

Quality of care for key populations at public health facilities in South Africa: findings from Ritshidze's Community-Led Monitoring

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Background

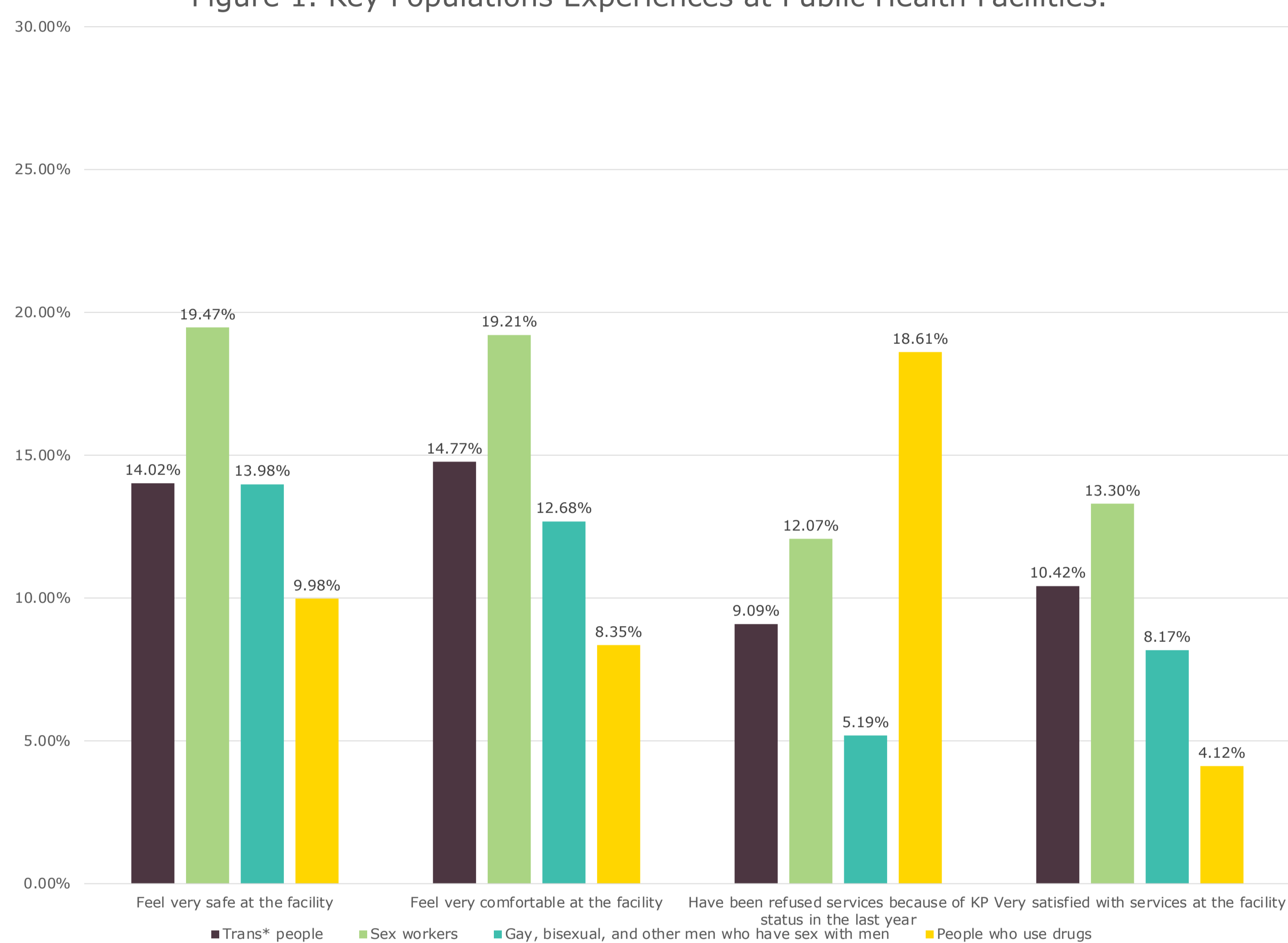
- High quality of health services, including safe and respectful care, is both a human right and vital to achieving sought after HIV outcomes related to prevention, testing, and care and treatment.
- Key populations most at risk of HIV, like gay, bisexual, and other men who have sex with men, people who use drugs, sex workers, and transgender people, face increased barriers to quality care and often face discrimination at health facilities. To date, little data exist capturing the extent of safe and comfortable care for key populations in South Africa. Better understanding gaps in quality service provision may allow for more targeted interventions to improve key populations service delivery and HIV service delivery outcomes.

Objective

To use data from the Ritshidze Community-Led Monitoring (CLM) Programme in South Africa to better understand the extent to which key populations experience high-quality, safe, comfortable and accessible care at public health facilities.

