

# Eastern Cape

## 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 54 facilities between July 2024 and August 2024. Interviews took place with 54 Facility Managers, 2,935 public healthcare users, 1,491 people living with HIV, and 2,833 members of key populations. Observations took place at 53 facilities.

#### Staff shortages

- + 15% of Facility Managers say their facilities have enough staff
- + 31% of public healthcare users say there are always enough staff at facilities
- + 186 vacancies unfilled across 28 facilities

The shortage of healthcare workers at our clinics remains a crisis. Only 31% of public healthcare users said there was always enough staff to meet the needs of public healthcare users — and 85% of facilities reported there was not enough clinical and/or non-clinical staff. Of facilities reporting shortages, 48% blamed one or more unfilled vacancies and 34% said there are not enough positions. 69% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — MatCH and TB HIV Care.

#### Waiting times

- + 3:31 hours was the average reported waiting time by patients
- + 46% of facilities had a filing system observed in bad condition
- + 60% 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. Average waiting times have increased in the last year, up to an average of 3:31 hours waiting in the facility (including time before the facility opens), and 3:18 hours waiting after the facility opens — the average waiting time was over 3 hours at 36 facilities monitored, over 4 hours at 15 of those, and over 5 hours at 4 of those. Waiting all day at the clinic remains an exhausting and frustrating reality for too many people. 60% think the waiting times at the facility are long — with 61% blaming staff shortages, 40% stating that staff are not working/working slowly, and 28% blaming messy and disorganised filing systems or that files are lost.

#### ARV collection

- + 32% of PLHIV received a 2 month supply of ARVs
- + 59% of PLHIV received a 3 month supply of ARVs
- + 49% of PLHIV would like to collect ARVs closer to their home

Across the province Ritshidze data show that only 59% of people reported getting a 3 month supply of ARVs in this reporting period. This varied across districts with 48% of people living with HIV surveyed in Alfred Nzo reporting getting a 3 month supply, 49% in OR Tambo, 67% in Chris Hani, and 77% in Buffalo City. We expect this to be much closer to 85% to 90% in all districts. This compares to 98% of people reporting a 3 month supply in Bojanala (North West), 90% in Dr Kenneth Kaunda (North West), and 89% in Ugu (KwaZulu-Natal). Alfred Nzo and OR Tambo were among the districts that have made the least progress towards giving people 3MMD.

49% reported collecting at a facility pick-up point and 27% collecting at an external pick-up point. However, 41% 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, 41% said they have not been offered the option to use a pick-up point or club. Further 49% 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 23% of facilities monitored said that people using facility pick-up points must collect files, take vitals, and see a clinician before getting their parcel. 27% of people living with HIV also affirmed this problem that adds to delays at the facility.

### **ART continuity**

- + **Only 63% say staff are always friendly**
- + **Only 41% 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 2,926 respondents, only 63% of people thought that the staff were always friendly. 37% of people thought staff were only sometimes or never friendly

Out of the 731 people living with HIV who had missed appointments, only 41% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit. 14% said staff shouted at them instead and 24% said that staff send you to the back of the queue the next time you come in. Only 3% of people said that staff ask how they can make ARV collection easier, only 2% were offered a longer supply of ARVs to make collection easier, and only 1% said staff told them about external pick-up points closer to home which would make collection easier.

495 people told us they or someone they knew had been denied services without a transfer letter over the last year. This represents 5% of all public healthcare users surveyed in the province — and 33% of the 1,508 people who have reported this to us across the 8 provinces in which we monitor. On top of that, 346 people also reported being denied services without an ID. This represents 3% of all public healthcare users surveyed in the province — and 14% of the 2,392 people who have reported this to us across the 8 provinces in which we monitor.

### **HIV treatment and viral load literacy**

- + **93% of PLHIV had a viral load test in the last year**
- + **87% of PLHIV said that a healthcare provider had explained the results**
- + **89% agreed that having an undetectable viral load means treatment is working well**
- + **86% 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. 93% of people living with HIV interviewed had received a viral load test in the last year, yet only 83% of those reported that they knew their viral load. 89% agreed that having an undetectable viral load means treatment is working well. Further, 86% agreed that having an undetectable viral load means a person cannot transmit HIV. While the Eastern Cape is among the better performing provinces, there remain gaps in knowledge around treatment literacy.

### **Key populations**

- + **Most people use public health facilities to access their health services**
- + **Only 7% of people who use drugs say staff are always friendly**
- + **89% feared facility staff would treat them worse if they found out they were trans**
- + **80% of sex workers felt that privacy was not well respected at the facility**
- + **Only 4% of GBMSM felt very safe at the facility**

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 18% of GBMSM said staff were always friendly, only 15% of trans people, only 12% of sex workers, and only 7% of people who use drugs. Privacy violations are alarmingly common. In this reporting period 70% of GBMSM, 74% of trans people, 80% of sex workers, and 86% 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 7% of sex workers, 9% of trans people, 14% of people who use drugs, and 15% of GBMSM had been denied services in the last year.

For those who are not deterred by the unfriendliness at the facility — and not refused entry — the services they need might still be unavailable. Out of 83 clinics monitored, only 30% 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 38% of GBMSM, 20% of sex workers, 19% of trans people and 14% of people who use drugs. Only 8% of people who use drugs told us they could get information on where to get new needles from, and only 5% were given any information about where they could get methadone. 37% of trans people interviewed wanted to access hormones at their facility. Yet hormonal care is not available at clinic level currently. Further 27% of trans women report being told to use a Men's Corner. Forcing trans women to use spaces for men is not gender affirming care — it is reckless, dangerous, and unconstitutional.

### Index testing

- + 85% of PLHIV were told they were allowed to refuse to give names for index testing
- + 90% of PLHIV reported they were asked about the risk of violence from their partner
- + 90% of facilities always screen PLHIV for intimate partner violence
- + 52% 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 85% reported that they were allowed to refuse to give the names of their partners. This year 90% of facilities say they always screen for intimate partner violence (IPV) as part of their index testing protocol — and of 1,178 people living with HIV surveyed, 90% reported that they were asked about the risk of violence from their partners.

### Infrastructure & cleanliness

- + 62% of facilities in bad condition
- + 94% of facilities needed some additional space
- + 87% of facilities did not have enough room in the waiting area
- + 69% of facility toilets in bad condition
- + 13% of public healthcare users reported that facilities are “dirty” or “very dirty”
- + 32% 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 32% of facilities monitored had a generator that was working and had fuel.

Only 38% of facilities monitored in the Eastern Cape are in good condition. Of the 62% 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. 94% of facilities reported needing more space — with waiting space, rooms for private HIV testing or counselling, filing space, rooms for medical care, and room for pharmacy given as the most common things facilities needed extra space for.

On overall cleanliness, 62% of public healthcare users reported that facilities were very clean/clean. However, 13% reported that facilities were very dirty/dirty. Further, 69% of Ritshidze observations found that toilets were in bad condition — with no soap, no toilet paper, no light, and being dirty given as major reasons. Of major concern is that 22% of sites had no running water and 33% of sites had no water at all.

### **TB infection control**

- + 0 facilities were awarded green status**
- + 7 facilities scored yellow status**
- + 47 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 July to August 2024, 0 facilities were awarded green status for checking all six measures on the scorecard. Ritshidze scored 7 clinics yellow status; this translates to 13% of the facilities being monitored following about half of the best practice measures for infection control. It leaves the other 87% of facilities surveyed failing altogether at meeting these six basic best practices to stop the spread of TB.