# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 3713**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 21 OCTOBER 2022**

**(INTERNAL QUESTION PAPER NO. 40)**

**Ms N N Chirwa (EFF) to ask the Minister of Health:**

With reference to the Ritshidze Data on the Free State report on challenges that make it hard to access the human immunodeficiency viruses (HIV) and Tuberculosis(TB) preventative treatment, which states the challenges and interventions needed to address the health access crisis in the province, while he is yet to make sustainable interventions in that direction after so many years, (a) what are the plans of his department concerning Free State healthcare issues and (b) on what date is it envisaged that the specified plans will take shape to address issues of access to healthcare in the province? **NW4490E**

**REPLY:**

The challenge with the question in respect of Retshidze is that it is general and as such it is difficult for the department to respond in a specific way. The table here below provides general responses in line with the areas that were covered by the Retshidze report.

1. The plans of the department concerning Free State Health Issues and (b) date to address the issues of access to health care are in the table below:

| **Item**  | **Challenge raised by Ritshidze**  | 1. **Plans of the department**
 | 1. **Date**
 |
| --- | --- | --- | --- |
| Shortages of staff | * 79% of facilities again reported being understaffed and unable to meet the needs of public healthcare users this year
 | * There currently are budget pressure and as such the department is not able to appoint a new staff
 | The department will prioritize critical post for 2023/24 budget and over the MTEF  |
| ART  | * 66% of PLHIV would like to collect ARVs closer to their home (66% last year)
 | * The department is planning on increase pick up points for the ARVs so that the patients can collect their treatment closer home
* The department will also reopen more adherence clubs that were affected during COVID19
* Districts have developed differentiated of care models and welcome back campaigns towards reach 95-95-95
 | March 2023 extended to April 2023 for budget in the new financial year.  |
| Infrastructure and cleanliness  | * 90% of facilities need some additional space
* 25% of public healthcare users reported that facilities were “dirty
 | * The infrastructure unit has received approval to allocate additional funding to maintenance and refurbishment of facilities earmarked for ideal clinic programme
* The department has appointed EPWP to assist with cleaning at health facilities to argument the current shortages
 | March 2023  |
| Waiting times | * 4:31 hours was the average waiting time after the facility
 | * The department planned to decant more patients who are more stable on treatment to reduce backlog waiting time
 | The department plans to appoint staff in the MTEF period |
| Men specific services  | * 9 sites had no male specific services at all
 | * The department plan to pilot a men’s clinics to HIV and testing, , male medical circumcision and other services
 | April 2023  |
| Availability of medication  | * 13% of respondents said they had left or knew someone who left empty handed (8% last year)
 | * There are currently no shortage of ARV and monitored weekly using SVS
* Facilities are implementing and monitoring redistribution to ensure sustainability of medicine .
 | Ongoing  |
| Key population  | * 0% facilities report any key population specific services at all
 | * The department has employed 25 peer educators to promote access for access for key population
* Also do demand creation for key population
* The plan is to expand the peer educators service over the METF to insure accessibility to key population
 | April 2023  |

**Some of the key general activities and plans**

* Welcome back strategy was started in 2020/ 21 financial year but not fully implemented due to the COVID-19 pandemic.
* The department planned to re- train all categories of staff.
* To strengthen adherence to treatment through reviving adherence clubs.
* Implementation of the track and tracing Standard Operating Procedure (SOP).
* Monitoring of Medicine availability is done through Stock status report.

END.