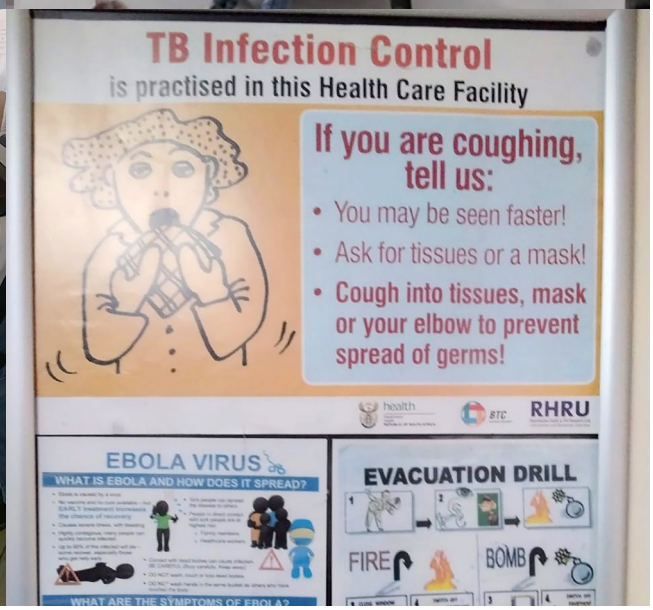


Table 31: TB Infection Control (April to May 2024)

District	Facility	How many windows are open in the facility?	Are there posters telling patient to cover mouth when coughing/sneezing?	Are people who are coughing in a separate room?	Time patients spent at the facility after opening	Is there enough room in the waiting area?	Are people being asked for TB symptoms?	Are people who are coughing in the waiting room given a mask?	Score
Lejweleputswa	Bophelong Allanridge Clinic	Less than half	0%	5%	04:27	0%	88%	3%	RED
	Bophelong Clinic	All	100%	0%	04:37	0%	28%	0%	RED
	Bophelong Odendaalsrus Clinic	More than half	100%	5%	04:28	100%	81%	0%	RED
	Bronville Clinic	None	100%	6%	04:54	0%	36%	2%	RED
	DA Maleho Clinic	More than half	100%	11%	04:50	0%	31%	11%	RED
	Geneva Clinic	All	100%	9%	05:32	0%	40%	2%	RED
	Hani Park Clinic	Less than half	100%	0%	05:56	0%	24%	0%	RED
	Hope CHC	Less than half	100%	7%	02:40	0%	19%	10%	RED
	Ikgomotseng Clinic	All	100%	17%	03:14	0%	65%	25%	RED
	Kgothalang Clinic	All	100%	2%	05:04	0%	13%	0%	RED
	Kgotsong (Bothaville) Clinic	None	0%	4%	02:50	100%	13%	5%	RED
	Kgotsong Welkom Clinic	All	100%	8%	04:57	100%	76%	2%	RED
	Leratong Clinic	Less than half	0%	6%	04:08	0%	33%	0%	RED
	Matjhabeng Clinic	Less than half	0%	2%	05:13	100%	23%	4%	RED
	Meloding Clinic	All	100%	15%	03:44	0%	41%	7%	RED
	Mmamahabane Clinic	Less than half	100%	3%	02:51	0%	21%	3%	RED
	OR Tambo Clinic	All	100%	2%	06:16	0%	20%	2%	RED
	Phahameng (Bultfontein) Clinic	More than half	0%	8%	03:43	0%	40%	2%	RED
	Phomolong (Hennenman) Clinic	All	100%	2%	03:56	0%	36%	2%	RED
	Rheeders Park Clinic	More than half	0%	43%	03:46	0%	68%	15%	RED
	Riebeeckstad Clinic	All	100%	4%	04:18	0%	4%	4%	RED
	Thabong Clinic	More than half	0%	9%	05:14	100%	19%	5%	RED
	Tshepong (Welkom) Clinic	All	100%	0%	05:55	0%	26%	0%	RED
	Welkom Clinic	More than half	0%	8%	05:08	100%	24%	6%	RED
Thabo Mofutsanyana	Bluegumbosch Clinic	Less than half	100%	10%	03:44	0%	24%	6%	RED
	Bohlokong Clinic	More than half	100%	17%	04:59	100%	22%	13%	RED
	Boiketlo Clinic	More than half	100%	15%	02:56	100%	0%	15%	RED
	Bolata Clinic	More than half	0%	3%	04:21	100%	0%	3%	RED
	Harrismith Clinic	Less than half	100%	0%	03:52	100%	8%	0%	RED
	Intabazwe Clinic	Less than half	100%	7%	04:16	0%	15%	2%	RED
	Kopanong K Clinic	Less than half	100%	16%	03:29	100%	23%	15%	RED
	Leratswana Clinic	More than half	100%	49%	02:17	100%	63%	52%	RED
	Leseding Clinic	More than half	0%	9%	04:17	0%	7%	13%	RED
	Lindley Clinic	Less than half	100%	25%	04:28	100%	26%	38%	RED
	Makwane Clinic	Less than half	0%	27%	03:26	0%	24%	18%	RED
	Malesaoana Clinic	More than half	0%	25%	02:16	100%	35%	22%	RED
	Monontsha Clinic	More than half	0%	15%	03:36	100%	23%	13%	RED
	Mphatlalatsane Clinic	Less than half	100%	23%	04:09	0%	47%	15%	RED
	Mphohadi Clinic	Less than half	100%	18%	05:26	0%	24%	19%	RED



