



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA



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Good practice in the management of high viral load in children

A success story from uThukela District:

**Achieving 99% viral suppression in 75 Children (0–19 years) in Injisuthi Clinic
from May 2023 to December 2024**

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AWACC 2025

GROWING KWAZULU-NATAL TOGETHER



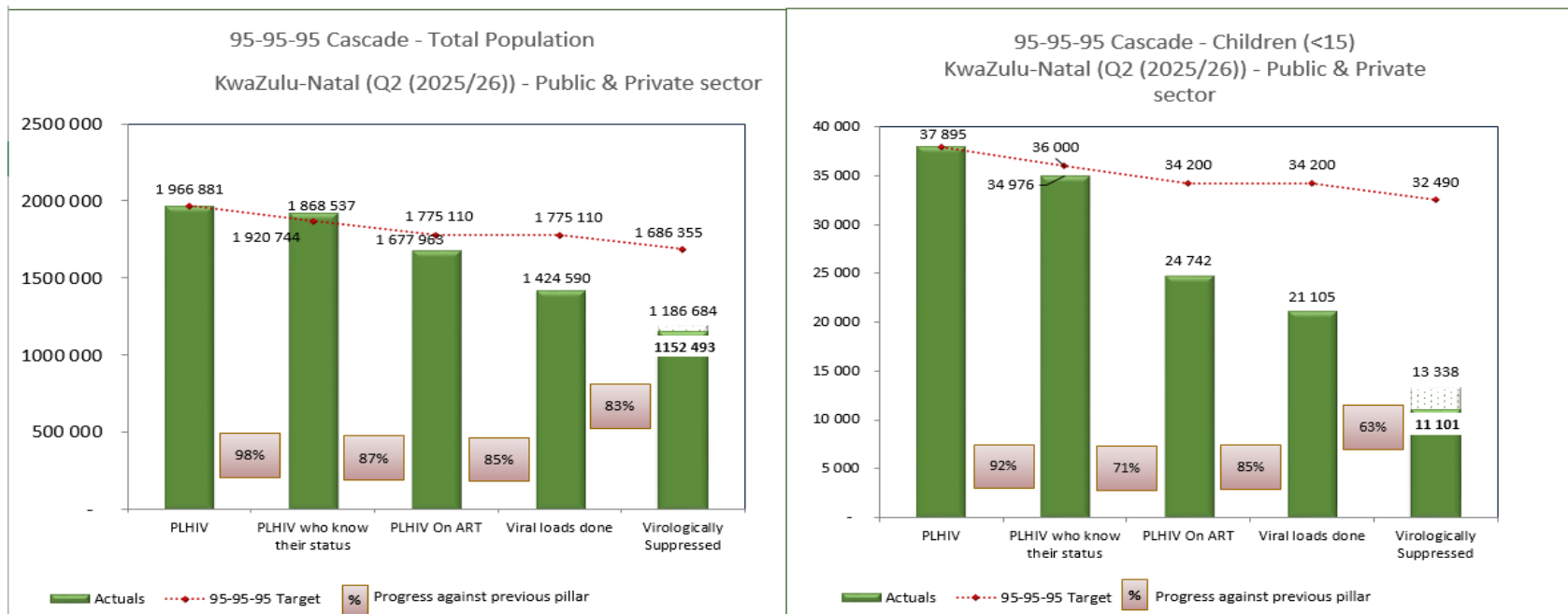
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The challenge: High viral load among children

Provincial overview

- Viral load suppression (VLS) indicates optimal adherence to antiretroviral therapy (ART).
- Optimal ART adherence refers to consistently taking more than 95% of prescribed medication doses in the correct manner.
- Viral load completion and suppression in children and adolescents remains a challenge when compared to the adult population.



Injisuthi Clinic - Project 75

Injisuthi Clinic profile

- Requested by the community, commissioned in **1994**.
- **Area:** Loskop area. Inkosi Langalibalele Municipality has five local wards.
- **Population served: 143 132**
- **Operating times:** 24 hours
- **Services:** Primary Health Care services, Adolescent- and Youth-friendly Services (AYFS), Men's Health services, 1 NHI Doctor, 1 hospital Doctor (Obstetrics). Monthly attendance by a Physiotherapist, Occupational Therapist, Audiologist and Optometrist.
- **Support partners:** Health Systems Trust (HST) and Thembaletu NGO



The turning point: Identifying the problem

- 31 May 2023: During a supportive visit, a high number of virally unsuppressed children and adolescents (0–19 years) living with HIV were identified.
- **Collaboration:** between the facility team, DOH, HST and CDC to tackle the problem
- **Target population:** Children and adolescents <19 years living with HIV on ART with unsuppressed viral loads.
- **Unsuppressed viral load:** defined as viral load above 50 copies/ml
- A resolution was taken to develop a quality improvement plan to address the gap identified in the viral load management of children and adolescents living with HIV.

