

# AWACC 2025

## KZN Mentorship Plan to Reduce Mortality in HIV/TB

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behalf of the team

Elangeni Hotel Durban

31.10.2025

GROWING KWAZULU-NATAL TOGETHER

- Background
- Interventions
- Training and mentorship model
- Progress
- Monitoring and evaluation
- Progress to date- Umzinyathi district
- Success/Challenges
- Conclusion

## Background

- The KwaZulu-Natal Tuberculosis Control Programme (TBCP) initiated a **facility-level clinical and mortality audit** in 2023 to address **poor TB treatment outcomes (success rate 75%, death rate 6,6 and LTFU 7%)**.
- **District hospitals** formed the majority of facilities assessed.
- The main aim was to **evaluate the level and quality of TB care** and identify gaps requiring **continuous quality improvement (CQI)**.

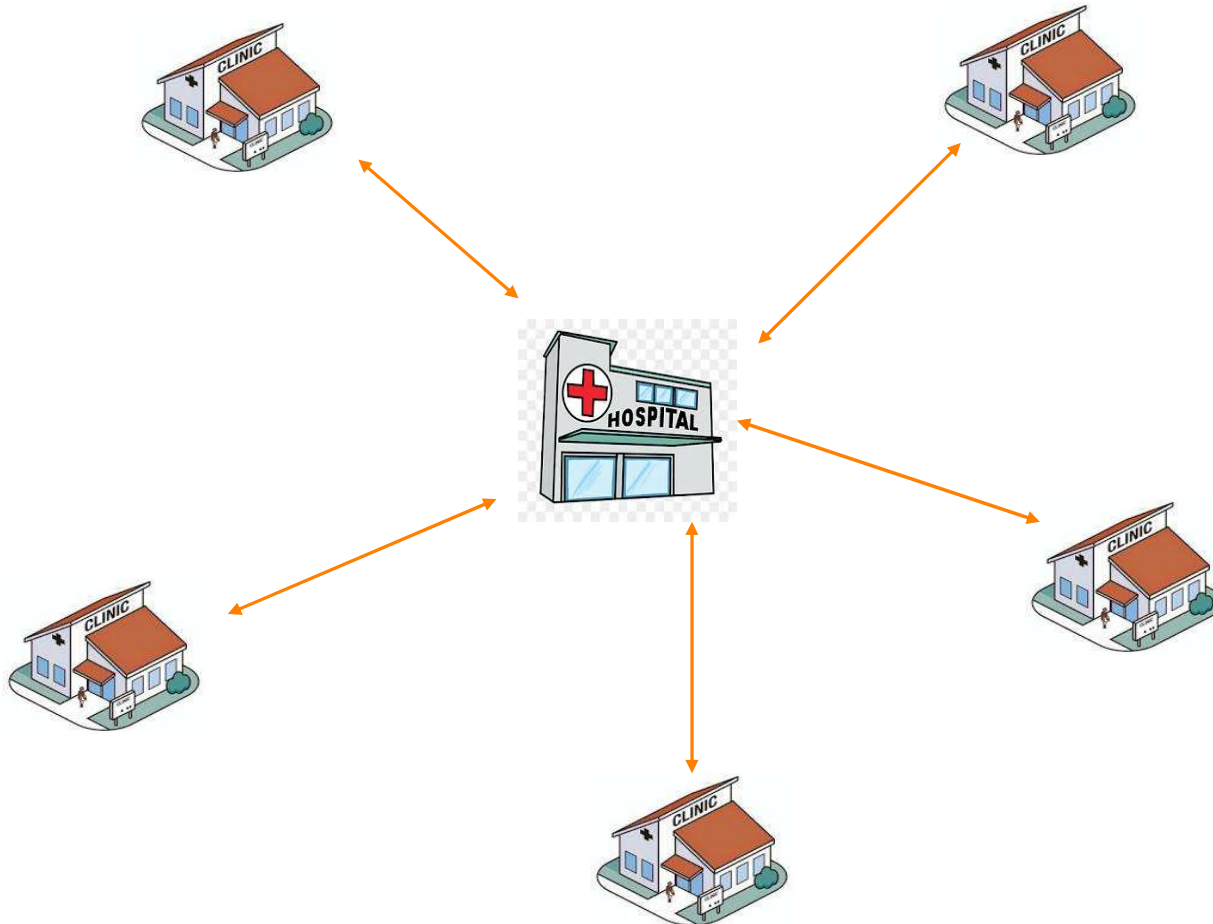
### Key Findings:

- High burden of **TB/HIV co-infection** across audited sites.
- **Most TB deaths linked to uncontrolled HIV infection**, despite multiple clinical encounters at both district and PHC levels.
- Evidence showed **limited integration of TB and HIV services** throughout the **care cascade** (diagnosis → treatment → outcome).
- The lack of integration was **consistent across facility levels**, indicating a **systemic gap in coordinated TB/HIV management**.

## Integrated TB/HIV clinical training targeted at district hospital staff managing co-infected patients.

- District hospitals with highest DS-TB mortality (2022) prioritised for mentorship intervention.
- Goal: Strengthen clinical decision-making, mentorship, and TB/HIV integration.
- A total of 37 facilities participated in three training rounds (Aug–Sept 2024).
- Participants included HAST and OPD staff: Clinical Managers, Operational Managers, and Medical Officers.
- Focus on aligning TB and HIV clinical management and referral pathways.