District	Facility	How many windows are open in the facility?	Are there posters telling patient to cover mouth when coughing/sneezing?	Are people who are coughing in a separate room?	Time patients spent at the facility after opening	Is there enough room in the waiting area?	Are people being asked for TB symptoms?	Are people who are coughing in the waiting room given a mask?	Score
Thabo Mofutsanyana	Namahali Clinic	More than half	100%	0%	03:43	100%	0%	0%	RED
	Nthabiseng Clinic	Less than half	100%	23%	02:36	100%	23%	13%	RED
	Paballong Clinic	More than half	100%	32%	03:00	0%	56%	27%	RED
	Petsana Clinic	More than half	100%	32%	04:16	100%	33%	31%	RED
	Phuthaditjhaba Clinic	More than half	100%	13%	03:48	0%	31%	2%	RED
	Rearabetswe Clinic	More than half	100%	39%	03:48	100%	47%	27%	RED
	Reitumetse Clinic	More than half	0%	22%	03:26	0%	24%	24%	RED
	Riverside Clinic	Less than half	100%	26%	02:56	100%	32%	2%	RED
	Thaba Bosiu Clinic	Less than half	0%	10%	02:59	0%	21%	9%	RED
	Thusa Bophelo Clinic	All	100%	2%	03:25	100%	20%	4%	RED
	Tseki Clinic	More than half	0%	3%	03:24	0%	0%	8%	RED
	Tshiame B Clinic	Less than half	100%	11%	03:19	0%	12%	6%	RED


Skin closure
Flagyl 200
Hypodermic
PROCARE


A - J
K - N
dablapmeds
PHARMACEUTICAL MEDICAL STOCKCARD

PRIORITY 10

SHORTAGES AND STOCKOUTS OF MEDICINES

93 reports of stockouts and/or shortages

27 reports of shortages of HIV medicines

12 reports of shortages of vaccines

22 reports of shortages of dry stock

RECOMMENDATIONS

FREE STATE DEPARTMENT OF HEALTH

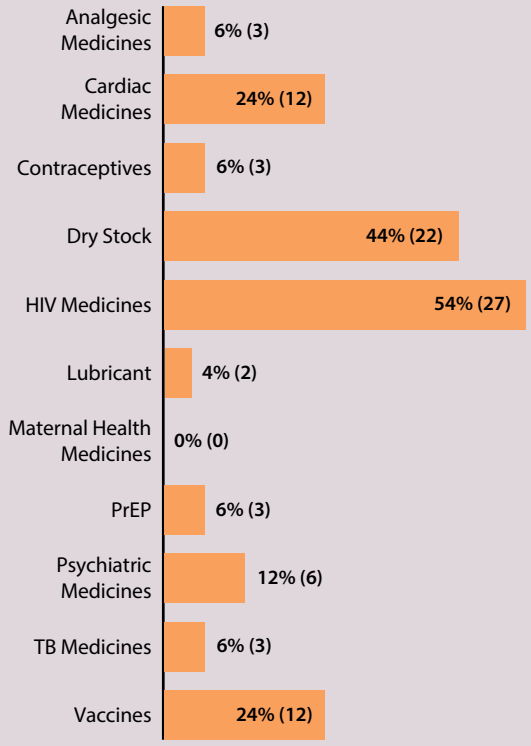
1. Ensure that **all public health facilities have the medicines, vaccines, contraceptives, diagnostic tests, and dry stock they need to provide quality health services**. No-one should be turned away empty handed due to a stockout or shortages of medicines.
2. **Improve supply chain management across the province**, which adequately reports stock availability.

This year there were 93 reports of shortages or stockouts of different medicines, contraceptives, vaccines, and dry stock across 50 facilities, including 27 reports of HIV medicines being out of stock (Figure 52). The majority of stockouts and/or shortages were resolved in a month or less. Worryingly, however, 13 facilities reported stockouts of 1 month to 3 months, 3 facilities reported stockouts of 3 to 6 months, and 1 facility reported a stockout of 6 months or more.