Injisuthi Clinic baseline assessment at project initiation

C/ALHIV ≤ 19 years (TROA)	Viral loads not captured on Tier.net	Viral load done and captured	%	Viral load suppressed and captured	%	Viral load unsuppressed	Low-level viremia (50-999)	High viral load >1 000
226	49	177	78%	106	60%	75	35	40

At the end of the assessment, the facility had 75 C/ALHIV (0–19 years) who were virally unsuppressed.

Problem statement and aim



Problem statement:

Injisuthi Clinic had 75 children and adolescents aged 19 and younger on ART who were virally unsuppressed at the end of May 2023 from 177 viral loads done that placed the facility at 60% viral load suppression rate

Aim statement:

Injisuthi Clinic aims to improve viral load suppression among children and adolescents aged 19 and younger on ART from 60% (106) in May 2023 to 95% (215) in November 2023.

Gaps and challenges identified

Leadership

No dedicated clinician monitoring children

Clinical management

Inadequate implementation of the 2023 national ART Guidelines

No evidence of adherence counselling or disclosure counselling conducted among C/ALHIV

Service delivery processes

Inadequate appointment and linkage systems

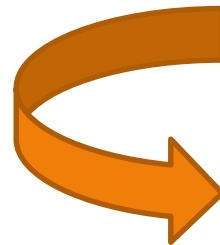
Missed opportunities for viral load monitoring

Patient / Family engagement

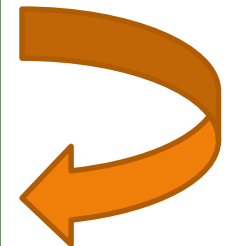
Missing clinic appointments

Fear of disclosure among caregivers

Lack of information and support



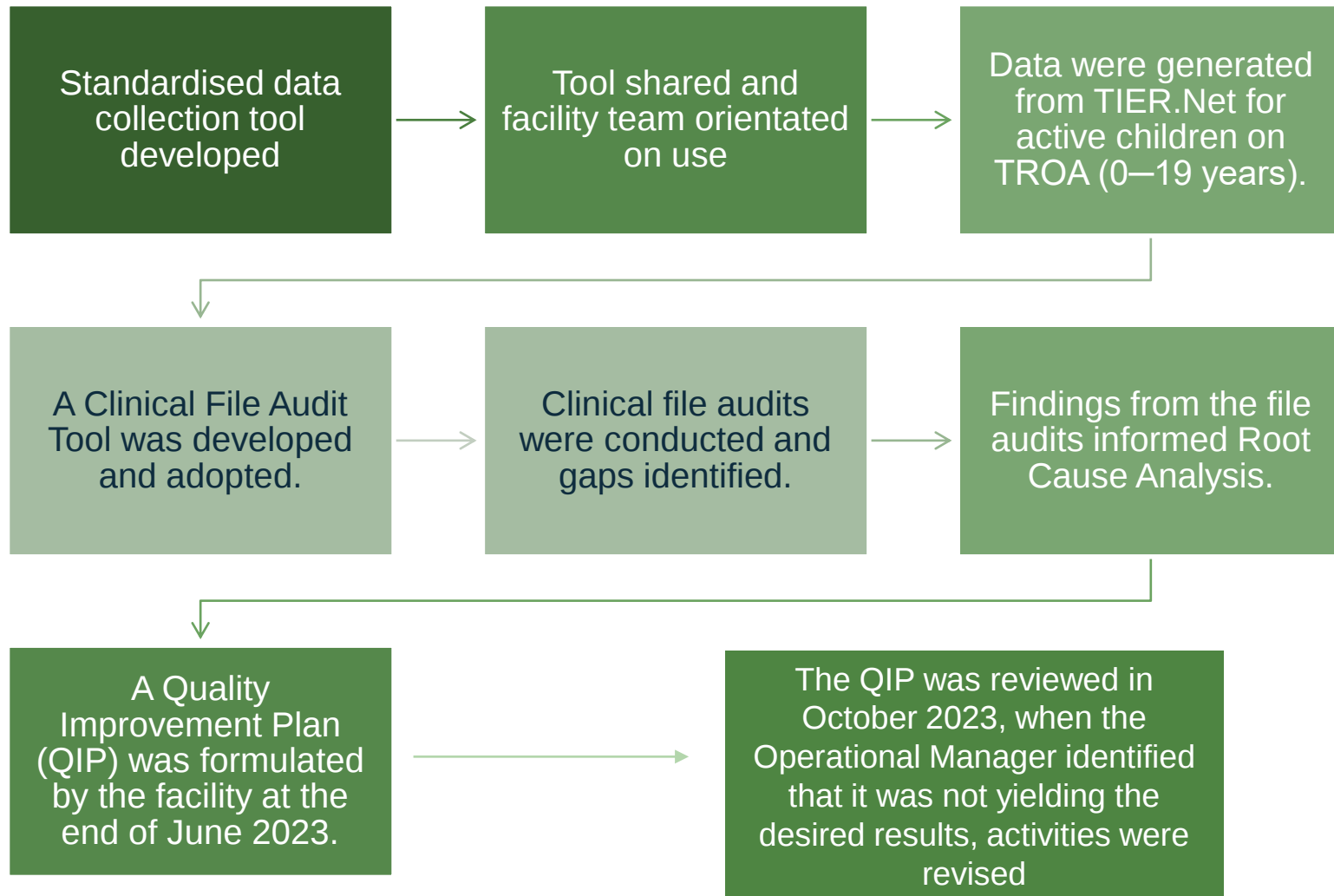
**Change idea:
Adopt and implement a
multidisciplinary health team
approach**



