HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Ritshidze — Data Collection Methods and Tools

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CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop

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Background

+ South Africa has 7.8 million people living with HIV — yet remains dangerously off-track to meet 95-95-95 targets
+ Too many individuals are lost before they initiate ART + once PLHIV do initiate treatment, there are severe ART continuity problems.
+ Key populations face additional barriers accessing HIV prevention and treatment services.
+ According to PEPFAR's 2020 data — 510,389 people stopped treatment, were lost, or died during the year.
+ COVID-19 has worsened healthcare — in 2020 there was a decline in the overall number of visits to health facilities + fewer HIV tests + GeneXpert tests
+ The failure to make sufficient progress towards the 95-95-95 targets can be directly linked back to the crisis in our clinics in the province + poor quality public healthcare services.

South Africa has the largest treatment programme in the world + poor quality services undermines not only the response in South Africa but across the continent.

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Overview

+ Ritshidze grew out of the need to identify + address challenges that cause PLHIV and key populations to disengage from care by holding local, national, and international officials responsible for delivering quality services to our communities.
+ It was a major step forward when PEPFAR supported community-led monitoring — and it's important that it has become part of global guidance and is being adapted and rolled out in multiple other countries.
+ As the flagship CLM programme — and largest CLM programme in the world — in the last 2.5 years Ritshidze has developed and scaled up use of new, innovative tools for:
  + Data collection
  + Data analysis
  + Data visualization
+ These enable Community Monitors to document, assess and address challenges to securing quality, accessible services at scale

Where we work

- Established in 2018 — Ritshidze was developed by people living with HIV and activists to hold the South African government and aid agencies accountable to improve overall HIV and TB service delivery.
- It unites the entire PLHIV sector in South Africa
- Ritshidze monitors over 400 clinics & community healthcare centres across 29 districts in 8 provinces in South Africa.
- Ritshidze is NOT a research project. We are not testing hypotheses. CLM is more akin to independent M&E than research.

Ritshidze Data Collection Methods

- Ritshidze collects both **qualitative** and **quantitative** data in clinics and the community using a standardised set of monitoring tools, in order to systematically gather evidence for analysis and potential action.

- The questions help to identify the main challenges that healthcare users and key populations find at the clinic and the underlying reasons for them—for example, identifying that waiting times are long because of shortages of staff and a messy filing system, or that people are not accessing the HIV or TB services they need because they are scared of being treated badly or shouted at by staff members.

Ritshidze Data Collection

- The tools gather data at two levels—at the **clinic** as well as in the **community**.
- This is necessary to capture the experience and insights both of those accessing public healthcare services in these facilities and of those who are not currently interacting with the facility, both of whom have critical information about what is and is not working.
- The "**facility-based**" monitoring captures observations as well as the perspectives of both healthcare users, key populations and healthcare providers.
- In the "**community- based**" monitoring component, we gather information directly from community members through the use of door to doors, individual interviews, and individual testimonies.

Ritshidze Tools

- **QUANTITATIVE SURVEYS**: observation survey, healthcare users (including patients, people living with HIV, and key populations including gay, bisexual and other men who have sex wtih men (GBMSM), people who use drugs, sex workers, trans* people) — and facility staff (Facility Manager, Medicines surveys).

- **QUALITATIVE INTERVIEW QUESTIONS**: Gay, bisexual and other men who have sex wtih men (GBMSM), people who use drugs, sex workers, trans* people, PLHIV, youth, women, men, individual testimony tool.

Observation Survey

The observation survey assesses the functionality of the clinic based on number of people waiting, size, space, condition & cleanliness, & whether required procedures & information is visibly on display.

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Patient Survey

The patient survey assesses waiting times, staffing, staff attitudes, stockouts, TB infection control. For PLHIV we assess ARV refill length, service quality, privacy & confidentiality, & viral load understanding.

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People Who Use Drugs Survey

The survey for people who use drugs (PWUD) assesses the state of healthcare for PWUD including staff attitudes, discrimination, and the accessibility of PWUD specific services.

