

KwaZulu-Natal State of Health 4th Edition Report Summary



This is the fourth edition of the State of Health report for KwaZulu-Natal. Data in this report were collected in 129 facilities between July and August 2024. Surveys were carried out with 128 Facility Managers, 7,184 public healthcare users, 3,665 people living with HIV, and 2,992 members of key populations. Observations took place at 129 facilities.

Staff shortages

- + 18% of Facility Managers say their facilities have enough staff
- + 56% of public healthcare users say there are always enough staff at facilities
- + 438 vacancies unfilled across 83 facilities

The shortage of healthcare workers at our clinics remains a crisis. Only 56% of public healthcare users said there were always enough staff to meet the needs of public healthcare users — and 82% of facilities reported there was not enough clinical and/or non-clinical staff. Of facilities reporting shortages, 55% blamed one or more unfilled vacancies, 37% said there are not enough positions, and 13% pointed to one or more staff members being away on study leave or at trainings. 66% of facilities specifically wanted additional clinical staff from PEPFAR district support partners in the province — Health Systems & MatCH.

Waiting times

- + 2:31 hours was the average reported waiting time by patients
- + 16% of facilities had a filing system observed in bad condition
- + 41% of public healthcare users think waiting times are long

The knock-on effect of the staffing crisis across the country is for people to, at times, wait many hours to be seen at public health facilities. Positively average waiting times in facilities monitored in KwaZulu-Natal remain the lowest out of all provinces monitored by Ritshidze — an average of 2:31 hours waiting in the facility (including time before the facility opens), and 2:23 hours waiting after the facility opens. However there is significant variation across districts monitored with King Cetshwayo, Zululand, and uThukela performing better with average waiting times under 2 hours, uMgungundlovu and eThekweni having average waiting times between 2-3 hours, and Ugu over 3 hours. Waiting all day at the clinic remains an exhausting and frustrating reality for some people in the province. Of 7,145 public healthcare users surveyed, 41% think the waiting times at the facility are long — with 56% blaming staff shortages, 30% blaming messy and disorganised filing systems or that files are lost, and 19% stating that staff are not working/working slowly.

ARV collection

- + 72% of PLHIV received a 3 month supply of ARVs
- + 75% of PLHIV are using pick-up points to collect their ARVs
- + 37% of PLHIV would like to collect ARVs closer to their home

Positively, across the province Ritshidze data show that 72% of people reported getting a 3 month supply of ARVs in this reporting period (Figure 9). KwaZulu-Natal performed second best on this indicator across all provinces monitored by Ritshidze, after the North West. However we expect this to be closer to 85%-90%. Length of ARV refills did vary across districts with 88% of people living with HIV surveyed in Ugu reporting getting a 3 month supply, 82% in uThukela, 77% in Zululand, 73% in

uMgungundlovu, 72% in eThekweni. This compares to 98% of people reporting a 3 month supply in Bojanala (North West) and 90% in Dr Kenneth Kaunda (North West).

Positively 75% of people living with HIV surveyed by Ritshidze are using pick-up points to collect their ARVs. However, 24% 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, 25% said they have not been offered the option to use a pick-up point or club. Further 37% of all people living with HIV surveyed 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 45% of facilities monitored said that people using facility pick-up points must collect files, take vitals, and see a clinician before getting their parcel. 57% of people living with HIV also affirmed this problem that adds to delays at the facility.

ART continuity

- + **80% say staff are always friendly**
- + **59% 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. Positively 80% of people thought that the staff were always friendly.. KwaZulu-Natal had the friendliest staff out of all provinces monitored by Ritshidze. There remains room for improvement as 18% of people thought staff were only sometimes friendly, and 2% thought they were never friendly.

Out of the 1,856 people living with HIV who had missed appointments, 59% said that staff were welcoming when they came to collect ARVs if they had previously missed a visit. ONLY 3% said staff shouted at them instead and 3% said that staff send you to the back of the queue the next time you come in. It is positive that there are few reports of these types of punitive actions, as they lead to people deciding not to come back again. Conversely, only 7% of people 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 only 2% said staff told them about external pick-up points closer to home which would make collection easier.

