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BACKGROUND

- Until early 2025, PEPFAR supported HIV program data staff and systems across South African facilities, with implementing partners (IPs) playing a central role in HIV data capture and service delivery.
- In January 2025, withdrawal of PEPFAR support disrupted HIV service delivery, including data entry, due to the loss of IP-funded staff and systems.
- Timely and accurate data entry is essential to provision of high quality care and program monitoring.
- We assessed the impact of PEPFAR funding disruptions on data capture in South African public healthcare facilities, examining **staffing changes, data capture equipment losses, and time to electronic data entry**.

METHODS

- In South Africa, clinic visit data are captured in paper files and then entered into TIER.Net by data clerks.
- 24 primary healthcare facilities in four districts: King Cetshwayo (KwaZulu-Natal), Ehlanzeni (Mpumalanga), and Alfred Nzo (Eastern Cape) and West Rand (Gauteng).
- All previously had USAID IP support except West Rand (no IP support).
- Using study site assessments, we tracked monthly IP and DoH data staff numbers and facility-level data capture disruptions for two time periods: Phase 1 (P1) (Oct 2024–May 2025) and Phase 2 (P2) (June–December 2025).
- EMR data from TIER.Net were analysed for adults (≥18) from January 2024 to September 2025, comparing clinic visit dates to data entry dates.

RESULTS

127

total data staff in Oct 2024 across all 24 districts

17

IP-funded data staff lost in Feb-Mar 2025, after funding cuts

Funding cuts reduced IP data staff by 71% but had little immediate impact on data capture timeliness.

0

additional DoH staff appointed to replace IP

15

IP staff recovered by December 2025

What happened with staffing?

- As of October 2024, **24 IP-funded data staff** were deployed across our 18 study sites in the three USAID-supported districts, comprising 19% of the total complement of 127 data staff at these sites.
- By March 2025, only 7 of the 24 IP staff remained, a 71% decline
 - Ehlanzeni sites lost 8 out of 9 data staff
 - Alfred Nzo sites lost 6 out of 9 data staff.
- By December 2025, 22 of the original 24 IP staff had returned to their posts.
 - Alfred Nzo sites remained well below their baseline of 9, with only 3 IP staff in post.
- There were no changes in numbers of Department of Health data staff between October 2024 and December 2025.