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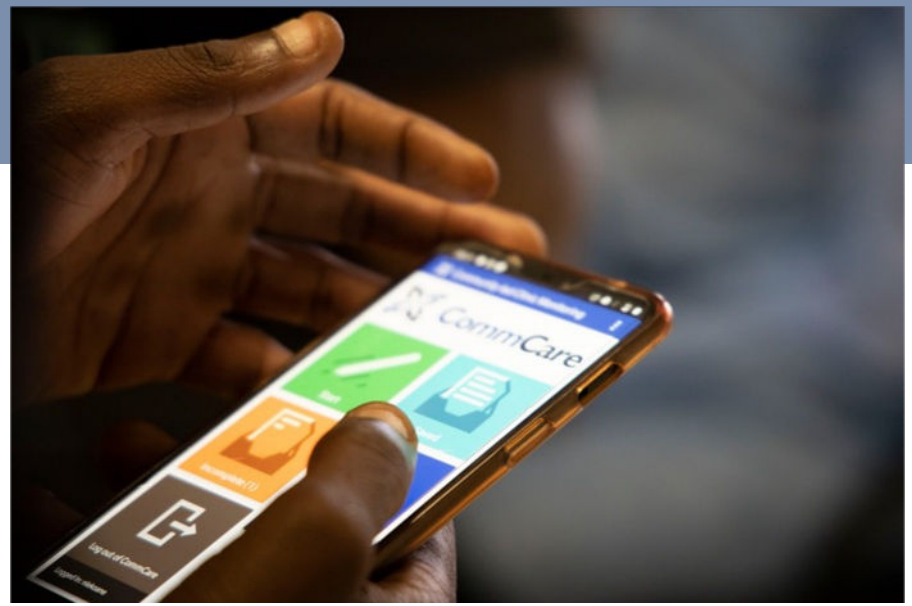

Technology for monitoring

- In order to streamline the monitoring process, we use technology to gather evidence —this allows us to capture the survey responses directly into the tablet that we provide monitors with.

- The national project team can track site visits and analyse findings on the dashboard

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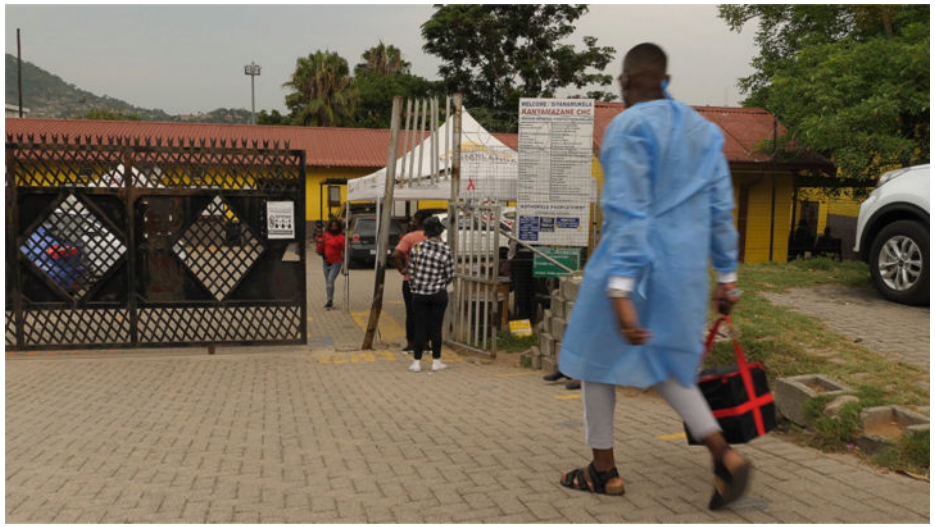
Ritshidze Data Collection

- On a quarterly basis, Ritshidze monitors use our quantitative and qualitative tools to carry out:
  - **400 observations**
  - **15,000+ interviews** with patients, people living with HIV and key populations
  - Interviews with Facility Managers and Pharmacists at **400 clinics**

- Each quarter, the monitoring team collect at least 50 patient surveys that result in data from 25 people living with HIV being collected per facility.

- DO's, CMS and members are trained on the data collection tools and methods, with refresher and inservice trainings being conducted quarterly.



Example findings in April + May 2022

Long waiting times make adherence hard:

Public healthcare users at **100 clinics** reported average waiting times 5+ hours
Public healthcare users at **9 clinics** reported average waiting times 7+ hours

BUT some high-volume clinics did well:
At Clinics like Nhlazatshe 6 Clinic, Eshowe Gateway Clinic, Khandisa Clinic, King Dinuzulu Clinic and Umlazi K Clinic the wait was less than 1 hour.

People start arriving to get in line as early as **3.47am**

36% of public healthcare users reported that they feel "**very unsafe**" or "**unsafe**" when waiting for the clinic to open (on a scale from very safe to very unsafe)

65% of public healthcare users thought the staff were always friendly & professional.

We are able to identify problem clinics from a public healthcare user perspective using:

Quantitative AND Qualitative data

+ **10% of PLHIV** received only 1 month supply of ARVs at their last refill.

+ **271 PLHIV** reported you are reprimanded when you return, **470 PLHIV** reported you are sent to the back of the queue next time. — things that make it challenging for PLHIV to stay on treatment or re-engage in care.

"Every clinic visit is a nightmare. The name calling is insulting. It makes me so cross and makes me want to cry"

"If I missed my appointment date and come on the following day, they shout at me like a baby without asking why I missed the appointment"

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THANK YOU TO OUR SUPPORTERS

UNAIDS

USAID
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CDC
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