



**RITSHIDZE**

**SAVING OUR LIVES**

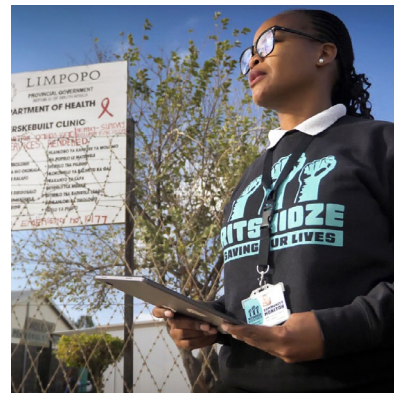
# Background

Over the past decade, South Africa's HIV response has come a long way — from the dark days of AIDS denialism under then President Thabo Mbeki, to the establishment of the world's largest treatment programme.

However, this achievement only reflects half of the story. The full picture of South Africa also reveals that more than 2 million people living with HIV are still not on lifesaving HIV treatment — either never having known their HIV status, or more worryingly having started on treatment and then stopped.

South Africa's failure to make sufficient progress towards the UNAIDS scaled up 95-95-95 targets can be directly linked back to the crisis in our clinics.

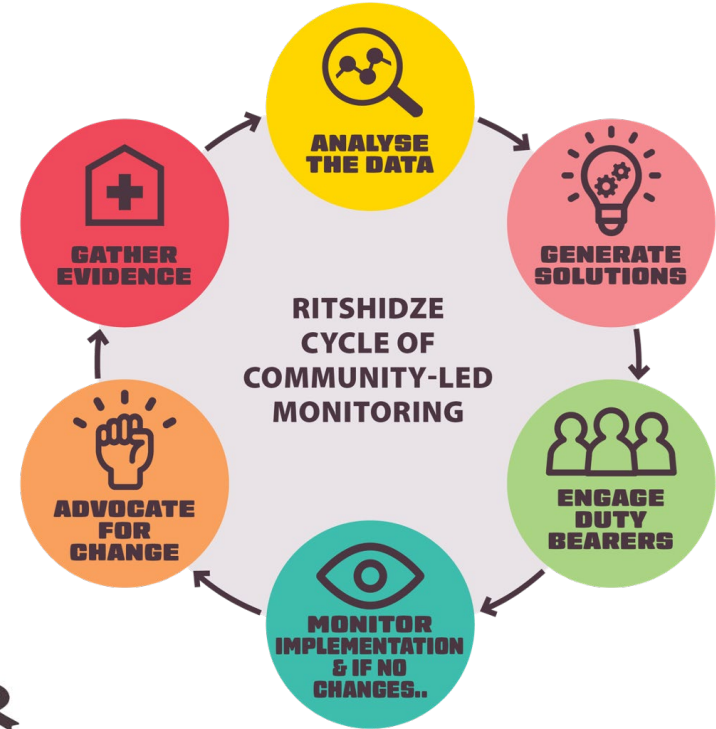
Ritshidze was developed and designed in response to this crisis. It gives communities the tools and techniques to monitor the quality of health services provided at clinics (including HIV and TB services, and services for members of key populations) and escalate challenges to duty bearers in order to advocate for change.



# Who we are

Ritshidze is being implemented by organisations representing people living with HIV including the Treatment Action Campaign (TAC), the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women's Network (PWN), and the South African Network of Religious Leaders Living with and affected by HIV/ AIDS (SANERELA+) — in alliance with long term comrades in the fight for quality healthcare at Health GAP, amfAR, and the O'Neill Institute.

Together, we are working towards improving the quality of HIV, TB, and other health services provided in the public health sector through Ritshidze which is being rolled out in hundreds of primary healthcare facilities across the country.