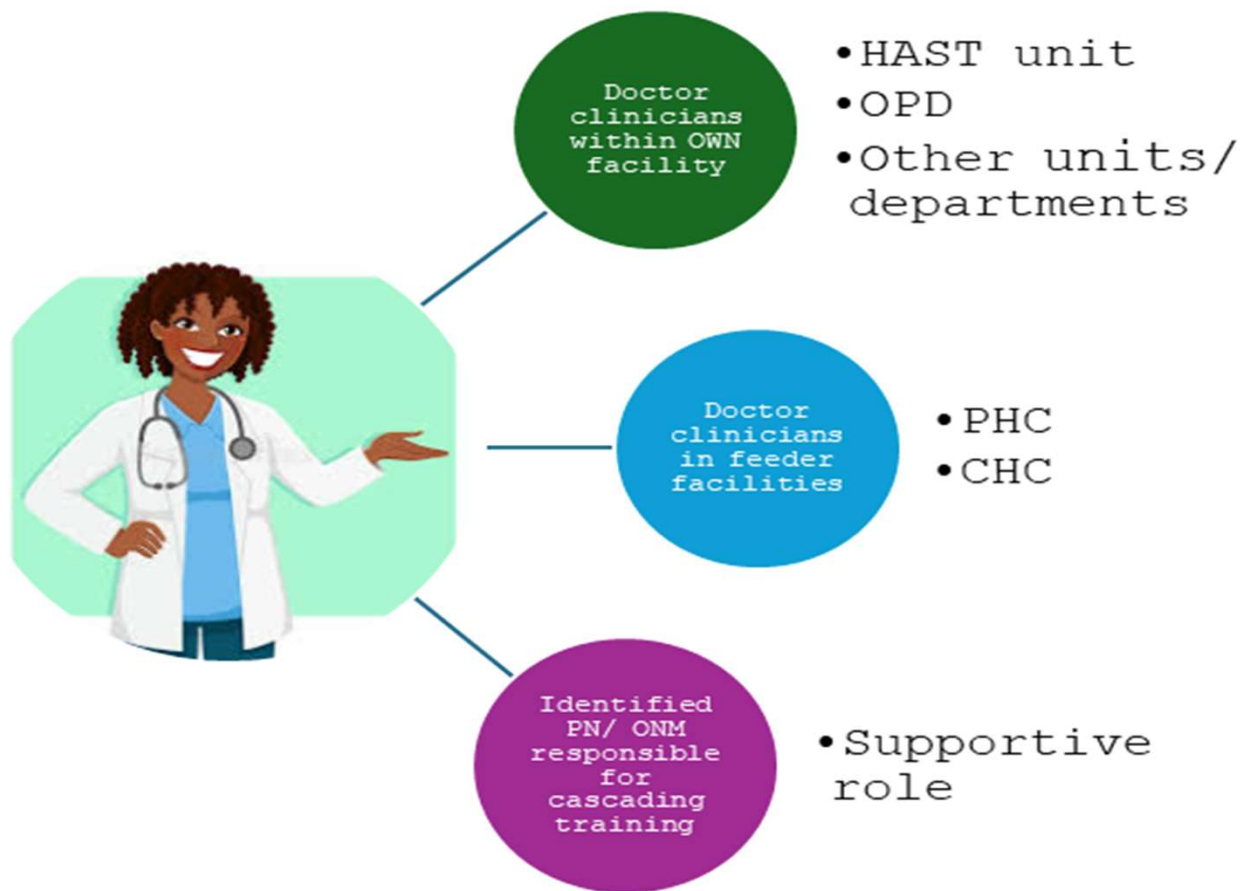
# Training and mentorship design



- The hub-and-spoke model aims to strengthen referral pathways and improve TB/HIV clinical management through district hospital support to feeder facilities.