Establishing a system for monitoring and reporting

Above-site support: District HAST Team, Sub-district PHC management, Operational Manager, Social Workers, HST, OVC partners (Themba lethu)

Facility-based 'Project 75' drivers: Mommy Clinician, Peer Mentors, Linkage Officer, Data Capturer



Activity 1 – Intensive Case Management

- A **Paediatric Case Manager (Mommy Clinician)** was appointed by the Operational Manager.
- In-service training and capacity-building on the 2023 ART Guidelines were conducted.
- Transitioning to a DTG-based regimen was rolled out in phases as per stock availability.
- 75/75 children were enrolled in **Enhanced Adherence Counselling (EAC)** sessions:
 - Individual adherence care plan drawn up and reasons for non-suppression established
- The **High Viral Load Register** was used to monitor EAC sessions and viral load due dates.
- A telephonic and SMS **appointment reminder system** developed:
 - Pre-visit file audit by Peer Mentor and Mommy Clinician
- Children with **complex psychosocial issues were identified for**:
 - home visits, and
 - Facilitated referrals to the Department of Social Development and other governmental departments.
- 75/75 children were referred to **Social Workers** for **disclosure processes** and other social issues.
- CALHIV transferred-in arrivals were **linked to Mommy Clinicians**.
- **Early tracking and tracing** of children and adolescents who **missed appointments**
 - Involvement of Community Health Workers, Outreach Team Leaders, Thembaletu and HST.

Activity 2 – Establishing Family Care Days on Saturdays

The facility embarked on hosting **Family Care Days** on **Saturdays** twice a month.

The purpose was to adopt a **family-centred approach** for all children and adolescents living with HIV with suppressed or unsuppressed viral loads and other chronic illnesses as part of the **Know Your Child's Status' strategy**, and to accommodate schoolgoing children.

A **multi-disciplinary team approach** was used. The team consisted of a **Mommy Clinician, Nutritional Advisor, Linkage Officer, HAST Counsellor, Social Worker, Peer Mentor, AYFS groundBREAKER, Community Health Worker, the OVC partner (Thembaletu), and the District Support Partner (HST).**

Services offered:

