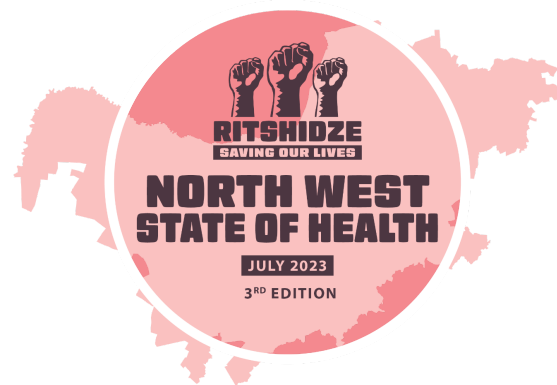


North West State of Health 3rd Edition Report Summary



This is the third edition of the North West State of Health report; the first was published in June 2021, and the second in July 2022. Data in this report were collected between April and May 2023. Like the earlier editions, the third edition identifies challenges that discourage people from going to the clinic for HIV, TB and other health services.

The report is based on the results of data collected through Ritshidze’s community-led monitoring of 28 facilities in the province including 10 in Bojanala Platinum, 8 in Dr Kenneth Kaunda, and 10 in Ngaka Modiri Molema. There is additional data from a snap survey of 72 additional facilities carried out with Stop Stockouts Project and TAC, as well as Ritshidze data collected through interviews with 1,826 key populations in the community.

While there have been some improvements in the third edition of the report — major challenges persist like ongoing stockouts of medicines, long waiting times, poor progress in giving people living with HIV longer ARV refills, and hostile services for key populations.

Stockouts & shortages of medicines

This year there were 404 reports of different medicines, contraceptives and vaccines being out of stock in total across 72 facilities, compared to 398 reports across 57 facilities in 2022, and 895 reports across 56 facilities in 2021. In relation to stockouts, the North West scored significantly worse than all other provinces monitored by Ritshidze. 81% of facilities borrow from other facilities when they face a stockout, creating a cycle of shortages — and 49% of sites complained about unreliable transportation meaning stocks do not arrive.

+ **404** reports of different medicines, contraceptives, vaccines, and dry stock out of stock

Staff shortages

Only 6% of facilities reported there were enough clinical and/or non-clinical staff — worsening from 15% last year. 43% of facilities blamed too few open positions on the shortages, while 43% blamed unfilled vacancies. While up from 11% last year, this year of 1,072 public healthcare users, only 15% said there was always enough staff to meet the needs of public healthcare users. In this reporting period, there were 110 open vacancies in the province (an increase from 39 last year). 56% of facilities specifically wanted additional clinical staff from PEPFAR district support partner in the province — The Aurum Institute.

+ **Only 6%** of facilities say there are enough clinical/non-clinical staff (15% last year)

+ **Only 15%** of public healthcare users say there are always enough staff (11% last year)

Waiting times

While waiting times have reduced over the last year, on average people still spend 4:14 hours waiting in the facility — and the average waiting time was over 4 hours at 29% of facilities monitored. Too many people still spend many hours at each visit which is a major source of dissatisfaction. 92% of people still reported long waiting times — with 71% blaming staff shortages, 41% blaming staff not working/working slowly, and 74% blaming disorganised filing systems. Positively, the average earliest arrival time has improved (from 5:54am last year to 5:29am this year), however some people still begin queuing early in the morning, in an attempt to get seen more quickly. 14 facilities still have an average arrival time of before 6am. Of 517 people who arrived before the facility opened, 22% reported feeling unsafe/very unsafe while waiting for the facility to be open.

+ **4 hours** was the average waiting time after the facility opens (4:08 hours last year)

+ **22%** of people felt very unsafe/unsafe waiting for the clinic to open (9% last year)

ARV collection

One strategy to reduce waiting times and ease congestion is for people who are just collecting medicines to get a longer supply of medication. This simply means less trips back to the clinic. Unfortunately only 21% of people living with HIV we spoke to had gotten a 3-6 month ART refill — compared to 64% in Mpumalanga, the best performing province, and 80% in other PEPFAR supported countries.

Another strategy is to go straight to a pick-up point to collect ARVs. Yet 59% of people using facility pick-up points told us that they must still collect files, take vitals, and see a clinician before getting their parcel — adding unnecessary delays. While it should take less than 30 minutes to collect your parcel and go, 34% of people interviewed said it takes up to an hour, 18% said it takes up to 2 hours, and 33% said it takes more than 2 hours. Of those still using the facility, 50% said they had never even been offered the option to collect from a pick-up point — and 61% wish they could collect their ARVs closer to home.

