



**RITSHIDZE**  
SAVING OUR LIVES

**FIX OUR CLINICS**  
**SAVE OUR LIVES**

**ANNUAL REPORT**  
**2021 & 2022 EDITION**







# CONTENTS

FOREWORD	01
WHO WE ARE	05
THE MODEL	07
THE TEAM	08
<b>GATHERING EVIDENCE</b>	<b>11</b>
<b>DATA ANALYSIS</b>	<b>31</b>
<b>GENERATE SOLUTIONS</b>	<b>35</b>
<b>ENGAGE DUTY BEARERS</b>	<b>39</b>
IMPACT	43
GLOBAL SUPPORT	49







# FOREWORD

**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 2.7 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.

Often people start queueing outside clinic gates as early as 4am, only to wait all day, and in some cases never be seen. They get to the clinic, only to be sent home empty-handed without the medicines they need. Nurses are overworked and under-resourced. They shout at people. Doctors are scarce. People wait in overcrowded waiting rooms — or sit outside without shade or seats, even the elderly or sick. When they eventually get seen, in some clinics there is no privacy and other people can see or hear their consultations.

Staff are openly hostile to LGBTQIA+ communities, people who use drugs, and sex workers — at times denying healthcare altogether. Buildings are old and falling apart, with dirty or pit latrine toilets. Equipment is missing or broken. Files take hours to find or go missing altogether. People get TB because the windows are closed and no one gives out masks to those coughing. The clinic committees that people rely on to solve these problems either don’t exist or don’t know what they should do.





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 key populations — and escalate challenges to duty bearers in order to advocate for change.

People living with HIV and key populations need the public health system to work, so they are the first to notice when it doesn't. Ritshidze empowers communities to monitor the health services they receive and to advocate for the changes needed. This type of community-led monitoring is an indispensable strategy for improving the health services that people living with HIV and key populations receive. We need Ritshidze now more than ever.



**ANELE YAWA**

*Treatment Action Campaign*





# 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 Health Global Access Project (Health GAP), the Foundation for AIDS Research (amfAR), and Georgetown University's O'Neill Institute for National and Global Health Law.

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.

The PLHIV Sector organisations meet regularly to discuss Ritshidze and provide oversight.

A secondary team comprising the Treatment Action Campaign, Health GAP, amfAR, and Georgetown University's O'Neill Institute provides overall management support, engages and supports in implementation of activities, and maintains and improves the technical aspects of the programme.



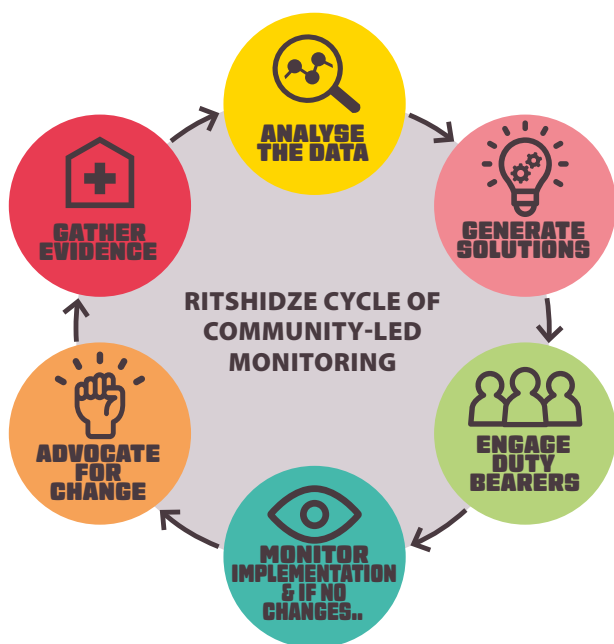


“ We have the prevention and treatment tools to halt South Africa’s HIV crisis, but it continues when people living with HIV and key populations are pushed out of care or avoid it in the first place because of conditions in the health system and the ways we are treated. These can be fixed, and they must be fixed urgently — whether it’s long queues, being shouted at, or being sent home without medication, Ritshidze is documenting the problems and holding leaders accountable for fixing them. ”

**SIBONGILE TSHABALALA**

*Treatment Action Campaign*





# THE MODEL

Ritshidze — one of the most extensive community-led monitoring systems in the world— was developed by networks of people living with HIV in South Africa to hold government and aid agencies to account to fix our broken public healthcare system.

Through Ritshidze, community members systematically collect data at local clinics that are analysed, and then used to generate solutions to problems that are put to decision-makers for action.

Community-led monitoring is a system of community-developed and community-owned data collection and monitoring at the site of service delivery, followed by development and implementation of advocacy solutions to respond to the evidence generated.

Through Ritshidze, communities carry out observational surveys, and talk to healthcare workers, public healthcare users, people living with HIV, and key populations. The evidence they collect will be used to advocate for changes with decision-makers such as the Department of Health and PEPFAR.



# THE TEAM

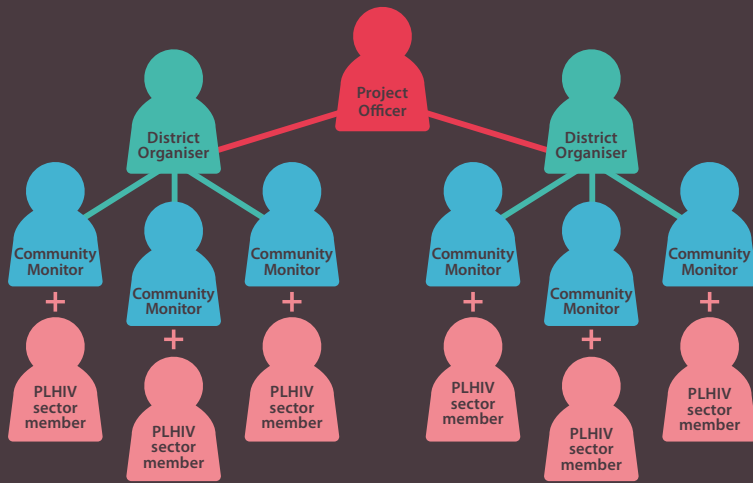
The data collection teams are made up of Ritshidze staff members with support from members of the PLHIV Sector organisations who use the clinics we monitor.

Each Community Monitor has been assigned a set of between 5 to 8 clinics in a particular district that they will work in, depending on distance.

Key Populations Monitors focus on collecting data from people who use drugs, sex workers, and LGBTQIA+ communities.

The Monitors are supported by District Organisers and Key Populations Organisers who oversee and verify their work. At a national level Project Officers oversee the functioning of the entire data collection effort.





