



## A rapid assessment of HIV and TB patients' reasons for missed clinical appointments in four districts in KwaZulu-Natal, South Africa



**Dr Lima Mashamba-Nkosi**

**30 October 2025  
Elangeni Hotel, Durban**

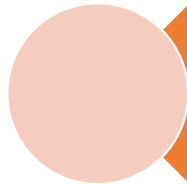
## Presentation Overview

---

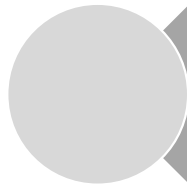
- Purpose
  - Study justification
  - Study objectives
  - Study setting
  - Design and methodology
  - Eligibility criteria
  - Overall enrolment
  - Overall Reasons for Missed Clinical Appointments
  - Classifications of Reasons for Missed Clinical Appointments
  - Preferred Appointment Days
  - Recommendations
-

## Purpose of Presentation

---



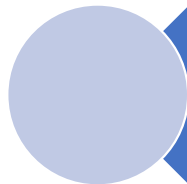
To share key study findings on missed HIV and TB clinical appointments with various stakeholders in public health sector for action



Highlight barriers/challenges to retention in care among ART and TB clients.



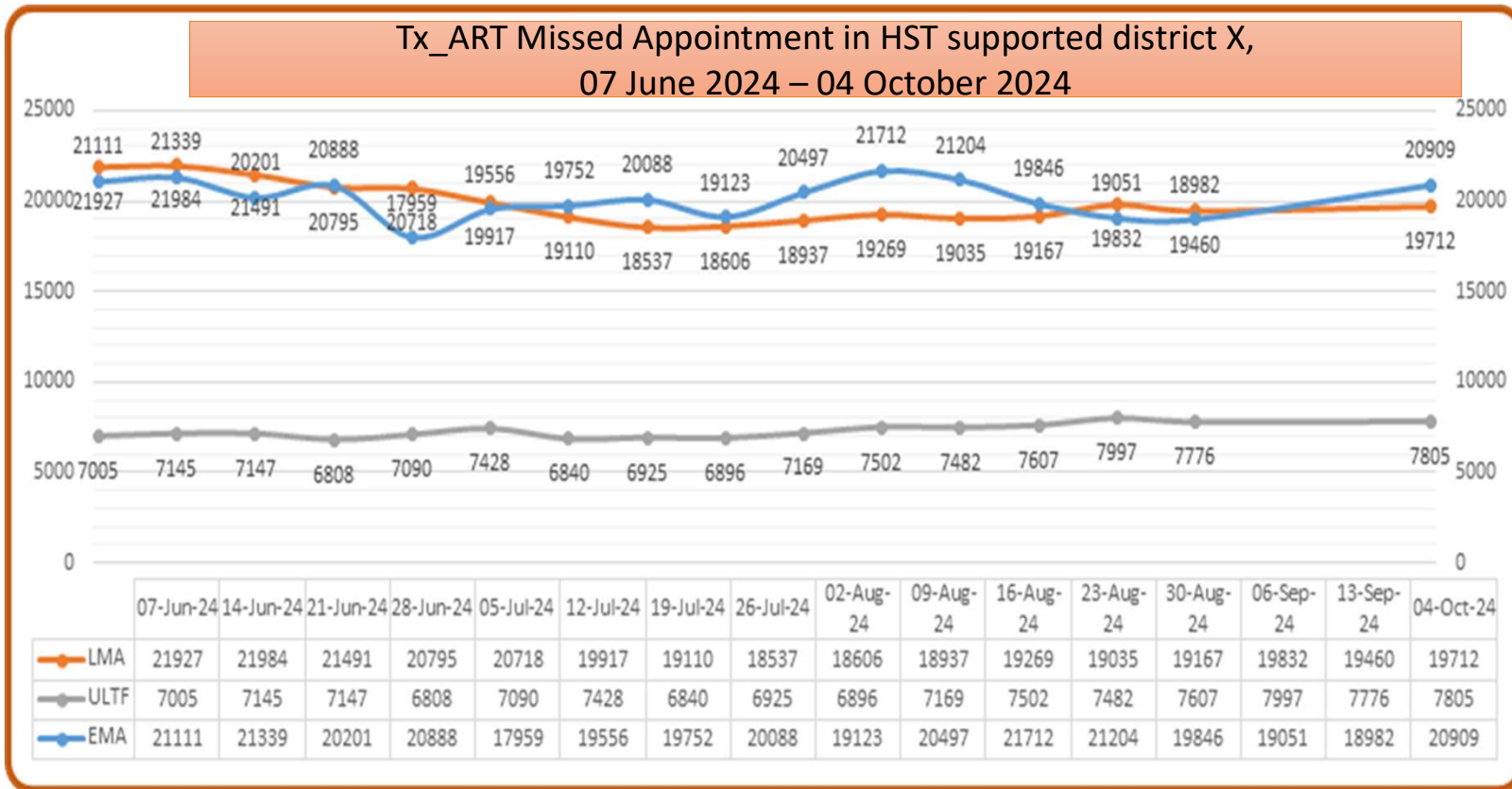
Equip District Health Management Teams (DHMTs) with practical evidence to inform their Quality Improvement (QI) planning and performance reviews.