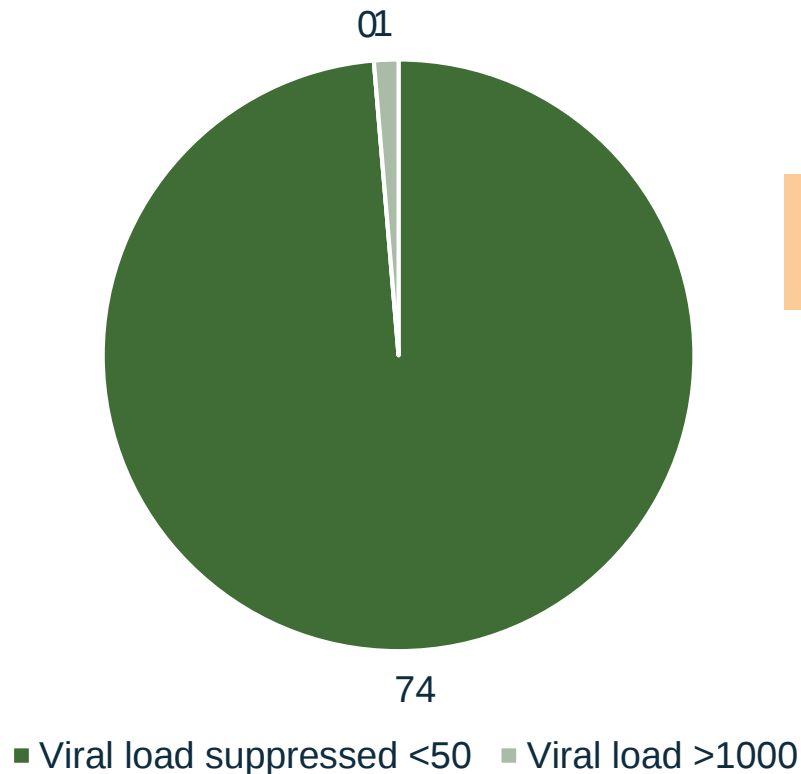
- Clinical consultation and assessment
- Weighing and nutritional advice
- Caregivers club / support group
- Adolescent support group
- Children's support group
- Medication collection from the Pelebox
- One-on-one disclosure sessions
- HIV testing for the index patient's family tree
- Linkage with Community Health Workers

Activity 3 – Continuous mentoring and team motivation

- Monthly **supportive supervision** done by the district multi-disciplinary team to follow up on implementation of the QIP.
- Continuous **in-service trainings, coaching sessions and mentoring** on the implementation of ART Guidelines and project processes due to staff turn-over and rotation.
- **Recognition of staff performance** to boost morale.
- Identification of **internal champions** for paediatric and adolescent ART management.

Results: 99% (74/75) viral suppression achieved in December 2024

Project 75 results as of 1 December 2024



- One child with a VL of >1 000c/ml is closely monitored.

Project conclusion

- On 1 December 2024, the facility commemorated World AIDS Day by celebrating the closure of Project 75 and acknowledging the good work done by the facility staff, caregivers, and the children and adolescents who were monitored under the Project 75 initiative.