**2021**

**2022**

**4**

**PROJECT OFFICER**

**4**

**21**

**DISTRICT ORGANISERS**

**21**

**81**

**COMMUNITY MONITORS**

**76**

**8**

**KEY POPULATIONS ORGANISERS**

**1**

**0**

**KEY POPULATIONS MONITORS**

**8**

**376**

**PLHIV MEMBER VOLUNTEERS**

**400+**

**50**

**KEY POPULATIONS VOLUNTEERS**

**146**

**7**

**ADMIN, FINANCE & HR**

**7**







# GATHERING EVIDENCE

On a quarterly basis, Ritshidze collects both qualitative and quantitative data in public health facilities and the community through the use of a standardised set of monitoring tools, in order to systematically gather evidence for analysis and potential action.

The tools capture observations as well as the perspectives of both public healthcare users (including people living with HIV and key populations) and healthcare providers like Facility Managers and pharmacists.

The questions help to identify the main challenges that healthcare users find at the clinic and the underlying reasons for them.

**What type of challenges have we found?**

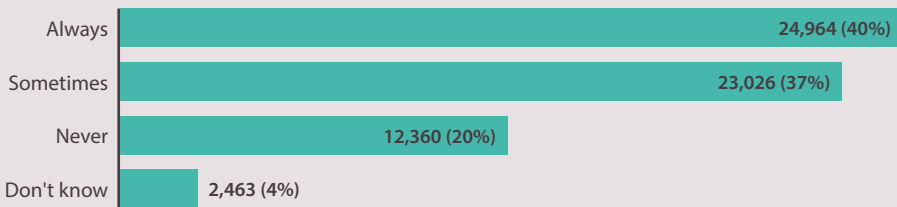
## CHALLENGE 1

# Staff shortages mean people are forced to wait for many hours before they see a healthcare worker

**“** You will go in the morning and they'll close while you're still inside the clinic and tell you to come back the following day. You'll sit there up until around 4pm... then they will tell you to come back the following day. It hurts me badly. **”**

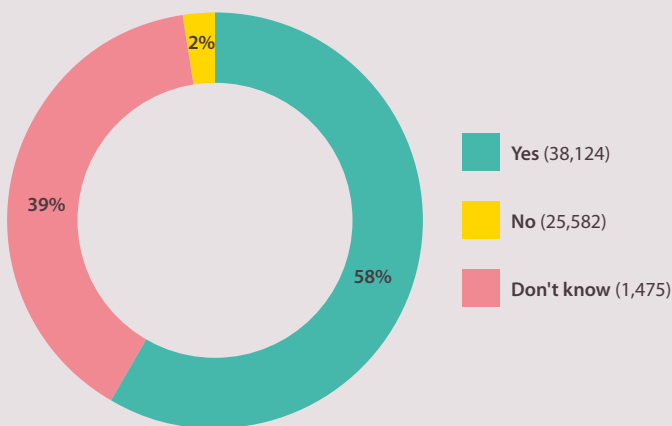
Are there enough staff at the facility? (FY 2022)

Patients Surveyed: 62,813



Do you consider the waiting time at this facility to be long? (FY 2022)

Patients Surveyed: 65,181







“ You will go in the morning and they’ll close while you’re still inside the clinic. You’ll sit there until 4pm... then they will tell you to come back the following day. These are the things that make us skip appointments. Thinking about spending the whole day there. ”

“ We arrive at the clinic very early and don’t receive help. I have stopped taking treatment three times now. ”

“ You wake up in the morning and roam around the house because you have anxiety, but then you have to go to the clinic. You know that when you leave home at 5am you’ll be back at 8pm at night... Every time I had to go I’d feel discouraged. I stopped taking treatment last year. ”





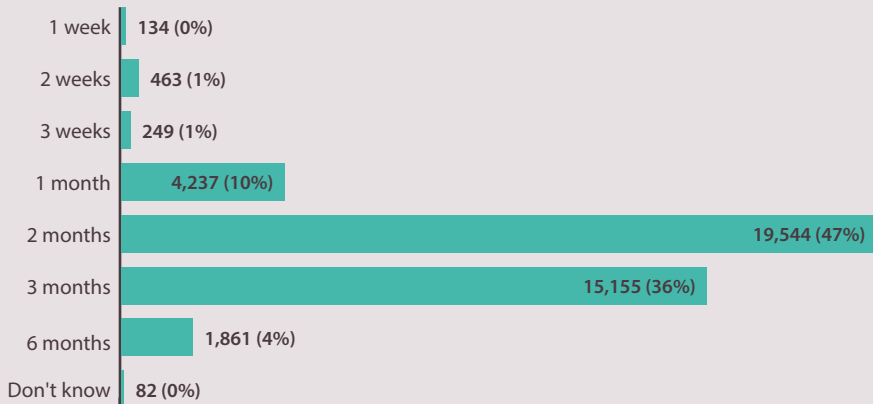


## CHALLENGE 2

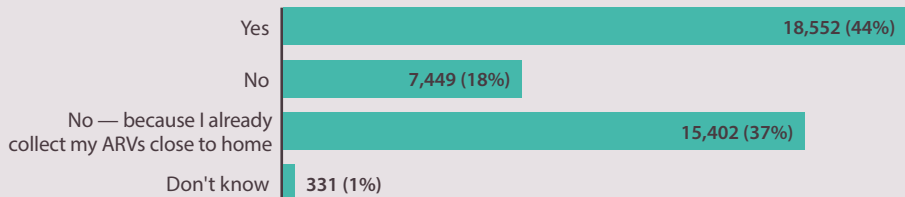
### Longer ARV refills and pick-up points to make ARV collection easier still need scaling up

“ When you arrive in the morning you sit the whole day at the clinic. It is hard. If it were possible to get 3 or 6 months refill, maybe it would be better. ”

Length of HIV medicine refill (FY 2022)  
PLHIV Surveyed: 41,725



Would PLHIV like to collect ARVs closer to home? (FY 2022)  
PLHIV Surveyed: 41,734



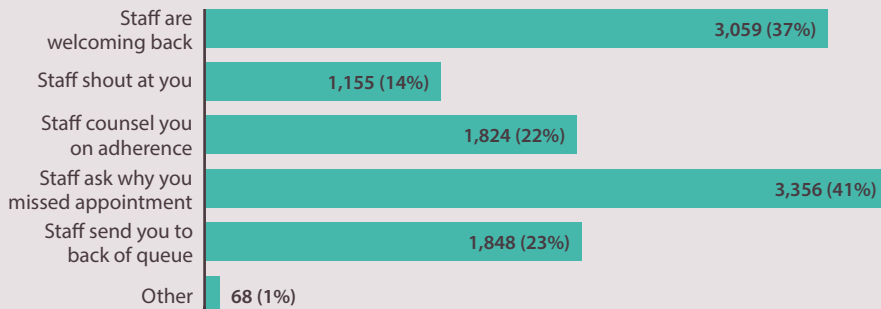


### CHALLENGE 3

## Often people who are late for appointments or miss appointments are treated poorly when they return

Of PLHIV who had missed a visit, what happens the next time you come to collect ARVs? (FY 2022)

PLHIV surveyed: 8,210



“ If you miss an appointment they scold us in public instead of engaging us as adults... They use harsh words, calling us stupid, asking if we want to live or die. I lost hope... If you appear to be a ‘defaulter’ on the system, the nurse will line you up and force you to walk around the clinic, singing that you are a ‘defaulter’.”