Encourage each district to adopt and adapt the study's recommendations to strengthen patient retention and service delivery.

---

# Study Justification



## Study Objectives

---

**Objective 1:**

- To rapidly identify and classify the reasons for missed clinic appointments among patients on ART and/or TB treatment in KZN

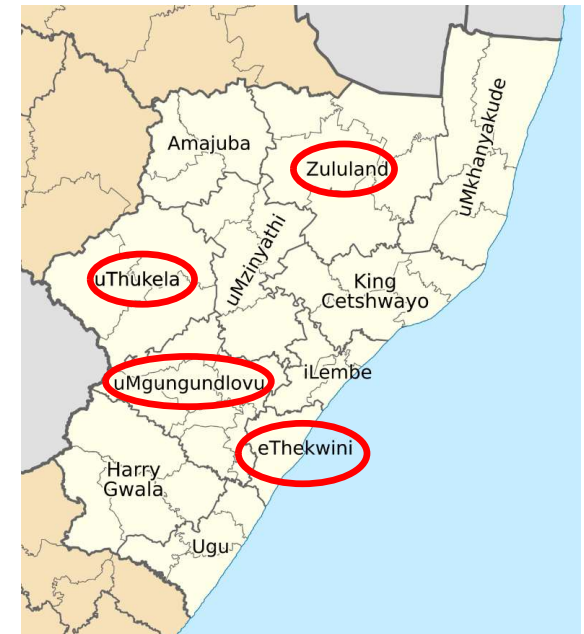
**Objective 2:**

- To make recommendations to the National and KwaZulu-Natal Department of Health (N/KZNDoH) on health systems or services that require strengthening, streamlining, and quality improvement towards retention in care and treatment.
-

## Study Setting

---

- 4 districts in KZN Province (Urban, Peri-Urban, Rural)
- Prevalence among adults aged 15–49 years in the 4 districts ranges from 19.0% to 25.6%.
- The 4 districts are among the 27 PEPFAR SA priority districts.
- Considerations:
  - ❖ Healthcare facilities with links to HST



## Study Design & Methods

---

Survey design	Mixed methods: Cross-sectional survey (telephonic) + in-depth interviews (IDIs)
Participants	Patients on HIV or TB treatment who missed clinic appointments
Location	eThekweni, uMgungundlovu, uThukela, Zulu (+/- 10 facilities/district)
Sample size	Approximately 52 survey participants per facility (26 living with HIV and 26 living with TB)