Facility sustainability plan

Leadership

Supervision and monitoring of the performance by the Operational Manager

Accountability from mommy clinician and the team

Clinical

Multi disciplinary team approach
Case management

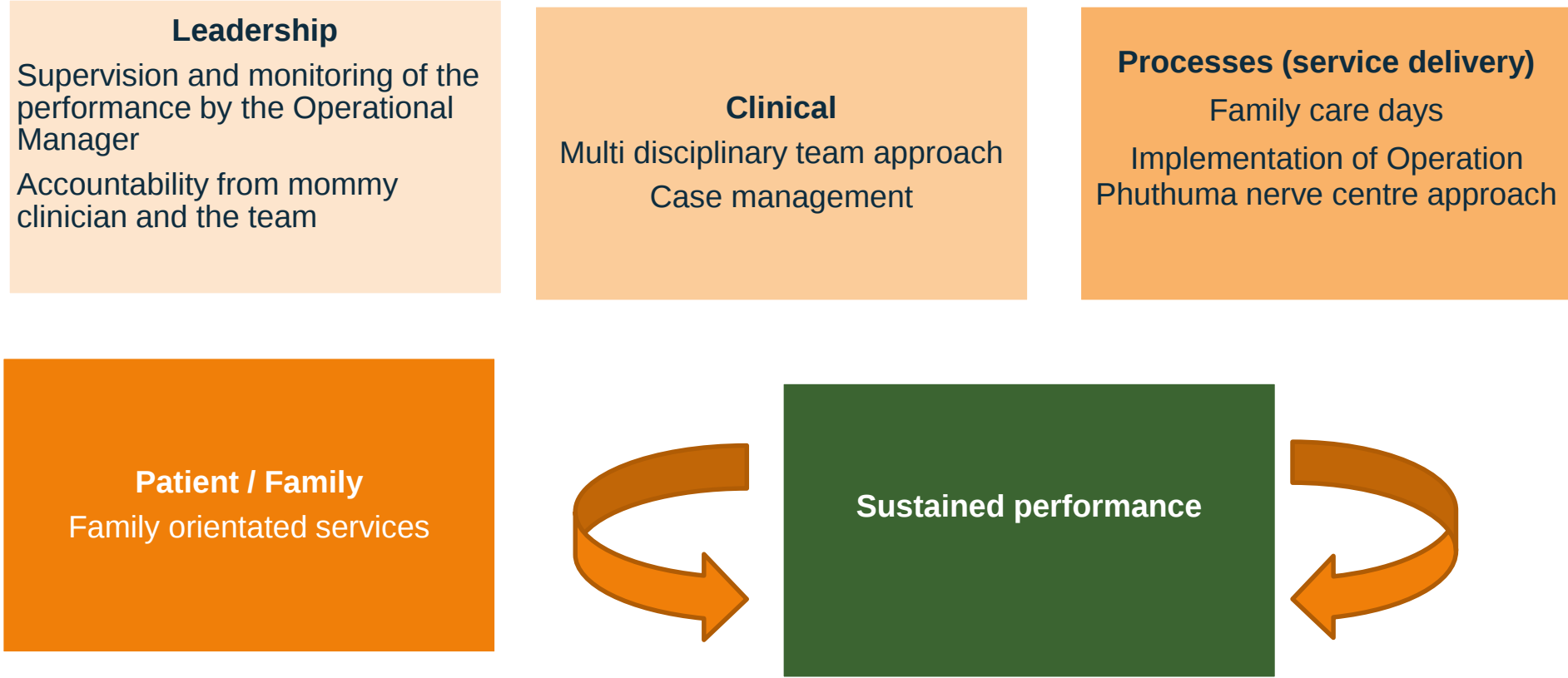
Processes (service delivery)

Family care days

Implementation of Operation Phuthuma nerve centre approach

Patient / Family

Family orientated services



The diagram illustrates a facility sustainability plan. It features five main components arranged around a central goal. At the top, the logos of the Kwazulu-Natal Province Health Republic of South Africa and the Health Systems Trust are displayed. Below them, the title 'Facility sustainability plan' is centered in green. The plan is structured into four colored boxes: 'Leadership' (light orange), 'Clinical' (light orange), 'Processes (service delivery)' (orange), and 'Patient / Family' (orange). These boxes are arranged in a circle around a central dark green box labeled 'Sustained performance'. Two large, curved orange arrows point from the 'Patient / Family' box towards the 'Sustained performance' box, indicating a flow or relationship between them.

Sustained performance

Injisuthi Clinic sustained performance on viral load completion and suppression for the past 12 months C/ALHIV (0-19years)

0—14 years VL coverage							
Sept 2025	TROA Sept 2025	VL done Sept 2024 to Sept 2025	VL done coverage — % of TROA	VL suppression <50	VL copies 50—999	VL copies >1 000	VLS rate (<50)
Injisuthi Clinic	95	93	98%	89	3	1	96%

15—19 years VL coverage							
Sept 2025	TROA Sept 2025	VL done Sept 2024 to Sept 2025	VL done coverage - % of TROA	VL suppression <50	VL copies 50-999	VL copies >1 000	VLS rate (<50)
Injisuthi Clinic	100	98	98%	84	5	9	86%

Viral load management of children presents many dynamic. Challenges around instability of caregivers, lack of medication supervision for teenagers, alcohol and substance abuse, fear of disclosure from caregivers, self-stigmatisation and lack of self acceptance still come up as barriers to viral suppression, especially among adolescents living with HIV. However, the facility remains resilient in prioritising the quality of care for C/ALHIV.

Lessons learnt

- Leadership and teamwork are key drivers of success.
- Routine data use improved accountability.
- Family involvement enhanced adherence.
- Mentoring sustained motivation.