“ We are human. We make mistakes and miss appointment dates. Then you are scared to go to the clinic afterwards. I defaulted and stopped going to the clinic because the nurses were rude. You get scolded and told they will attend to you last because you missed your date.”

“ Sometimes I feel that I don’t want to go to the clinic. I would love them to change, especially in the way they speak to us. Sometimes I cry when I come from the clinic.”

“ My appointment was in January but because of work I went in February. The sister had a bad attitude. She took my file saying “Is this January? Do you consider whatever you do to be work? Do you regard whatever you get to even be considered a salary?” I was silent and wept.”

#### CHALLENGE 4

**Transfer letters are not required in HIV guidelines, but can be a barrier people to start or restart ARVs in a new clinic.**

**1,568 people reported being denied services without a transfer letter in 2022.**

“ My new clinic asked for a transfer letter from my old one. I don’t have the money to get it. I am refused care because of this. I had to ask my neighbour for ARVs and I currently rely on her.”





“ I explained that I did not have money to travel to Warden and was told to sort myself out because that is not their problem. I begged them to help me because I had not been getting my treatment for 4 months... I sat and waited until 4pm until the clinic closed without receiving any help. I use ARVs. I don't feel well. I'm losing weight. I just wish that they could help me. ”

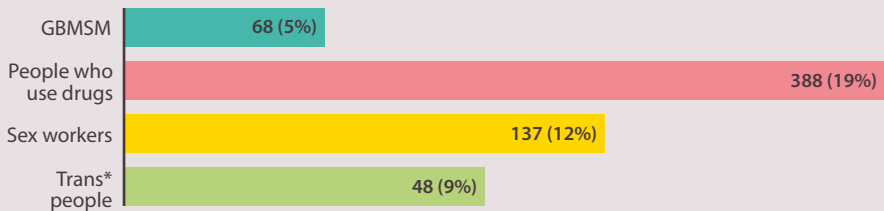
“ I got a job and wasn't allowed to collect ARVs as they wouldn't allow absenteeism. After 2 months I went to the clinic and was told to go to another. I went home without ARVs and went to the other clinic. Even there they didn't give me ARVs because they wanted a transfer letter. ”

“ I transferred from Cape Town. They firstly refused to give me my ARVs because I did not have a transfer letter. I ended up interrupting my treatment for almost three months and got sick. ”

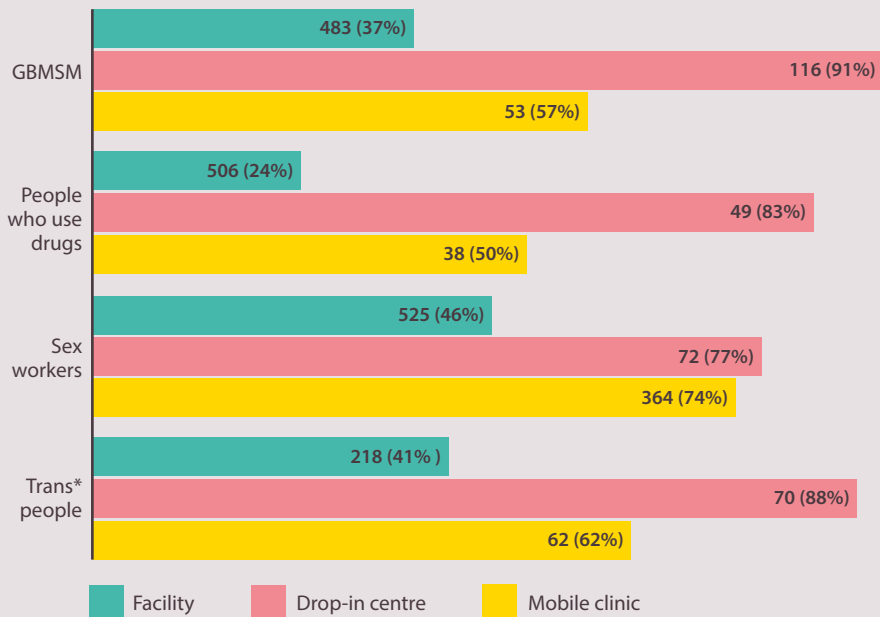
## CHALLENGE 5

### Key populations — including people who use drugs, sex workers, and LGBTQIA+ community members — are treated with hostility and abuse at the clinic, and sometimes denied access altogether

% (n) of respondents who had been refused access to services at the facility because they are a KP (July to September 2022)



% of respondents reporting staff are always friendly and professional (July to September 2022)









“ They treat us badly, they judge us, and I think that is why they don't give us good services. Some of the people that I work with have stopped going for their HIV medication because of the type of attitude that they get when you get there. They should treat us like human beings, the same way they treat other people. ”

“ The clinic staff should not discriminate against us (as people who use drugs) because sometimes we come dirty. Most guys die on the road while there is a clinic next to them because they know they will not get help. ”

“ They call me by the wrong name, even the security guards always embarrass me. They will ask in front of everyone at the gate if you are gay or a girl. ”

“ At Mofolo Clinic, anytime I go there, the security would chase me away, saying that I need to go take a bath because I stink. They are rude towards us drug users. ”

“ If you go to the clinic, they will judge you for the type of work that you do. Everyone will look at you and stare at you... some even laugh and gossip about you. Some have asked how much I sell my body for. If you go to a nurse and they find out you are a sex worker, they will assault you and call you names. ”

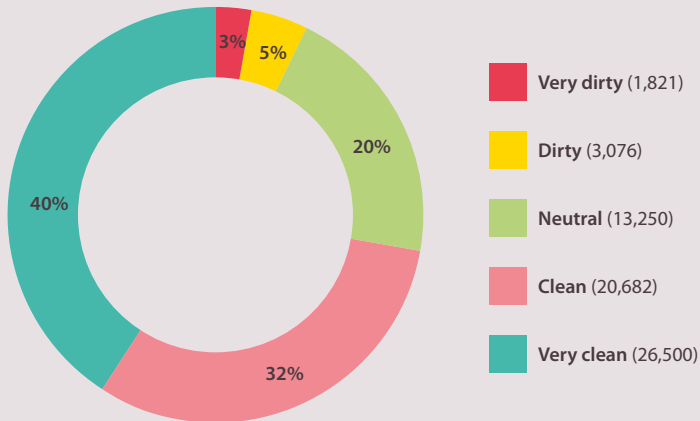
“ The last time I went to the clinic, they called me names and humiliated me in front of other patients. Now I just buy from private pharmacies when I need condoms, lubes, and antibiotics. ”