86% of facilities reported having a borrowing protocol and there were 37 reports of resolving stockouts by borrowing stock from another facility (Figure 53, Table 32). Borrowing protocols where facilities borrow stock from each other when facing a shortage or stockout, only exacerbate stock challenges. When their order arrives they will have to return back what they borrowed. This creates a cycle of shortages occurring more quickly, leading to more total stockouts, and then facilities borrow again.

Figure 52: Number of reports of stockouts/shortages of medicines and medical products across the Free State (April to May 2024)

Facility Staff Surveyed: 50



***"I used to** collect from the Post Office but they changed my regimen and I had to collect at the clinic again. But when I got there the medication was not there. I was forced to use my old medication. But they said the old medication does not suppress my viral load and I had to come back the following week. I sent someone to collect for me since I was at work, but still the medication was not there. I had to go again the following week. I don't have pills and the remaining ones from my old medication will finish at any time. I went to the clinic in April but again could not find my medication. I was very hurt. When medication is finished they don't even explain why. It seems like the people who order the medicines don't order enough for all people living with HIV. The clinic must always have pills. It must not have stockouts and shortages. If a clinic does not have medication, where will we turn to?"* — *a person living with HIV, DA Maleho Clinic, (Lejweleputswa), June 2024*

Figure 53: When the facility faces a stockout and/or shortage, do you have a borrowing protocol from other facilities? (April to May 2024)

Facility Staff Surveyed: 50

Figure 54: Which analgesics experienced a shortage or stockout? (Among facilities reporting analgesic stockouts) (April to May 2024)

Facility Staff Surveyed: 3

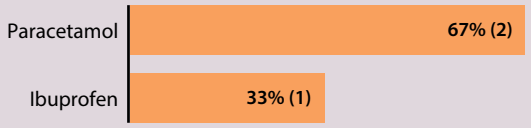


Table 32: How was the stockout resolved? (April to May 2024)

	Analgesic Medicines	Cardiac Medicines	Contraceptives	HIV Medicines	Lubricant	PrEP	Psychiatric Medicines	TB Medicines	Vaccines
We borrowed stock from another facility	3	4	2	10	2	2	2	2	10
We received partial stock from the depot	1	1	1	2	1		1	1	1
We received full stock from the depot		1	2		1	1			2
We used our own transport to collect stock from the depot	1								
Other (please specify)		1		2					3
# of facilities reporting stockouts	4	7	3	12	2	3	2	3	15

The following stockouts and/or shortages were reported: 3 analgesic medicines (Figure 54), 12 cardiac medicines (Figure 55), 3 contraceptives (Figure 56), 22 dry stock (Figure 57), 27 HIV medicines (Figure 58), 2 lubricant (Figure 59), 3 PrEP (Figure 60), 6 psychiatric medicines (Figure 61), 3 TB medicines (Figure 62), and 12 vaccines (Figure 63).

Figure 55: Which cardiac medicines experienced a shortage or stockout? (Among facilities reporting cardiac medicine stockouts) (April to May 2024)

Facility Staff Surveyed: 7

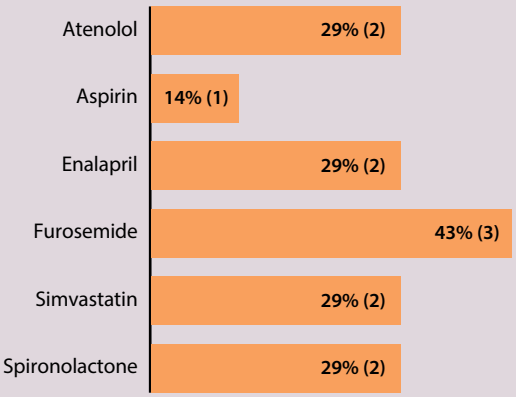


Figure 56: Which contraception experienced a shortage or stockout? (Among facilities reporting a contraception stockout) (April to May 2024)

Facility Staff Surveyed: 3

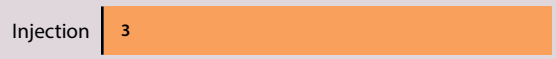
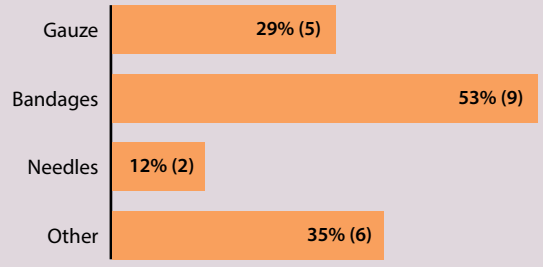


Figure 57: Which dry stock experienced a shortage or stockout? (Among facilities reporting dry stock stockouts) (April to May 2024)

Facility Staff Surveyed: 17



"I used to be on contraceptives before but stopped because they would say they don't have the contraceptive you prefer. They will offer the injection instead of the pill" *— a sex worker living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024*