Human impact:

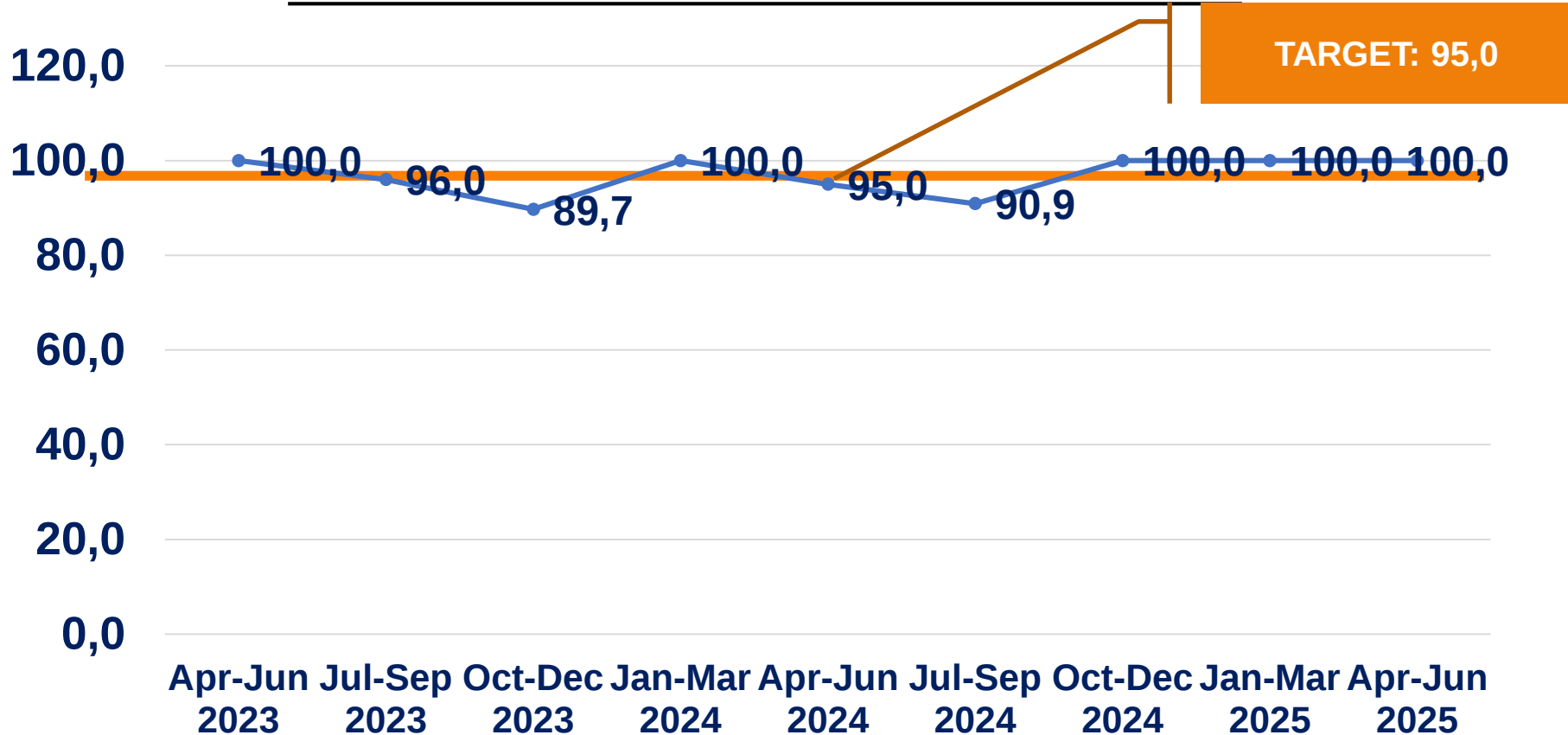
- Health and wellbeing improved among children.
- Families were more engaged and empowered.
- Staff pride and community trust were strengthened.

Scaling up intervention at a district level

- The model is being **scaled up** to other facilities in uThukela District.
- The **‘Know Your Child’s Status’** strategy was adopted by the district after noting the positive impact of the Mommy Clinician intervention, and the district monitors implementation of the strategy.
- A **District Psychosocial Task Team** has been established.
- Sub-districts report on performance against the indicators at **bi-weekly virtual review meetings**.
- A **District database** for all C/ALHIV was established and is updated by the HST M&E team every quarter.
- Implementation of **QI methodology is being scaled up through Operation Phuthuma** and the paediatric OP tools with two selected indicators (TROA and Viral Load) have been introduced.
- **Mentoring is ongoing** and quarterly data reviews are held.
- The district started **prioritising the cohort approach** during the 3rd quarter, with improvements noted.