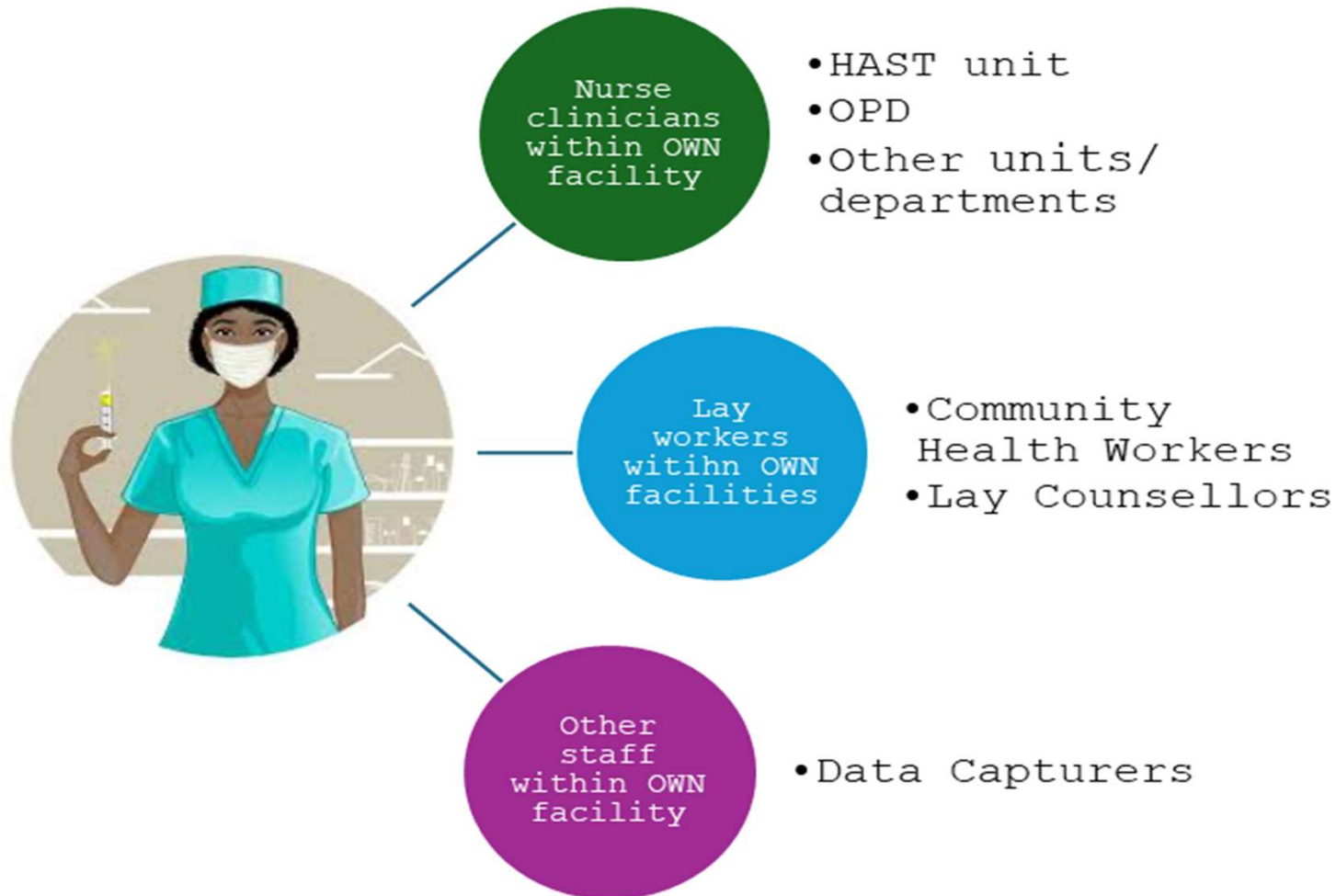


## Doctor training and mentorship cascade





## Nurse training and mentorship cascade



## Progress to date

District	Trainings conducted	No of Doctors trained	No of Nurses	Comments
Amajuba	nil			Staff turnover affected training plan. SOP and referral pathways submitted and implemented
EThekweni	4	67	31	Viral load SOP, referral pathways, admission and discharge criteria
Harry Gwala	1	8	26	Referral pathway, Admission and discharge criteria (Early adopter)
ILembe	nil			Staff turnover ,Viral load SOP
KCD	5	7	60	Viral load SOP, admission and discharge criteria, referral pathway
UGu	1	3	29	Referral pathways
UMgungundlovu	1	4	56	SOP and referral pathways not submitted
UMkhanyakude	Nil			SOP, referral pathway submitted
UMzinyathi	4	37	136	Early adopter impact noted.
UThukela	2	4	97	Late adopter- mentorship plan very good.
Zululand	nil			nil

## Monitoring and evaluation

- Development of the Monitoring and Evaluation (M&E) plan, that focused on key process indicators through the TB and HIV clinical cascades
- The District TB and HAST Coordinators were expected to engage with PHC Supervisors to implement this M&E framework and, collectively, provide monthly and quarterly facility-level reports to the Provincial TBCP.
- Clinical and mortality audits at 6 and 12 months post training

# Monitoring and evaluation

Indicator		Baseline (Jul - Sep 24)	Process indicator(s)
1. TB treatment initiation	under 5 yrs		Number confirmed (clinical + bacteriological)
			Number started on treatment
			Initiation rate
	5 yrs and older		Number confirmed (clinical + bacteriological)
			Number started on treatment
			Initiation rate
2. Contact management			Number started on treatment
			Number of contacts elicited
			Contact:Index ratio (contacts/index)
3. ULAM			Number of facilities reporting
			Total number of facilities (required to report)
			Proportion of reporting facilities
			Number eligible for ULAM test
			Number tested using ULAM
			Number tested ULAM positive
			Positivity yield