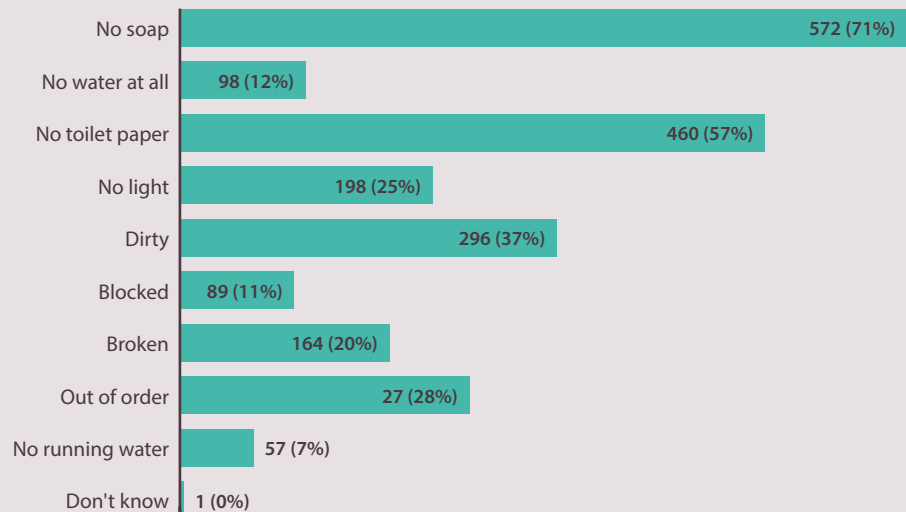
## CHALLENGE 6

**While some facilities are clean, others are very dirty, especially the toilets that too often don't have soap, paper, or even water**

How clean is the facility (FY 2022)  
Patients Surveyed: 65,549



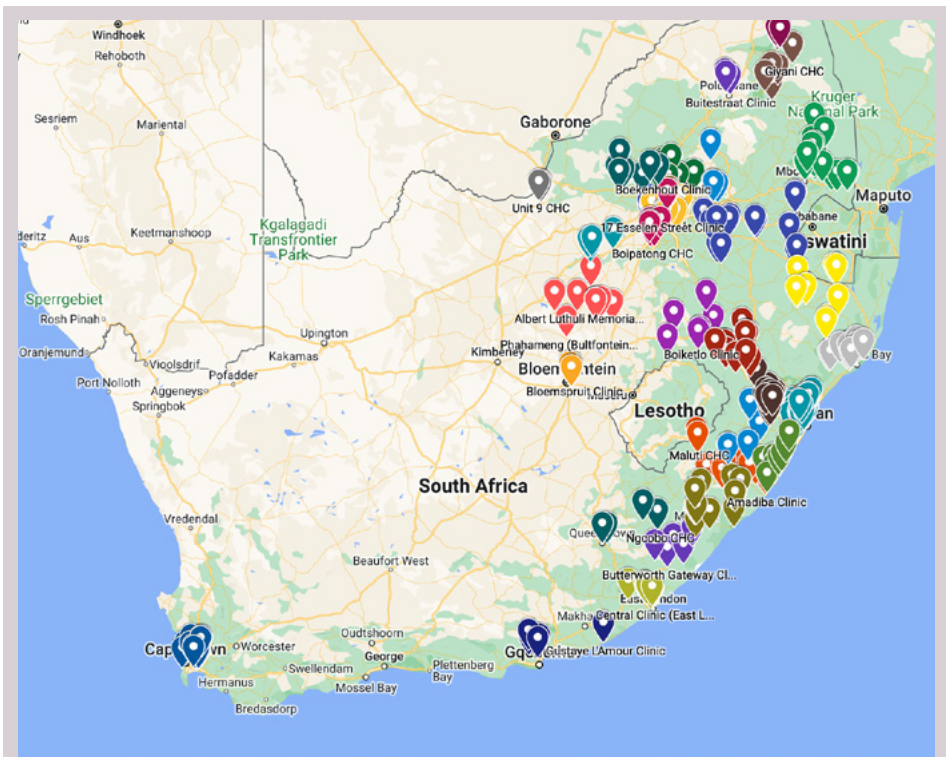
Concerns with the condition of the toilets (FY 2022)  
Observations Completed: 804







Ritshidze is extremely ambitious in reach — monitoring more than **400 public health facilities across 8 provinces** in South Africa. These facilities account for almost half of all people on HIV treatment.