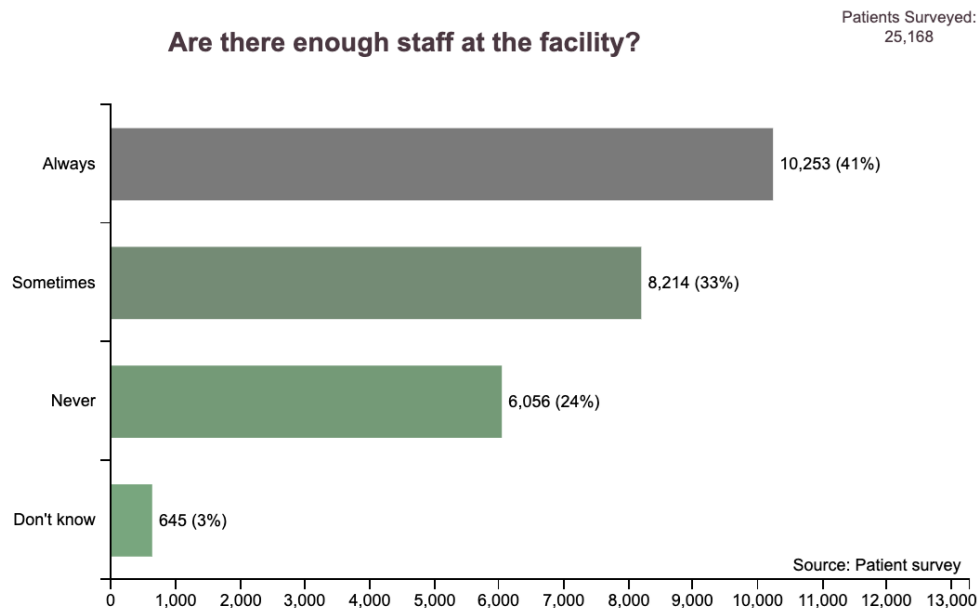
# ABOUT THE DATA

Data in this presentation were collected between October & November 2024 (Q1 2025)

- + 471 facilities were assessed
- + 468 Facility Managers were surveyed
- + Observations took place at 470 facilities
- + 25,233 public healthcare users were surveyed
  - + 50% (12,740) identified as people living with HIV



# Only 41% of public healthcare users say there are always enough staff



***“They open the clinic at 8am. The nurses find us waiting in the morning and tell us they are short staffed and it will take time to help us” — a person living with HIV, Buffalo City, July 2024***

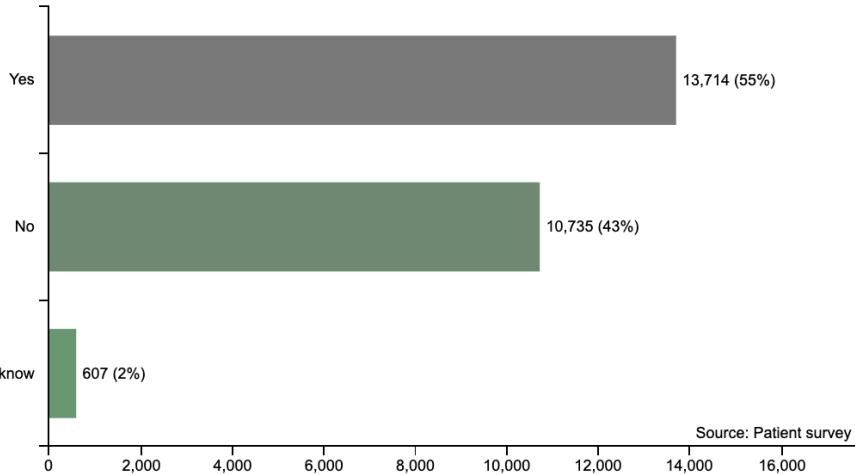
***“You will leave late around 2pm starving. My problem is that they don’t attend to us on time... I always tell them that I am not coming back to the clinic because we spend too much time. They said they have staff shortages. If someone is giving birth they all go there and no-one is left in the consulting rooms. When they go to the maternity room, they don’t let us know that they have an emergency” — a public healthcare user (North West), May 2024***

# Filing systems & Waiting times



Do you think the waiting time at this facility is long?