# Monitoring and evaluation

Indicator		Baseline (Jul - Sep 24)	Process indicator(s)
1. TB treatment initiation	under 5 yrs		Number confirmed (clinical + bacteriological)
4. TPT	All HIV positive clients on ART		HIV positive clients on ART eligible for TPT
			HIV positive clients on ART initiated on TPT
	under 5 yrs		Uptake rate
			Number of TB contacts
			Number of TB contacts started on TPT
			Uptake rate
5 yrs and older		Number of TB contacts	
		Number of TB contacts started on TPT	
5. 3HP			Number of facilities reporting
			Total number of facilities (required to report)
			Proportion of reporting facilities
			Number of HIV positive clients initiated on 3HP - New
6. Social mobilization			Number screened
			Number tested
			Number tested positive
			Positivity yield
			Number started on treatment
			Initiation rate

# Monitoring and evaluation

Indicator	Baseline (Jul - Sep 24)	Process indicator(s)
7. Transfer out management		Total number transferred out
		Number transferred in (registered as T/I)
		Proportion successfully transferred
		Number transferred in (registered as New)
		Number transferred in (registered as other)
		Transferred out of district
		Transferred out of province
		Transferred out of country
		Could not trace successfully (could not be accounted for)
8. SMS notification		TB NAAT conducted
		SMS delivered
		Proportion successfully delivered
9. Sputum rejection		TB NAAT conducted
		Number rejected
		Proportion rejected
10. Adherence planning		Number of facilities completed the multi-sectoral stake holder mapping
		Number of facilities conducted a multi-sectoral engagement meeting/workshop on adherence planning
		Number of facilities implementing a multi-sectoral endorsed adherence planning
11. Viral load suppression (<15 yrs)	under 15 yrs	TROA
		Number virally suppressed
		Proportion virally suppressed



**KWAZULU-NATAL PROVINCE**

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# UMZINYATHI HEALTH DISTRICT MENTORSHIP PROGRAMME

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# VIRAL LOAD MANAGEMENT AND TPT MENTORSHIP

## STAKEHOLDER ENGAGEMENT

- Relevant cadres were identified and meeting was held to discuss implementation plan
- Cadres identified at all sub-districts:
  - HAST coordinators
  - TB coordinators
  - Sub-district PHC trainers
- VL completion and TPT initiation in HIV positive clients were identified as poor performing indicators to trial the mentorship program
- Identified cadres are NIMART trained and had received TPT guideline training
- A3 VL algorithm posters were procured to aid mentorship

# VIRAL LOAD MONITORING AND MENTORSHIP

## IMPLEMENTATION PROCESS

- Each sub-district formulated their mentorship plan on VL management and TPT initiation to clients on ART
- Identified clinical mentors to rove around facilities and offer mentorship
- Each sub-district created their own Referral pathway SOP and VL management SOP
- These SOPs were introduced to relevant cadres at nerve centres at all levels
- Identification and appointment of 40 VL champions and creation of VL champion job aids, target group had recently received HIV/AIDS counselling training
- Appointment of HAST champions in all facilities to increase accountability and creation of HAST champion's job aids
- Engagement of Outreach team to implement community/household TPT initiation



# Attendance registers



## TPT GUIDELINE INSERVICE AND MENTORSHIP

Date	17 DECEMBER 2024
District	UMZINYATHI
Sub-District	ENDUMENI
Venue	WASBANK CLINIC

Please mark Facilitators with an asterisk \*. Occupation refers to qualification for example Professional Nurse, Enrolled Nurse, ENA, Doctor, Pharmacist, or to job title in the absence of a qualification for example Data Capturer, Community Health Worker or Lay Counsellor.

FIRST NAMES	SURNAME	PERSAL	ID	GENDER	DISTRICT	SUB-DISTRICT	FACILITY	CELL NUM.	E-MAIL	OCCUPATION	SIGN
Shabana	Rajkumar	605185516	7705000126 0891	F	Umzinyathi	Endumeni	Wasbank	052445533	wasbankline rajkumar.com	OWN	
Pumzile	Mkhize	61560418	760705032906	F	Umzinyathi	Endumeni	Wasbank	0828277543	phlem29.mkhiz xobasomkhiz	CNP Professional/CEHWA	
Mbuli	Xaba	63257066	8405160864081	F	Umzinyathi	Endumeni	Wasbank	0730556483	@gmail.com	EN	
Duduzele	Sibisi	60749181	8810090382082	F	Umzinyathi	Endumeni	Wasbank	0825154029	mdlunga150 gmail.com	CNP	
* Westing	Nsukwini	63343571	791022568095	M	UMZINYATHI	ENDUMENI	Dundee PHC	0721808399	blesisukwini 79670221.com	CNP	
* Khonyisile	Nkosi	602316104	850420064088	F	Umzinyathi	Endumeni	Dundee PHC	0835623128	khonyisilen 8130@gmail.com	MHCC	
Hlengiwe	Mdakane	65199421	7703250569087	F	Umzinyathi	Endumeni	Wasbank	0610955998	g.mail.com hlengywe	EN	
* Ndwane	Phakathi	63071194	871013071380	F	Umzinyathi	Endumeni	Dundee PHC	07188 20196	phakathiwo kille1371	HW Coordinator	
* Lorraine	Thabathe	64058271	9011040290080	F	Umzinyathi	Endumeni	Dundee PHC	0838984307	Lorraine.Thabathe etzn.healthi. gov.za	PHC Trainer	

# JOB AID- HAST CHAMPION

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**JOB AID FOR HAST CHAMPIONS**

