

Mpumalanga State of Health

4th Edition Report Summary



This is the fourth edition of the Mpumalanga State of Health report. Data in this report were collected in 45 facilities between April 2024 and May 2024. Interviews took place with 45 Facility Managers, 2,389 public healthcare users, 1,623 people living with HIV, and 1,489 members of key populations. Observations took place at 45 facilities.

Staff shortages

- + 42% of Facility Managers say their facilities have enough staff
- + 47% of public healthcare users say there are always enough staff at facilities
- + 190 vacancies unfilled across 19 facilities

The shortage of healthcare workers at our clinics remains a crisis. Only 47% of public healthcare users said there was always enough staff to meet the needs of public healthcare users — and 58% of facilities reported there was not enough clinical and/or non-clinical staff. Of facilities reporting shortages, 68% blamed one or more unfilled vacancies, 24% said there are not enough positions, and 12% pointed to one or more staff members being away on study leave or at trainings. 51% of facilities wanted additional clinical staff from BroadReach and Right to Care (PEPFAR DSPs).

Waiting times

- + 3:10 hours was the average reported waiting time by patients
- + 44% of facilities had a filing system observed in bad condition
- + 58% of public healthcare users think waiting times are long

The knock-on effect of too few staff 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 Mpumalanga, down to an average of 3:10 hours waiting in the facility (including time before the facility opens), and 3:06 hours waiting after the facility opens. However, the average waiting time was over 3 hours at 26 facilities monitored, over 4 hours at 5 of those, and over 5 hours at 2 of those. Waiting all day at the clinic remains an exhausting and frustrating reality for too many people. 58% think the waiting times at the facility are long — with 42% blaming disorganised filing systems, 32% blaming staff shortages and 37% stating that staff are not working/working slowly.

ARV collection

- + 25% of PLHIV received two months supply of ARVs
- + 71% of PLHIV received three or six months supply of ARVs
- + 33% of PLHIV would like to collect ARVs closer to their home

Across the province, Ritshidze data show that 71% of people reported getting a 3-6 month supply of ARVs in this reporting period. This varied slightly across districts. 75% of people living with HIV interviewed in Gert Sibande reported getting a 3-6 month supply, 74% in Nkangala and 68% in Ehlanzeni.

48% reported collecting at a facility pick-up point and 21% collecting at an external pick-up point. However, 31% of people still report collecting through standard medicine dispensing, having to consult with a clinician at the facility to get rescripted on each visit. For those using standard medicine dispensing, 45% said they have not been offered the option to use a pick-up point or club. Further 33% of all people living with HIV interviewed said that they would like to collect ARVs closer to their home if it were possible. Further, to be effective, pick-up points should make ARV collection quicker and easier, yet 47% of facilities monitored said that people using facility pick-up points must collect files, take vitals, and see a clinician before getting their parcel. 56% of people living with HIV also affirmed this problem that adds to delays at the facility.

ART continuity

- + 57% say staff are always friendly
- + 52% say they are welcomed back if they miss an appointment

Poor treatment and an unwelcoming environment is a significant reason for people to disengage from care. Yet out of 2,382 respondents, only 57% of people thought that the staff were always friendly. 42% of people thought staff were only sometimes or never friendly.

Out of the 521 people living with HIV who had missed appointments, 52% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit. However, only 3% of people said that staff ask how they can make ARV collection easier, 0% 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.

HIV treatment and viral load literacy

- + 95% of PLHIV had a viral load test in the last year
- + 85% of PLHIV said that a healthcare provider had explained the results
- + 84% agreed that having an undetectable viral load means treatment is working well
- + 70% agreed that having an undetectable viral load means a person cannot transmit HIV

Treatment literacy helps people understand the importance of taking treatment as prescribed. 95% of people living with HIV interviewed had received a viral load test in the last year, yet only 80% of those reported that they knew their viral load. Further, while 84% agreed that having an undetectable viral load means treatment is working well, only 70% agreed that having an undetectable viral load means a person cannot transmit HIV.

Key populations

- + Most people use public health facilities to access their health services
- + Only 27% of sex workers say that clinic staff are always friendly
- + Only 13% of GBMSM felt very safe at the facility
- + Only 16% of trans people felt very comfortable at the facility
- + 40% refused access to health services because they use drugs

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 39% of trans people said staff were always friendly, only 37% of GBMSM, only 27% of sex workers, and as few as 14% of people who use drugs. Privacy violations are alarmingly common. 57% of trans people, 59% of GBMSM, 67% of sex workers, and 80% of people who use drugs did not think privacy was well respected at the facility. 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.

For those who are not deterred by the unfriendliness at the facility — and not refused entry — the services they need might still be unavailable. Just 29% of sites actually had lubricant available. While there has been an ongoing increase in the number of sites that say they prioritise offering PrEP to members of key populations, far fewer people reported ever being offered PrEP at a facility: just 29% of trans people, 23% of GBMSM, 14% of sex workers, and 13% of people who use drugs. Only 11% of people who use drugs told us they could get information on where to get new needles from, and only 10% were given any information about where they could get methadone. 52% of trans people interviewed wanted to access hormones at their facility. Yet 33% of those who asked about them were confronted with a staff member that did not know anything about hormones or where to get them and 37% were told to pay another doctor for a referral.

Index testing

- + 85% of PLHIV were told they were allowed to refuse to give the names of their sexual partners for index testing
- + 80% of PLHIV reported that they were asked about the risk of violence from their partner
- + 96% of facilities always screen PLHIV for intimate partner violence
- + 19% of facilities trace all contacts regardless of reports of violence reported violence

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 85% reported that they were allowed to refuse to give the names of their partners. 96% of facilities say they always screen for intimate partner violence (IPV) — yet of 707 people living with HIV, 80% reported that they were asked about the risk of violence from their partners. Worryingly still 19% 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.

Infrastructure & cleanliness

- + **29% of facilities in bad condition**
- + **71% of facilities needed some additional space**
- + **53% of facilities did not have enough room in the waiting area**
- + **36% of facility toilets in bad condition**
- + **7% of public healthcare users reported that facilities are “dirty” or “very dirty”**
- + **58% of facilities have a functional generator**

Loadshedding only intensifies problems at clinics. Generators at each facility, or even loadshedding bulbs, could improve this situation, but only 58% of facilities monitored had a generator that was working and had fuel. 71% of facilities monitored in Mpumalanga are in good condition. Of the 29% 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. 71% of facilities reported needing more space — with waiting space, filing space, rooms for medical care, storage, and space for data capturers given as the most common things facilities needed extra space for. On overall cleanliness, 69% of public healthcare users reported that facilities were very clean/clean. 7% reported that facilities were very dirty/dirty. But 36% of Ritshidze observations found that toilets were in bad condition — with no soap, no toilet paper, and there being only non-flushing/pit toilets as the major reasons, as well as around a number of sites having broken toilets, being dirty, or having no light.

TB infection control

- + **0 facilities were awarded green status**
- + **8 facilities scored yellow status**
- + **37 facilities scored red status**

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.

0 facilities were awarded green status for checking all six measures on the scorecard. Ritshidze scored 8 clinics yellow status; this translates to 18% of the facilities being monitored following about half of the best practice measures for infection control. It leaves the other 82% of facilities surveyed failing altogether at meeting these six basic best practices to stop the spread of TB.