Figure 58: Which HIV medicines experienced a shortage or stockout? (Among facilities reporting a HIV medicine stockout) (April to May 2024)

Facility Staff Surveyed: 12

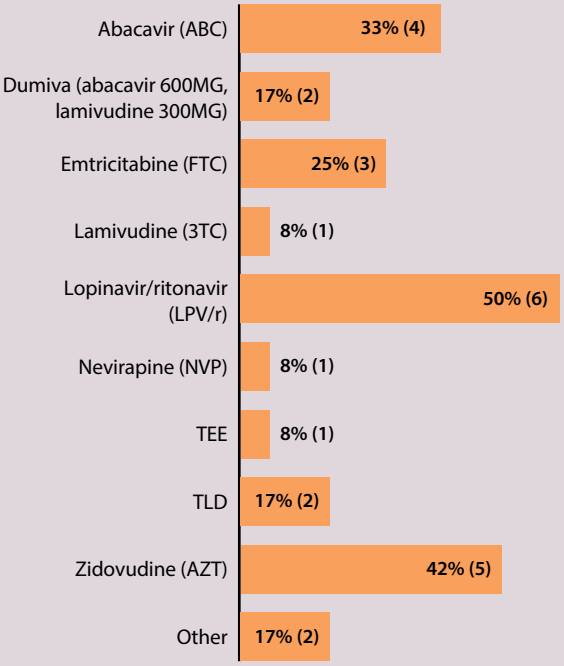


Figure 59: In the last 3 months has there been a stockout/shortage of lubricant (April to May 2024)

Facility Staff Surveyed: 50

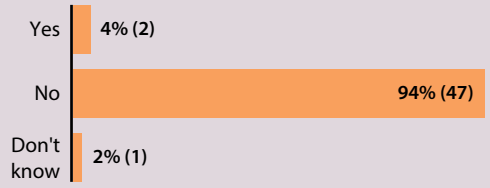


Figure 60: In the last 3 months has there been a stockout/shortage of PrEP (April to May 2024)

Facility Staff Surveyed: 50

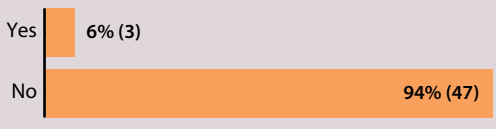


Figure 61: Which psychiatric medicines experienced a shortage or stockout? (Among facilities reporting psychiatric medicine stockouts)(April to May 2024)

Facility Staff Surveyed: 3

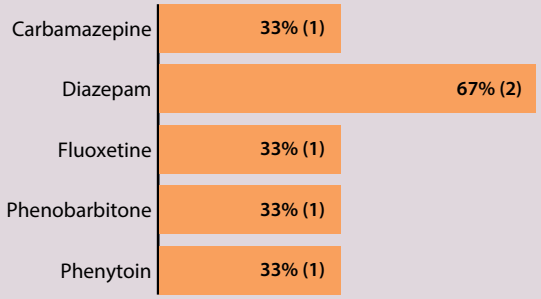


Figure 62: Which TB medicines experienced a shortage or stockout? (Among facilities reporting a TB medicine stockout) (April to May 2024)

Facility Staff Surveyed: 3

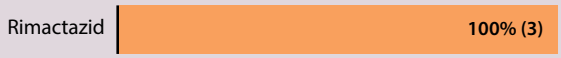
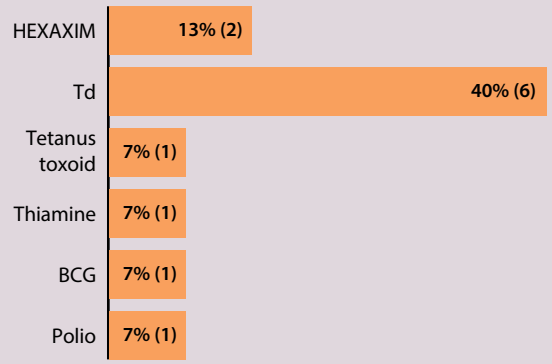


Figure 63: Which vaccines experienced a shortage or stockout? (Among facilities reporting vaccine stockouts) (April to May 2024)

Facility Staff Surveyed: 15



NOTES


PEPFAR
US
WITS RHI


LANGSPRUIT
ELIMVILLA
OAKLANDS
ELLIMVILLA
GLEN-ALMOND
EXCELSIOR
LETUKA
DIE DAM, MIMOSA, SKUILA
VOORUIT, WYNBERG
ABERFELDY
FRANSHOEK, WIGELDON
ELIZABETH 1, 2, 3.
CHRISTINA


QWAQWA PHC
MONONTSA
CLINIC
STORE: 01
IV DATE:19/12/2023
PACKED:03/01/2024

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

POSITIVE ACTION CAMPAIGN

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HEALTH GAP
GLOBAL ACCESS PROJECT

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