## Telephonic Survey Eligibility Criteria

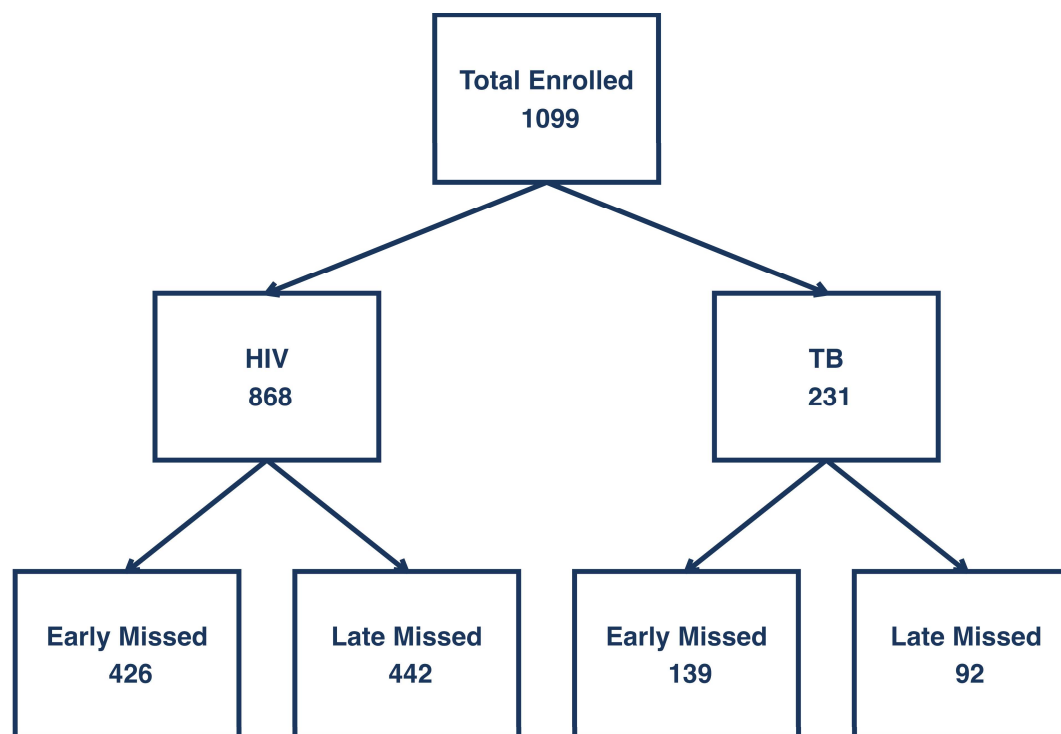
---

Participants who were eligible for the telephonic survey had to:

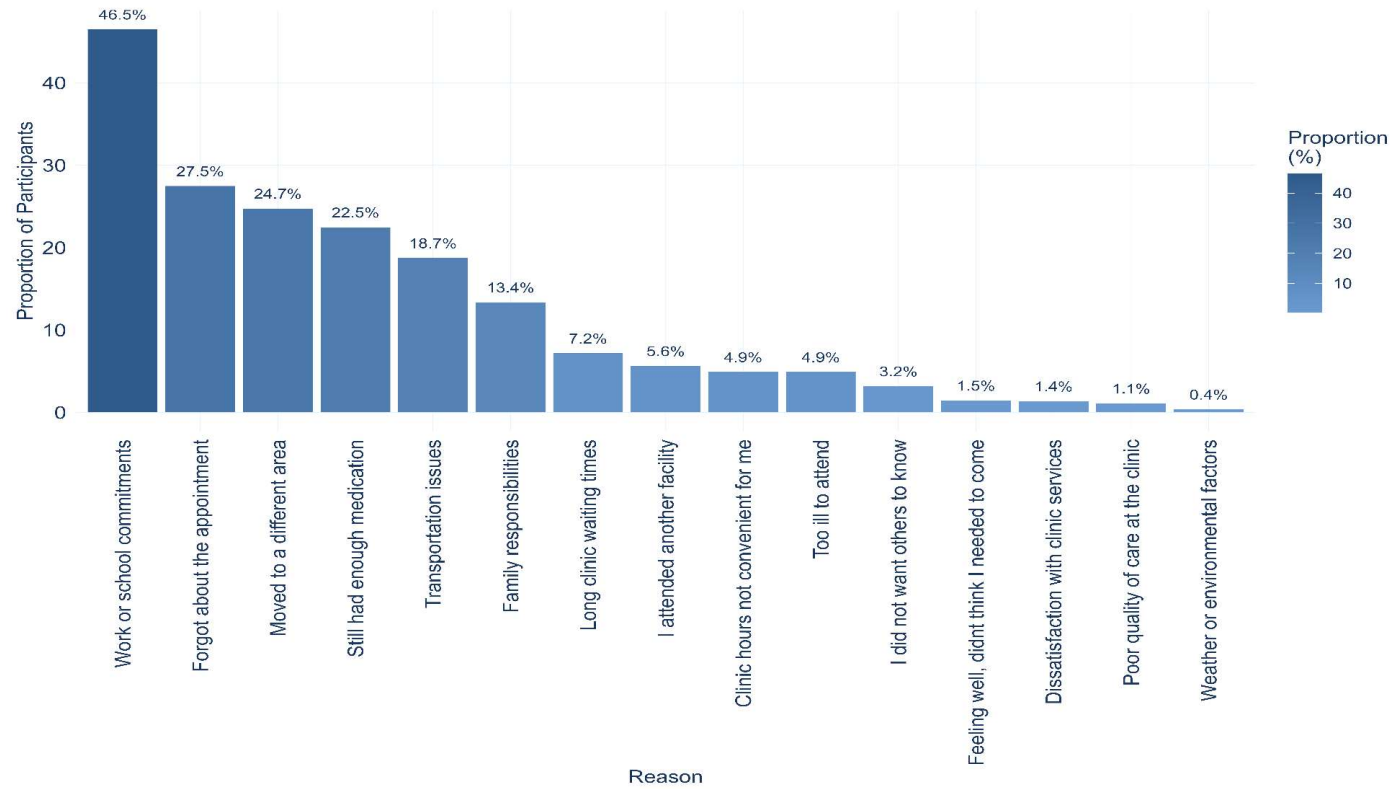
- be living with HIV and/or TB;
  - be enrolled in HIV care and/or TB treatment in a participating facility;
  - **appear in the 'Early Missed' or 'Late Missed' appointment list;**
  - be available telephonically when contacted during routine missed appointment follow-up;
  - be 18 years of age or older; and
  - be able to provide telephonic consent.
-