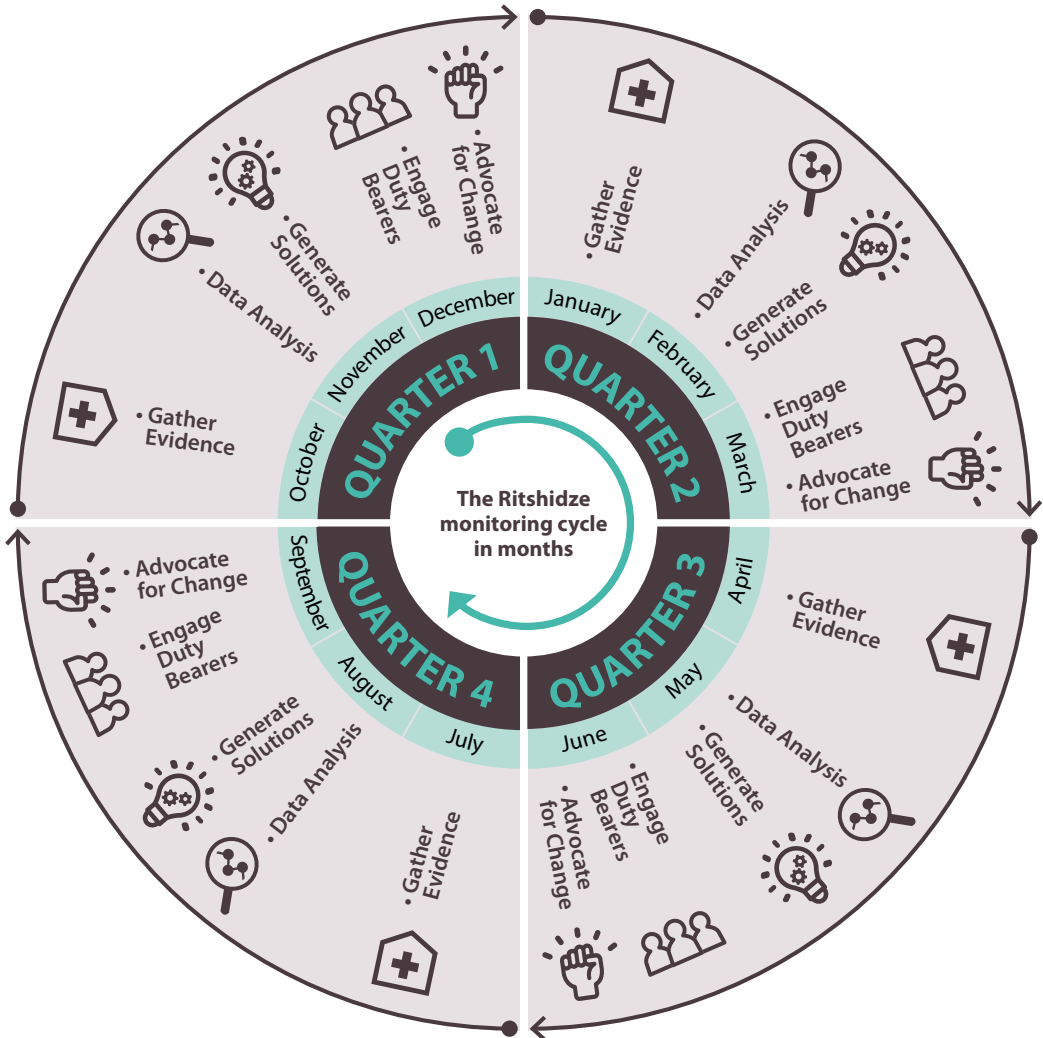
Scan the code to view the map and the complete list of public health facilities per province online







The Ritshidze cycle runs on a quarterly basis in line with the calendar of PEPFAR.



# IN 2021...

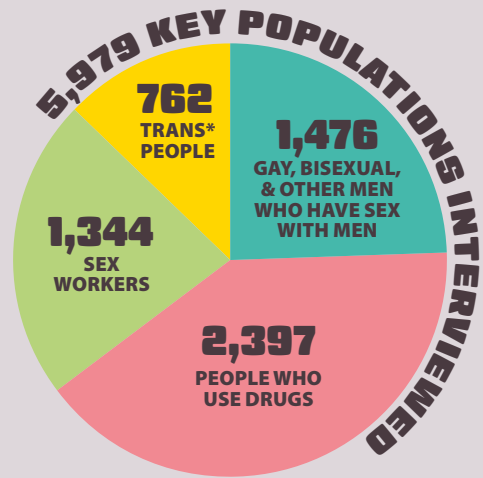
## WE INTERVIEWED

**30,829** PUBLIC HEALTHCARE USERS

**26,223** PEOPLE LIVING WITH HIV

**6,877** YOUNG PEOPLE (UNDER 25)

**1,148** FACILITY MANAGERS



- » We interviewed 30,829 public healthcare users, 26,223 people living with HIV, and 6,877 young people (under the age 25). The team also interviewed 1,148 Facility Managers and conducted 1,537 observations. Data collection took place **across 28 districts in 8 provinces**.
- » A total of 5,979 surveys were collected among communities of key populations including a total of 1,476 gay, bisexual, and other men who have sex with men, 2,397 people who use drugs, 1,344 sex workers, and 762 trans\* people. Data collection took place **across 18 districts in 7 provinces**.
- » Further **stockouts monitoring** took place in an additional **56 sites in the North West** by TAC, Stop Stockouts Project, and Ritshidze.
- » **649 individual testimonies** were collected from public healthcare users and **392 qualitative interviews** took places with people who use drugs, sex workers, and LGBTQIA+ community members.

# IN 2022...

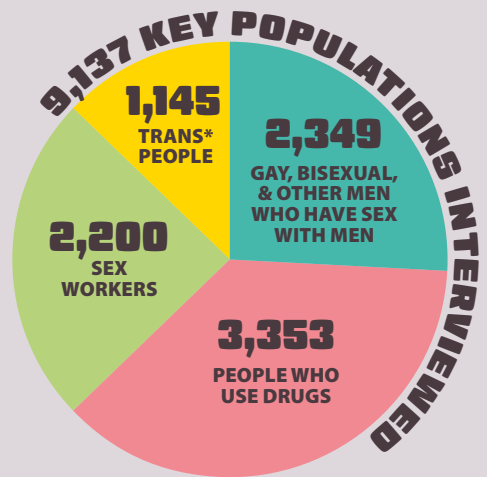
## WE INTERVIEWED

**65,906** PUBLIC HEALTHCARE USERS

**41,877** PEOPLE LIVING WITH HIV

**13,659** YOUNG PEOPLE (UNDER 25)

**1,193** FACILITY MANAGERS



- » We interviewed 65,906 public healthcare users, 41,877 people living with HIV, and 13,659 young people (under the age 25). The team also interviewed 1,193 Facility Managers and conducted 1,617 observations. Data collection took place **across 34 districts in 8 provinces**.
- » A total of 9,137 surveys were collected among communities of key populations including a total of 2,349 gay, bisexual, and other men who have sex with men, 3,353 people who use drugs, 2,200 sex workers, and 1,145 trans\* people. Data collection took place **across 21 districts in 7 provinces**.
- » Further **stockouts monitoring** took place in an additional **57 sites in the North West** by TAC, Stop Stockouts Project, and Ritshidze.
- » **473 individual testimonies** were collected from public healthcare users and **23 qualitative interviews** and focus groups took place with people who use drugs, sex workers, and LGBTQIA+ community members.







# DATA ANALYSIS

**In real time, our dashboard takes the data uploaded by Ritshidze monitors and presents it using graphs and tables.**

While Ritshidze harnesses this data for advocacy and feedback to facilities, it is critical that the community of South Africa, health journalists, policy-makers, and all duty-bearers have access to them to also assess the health system. This is why Ritshidze has made our data publicly accessible online at [data.ritshidze.org.za](https://data.ritshidze.org.za)

The dashboard — developed by amfAR — provides an easy-to-use interface for all stakeholders to access, download, and analyse our data. Data can be disaggregated by province, district, site or by PEPFAR agency across all time periods since data collection started. Ritshidze is continually working to improve the data dashboard to better visualise data collected.

Automated individual facility reports are generated each quarter that look at data from one particular site and compare across the district, province, and nationally.

Further automated district and provincial reports aggregate data across a district or province and highlight best and worst performing sites.