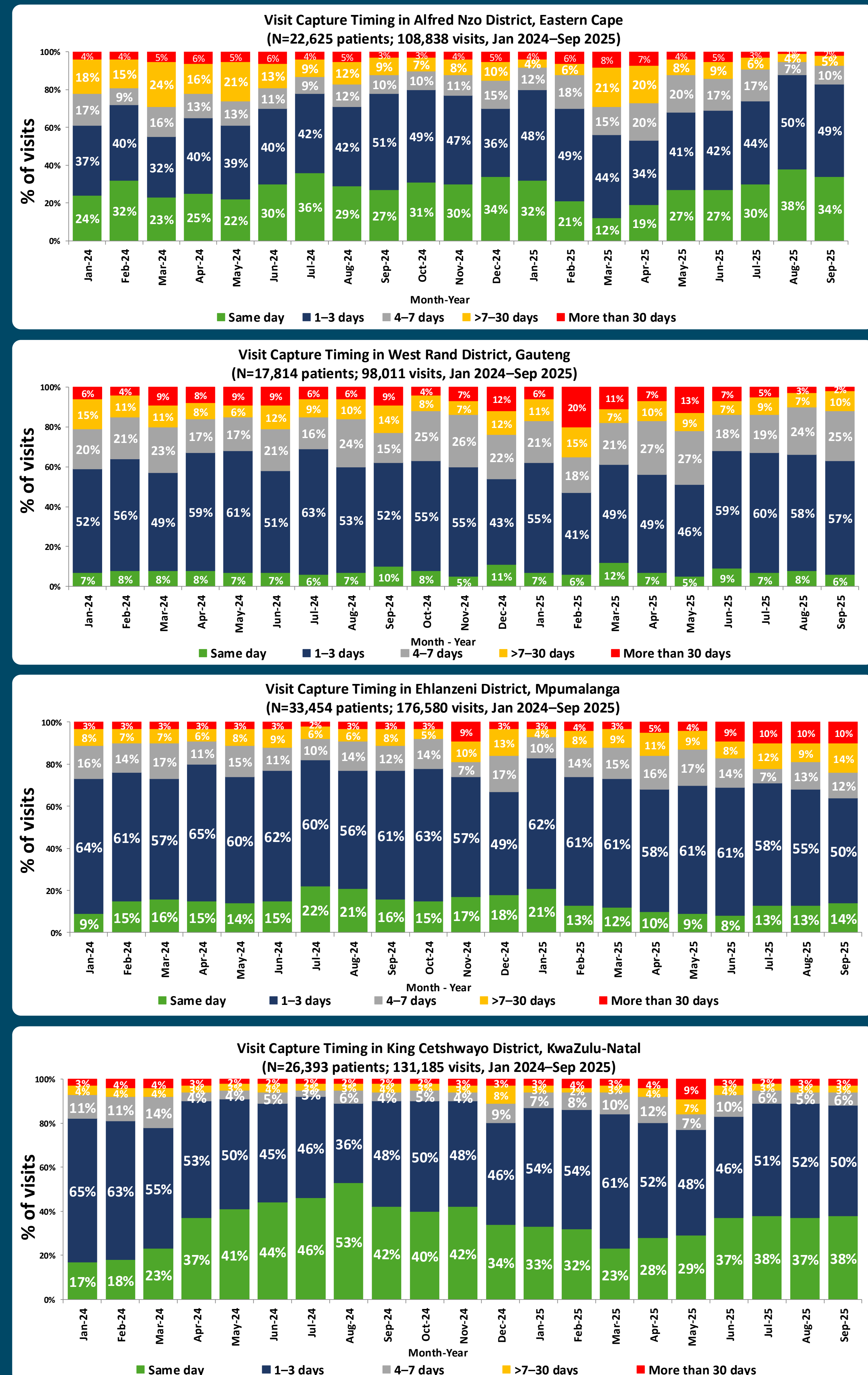
Figure 1. Facility disruptions by district from Phase 1 (Oct 2024–May 2025) to Phase 2 (Jun-Dec 2025)

↑ Improved		↓ Worsened		— Stable		● = facility affected		○ = facility not affected			
	Lab results turnaround delays			Loss of IP computer			Connectivity loss				
West Rand (n=6)	P1	○○○○○○○	0/6	—	P1	○○○○○○○	0/6	—	P1	○○○○○○○	0/6
	P2	○○○○○○○	0/6		P2	○○○○○○○	0/6		P2	○○○○○○○	0/6
Ehlanzeni (n=6)	P1	○○○○○○○	0/6	↓	P1	●○○○○○○○	2/6	↑	P1	●○○○○○○○	3/6
	P2	●●○○○○○	2/6		P2	●○○○○○○○	1/6		P2	●●○○○○○	5/6
King Cetshwayo (n=6)	P1	○○○○○○○	0/6	—	P1	●●●○○○○	3/6	↓	P1	●●●○○○○	2/6
	P2	○○○○○○○	0/6		P2	●●●●●○○	6/6		P2	●●●○○○○	3/6
Alfred Nzo (n=6)	P1	○○○○○○○	0/6	—	P1	●○○○○○○○	1/6	↓	P1	●○○○○○○○	1/6
	P2	○○○○○○○	0/6		P2	●●○○○○○	2/6		P2	●○○○○○○○	1/6

Each circle represents one facility (n=6 per district)

- Losses of computers and/or connectivity affected all facilities in King Cetshwayo District and some facilities in other districts (Figure 1).
- Delays in receiving lab results were not common.
- There was little change in data capture timing after the funding cuts, despite significant IP staff losses in these districts.

Figures 2a-d. Visit Capture Timing in Each Study District



CONCLUSIONS

- Despite losing 71% of IP data staff, capture timeliness remained stable largely because DoH staff, who made up 81% of the total workforce, remained unchanged throughout. Facilities redistributed responsibilities to DoH staff, interns, and roving data capturers, absorbing the immediate gap without a visible impact on timeliness.
- However, widespread equipment and connectivity losses in King Cetshwayo and Ehlanzeni signal growing pressure on data capture infrastructure that may not yet be reflected in timeliness data. Sustained monitoring and investment in replacing lost resources will be critical to maintaining data quality over the longer term.