## Overall Enrolment

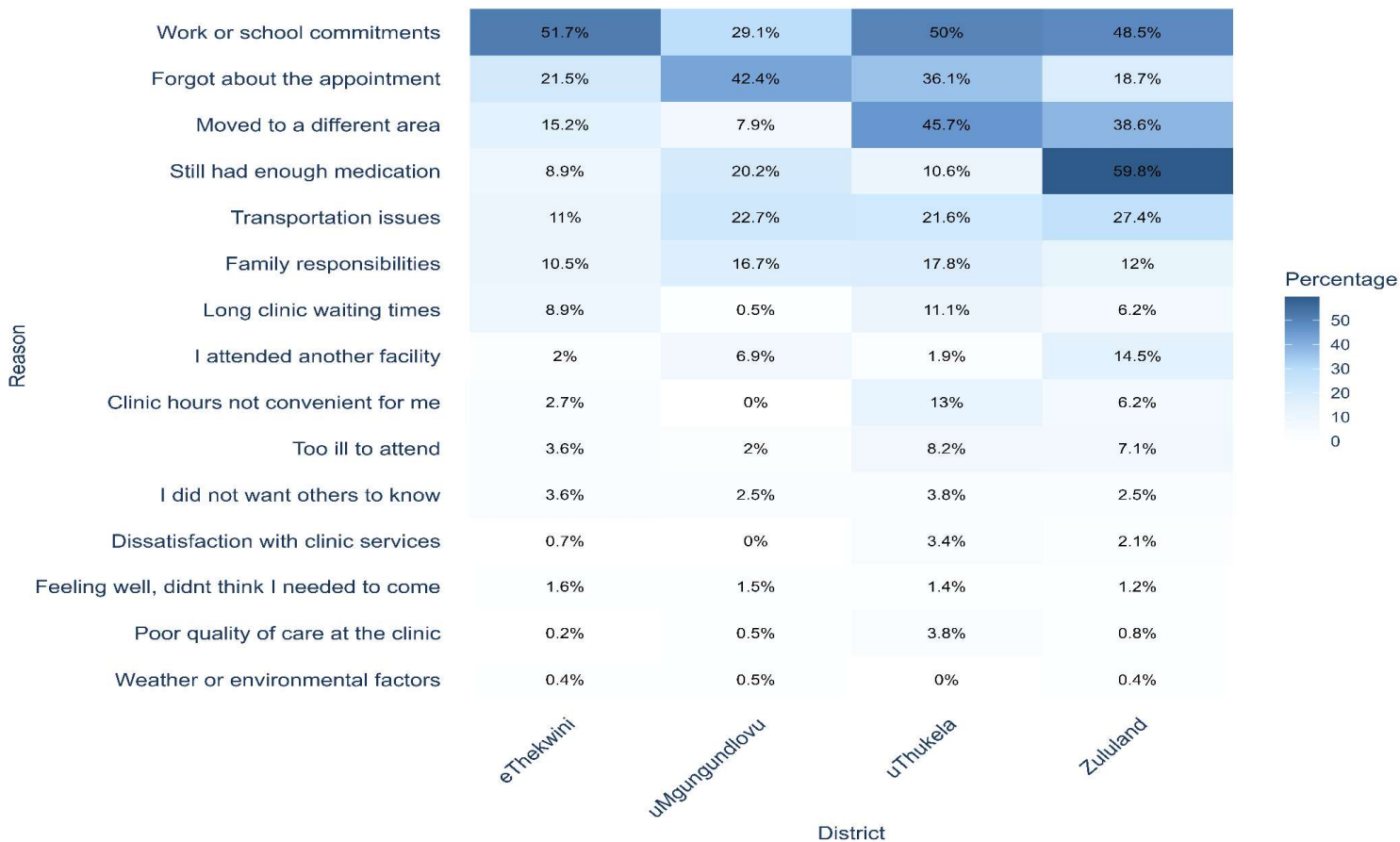
---



# Overall Reasons for Missed Clinical