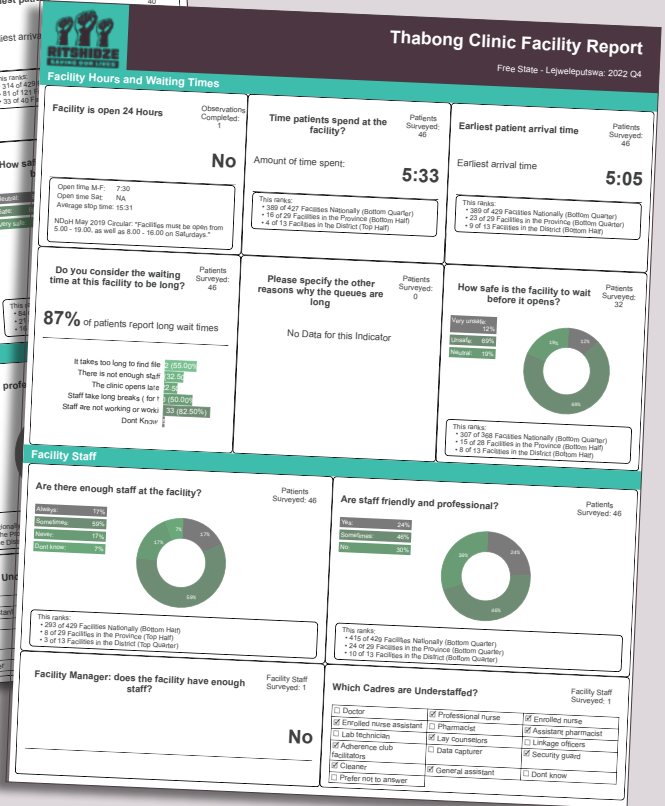
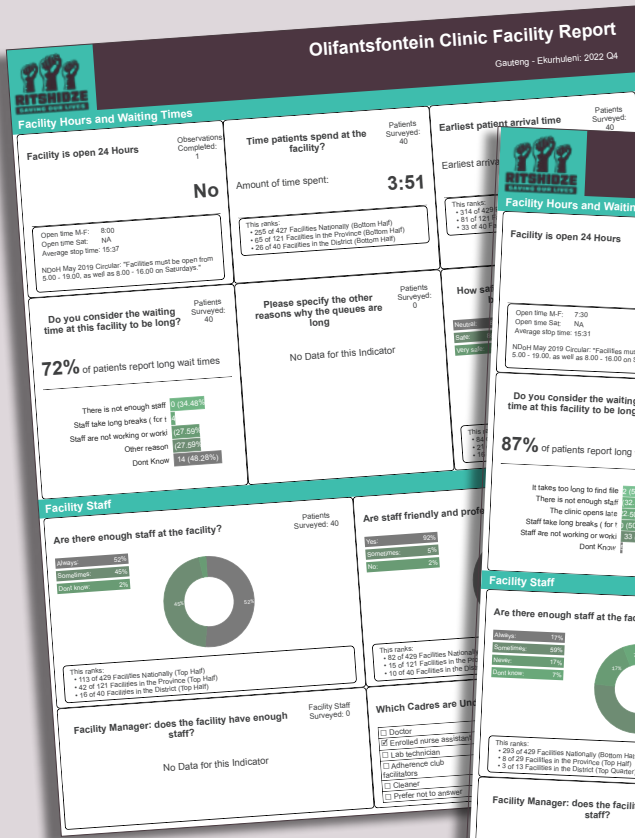


“ *The data collected through Ritshidze points to major challenges that can be acted on by duty bearers — issues like medicine stockouts, shortages of healthcare workers, confidentiality violations, buildings that are falling apart and equipment that is missing. As activists, we have fought these issues for years. Yet the crisis in our public healthcare system is only getting worse.* ”

**NDIVHUWO RAMBAU**

*Ritshidze Project Coordinator*





**IN 2021**  
**WE GENERATED**

**1,108** FACILITY REPORTS

» In 2021, 1,108 facility reports were generated together with reports across 28 districts and 7 provinces.

**IN 2022**  
**WE GENERATED**

**1,410** FACILITY REPORTS

» In 2022, 1,410 facility reports were generated together with reports across 28 districts and 7 provinces.





# GENERATE SOLUTIONS

After analysis, Ritshidze monitors talk to PLHIV sector members, public healthcare users, people living with HIV, people who use drugs, sex workers, LGBTQIA+ community members, young people, and clinic staff to generate solutions for the biggest problems uncovered.

At times solutions are not always easily identified at the individual or facility level — it is then often most appropriate to turn to the community to help generate solutions. Community dialogues are organised to generate solutions that are community-based and owned.





# Katlehong North Clinic Solutions Report

Gauteng - Ekurhuleni: 2022 Q4

## Facility Staff

### Proposed Solution

As a project we acknowledge that staff shortages are still an issue in Ekurhuleni at Katlehong North Clinic. We also acknowledge that to ensure patients have access to quality healthcare services and making sure that everyone living with HIV and TB have access to treatment and care depends largely on having enough qualified and committed staff.

The data report (facility manager survey) shows that there is a need for additional clinical staff (Professional nurses, enrolled nurse assistants and enrolled nurses) to ensure a better service at the facility. On the day of the feedback meeting facility manager said: Since there is covid 19 rollout, staff shortage has increased and it's still an issue till this day.

The issue of staff shortage was escalated to the response from the district was that they are not able to fill in positions currently where possible. The provincial health department understaffed clinics mean healthcare workers have limited time to attend to patients and contribute to PLHIV starting and staying on

### Facility Commitments

Staff compliment is still the same.

## Viral Load Services

### Proposed Solution

To avoid having patients disengaging literacy and information from viral load HIV will be empowered to take control

However, the data shows that their load test and it also shows that 40% working and 35% understand an HIV.

Healthcare workers, implementing understandable information on viral load when talking to PLHIV clinics. Viral load test results should



## Facility Staff

### Proposed Solution

Non professionalism is an issue. It's important for the facility to have enough staff in that way waiting times can be reduced especially when others go for lunchbreaks or are on leave. The implication of this issues is that staff is overburdened and they verge their frustration on "Batho Pele" protocol.

Staff member that is not treating patients with care and respect should be immediately called for discipline. Facility manager can organize staff debriefing days or refer staff to organizations such as SADAG.

Issue of patient's safety Clinic Committee can get involve and ask Community Forum to look after patients while they queue outside the gate in the morning for safety. Acknowledging the fact that they are issue with department regarding employing staff needed by facility.

Q4 data shows that 55% of reported that only sometimes the facility has enough staff 35% said there is always enough staff at the facility and only 10% indicated that they didn't know if there's enough staff that puts the facility on (Bottom Quarter) on a Ranking which means the facility is not doing well.