Patients Surveyed:  
25,056

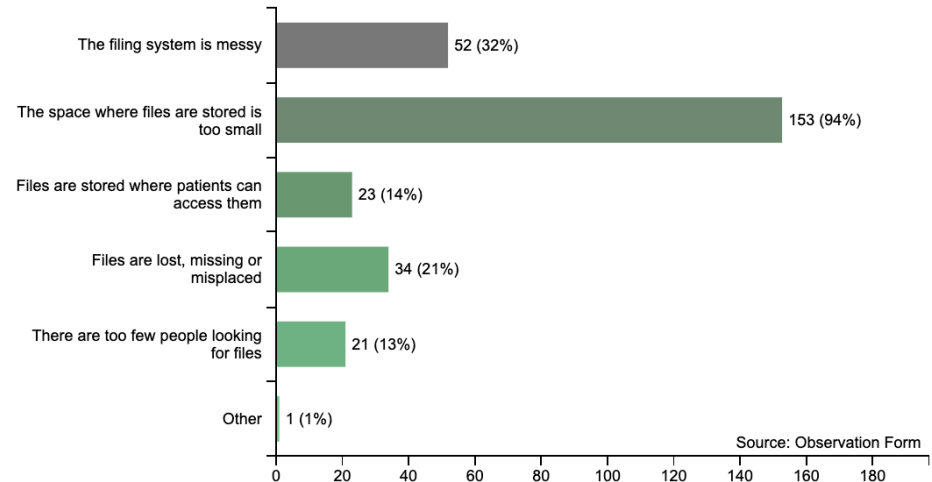


*"My sister passed away in 2020. Last month my grandmother received a call from Eziweni Clinic requesting my late sister to collect her treatment. My grandmother was horrified because Bongive passed away a long time ago, but her file is still active and there is someone who continues to collect treatment with her file. This represents a poor filing system at Eziweni Clinic" — a public healthcare user, Eziweni Clinic (Ehlanzeni), April 2024*

*"I went on my date and when I arrived my file was lost and couldn't be found... I stayed there from 8am and came back around 3pm... files are lost and the person who came after you will be in front of you because you can't be examined without a file" — a public healthcare user (Gert Sibande), April 2024*

What is in bad condition? Please select all that apply:

Observations Completed: 162



Filing systems observed to be in a **bad condition in 35%** of sites monitored. **29%** of people who said waiting times were long blamed messy filing systems, it taking too long to find files, or lost files