INDICATOR	INTERVENTION	TARGET
CASE FINDING	<ul style="list-style-type: none"> <li>Ensure integration of services, i.e., all consulting rooms offer HTS.</li> <li>Index contact testing of all newly diagnosed patients, including all patients with high viral loads and HIV+ pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>Two clients per clinician per day (PICT)</li> <li>Two index cases per clinician per day</li> </ul>
VIRAL LOAD SUPPRESSION:	<ul style="list-style-type: none"> <li>Obtain weekly viral load due list from TIER.NET</li> <li>Pre-retrieval of all patients' files a day or two before appointment to note all those that are due for viral load.</li> <li>Ensure all viral loads that were due have been done by the end of the week.</li> <li>Management and referral of viral load two consecutive unsuppressed, including children of 0-10 years</li> <li>Champion eLabs/ LABTRACK for viral loads and results for action and monitor pathways for blood results when they arrive in a facility.</li> <li>Monitor specimen rejections and address reasons for rejections</li> </ul>	<ul style="list-style-type: none"> <li>The viral load threshold must be &lt;50 copies</li> <li>100% of files pre-retrieval</li> <li>At least 95% of viral loads must be done by the end of the week.</li> <li>Two referrals per day per clinician</li> <li>100% of results must be read, documented, captured, and actioned accordingly.</li> </ul>
TLD TRANSITIONING	<ul style="list-style-type: none"> <li>Identifying patients who are eligible for transitioning, especially those who are on CCMDD.</li> <li>DTG-based regimen for eligible children</li> </ul>	<ul style="list-style-type: none"> <li>80% of TROA must be on TLD.</li> <li>All eligible children should be put on a DTG-based regimen.</li> </ul>
ENHANCED ADHERENCE COUNSELLING	<ul style="list-style-type: none"> <li>Continuous adherence counseling to all treatment interrupters, especially those that have been successfully traced back to care.</li> </ul>	<ul style="list-style-type: none"> <li>All treatment interrupters must be counseled and referred to the right resources</li> </ul>
DMOG (DIFFERENTIATED MODELS OF CARE)	<ul style="list-style-type: none"> <li>Decanting all eligible clients to DMOG.</li> <li>Monitor script rejections and corrections</li> <li>Actioning of the Dormant list</li> </ul>	<ul style="list-style-type: none"> <li>80% of TROA must be on DMOG models.</li> <li>0% script rejections</li> </ul>
PREGNANT WOMEN	<ul style="list-style-type: none"> <li>Ensure that all women who are on ART have the latest viral load documented on page 4 of the maternity case record (Antenatal ARV tracking record).</li> <li>Ensure the viral load non-suppression algorithm is documented on the patient's maternity case record.</li> <li>Ensure early discussion of unsuppressed viral load with the HAST doctors and early switching of ANC clients to ALD regimen as per PMTCT guidelines</li> <li>Ensure the use of C# CODE, which must be displayed on the wall in all MNCWH consulting rooms.</li> <li>Ensuring linkage of all pregnant and post-delivery women.</li> <li>Counseling of pregnant women about feeding options for infants</li> <li>Encourage status disclosure for support</li> <li>Pregnant HIV-positive teenagers are referred to a social worker and a psychologist</li> <li>Continued health education on all non-HIV pregnant and breastfeeding women on PREP benefits.</li> <li>Advocate LARC.</li> <li>Ensure all PCRs are done at specific intervals as per PMTCT guidelines</li> <li>Ensure all women are offered and done cervical cancer screening</li> <li>Ensure all PCRs are done at specific intervals as per PMTCT guidelines</li> </ul>	<ul style="list-style-type: none"> <li>All women on ART must have taken viral load on their first visits regardless of their cohort</li> <li>Early referral of cases</li> <li>0% VL rejections</li> <li>100% initiation of all newly diagnosed cases.</li> </ul>
HIGH VL FOR UNDER 15yrs CHILDREN	<ul style="list-style-type: none"> <li>Check all High VL on Lab track /eLabs or email communication from District Programme managers</li> <li>Retrieve all Files</li> <li>Do a File audit (check all gaps that were missed by clinicians) e.g., exclude all barriers to ART, step up adherence, discuss High VL with the patient, and disclosure</li> </ul>	
	<ul style="list-style-type: none"> <li>Initiate Track and trace (calling and securing appointments) involving CHWs if not found telephonic.</li> <li>Refer to social workers after discussion with the patient</li> <li>Repeat bloods as per guidelines after exclusion of adherence and disclosure</li> <li>Relook and the Log drop as per guidelines to exclude treatment failure</li> <li>Offer SRH (ideally Long Acting Family Planning Method) if sexually active</li> <li>Advice for Partner testing (Index testing if sexually active)</li> <li>Refer to the Dr for switching as per guidelines</li> </ul>	
SUPPORT PARENTS/ GUARDIAN WITH DISCLOSURE	<ul style="list-style-type: none"> <li>If disclosure challenges are observed, invite parents or guardians for in-depth support and step-by-step disclosure support.</li> <li>Involve social workers and partners (CHIVA) who are supporting AYFS and disclosure</li> <li>Involve the District Social worker and Adherence facilitator</li> </ul>	
OP NERVE CENTRE	<ul style="list-style-type: none"> <li>Conduct weekly huddle meetings and participate in monthly facility Nerve Center meetings</li> <li>Ensure data accuracy, validation, and verification</li> <li>Attend sub-district HAST meetings and mentor facility staff</li> </ul>	
HAST reports	<ul style="list-style-type: none"> <li>Timely submission of all HAST reports</li> </ul>	