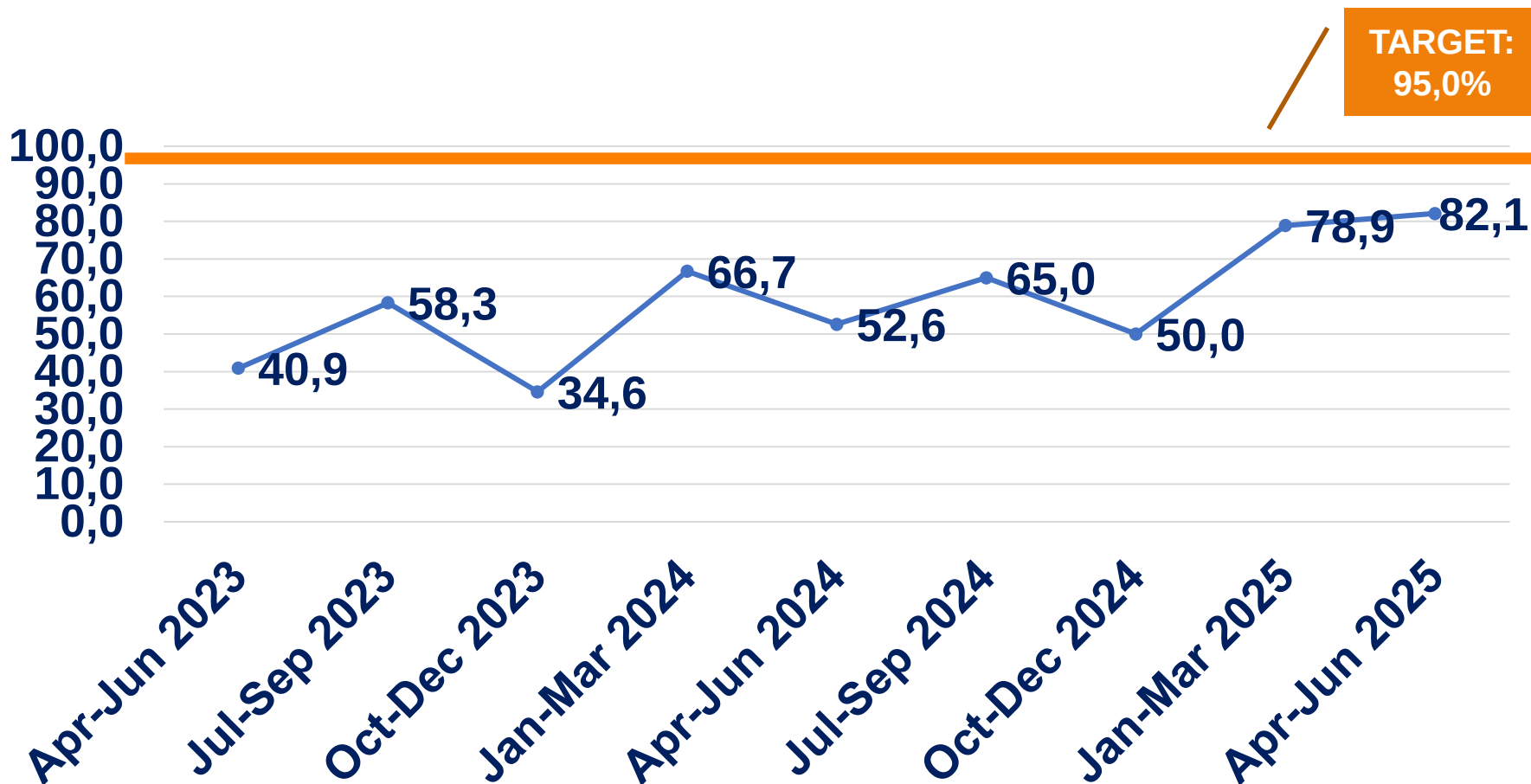
uThukela District performance on viral load completion

HIV: ART CHILD VIRAL LOAD DONE RATE AT 12 MONTHS



uThukela District performance on viral load completion

HIV: ART CHILD VIRAL LOAD SUPPRESSED RATE (<50 COPIES/ML)



Closing

Every child virally suppressed, every child thriving

Data + teamwork + compassion = Results

100% suppression can be the standard, not the exception.

THANK YOU

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