Results

Figure 1. Key Populations Experiences at Public Health Facilities.



- People who use drugs report the poorest experiences at health facilities as compared to other key populations groups.
- Less than 15% of key populations respondents are very satisfied with health services.
- After adjusting for age and province, compared to gay, bisexual, and other men who have sex with men, all other key populations groups were significantly more likely to be denied services because of their key populations status (PWUD: aOR=4.41 95% CI[3.34,5.82]; SW: aOR=2.66, 95% CI[1.94,3.63]; TG: aOR=2.08, 95% CI[1.4,3.09]).

Table 3. Provincial variation in service experiences (All KP groups).

| Province | % who feel very safe at facilities | % who feel very comfortable at facilities | % who have been denied services because of KP status | % who are very satisfied with health services |
|---------------|------------------------------------|---|--|---|
| Eastern Cape | 7.97 | 6.82 | 15.07 | 4.84 |
| Free State | 11.43 | 11.28 | 5.34 | 5.79 |
| Gauteng | 22.81 | 22.69 | 16.22 | 14.07 |
| KwaZulu-Natal | 8.8 | 7.84 | 15.04 | 4.96 |
| Limpopo | 11.55 | 11.93 | 12.12 | 7.39 |
| Mpumalanga | 19.32 | 17.93 | 16.93 | 15.14 |
| North West | 14.01 | 11.38 | 9.24 | 5.74 |

- Key populations in KwaZulu-Natal and the Eastern Cape reported the least safety, comfort, and satisfaction with health services.
- The largest range in provincial results was related to key populations comfort at facilities – 22.69% of key populations respondents felt very comfortable at facilities in Gauteng as compared to only 6.82% of key populations respondents in the Eastern Cape.

Methods

The Ritshidze Model:

- The Ritshidze CLM model consists of community members gathering evidence on health service delivery, analysing the data, generating solutions, engaging with duty bearers, monitoring for changes, and undertaking advocacy where changes are not made.
- In addition to facility-based monitoring, Ritshidze has begun conducting an annual community-based key populations data drive using snowball sampling.

This analysis:

- Community Monitors administered paper surveys to more than 9,000 key populations respondents across 21 districts.
- Data collection occurred between July and September 2022, after which paper surveys were submitted to an electronic data collection system, CommCare.
- This analysis focuses on indicators related to safety, comfort, satisfaction, and service denials (n=4) and limits the included data to the 5,056 respondents who indicated they access health services at a public health facility (Table 1).
- Descriptive statistics were used throughout. Multivariate logistic regression adjusted for age and province was used to assess service denials between key populations groups.

Table 1. Respondent Demographics.

| Demographics | n (%) |
|--|---------------|
| Age | |
| Under 18 years old | 119 (2.4%) |
| 18-25 years old | 1,952 (39.3%) |
| Over 25 years old | 2,897 (58.3%) |
| KP Group | |
| Trans* people | 546 (10.8%) |
| Sex workers | 1,141 (22.5%) |
| Gay, bisexual or other men who have sex with men | 1,347 (26.7%) |
| People who use drugs | 2,026 (40.0%) |
| Province | |
| Eastern Cape | 934 (18.5%) |
| Free State | 668 (13.2%) |
| Gauteng | 810 (16.0%) |
| KwaZulu-Natal | 642 (12.7%) |
| Limpopo | 524 (10.4%) |
| Mpumalanga | 500 (9.9%) |
| North West | 982 (19.4%) |
| Western Cape | No data |
| Northern Cape | No data |

Conclusions

Key Takeaways

- Key populations are being refused services at public health facilities at alarming rates – nearly 1 in 5 surveyed people who use drugs have been refused services at a public health facility in the last year.
- Provincial variation in key populations services experiences exists, though few key populations respondents across provinces are very satisfied with the delivery of health services.
- Urgent investments in improving key populations service delivery are needed, along with ongoing monitoring and remediation of service denials based on key populations status.

Key limitations:

- The Ritshidze Programme uses snowball sampling to collect community key populations data, which is non random and may limit generalisability. The data used for this analysis focus on experiences among public health facility users only and do not include data from every province in the country.

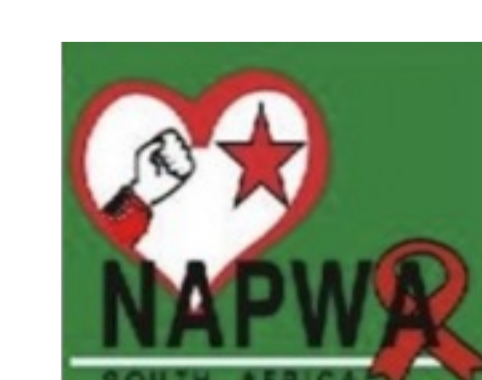
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