Belgische Technische Coöperatie nv
Coopération Technique Belge sa

FOLLOW-UP EVALUATION REPORT

"TB/HIV/STI Prevention, Care and Support"
BTC SAF/01/002
DGDC 19172/11

BASIC INFORMATION ON THE PROJECT.

Country : Republic of South Africa

DAC Sector and subsector : Health

National or regional institution in charge of the execution: National Department of Health, Cluster HIV, AIDS, STI and TB

Agencies in charge of the execution : Nil

Number of BTC international cooperation experts : 1

Duration of the project (according to SA/SC) : 5 years

Start date of the project: according to SA/SC : 20 January 2003
effective : (agreement with DGCD in march 2003, transfer to partner in July 203)

End date of the project : according to SA/SC : 19 January 2008
estimate : 2yr no-cost extension until December 2009

Project management methods : Co-management

Project total budget : 6,200,000 €

Report covering the period : January to December 2006

Annexes	Yes	No
1. Results summary	yes	
2. Planned activities for the year considered	Yes	
3. Planned activities year + 1	yes	
4. Situation of receipts and expenses for the year considered		
5. Budgetary estimates year + 1		
6. Disbursement rate of the project		
7. Personnel of the project	yes	
8. Subcontracting activities and invitations to tender		
9. Equipments		
10. Backers	yes	

PART ONE: APPRAISAL

Evaluate the relevance and the performance of the project by means of the following assessments:

> ***1***. *- Very satisfactory*
> ***2***. *- Satisfactory*
> ***3***. *- Non satisfactory, in spite of some positive elements*
> ***4***. *- Non satisfactory*
> ***X***. *- Unfounded*

Write down your answer in the column corresponding to your function during the execution of the project.

	National execution official	**BTC execution official**
RELEVANCE[1] (cf. PRIMA, §70, p.19)		
1. Is the project relevant compared to the national development priorities?		1
2. Is the project relevant compared to the Belgian development policy?		1
3. Are the objectives of the project yet relevant?		1
4. Does the project meet the needs of the target groups?		1
5. Does the project rely on the appropriate local execution organs according to the objectives?		3

[1] According to the PRIMA, §70, p.19, it is a matter of «appreciating if the choices relative to the objectives, the target groups and the local execution organs remain relevant and consistent according to the general principles of a useful and efficient aid, and according to the execution of the local, regional, international and Belgian development policies and strategies».

	National execution official	BTC execution official
PERFORMANCE[2] (PRIMA, §71, pp.19-20)		
1. Did the project results contribute to the carrying out of its objectives[3] ? (efficiency)		3
2. Assess the quality of the intermediate results. (efficiency)		3
3. Are the management methods of the project appropriate? (efficiency)		4
4. Are the following resources appropriate (efficiency) :		
a. Financial means?		2
b. Human resources ?		4
c. Material and equipment?		N/A
5. Are the project resources effectively used and optimized in order to reach the foreseen results? (efficiency)		4
6. Is the project satisfactory on a cost-efficiency approach in comparison to similar interventions? (efficiency)		3
7. According to the execution planning, assess the speed of the execution. (respect of deadlines)		4

Indicate your global evaluation concerning the project by means of the following appreciations:

	National execution official	BTC execution official
Global evaluation of the project		3

Comment your evaluation, which can be broader than the strict framework of the abovementioned relevance and performance criteria and differ form the given evaluation.

[2] According to PRIMA, §71, pp. 19-20, it is a matter of « appreciate and measure the foreseen performances agreed during the preparation traineeships according to the 4 criteria and the indicators established during the formulation ». (The 4 criteria are efficiency, suitability, respect of deadlines and quality of the personnel).

[3] See annex 1 for further information

The project sits in the core of one of the priority programmes of the national Department of Health, the National Comprehensive Care, Management and Treatment of HIV and AIDS. Considering the existing dual epidemic of tuberculosis and HIV, it is addressing a real need in the provision of quality health service delivery. It is highly relevant and was well recognised in the recent review of national guidelines for HIV as well as the national strategic plan for HIV and AIDS. Additional funding to the TB and HIV collaboration is provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund project supports the same purpose but funds separate activities within the TB&HIV collaboration.

The National Department of Health has full ownership of the project: the purpose of the project is in line with the operational plan for HIV and AIDS as endorsed by the South African cabinet in 2003 and confirmed within the national Strategic Plan for HIV and AIDS (2007-2011). This ownership is actually translated in terms of daily management of the project. In actual fact there is no strict "cogestion". The JLCB approves business plans presented by provinces and National Departments of Health and monitor their progress. The actual implementation fully lies in the hand of the national unit and the nine provincial departments. Administrative and financial systems are all from the Department of Health. The role of the technical advisor is mainly of technical support and assistance towards planning, implementation and monitoring, without any responsibility in authorizing expenditure.