# JOB AID- VL CHAMPION



## **EN/ENA VL Champion - Job Aid**

Objective: to achieve third target of 95 95 95 goal, by enhancing VL monitoring thus increasing VL suppression

- Generate appointment list weekly
- Ensure appointment reminders are sent out
- Monitor collection of bloods at correct periods
- Ensure tracing and actioning of results including informing clients of blood results
- Conduct adherence counselling and literacy classes
- Client education on when they will repeat bloods until they are suppressed
- Ensure blood results are captured by D/C
- Facilitate the revival of support groups and adherence clubs



**KWAZULU-NATAL PROVINCE**

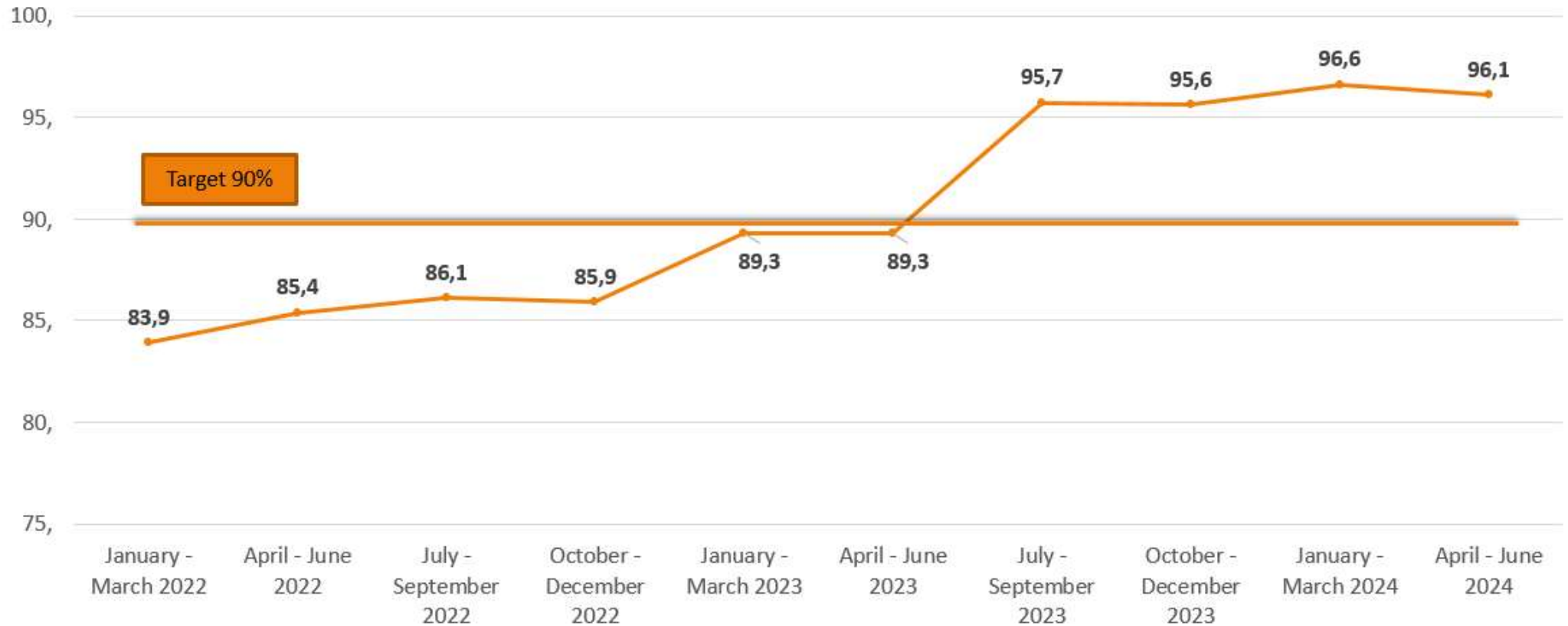
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# **DISTRICT PERFORMANCE**