Appointments



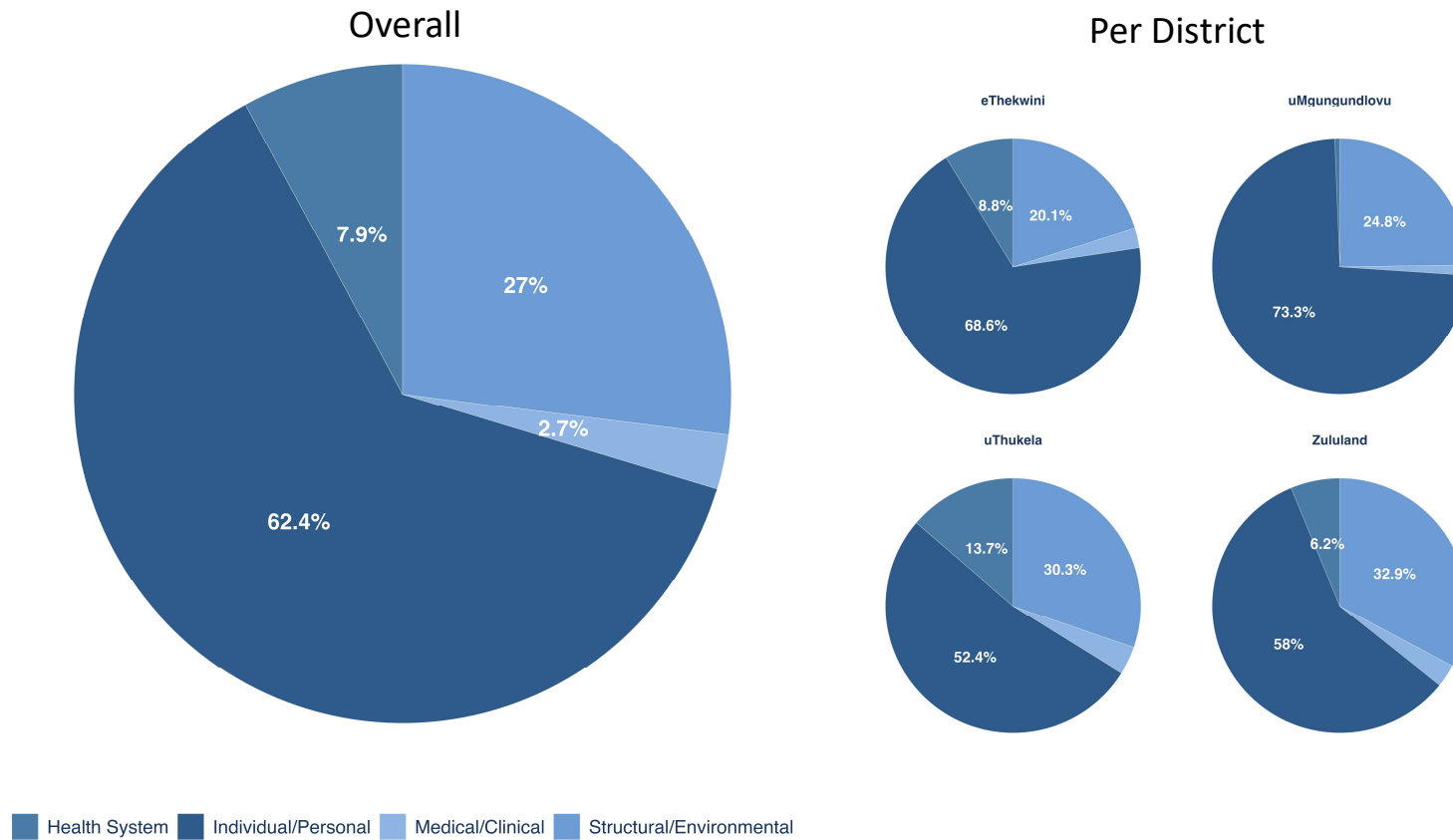
## Reasons for Missed Appointments by District