Data also shows that 69% of patients responded that staff is professional, 27% answered Sometimes, which is a good reflection looking back on the Last quarter report hence the facility is now Ranked (Bottom half

### Facility Commitments

3 professional nurses resigned 2 permanent and one temporary and was never replaced and as a there is a staff shortage and the nursing services manager is aware about it and currently intervention in place to ensure that staff is enough at the facility and regular acknowledgement and appreciation is done to the available staff to encourage and inspire them on their efforts there are putting.

## Clinic Conditions

### Proposed Solution

Hygiene and cleanliness are an issue especially at the rest rooms(toilets) because 99% of germs are found at the toilets. The Implication of having dirty facility is the spread of diseases such as, (STIs) essentials like soap and toilet paper are needed in the toilet at all times plus Covid also has an effect. Out of Order toilets are also a problem mainly because that will mean less to be used resting to be used.

Cleaning staff should take turns in checking if the toilets are clean and they refill soap and toilet papers, Facility Managers to do follow-up on maintenance staff in regards to block and out of Order toilets. National Core Standards clearly state that " Patients must be satisfied with the cleanliness and hygiene of the facility. Facility and toilets must be cleaned throughout the day to provide an adequate environment to both staff and healthcare

The was no commitment made on this indicator in our previous feedback meeting, because the facility was at least doing well but things have dropped. Can facility manager reflect on this?

Ritshidze monitoring data report we asked the patients how clean is the facility 69% said it's clean, 18% very clean, 14% said neutral only 0% said the facility is dirty this is not a good indicator hence the facility is ranked on the (Bottom Quarter)

### Facility Commitments

Meeting was held with the cleaning staff to remind them about the cleaning schedule currently the facility is clean and the assessors can attest to that toilets that are out of Order are being attended to work orders and waiting for response from support services and real estate to fix the toilets



## IN 2021

### WE GENERATED

**676** SOLUTIONS REPORTS

**25** COMMUNITY DIALOGUES

## IN 2022

### WE GENERATED

**1,225** SOLUTIONS REPORTS

**38** COMMUNITY DIALOGUES

» In 2021, 676 solutions reports were generated and 25 community dialogues to generate solutions were held.

» In 2022, 1,225 solutions reports were generated and 38 community dialogues to generate solutions were held.



“

*Ritshidze gives communities the tools and techniques to monitor the quality of HIV, TB and other health services provided at clinics and quickly escalate problems to decision makers at clinic and district levels in order to advocate for change.*

”

**SIMPHIWE XABA**

*Ritshidze Project Officer from SANERELA+*





# ENGAGE DUTY BEARERS

Each quarter Ritshidze Community Monitors feedback to facilities, districts, and provinces on the evidence gathered and the recommended solutions.

Community accountability meetings are held with national, provincial, and district duty bearers. At the meetings we present detailed findings of our community-led monitoring, comparing results to past reporting periods. We also hear the real experiences of people living with HIV, key populations, and other public healthcare users.

This is an opportunity for communities to talk directly to those in power, telling their personal stories of the challenges they face. This is not just data, but accountability to communities. Duty bearers must explain their plans to address key problems raised.

## IN 2021

**686** FACILITY MEETINGS

**572** COMMITMENTS MADE

- » In 2021, 686 facility feedback meetings took place with 572 commitments made by facility staff.

## IN 2022

**1,213** FACILITY MEETINGS

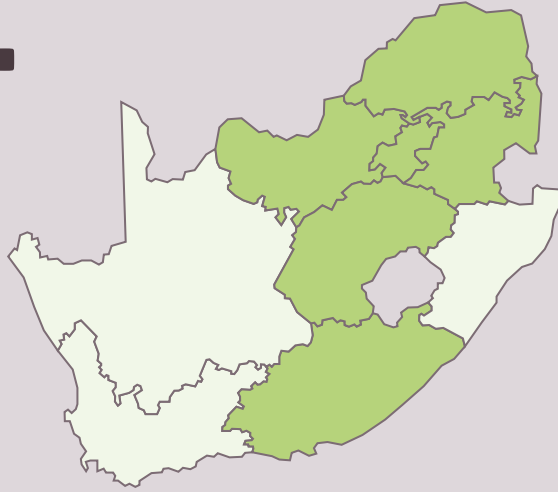
**353** COMMITMENTS MADE

- » In 2022, 1,213 facility feedback meetings took place with 353 commitments made by facility staff.

# IN 2021...

## 8

**COMMUNITY  
ACCOUNTABILITY  
MEETINGS  
ACROSS SOUTH  
AFRICA**



**134**

**COMMUNITY  
MEMBERS  
TESTIFIED**

**83**

**VIDEOS OF  
PEOPLE'S  
STORIES**

**30**

**WRITTEN  
COMMUNITY  
STORIES**

**5,922**

**PEOPLE  
VIEWED  
ONLINE**

**239**

**MEDIA  
HITS  
GAINED**

- » 7 community accountability meetings took place in Gauteng, Mpumalanga, North West, Limpopo, Free State, and Eastern Cape to launch provincial State of Health reports — with a further community accountability meeting to launch the People's COP21.
- » 134 community members gave their stories in person across the community meetings. A further 83 videos and 30 written community stories were developed together with community members not in attendance.
- » 5,922 people viewed the events online made up of duty bearers, community members, the media, and the public.
- » 239 media hits were gained across the community meetings.

# IN 2022...

## 7 COMMUNITY ACCOUNTABILITY MEETINGS ACROSS SOUTH AFRICA



**165**

COMMUNITY  
MEMBERS  
TESTIFIED

**153**

VIDEOS OF  
PEOPLE'S  
STORIES

**32**

WRITTEN  
COMMUNITY  
STORIES

**10,250**

PEOPLE  
VIEWED  
ONLINE

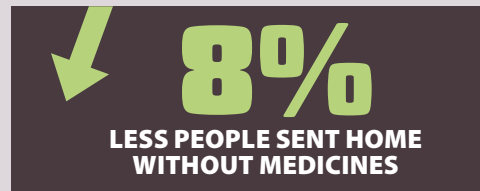
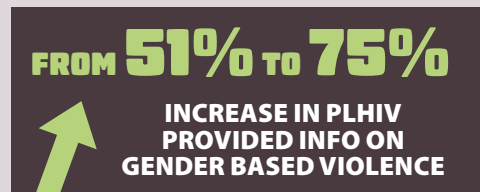
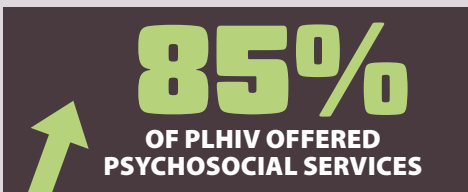
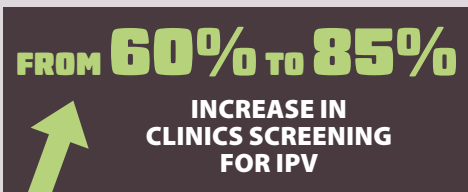
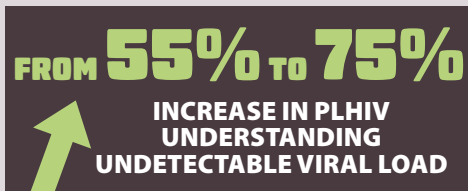
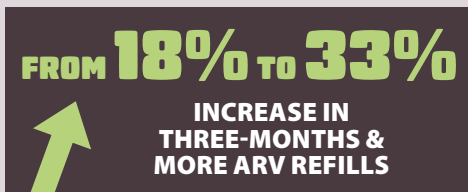
**117**