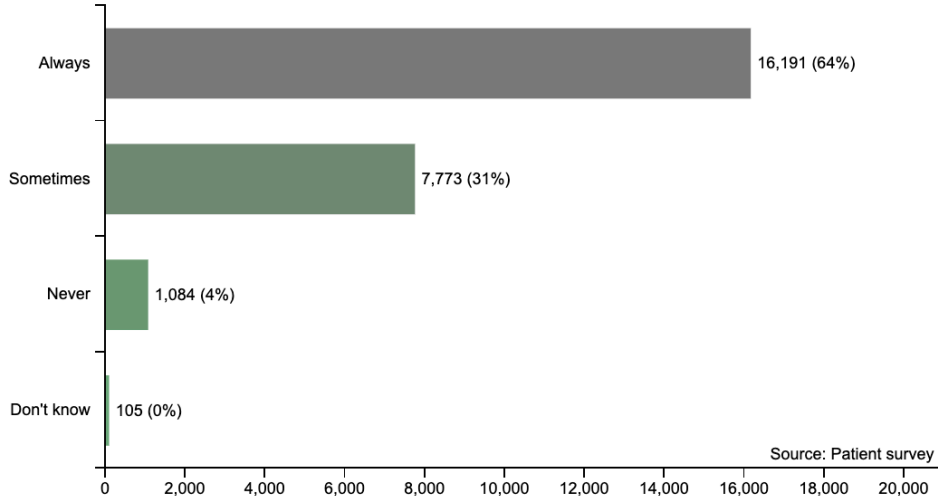
# Staff friendliness



**“One nurse there** insults us each time we are there. She shouted at an elderly woman. I told her to stop doing that because that woman is old enough to be her parent. She doesn’t treat us well. She shouts at us and insults us, telling us to go and collect our treatment. I told her if she insults me about my treatment I’ll have her arrested” — a person living with HIV, Flagstaff Clinic (OR Tambo), July 2024

## Are the facility staff friendly?

Patients Surveyed:  
25,153



**There’s a new nurse** who just joined. She shouts at patients” — a person living with HIV, Nompumelelo Clinic (Buffalo City), July 2024

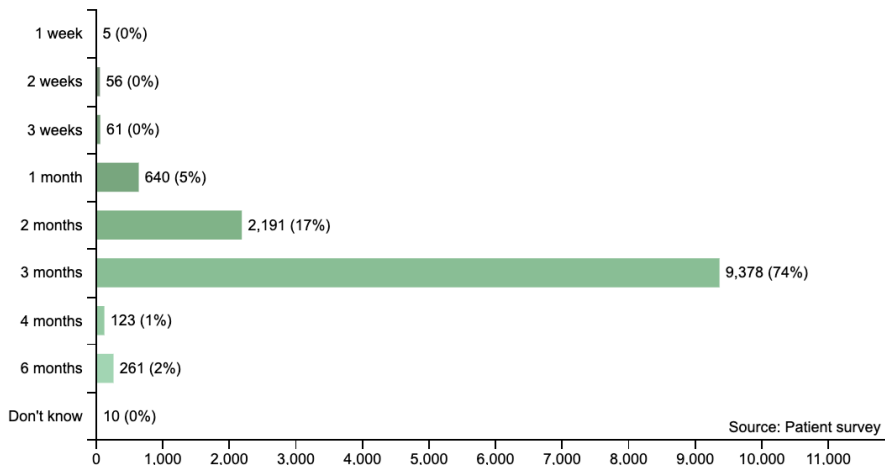
**“The problem that** we face generally is how we are treated by nurses, even how they talk to us. They are rude” — a public healthcare user, Nontyatyambo Clinic (Buffalo City), July 2024

# ARV refill length



Length of HIV medicine refill

Patients Surveyed:  
12,725



**"I finished my treatment yesterday and I have no more ARV pills left until my appointment date on 24 June. I am concerned about my viral load which could significantly rise. I am worried that I might even lose weight. I assume that there was a mistake when they were packing the medication. When I went to pick up my medication this month I noticed that there were fewer pills than before. I am a farm worker and my employer will not give me time off to go to the clinic"** — a person living with HIV, Albert Luthuli Clinic (Lejweleputswa), June 2024

**"I'm getting a 2 month ARV refill but I would like to be given at least 3 months. It will help me as I have commitments. It will also save me time. You'll find that you have something to do yet you have to go to the clinic. I would be very happy if I could collect for longer periods at least 3 months, 4 months or 6 months"** — a person living with HIV (Lejweleputswa), June 2024

**"Sometimes the clinic will not have ARVs or they will give you one container of medication saying it lasts 2 months. The medication they give you finishes before time and it becomes a problem when you have to go back to the clinic. You will have to wait until they have the medication, but at that time you're not taking anything. I went there last month and I was given a 2 month supply. I would like to receive a 3 or 6 month supply. The change I want to see is better treatment for all patients and to be given enough medication"** — a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024

**"They give me a 1 month supply of ARVs. I would like to receive a 6 month supply of ARVs"** — a person who uses drugs living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024

