

Media alert: Ritshidze data reveal KZN clinics have shortest waiting times & friendly staff — but key populations continue to face hostile treatment

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14 November 2023, 10am	Ritshidze Community Meeting for King Cetshwayo	Empangeni
15 November 2023, 10am	Ritshidze Community Meeting for eThekweni	Umlazi K
16 November 2023, 10am	Ritshidze Community Meeting for uMgungundlovu	Mpophomeni

Sign up for live stream: <https://bit.ly/RitshidzeKZN2023>

On 14 November 2023, Ritshidze will launch a detailed report into the state of the public healthcare system in KwaZulu-Natal. [The third edition of the report reveals a number of improvements like shorter waiting times, more people getting 3 month supply of ARVs, and friendlier staff — however staff remain hostile to to LGBTQIA+ communities, people who use drugs, and sex workers who are at times denied access to services, and often struggle to access the specific services needed.](#)

Ritshidze data from three districts in the report will be presented to the department of health and other duty bearers at three district-level community meetings during the week. The report is based on the results of data collected through [Ritshidze's community-led monitoring](#) of 126 health facilities in the province, as well as data collected through interviews with 1,302 members of key populations in the community.

This is the third edition of the KwaZulu-Natal State of Health report; the [first was published in November 2021](#), and the [second in November 2022](#). Data in this report were collected between July and August 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.

Key issues found include:

- + [KZN clinics have friendly staff — but key populations still face hostile treatment](#): 83% of public healthcare users thought that clinic staff were always friendly and professional — and KwaZulu-Natal performed second best on this indicator. In contrast though, only 25% of gay, bisexual, and other men who have sex with men (GBMSM) said staff are always friendly, only 22% of people who use drugs, only 37% of sex workers, and only 32% of trans people. The majority did not feel safe or comfortable at the facility — and major privacy violations still occur.
- + [Refused services for being a key population](#): Worse, many members of key populations had been refused access to health services in the last year for being part of the LGBTQIA+ community, a sex worker, or someone who uses drugs — including 2% of GBMSM, 25% of people who use drugs, 10% of sex workers, and 3% of trans people we spoke to.

- + **Waiting times have reduced:** Positively, average waiting times have reduced over the last year, from 2:39 hours to 2:18 hours waiting after the facility opens. The province continues to have the shortest waiting times out of all provinces monitored by Ritshidze. However, waiting times were over 3 hours at 34 sites and 34% of people still reported long waiting times — with 40% blaming staff shortages, 18% blaming staff not working/working slowly, and 32% blaming disorganised filing systems. Loadshedding adds to delays. At 33% of sites staff cannot find files in dark filing rooms, yet only 56% of facilities have a generator that works and has fuel.
- + **More PLHIV could get a 3 month supply of ARVs:** 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. Positively the number of people reporting a 3 to 6 month ART refill has increased this year, up to 61%. While this is a welcome improvement, compared to 71% in Mpumalanga, and 80% in other PEPFAR supported countries, improvements can still be made. There is variation across districts, with King Cetshwayo among top performing districts monitored by Ritshidze.
- + **More people could be using pick-up points:** Another strategy is to go straight to a pick-up point to collect ARVs. Yet 63% of people using facility pick-up points told us that they must still collect files, take vitals, and see a clinician before getting their parcel — adding unnecessary delays. Of those still using the facility, 35% said they had never even been offered the option to collect from a pick-up point — and 37% wish they could collect their ARVs closer to home.
- + **Good treatment literacy levels, but room for improvement:** Once on treatment, people living with HIV need to understand the benefits of taking their pills every day. Positively 91% of people understood that having an undetectable viral load means treatment is working well — and 84% understood that having an undetectable viral load means a person cannot transmit HIV. KwaZulu-Natal is among the highest performers on treatment literacy, though improvements still can be made.
- + **Key populations struggle to get specific services:** Lubricants could be found at only 26% 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 9% were given information on where to get methadone. While 75% of trans people said that clinic staff use their wrong names, 61% said they use their wrong pronouns, and 44% said facilities had no knowledge of hormone therapy at all.

While this shows the data across the province, at the community meetings we will hone in on data across three districts: King Cetshwayo, eThekweni, and uMgungundlovu. Ritshidze data will be presented together with the personal experiences of people living with HIV, key populations, and other public healthcare users. The meetings will highlight what progress has been made in the last year and what still needs to improve in each district. **The embargoed State of Health report and district-level presentations are available upon request.**

Ritshidze is a programme of the PLHIV Sector made up of the Treatment Action Campaign (TAC), National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network, the South African Network of Religious Leaders Living with HIV (SANERELA+).

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