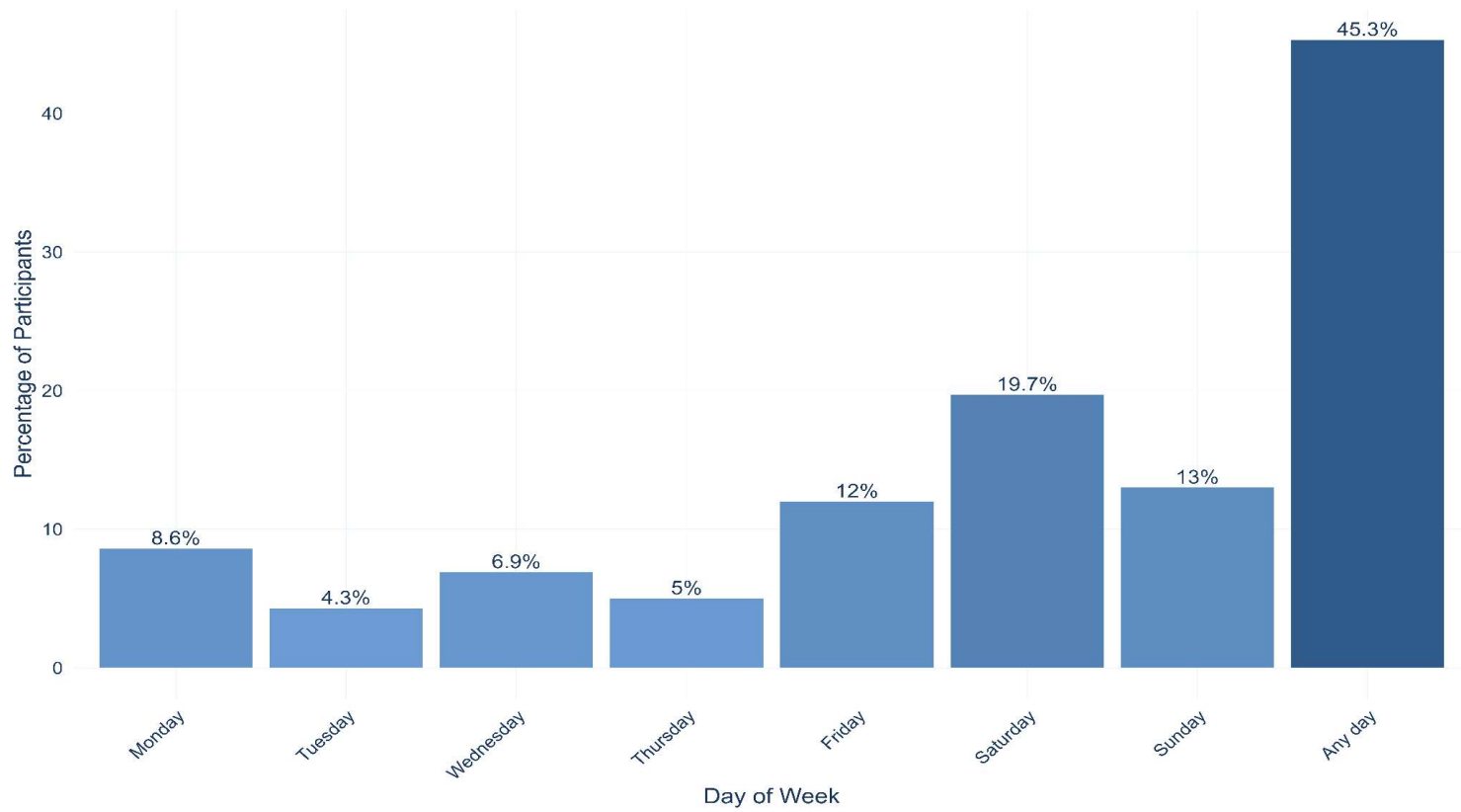
## Reasons for Missed By Condition, Gender and Missed Clinical Appointment Type

Reason	Condition		Appointment type		Gender	
	HIV	TB	Early	Late	Man	Woman
Forgot about the appointment	28%	24%	29%	26%	26%	29%
Feeling well, didn't think I needed to come	1%	2%	1%	2%	2%	1%
Too ill to attend	5%	6%	5%	5%	5%	5%
Transportation issues	19%	17%	17%	21%	16%	21%
Work or school commitments	48%	42%	48%	45%	52%	42%
Family responsibilities	14%	10%	13%	14%	10%	16%
Moved to a different area	27%	16%	21%	29%	27%	23%
I attended another facility	7%	3%	4%	7%	5%	6%
I did not want others to know	2%	7%	3%	3%	3%	3%
Dissatisfaction with clinic services	2%	0%	1%	2%	1%	2%
Still had enough medication	26%	10%	24%	21%	22%	23%
Weather or environmental factors	0%	0%	0%	0%	0%	0%
Clinic hours not convenient for me	5%	3%	6%	4%	5%	5%
Poor quality of care at the clinic	1%	1%	1%	1%	1%	1%
Long clinic waiting times	7%	7%	8%	7%	7%	7%

# Classifications of Reasons for Missed Clinical Appointments



# Preferred Appointment Days



## Participant Latent Classes

---

Class	Name	Top Reasons
Class 1 “The forgetters”	21.3%	Forgot about the appointment (100%); Transportation issues (23.5%); Family responsibilities (18%)
Class 2 “The strugglers”	31.8%	Transportation issues (32.6%); Still had enough medication (28.5%); Family responsibilities (26.2%)
Class 3 “Busy workers”	46.9%	Work or school commitments (100%); Moved to a different area (32.3%); Still had enough medication (21.5%)