+ **Only 21% of PLHIV** received 3-6 months supply (17% last year)

+ **61% of PLHIV** would like to collect ARVs closer to home (68% last year)

+ **59% of PLHIV** said they must collect files, take vitals, and see a clinician before getting their ARVs from a facility pick-up point

ART continuity

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. Only 49% of people thought that clinic staff were always friendly and professional. 29% of people living with HIV who return to the clinic said they are sent to the back of the queue. Worse, only 34% of gay, bisexual, and other men who have sex with men said staff are always friendly, only 22% of people who use drugs, only 45% of sex workers, and only 30% of trans* people — and the majority of key populations interviewed did not feel safe or comfortable at the facility, and many reported major privacy violations.

+ **Only 49%** of people think staff are always friendly and professional (58% last year)

HIV treatment and viral load literacy

Once on treatment, people living with HIV need to understand the benefits of taking their pills every day. Yet, there remain significant gaps in knowledge and treatment literacy. Only 77% of people understood that having an undetectable viral load means treatment is working well — and only 62% understood that having an undetectable viral load means a person cannot transmit HIV.

- + **85%** of PLHIV said a health worker explained viral load test results (100% last year)
- + **77%** agreed an undetectable viral load means treatment is working well (73% last year)
- + **62%** agreed an undetectable viral load means a person cannot transmit HIV (75% last year)

Key populations (KPs)

At public health facilities, KPs are often treated very poorly by clinic staff. Some KPs have told us that the ill-treatment has been off-putting enough for them to prefer to go without ARV treatment, HIV prevention, or other health services. For key populations who do continue to suffer the hostility of using the public healthcare system, key services remain out of reach. Lubricants are only freely available at 25% of sites monitored. While PrEP is reported as available in all sites, far fewer are actually offering this effective HIV prevention tool to key populations. Only 5% of people who use drugs were offered information about where they could get new needles and only 7% were given information on where to get methadone. While 33% of trans* people said facilities had no knowledge of hormone therapy at all.

- + **Only 30%** of trans* people say that clinic staff are always friendly and professional
- + **Only 15%** of gay, bisexual, or another man who has sex with men (GBMSM) feel very safe at the facility
- + **Only 6%** of people who use drugs feel very comfortable at the facility
- + **14% refused access** to health services because they are a sex worker
- + **42%** of sex workers say that privacy is not well respected at the facility
- + **Only 25%** of facilities monitored had lubricants available
- + **Only 7%** of people who use drugs given information about accessing methadone at facilities
- + **Only 17%** of sex workers report being offered PrEP at the facility
- + **58%** of trans* people want hormone therapy to be available at facilities
- + **Only 37%** of sex workers would feel comfortable accessing post-violence services at the facility

Infrastructure & cleanliness

Only 38% of facilities have a generator that is working and has fuel — this means during loadshedding that 56% of sites face challenges in finding files in dark filing rooms, extending waiting times, data capturers at 56% of sites are unable to capture information, and medicines/vaccines spoil at 39% of sites. 89% of facilities reported needing more space, down from 92% last year — with waiting space, filing space, rooms for medical care, rooms for private HIV testing and counselling, and storage given as the most common things facilities needed extra space for. On overall cleanliness, 60% of public healthcare users reported that facilities were very clean/clean. However, 21% reported that facilities were very dirty/dirty.

+ **Only 38%** of facilities have a generator that is working and has fuel

+ **89%** of facilities need some additional space (92% last year)

+ **21%** of public healthcare users reported that facilities were “dirty” or “very dirty”

Index testing

Index testing has the ability to help identify individuals who may have been exposed to HIV earlier, but must not be implemented in ways that cause harm to individuals, and undermine their rights to consent, privacy, safety, and confidentiality. 29% of facilities still trace all contacts regardless of reports of violence. The North West Department of Health & Aurum must act urgently to ensure that all sites follow the protocols outlined in national index testing guidelines. Index testing should be suspended at any sites that cannot follow these guidelines.

+ **72% of PLHIV** were told they could refuse to give names for index testing (62% last year)

+ **73% of PLHIV** were asked about risk of violence from their partner (65% last year)

+ **29% of facilities** trace all contacts regardless of reported violence (45% last year)

TB infection control

Six simple interventions are at the heart of how clinics can be part of turning the tide on TB infection. The measures are: ensuring enough room and space for public healthcare users to wait without overcrowding; keeping windows open. Ensuring there are TB information posters prominently displayed; reducing facility waiting times to less than an average of an hour and 15 minutes; screening all arriving public healthcare users for TB symptoms; people who are coughing or who have TB symptoms to be given a mask to wear on arrival; and separating people who are coughing on arrival at the facility. The situation in the province has worsened considerably since last year.

+ **0 facilities** were awarded green status for checking all six measures on the TB infection control scorecard

+ **9 facilities** scored yellow status, following about half of the best practice measures

+ **9 facilities** failed altogether at meeting the best practices to stop the spread of TB