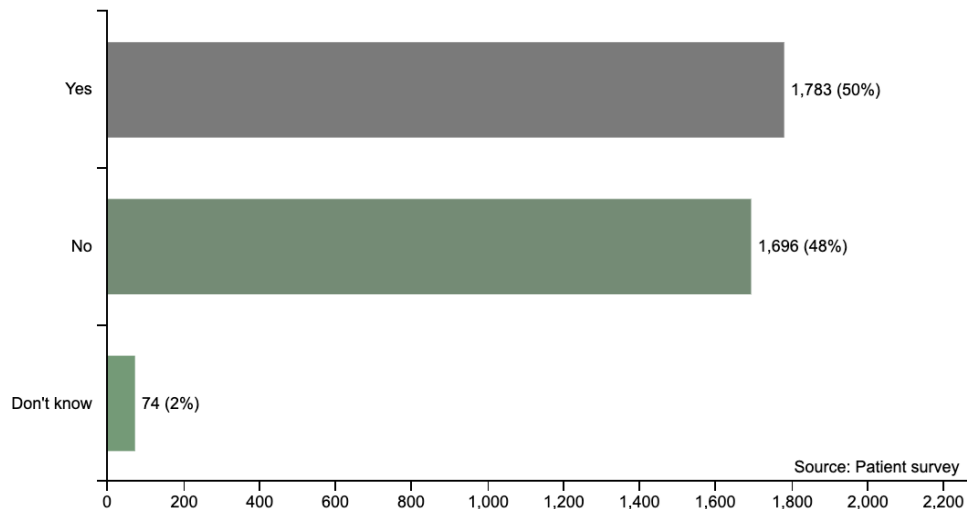


# Pick-up points



Has the facility ever offered you an option to be in a facility pick-up point, external pick-up point, or adherence club?

Patients Surveyed:  
3,553



35% of PLHIV reported that they would like to collect their treatment closer to home

There need to be enough pick-up points to decant people into especially linked to peri-urban and rural clinics. A diversity of external pick-up point providers is needed beyond private pharmacy networks largely only available in urban areas. To service rural areas — small CBOs and early childhood development centres should be considered. **All eligible people living with HIV should be offered a range of pick-up point or club options, as per National ART Guidelines**

***“At least at the pick-up point I just provide them with my ID, get my treatment, and go home. At the clinic I wait the whole day. At times they can't find my file or someone is not on duty. Services at the clinic are very poor”*** — a person living with HIV, Geneva Clinic (Lejweleputswa), June 2024

# Welcoming services – shouted at upon return



***“I lost my clinic card but knew my return date for my ARVs. A nurse in the consultation room called me a “defaulter”, shouting at me while the door was open. Some of the patients and clinical staff were moving around and they could hear what was going on. She also chased me and said “I don’t have time for defaulters, there are serious people that seek my help”. As she said this she was standing up and telling me to sit outside while she helps serious people first and I was going to be last. I was so sad, felt humiliated and disrespected because I made every effort to visit the clinic early so that I could return to work to provide food at home” — Gompo Clinic (Buffalo City), interview in March 2023***

***“I missed my date and I was shouted at. I was asked why I missed the date. They were focused on why I missed the date and did not want to hear my reasons. We always have reasons why we miss dates. If you are late for your appointment, the staff send you to the back of the queue. That leads to more people stopping taking treatment and having more defaulters” — a person living with HIV, Petsana Clinic (Thabo Mofutsanyana), June 2024***

**576 people** interviewed by Ritshidze in this quarter reported that staff shout at you for being late/missing the appointment date.