MEDIA  
HITS  
GAINED

- » 6 community accountability meetings took place in KwaZulu-Natal, Gauteng, Mpumalanga, North West, and Free State to launch provincial **State of Health reports** — with a further community accountability meeting nationally to launch the State of Healthcare for Key Populations report.
- » 165 community members gave their stories in person across the community meetings. A further 153 videos and 32 written community stories were developed together with community members not in attendance.
- » 10,250 people viewed the events online made up of duty bearers, community members, the media, and the public.
- » 117 media hits were gained across the community meetings.



# IN 2021...



# IMPACT

Ritshidze has seen improvements in a number of indicators since its inception.

## IN 2021

- » The percentage of public healthcare users saying clinics always have enough staff **increased from 26% to 35%**
- » **Waiting times dropped by 33%** (from six hours to four hours)
- » Percent of people living with HIV getting refills for three or more months has **increased from 18% to 33%**
- » More people living with HIV are now being **offered psychosocial services** (up to 85%)
- » The percent of people living with HIV who understand that an undetectable viral load means you cannot transmit HIV has **increased from 55% to 75%**
- » More people living with HIV are **told they can refuse index testing** (71% to 79%), more clinics **screen for IPV** (60% to 85%) and more people provided with **information on gender based violence** (51% to 75%)
- » Percent of public healthcare users being **sent home without medicines** dropped by 8%
- » **96% of facilities now offer PrEP**, a huge increase from about half at the start of the year

# IN 2022...

FROM **35%** TO **40%**



INCREASE IN REPORTS  
OF ENOUGH STAFF  
AT CLINICS

FROM **33%** TO **44%**



INCREASE IN  
THREE-MONTHS &  
MORE ARV REFILLS

**10%**



MORE PLHIV UNDERSTAND  
VIRAL LOAD & TRANSMISSION

FROM **75%** TO **77%**



INCREASE IN PLHIV  
PROVIDED INFO ON  
GENDER BASED VIOLENCE

**7%**



MORE PLHIV AWARE  
OF VIRAL LOAD



**17%**

LESS WAITING TIME

FROM **79%** TO **83%**



INCREASE IN PLHIV  
TOLD THEY CAN REFUSE  
INDEX TESTING

**4%**



MORE REPORTS OF FRIENDLY  
& PROFESSIONAL STAFF

FROM **36%** TO **49%**



INCREASE IN PLHIV  
COLLECTING ARVs FROM  
PICK-UP POINTS



**3%**

LESS PEOPLE SENT HOME  
WITHOUT MEDICINES





### IN 2022

- » **Waiting times dropped** from four hours to 3.35 hours (17% decrease)
- » The percentage of public healthcare users saying clinics **always have enough staff increased** from 35% to 40%
- » **Staff also became friendlier** in 2022. 4% more respondents said that staff were friendly and professional than in 2021
- » Overall, a **smaller proportion of people left without medicine** as a result of stockouts (3% less in 2022)
- » 49% of people living with HIV were **collecting ARVs from pick-up points** (either at the facility or external), up from only 36% in 2021
- » Percent of people living with HIV getting **refills for three or more months has increased** from 33% to 44%
- » There was a 7% increase in the proportion of people living with HIV who were **aware of their viral load**
- » **Treatment literacy has also improved** – in 2022, the proportion of people living with HIV who understood how viral load impacted their health increased by 4% and the proportion of people living with HIV who understood the relationship between viral load and transmission increased by 10%
- » **More people living with HIV are told they can refuse index testing** (79% to 83%) and **more people living with HIV provided with information on gender based violence** (75% to 77%)



## RESPONSE FROM DUTY BEARERS

“ We’re working closely with [Ritshidze] and they’ve really assisted, because we are getting an objective view from them. Because in most cases, we will have such monitoring being done on a quarterly basis by our [monitoring and evaluation] component, but you tend to have issues with such reports: because it’s like one is becoming a referee and the player at the same time. ”

“ What Ritshidze is doing has assisted in ensuring that we become aware of challenges, some of them not necessarily reported by the managers at that level. In a way, this assists in ensuring that those barriers are managed, removed, to smoothen up the provision of services. ”

“ Our interests are the same, and that is to improve the quality of health services.... that is why we don’t feel threatened when you come to our facilities to support and do your assessment and analysis. ”

“ Even on an ad hoc basis, if there’s something urgent, they just shoot it to us as a district, then we intervene. That has assisted in us improving. ”

“ The main thing is accountability... So, we know that we’re not only accounting to ourselves but also to stakeholders who have an interest in improving the quality of health services. So as a district we welcome such interactions because they just help us to do better. ”





“

*It is communities who know what they need. It is communities who must tell those who pay for services what they want. Everywhere I go I see communities treated as though they should be grateful, not as people with rights. But I see you saying these are our rights. I thank the people who have put this project out here. This is just the beginning.*

”

**WINNIE BYANYIMA**

UNAIDS



# GLOBAL SUPPORT

Ritshidze has made all our data collection tools, model, and data available on our website for others to learn from.

Ritshidze is committed to sharing our model with activists around the world. We began by making our [guidebook](#) and [monitoring tools](#) publicly available.

The guidebook walks through each step in Ritshidze's model — gathering evidence, analysing the data, generating solutions, engaging duty bearers, and advocating for change — with detailed guidance and step-by-step instructions for carrying out the actions needed at every point in the process.

We have further supported activists in Cameroon, Haiti, Kenya, Liberia, Malawi, Mozambique, Tanzania, Uganda, and Zimbabwe with multiple in-person and virtual learning and exchange sessions and capacity building.

## THANKS TO OUR SUPPORTERS



Ritshidze is supported by PEPFAR South Africa, the Centers for Disease Control (CDC), USAID, and UNAIDS to engage in community-led monitoring in South Africa.











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