---



## Recommendations

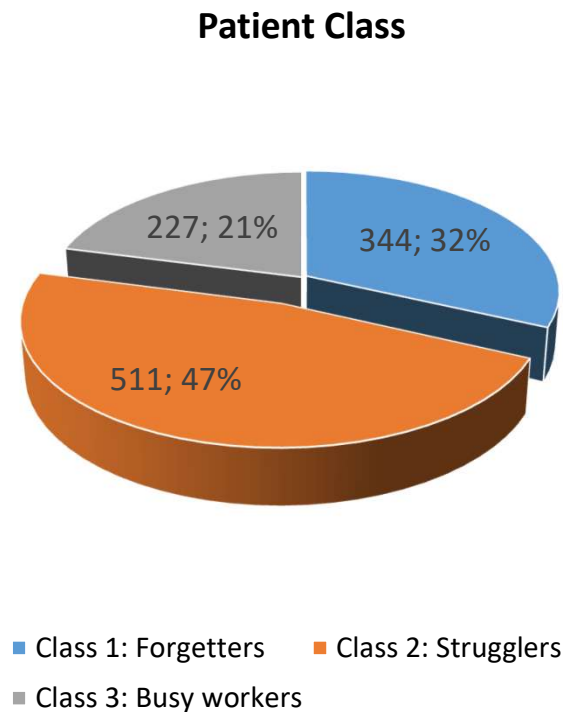
Recommendations	Strategies
<b>Strengthen patient support and engagement</b>	<ul style="list-style-type: none"><li>• Strengthen patient education on adherence through multimedia platforms: Patient-empowerment programs.</li><li>• Provide simple reminder tools such as appointment cards and calendars and friendly health services environment (AI tools).</li><li>• Conduct baseline risk assessments at treatment initiation to identify individuals likely to experience adherence barriers and link them early with community health workers (CHWs) for proactive support.</li></ul>
<b>Adapt service models for flexibility</b>	<ul style="list-style-type: none"><li>• Scale up multi-month dispensing for stable patients</li><li>• Expand community-based medicine distribution options such as PUPs, Peleboxes, and telemedicine models at local areas.</li><li>• Increase deployment of mobile clinic services to take healthcare closer to where people live (Do-ART model).</li></ul>

## Recommendations

Recommendations	Strategies
<b>Address structural and socio-economic barriers</b>	<ul style="list-style-type: none"><li>• Collaboration with social protection programmes including grants, child care, and food support; and community based-structures (CBOs, religious, traditional etc...)</li></ul>
<b>Improve tracking and mobility-friendly systems</b>	<ul style="list-style-type: none"><li>• Strengthen interoperability of patient information systems across facilities (networked-system)</li><li>• Strengthen mapping of patient contacts and next of kin details at treatment initiation, including confirming phone number and geo-mapping using what3words.</li><li>• HPRS for triangulation; flexible HMIS – reflection of clients with drugs at hand in the system and self-transferred.</li></ul>
<b>Tackle stigma and address psychosocial needs</b>	<ul style="list-style-type: none"><li>• Conduct regular facility and community awareness activities to normalise HIV and TB care</li><li>• Strengthen programs that encourage support from family members and friends</li></ul>

## Participants Latent Classes Tailored Interventions

---



- The “Forgetters,” “Strugglers,” and “Busy Bees” represent meaningful patient categories that capture both commonalities and differences across patient groups.
    - ✓ “Forgetters” might benefit most from digital reminders and social support.
    - ✓ “Strugglers” need systemic solutions such as improved transport access and community dispensing systems.
    - ✓ “Busy Bees” require flexible service delivery models that accommodate high mobility and demanding work schedules.
-

## Acknowledgements

---

- CDC Team: Dr Gengiah, Dr Mogashoa, Mr Ndlovu.
  - KZNDoH Management: Mr Mndebele, Mrs Ngozo, Dr Lutge.
  - District Management: Mr Green, Mr Vilakazi, Mr Mohamed and Mrs Shandu.
  - HST Management: Dr Kuwane, Mrs Shezi, Ms Khuzwayo, Mrs Basson, Mr Byleveld and Mr Mudau.
  - Data collectors and participants.
-

**THANK**