***“I was initiated on ART in 2019. I stopped taking treatment in 2023. I wish to be re-engaged in treatment, but the service at the clinic is not good... we are shouted at... If you miss your date and manage to go the next week you are sent to the back of the queue and not given a (new) date. They assist other patients first, while you are not feeling well. That was the reason why I stopped treatment. They can’t speak nicely to people. They will shout at you, asking you a lot of questions in front of other people... I want to take my medication to live for my child” — a person living with HIV, Mphohadi Clinic (Thabo Mofutsanyana), June 2024***

# Welcoming services – sent to the back of the queue



***“If you miss your appointment you will be sent home. I went to the clinic for five months without being helped. I last went in February and gave up. I arrived early and was told I will be attended to last. I did not have any medication. The staff give us attitude and they don’t speak to us nicely. We get punished for missing dates. If you miss a date it can take the whole week without being helped. Even lodging complaints does not help, the problem persists”***  
— a person living with HIV, Rearabetswe Clinic (Thabo Mofutsanyana), June 2024

***“I had gone to visit relatives for a while and went to the clinic to get my treatment on my return. They refused to give me the treatment and gave me another date to return on. I requested that they at least provide me with ARVs to take until the appointment date, as I had run out, but they refused. I was devastated by the treatment I got”*** — a person living with HIV, Intabazwe Clinic (Thabo Mofutsanyana), June 2024

***“My stress is the clinic, you will arrive at 8am and leave at 3pm. We need to rest because we are working at night. When you arrive at 3pm they shout at you, telling you that you were not working yesterday. I don’t know if perhaps they keep tabs on us, if we are at work or not. When I send someone to collect my medication, they refuse to give them medication. They want me to collect medication even if I’m not due to take blood. When I return the following day and go to the clinic, they will shout at me for not coming on my appointment date”*** — a sex worker living with HIV (Lejweleputswa), June 2024

**795 people** interviewed by Ritshidze in this quarter reported that staff send you to back of queue for being late/missing the appointment date

***“Missing an appointment means waiting aside unattended even if you arrived at 6am, and being forced to take adherence classes. You’ll be taken aside and told to wait until they’ve finished with other patients, since you came in on the wrong appointment day. What we face at the clinic is painful. Even elderly people are shouted at and addressed rudely”*** — a person living with HIV, Flagstaff Clinic (OR Tambo), July 2024

***“When I skip my appointment date, I am sent to the back of the queue. This makes me lose interest in this clinic. I defaulted because I was ordered to come on the following day repeatedly”*** — a person living with HIV, Buffalo City, July 2024

# Refused access without a transfer letter



245 people interviewed by Ritshidze in the last quarter reported having been denied access to services for not having a transfer letter.

## COMMUNITY STORY

**Changing between two Free State clinics without a transfer letter has turned into a nightmare for Leti\*.**

Leti has been on ARVs for over 10 years and was approved for a three-month ARV supply at her previous clinic that she calls "Rhanda Clinic". But the round trip taxi fare became too costly for her so she asked to be transferred to the Hani Park Clinic, closer to her home earlier this year.

"At that clinic they told me I didn't have to have a letter and I could just go there and be enrolled at Hani Park," she says, speaking in SeSotho.

But at Hani Park she was told she was "a visitor" and was initially refused medication outright. She says she was also not offered an HIV blood test and was not given any help to continue on her treatment at this facility.

"In the end I had to get help from the Ritshidze community monitors who were there at the clinic on that day. The nurses didn't check my bloods, they made me bring in an old medicine container to prove that I was on ARVs and they only gave me a refill for one month," Leti says.

She adds that the nurses have not tried to help her resolve the problem and have simply told her that without a transfer letter she will be treated as a visitor going forward. They have also not asked about her medical history for her new patient file.

Leti says another complication is that nurses at the clinic she used previously had taken her bloods earlier this year and told her someone would call her with the results. To date no one has called, so she doesn't know her viral load.

"It is very frustrating because I was happy to be on the multi-month supply at my old clinic — it was easier. Right now I'm just trying to find the taxi money so that I can go back to the old clinic and try to get a letter or something to try to sort this out," she says.