# Target = 90%

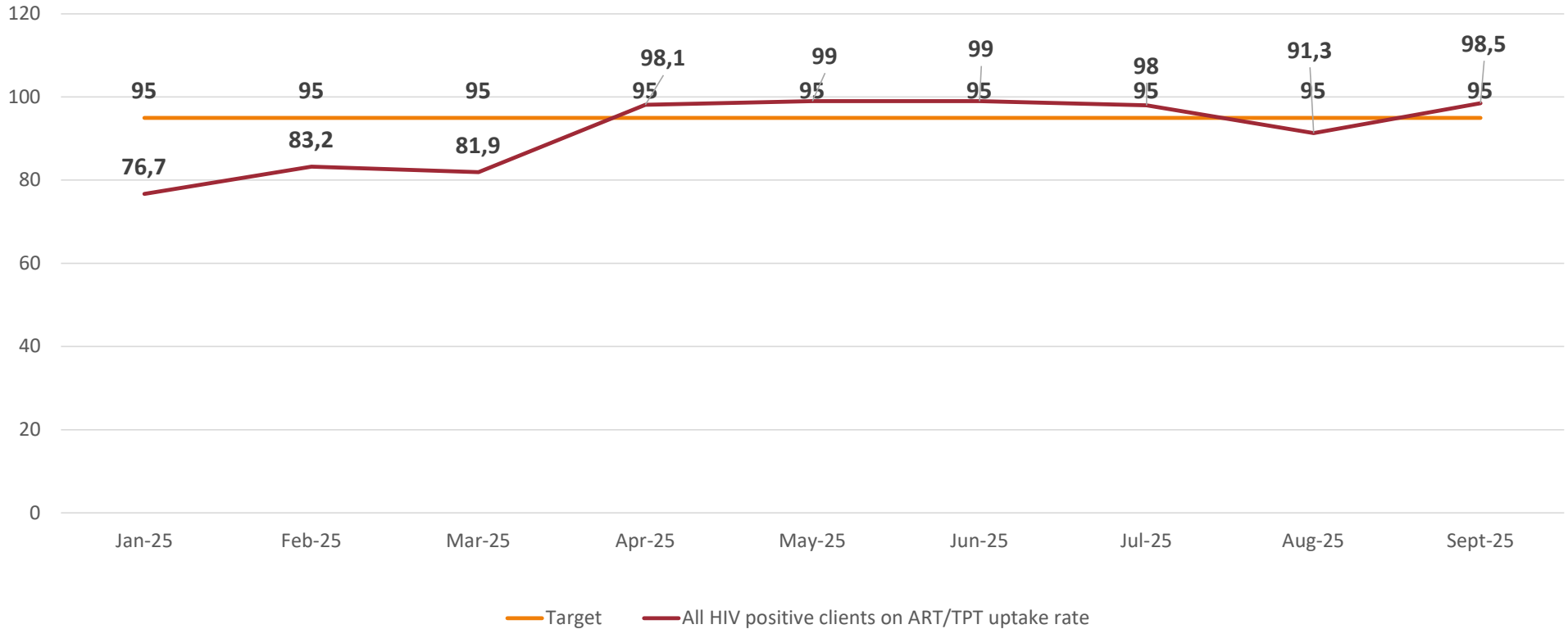
## ART Client VL completion rate @I2/I2





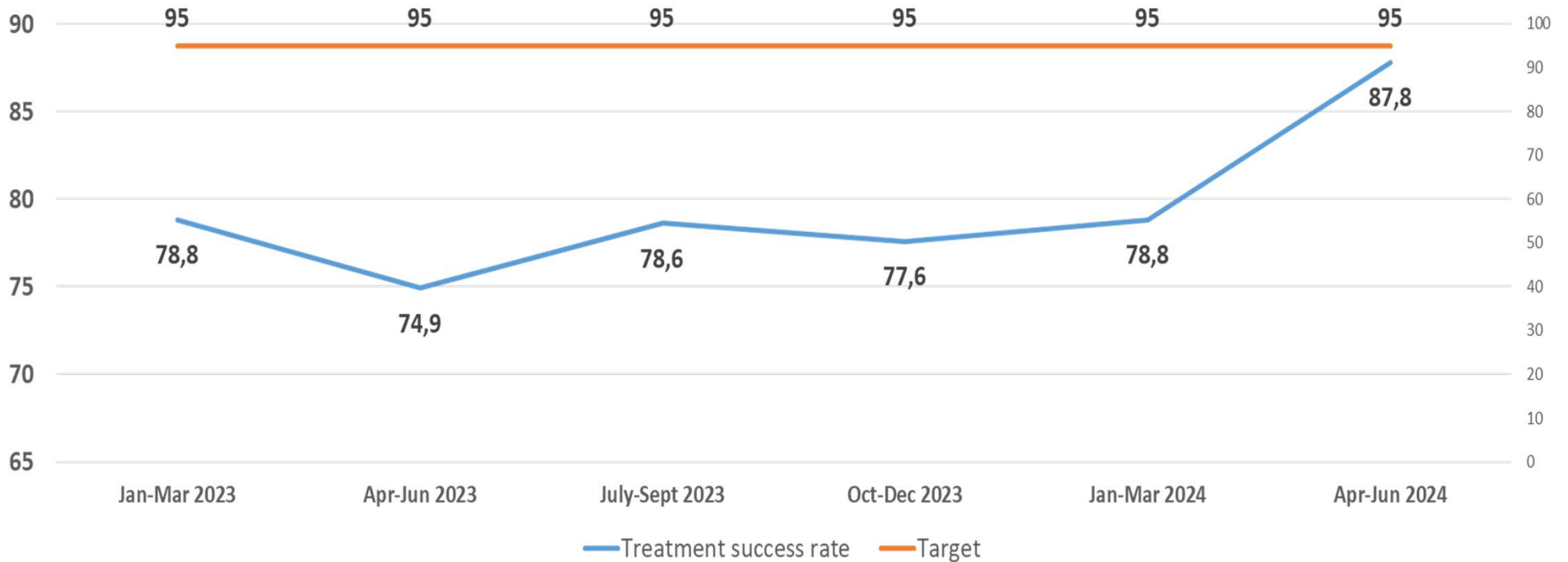
**Target = 95%**

# All HIV positive clients on ART/TPT uptake 12 months trend

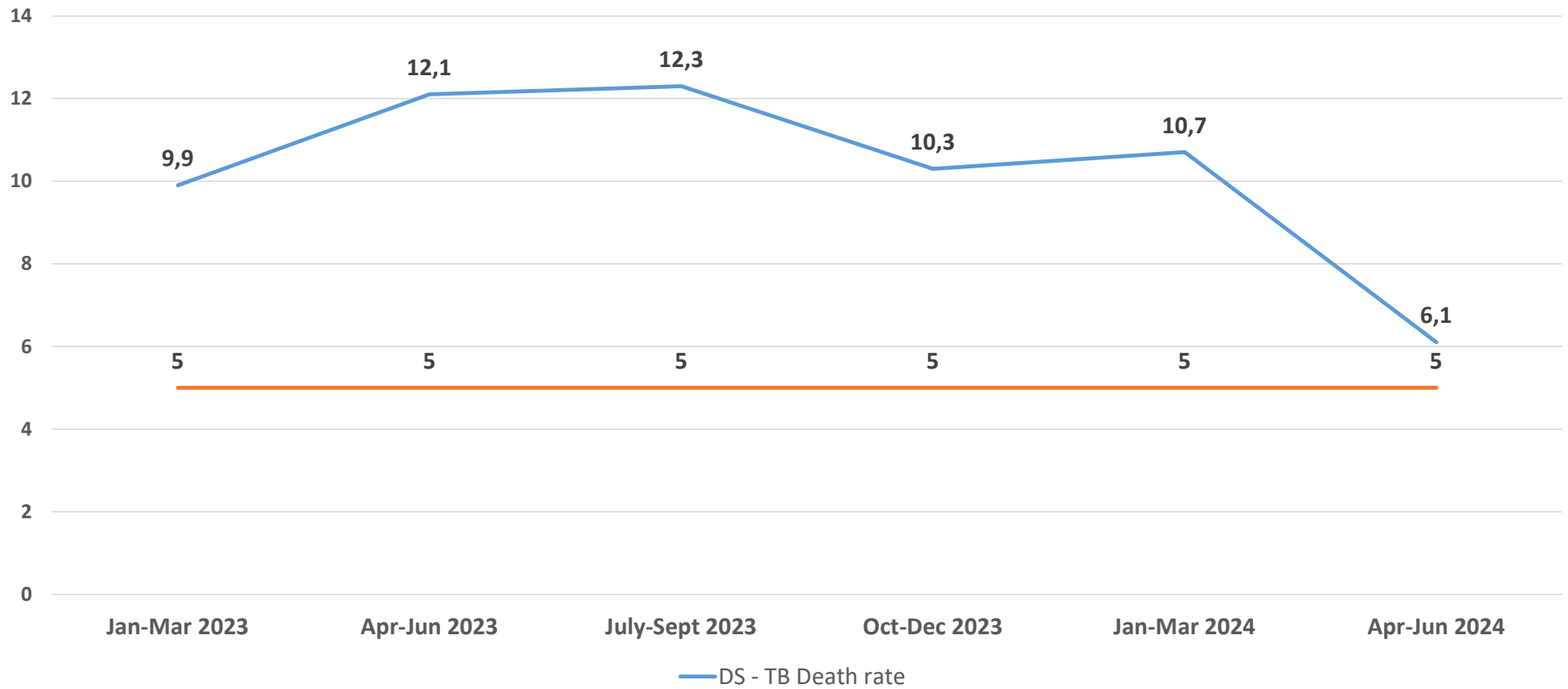


# Target = 95%

## DS-TB treatment success rate



# Target = <5% DS-TB death rate



## Successes/Challenges

### Successes

- Consistent Integrated Quarterly follow ups as planned
- Committed TB/HAST teams.
- Mentorship to Provincial managers- Dr Sunpath

### Challenges

- Competing priorities and staff turnover leading to delay on cascading training and mentorship.
- Delays on evaluation(Clinical audits) – Trainings were conducted late.

## Conclusion

The mentorship programme has been partially implemented and is already demonstrating positive impact.

Favourable results shared by Umzinyathi indicate that the integrated TB/HIV mentorship approach effectively addresses the challenges identified through clinical and mortality audits.

These early successes suggest that, as implementation continues across all districts, the programme will contribute significantly to improved treatment outcomes and overall quality of TB/HIV care.

**Clinical audits are scheduled from December 2025** to evaluate the overall impact of the training and mentorship

## **Acknowledgements**

Dr Sunpath

Regional Training Centre (KZN DoH)

UKZN team

Genesis Analytics

Drs Malaza and N. Naidoo

HST

District TB and HAST Coordinators

MaTCH

UMzinyathi DHMT

Isibani

Provincial HAST

Aurum Institute

**THANK YOU**