HIV treatment and viral load literacy

- + **96% of PLHIV had a viral load test in the last year**
- + **93% of PLHIV said that a healthcare provider had explained the results**
- + **92% agreed that having an undetectable viral load means treatment is working well**
- + **84% 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. Of the 3,659 people living with HIV surveyed, 96% had received a viral load test in the last year, and 92% reported that they knew their viral load. 92% agreed that having an undetectable viral load means treatment is working well, and KwaZulu-Natal performed best on this indicator. 84% agreed that having an undetectable viral load means a person cannot transmit HIV, and KwaZulu-Natal performed second best on this indicator, just after the Eastern Cape. 93% said a healthcare worker had explained the results of their viral load test. While KwaZulu-Natal is among the best performing provinces overall, there is significant variance among districts.

Key populations

- + **Most people use public health facilities to access their health services**
- + **Only 14% of sex workers say facility staff are always friendly**
- + **76% of people said facility staff treated them worse after they found out they use drugs**
- + **79% of people feared facility staff would treat them worse if they found out they were trans**
- + **66% of GBMSM felt that privacy was not well respected at the facility**
- + **Only 6% of sex workers felt very safe at the facility**
- + **Only 1% of GBMSM felt very comfortable at the facility**
- + **37% 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 20% of trans people said staff were always friendly, only 19% of people who use drugs, only 18% of GBMSM, and only 14% of sex workers. Privacy violations are alarmingly common. In this reporting period 66% of GBMSM, 70% of trans people, 72% of people who use drugs, and 72% of sex workers 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, 6% of sex workers, 10% of trans people, 11% of GBMSM, and 37% of people who use drugs 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 129 clinics monitored, only 50% 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 27% of GBMSM, 27% of trans people, 18% of sex workers, and 15% of people who use drugs. Only 10% of people who use drugs told us they could get information on where to get new needles from, and only 16% were given any information about where they could get methadone.

47% of trans people interviewed wanted to access hormones at their facility. Yet hormonal care is not available at clinic level currently. Further 18% 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

- + **97% of PLHIV were told they were allowed to refuse to give names for index testing**
- + **96% of PLHIV reported they were asked about the risk of violence from their partner**
- + **90% of facilities always screen PLHIV for intimate partner violence**
- + **36% 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. In terms of consent, positively 97% of people reported that they were allowed to refuse to give the names of their partners. The health department should close the gap to ensure that index testing is always completely voluntary. This year 90% of facilities say they always screen for intimate partner violence (IPV) as part of their index testing protocol — and of 2,965 people living with HIV surveyed, positively 96% reported that they were asked about the risk of violence from their partners.

Infrastructure & cleanliness

- + **16% of facilities in bad condition**
- + **69% of facilities needed some additional space**
- + **39% of facilities did not have enough room in the waiting area**
- + **28% of facility toilets in bad condition**
- + **84% of public healthcare users reported that facilities are clean/very clean**

Positively 84% of facilities monitored in KwaZulu-Natal are in good condition. Of the 16% in bad condition, the most common reason is that the buildings are in need of renovation, broken windows or doors, and that there are broken or cracked roofs, walls, or floors. 69% of facilities reported needing more space — with waiting space, filing space, rooms for medical care, and private HIV counselling and testing rooms given as the most common things facilities needed extra space for.

On overall cleanliness, 84% of public healthcare users reported that facilities were very clean/clean. While 72% of Ritshidze observations found that toilets were in good condition, 28% were in a bad condition — with no soap, being out of order, being dirty, no toilet paper, and being broken given as major reasons.

TB infection control

- + 0 facilities were awarded green status**
- + 86 facilities scored yellow status**
- + 43 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 86 clinics yellow status; this translates to 67% of the facilities being monitored following about half of the best practice measures for infection control. It leaves the other 33% of facilities surveyed failing altogether at meeting these six basic best practices to stop the spread of TB.