\* Name changed to protect identity

**"At Ventersburg Clinic I couldn't get help with my ARVs. I was told to go back to Senekal... they refused to help me. At Senekal I was told to wait for the transfer letter... I receive a 2 month supply of treatment. When they are finished, I have to travel back to Senekal to collect my treatment on a scheduled date. I spend R50 return fare to Senekal"** — a sex worker living with HIV, Ventersburg Clinic (Lejweleputswa), June 2024

**"I wanted to collect my HIV treatment and they wanted a transfer (letter) from me. My transfer is in Germiston as I was staying there before I came here. It is very far for me to go to Germiston. I am not working. I don't have money. They informed me that if I don't have a transfer letter I should not come to the clinic. My tablets are about to be finished, as they gave me one month's supply only. This happened on 23 March. The nurse didn't treat me well, she shouted at me, telling me that I should bring the transfer (letter). I had my appointment card and they said they don't want the card, they wanted a transfer letter. I am not feeling ok. If I had money I would go and buy tablets from the chemist. But I can't go to the chemist. I have to go to the clinic, it's a must. Being shouted at does not sit well with me. We are not peers and I am older than the person shouting at me. Please speak to them so that they give me treatment. If you don't adhere to your treatment, your chances of living are very small"** — a person living with HIV (Bojanala), May 2024

**"I told them that I don't have money to go get a transfer letter as I am not working. They told me that it is not their problem and they can't do something that they are not hired for... after all of that I gave up. It has been 7 months without taking ARVs".**

# Refused access without an ID

**396 people** interviewed by Ritshidze in the last quarter reported having been denied access to services for not having an identity document.



**"I went to Kanyamazane CHC...** I was requested to produce an ID or passport which I did not have. I was turned back unattended and told to bring a person to speak on my behalf. I walked out crying and fetched my friend who came to speak on my behalf. I could not get contraceptives because they said that I should have come during my menstruation. When I came back, it was discovered that I was pregnant. I opened a file for antenatal care but I was shouted at. I was asked why I am falling pregnant while I don't have an ID or passport. They asked "how are you going to get treatment without an ID?" They said that treatment is not free, I should not have come from Mozambique. I was ordered to wait outside until she finished consulting other patients. They sent me to the shop to buy them stuff while I was waiting for services. I was ignored. Instead they were rushing for lunch. We non South Africans are not attended to if we do not have IDs. They are chasing us out and shouting at us. They even wanted to call the police" — a migrant, Kanyamazane CHC (Ehlanzeni), April 2024

**"I had forgotten my ID at home.** She kept shouting at me even when I tried to explain that I knew my ID number off by heart. If they could be taught how to speak to people because we all have different problems. We know that they are also human and have problems, but they should put themselves in our shoes" — a person living with HIV, Phahameng Clinic (Lejweleputswa), June 2024

# RECOMMENDATIONS:

## The Department of Health & The District Support Partners should ensure:

- Healthcare workers (DOH & DSP) provide **friendly and welcoming services** and **acknowledge that it is normal to be late for or miss appointments**, and to support people living with HIV to re-engage in care. Investigate any reports of poor attitudes raised by Ritshidze and take disciplinary action where appropriate.
- **People are never sent to the back of the queue when they return** after a late appointment, silent transfer, or treatment interruption.
- People returning after a late appointment, silent transfer, or treatment interruption should be **offered enrollment into pick-up points or clubs and longer ARV supplies to make ARV collection easier**.
- Those who move or relocate for work should not be denied ARVs without a transfer letter. **Transfer letters must not be required for ARV continuation or restart.**



# RECOMMENDATIONS:

- Migrants, asylum seekers, stateless people, and **people without identity documents or proof of address should not be denied health services.**
- **Provide a full package of psychosocial support services** including: provision of individualised quality assured counselling to patients; peer-led patient navigators acting as a bridge between clinicians and patients; mapped networks of referral services; optional support groups, and food parcels.





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**THANK YOU  
TO OUR  
SUPPORTERS**

