

Free State State of Health 4th Edition Report Summary



This is the fourth edition of the State of Health report for Free State. Data in this report were collected in 51 facilities between April 2024 and May 2024. Interviews took place with 50 Facility Managers, 2,659 public healthcare users, 1,270 people living with HIV, and 1,449 members of key populations. Observations took place at 51 facilities.

Staff shortages

- + 20% of Facility Managers say their facilities have enough staff
- + 24% of public healthcare users say there are always enough staff at facilities
- + 143 vacancies unfilled across 23 facilities

The shortage of healthcare workers at our clinics remains a crisis. Only 24% of public healthcare users said there was always enough staff to meet the needs of public healthcare users — and 80% of facilities reported there was not enough clinical and/or non-clinical staff. Of facilities reporting shortages, 44% blamed one or more unfilled vacancies and 23% said there are not enough positions. 57% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — Right to Care and Wits RHI.

Waiting times

- + 4:32 hours was the average reported waiting time by patients
- + 43% of facilities had a filing system observed in bad condition
- + 81% of public healthcare users think waiting times are long

The knock-on effect of the staffing crisis is for people to, at times, wait many hours to be seen at public health facilities. While average waiting times have reduced in the last year, 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 — 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. Waiting all day at the clinic remains an exhausting and frustrating reality for too many people. 81% think the waiting times at the facility are long — 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.

ARV collection

- + 72% of PLHIV received two months supply of ARVs
- + 17% of PLHIV received three to six months supply of ARVs
- + 59% of PLHIV would like to collect ARVs closer to their home

Across the province Ritshidze data show that only 17% of people reported getting a 3-6 month supply of ARVs in this reporting period — with 24% of people living with HIV surveyed in Lejweleputswa reporting 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.

53% reported collecting at a facility pick-up point and 13% collecting at an external pick-up point. 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. For those using standard medicine

dispensing, 63% said they have not been offered the option to use a pick-up point or club. Further 59% 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 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. 26% of people living with HIV also affirmed this problem that adds to delays at the facility.

ART continuity

- + Only 50% say staff are always friendly
- + Only 25% 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 2,654 respondents, only 50% of people thought that the staff were always friendly. 49% of people thought staff were only sometimes or never friendly.

Out of the 560 people living with HIV who had missed appointments, only 25% said staff were welcoming when they came to collect ARVs if they had previously missed a visit, down from 54% last year. 26% said staff shouted at them instead. Only 1% 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.

130 people told us they or someone they knew had been denied services without a transfer letter over the last year. On top of that, 550 people also reported being denied services without an ID. The Free State was one of the worst provinces for turning people away without an ID accounting for 24% of the 2,309 of people who have reported this to us across the 8 provinces in which we monitor.

HIV treatment and viral load literacy

- + 86% of PLHIV had a viral load test in the last year
- + 78% of PLHIV said that a healthcare provider had explained the results
- + 78% agreed that having an undetectable viral load means treatment is working well
- + 72% 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. 86% of people living with HIV interviewed had received a viral load test in the last year, yet only 71% of those reported that they knew their viral load. Only 78% agreed that having an undetectable viral load means treatment is working well. 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. The Free State scored second worst on this indicator.

Key populations

- + Most people use public health facilities to access their health services
- + Only 47% of sex workers say that clinic staff are always friendly
- + 45% of trans people think privacy is not well respected at the facility
- + 23% 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 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. 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. 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. 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 for being a member of a key population.

For those who are not deterred by the unfriendliness at the facility — and not refused entry — the services they need might still be unavailable. 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. Out of 95 clinics monitored, only 41% actually had lubricants 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 24% of trans people, 22% of GBMSM, 15% of sex workers, and 10% of people who use drugs. Only 2% of people who use drugs told us they could get information on where to get new needles from, and only 3% were given any information about where they could get methadone. 68% of trans people interviewed wanted to access hormones at their facility. 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.

Index testing

- + 44% of PLHIV were told they could refuse to give the names of their sexual partners for index testing
- + 38% of PLHIV reported they were asked about the risk of violence from their partner
- + 84% of facilities always screen PLHIV for intimate partner violence
- + 37% of facilities trace all contacts regardless of reports of 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 44% reported that they were allowed to refuse to give the names of their partners. This year only 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.

Infrastructure & cleanliness

- + 18% of facilities in bad condition
- + 76% of facilities needed some additional space
- + 59% of facilities did not have enough room in the waiting area
- + 82% of facility toilets in bad condition
- + 21% of public healthcare users reported that facilities are “dirty” or “very dirty”
- + Only 2% 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 2% of facilities monitored had a generator that was working and had fuel.

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. 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.

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. 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. Of further concern is that 21% of sites had no running water and 26% had no water at all.

TB infection control

- + 0 facilities were awarded green status
- + 0 facilities scored yellow status
- + 51 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.

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.

Stockouts & shortages 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**

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.