While the project enjoys full ownership of the partner, the managerial capacity at national and provincial levels is weak. The project manager is the Chief Director HIV AIDS STI and TB and has little time to oversee the project. She has delegated the responsibility to the Medical Coordinator whose managerial leadership is extremely weak. As an example, recommendations from the internal review of 2005 were never endorsed by the department. The performance of the unit and the coordinator is not really monitored and supported. The coordinator is attending a Masters in Public Health course on a monthly basis and therefore does not provide full time support to the project. As a result and in line with additional activities linked to the Global Fund, a project manager was recruited on a contract basis to ensure effective implementation of all TB and HIV collaborative activities funded by Belgium and the Global Fund.

In the nine provinces, Provincial TB&HIV coordinators have been recruited by the department as agreed in the project. However, they are in a junior position and have limited managerial authority in their respective programmes. The support by the national unit to the coordinators is not strong as mentioned in the internal review report. One must recognize that, while the department appreciates and insists that the project involves all nine provinces, its capacity is not strong to effectively plan, implement and monitor activities in all the provinces.

Furthermore, the project lies between two programmes, TB and HIV. While the TB programme has provided support and vision, the HIV programme has not. The department has not provided strong leadership and vision to ensure effective implementation of the project. There has not been a clear "niche" for the project and none of the two programmes actually took real leadership. The project manager was requested to provide direction to the project in line with the new TB crisis plan on one side and the Comprehensive Care, Management and Treatment initiative for HIV and AIDS on the other side. This decision is urgently due, considering that the department structure is going to separate the TB programme from the HIV programme (probably in the course of 2007). Both programmes used to fall under the leadership of one Chief Director (who is also the project manager) but the new department structure will create a separate cluster for tuberculosis.

National execution official	BTC execution official

PART TWO: ACTIVITIES SUMMARY .

1. Based on the project Intermediate Results (IR), list the main project activities and realizations in comparison to its objectives and to the activities plan for the year considered

Preliminary note: *the financial year of the partner starts from April 1st until March 31st but the report below will cover the calendar year 2006. In 2006, the partner received additional funding for TB and HIV collaboration (similar logical framework than BTC but different activities).*

The Overall objective of the project is the reduction of the burden of TB and HIV in South Africa. The purpose is "increased delivery of comprehensive TB/HIV/STI prevention, care and support at district/sub-district level"

The project results or objectives according to logical framework are (same for the Global Fund implementation Plan):

- **R1**. Develop a stronger evidence base for national guidelines to implement TB/HIV activities through operational research
- **R2**. Enhance managerial, technical and material capacity of Provincial Departments of Health to support accelerated implementation of TB/HIV Training Districts in all provinces in partnership with civil society
- **R3**. Enhance managerial and technical capacity of the National Department of health to support Provincial Departments of Health and civil society to implement comprehensive TB/HIV/STI prevention, care and support.

The National Department of Health (Cluster- HIV&AIDS, STI and TB) developed specific objectives, which are linked to the logical framework results/objectives, into an annual operational plan :

1. **<u>To provide adequate staffing for programme management (R2 and R3)</u>**
   This activity included the payment of staff under contract (2 at national, 8 in 8 provinces) as well as the recruitment of and administrative clerk and senior administrative and financial officer. One province has absorbed the TB HIV coordinator position in its own structure and recruited its own coordinator. In terms of sustainability, it is expected that all province gradually absorb the position in their structure.
   An interim project manager was recruited through the regie funds to provide assistance to the partner in the implementation of additional activities related to the funding from the Global Fund.

2. **<u>To strengthen programme management skills (R2 and R3)</u>**
   A training in financial management was organised for all national TB&HIV unit staff (5) and the provincial coordinator (9). The purpose was to equip the various staff to

understand better public finance systems in order to implement their operational plan efficiently.
The annual plan also included other activities such as attendance to regional HIV AIDS or TB meetings. However these were not implemented as authorisation to attend such meetings was not provided.

3. **To form, coordinate, and manage partnerships within the various levels of the DOH and with external stakeholders and to improve TB/HIV public/private collaboration (R2 and R3)**
All four planned quarterly meetings that allow national and provincial coordinators to meet, present progress of implementation and discuss way forward took place as planned. The meeting with institutions of higher learning allowed recognition that the current curricula's in the medical and nursing schools require updating. Support to NGOs to provide comprehensive prevention, care and support has been strengthened but the department needs to assist NGOs in developing managerial capacity.

   One of the key objectives of TB and HIV collaboration is the existence of joint committees for planning, implementation (including training coordination as well as joint monitoring & evaluation). Provinces were requested to create "HAST" committees (HIV, AIDS, STI and TB) at provincial and district levels. These committees have been implemented at various degrees across provinces but mainly depend of the commitment of the local management. The national department has not developed clear guidelines for the establishment of these committees. Therefore, the HIV programmes usually meets to plan and monitor activities (Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT), Anti retroviral Treatment (ART), Sexually Transmitted Infections (STI), etc) as they benefit from additional funding. As this is not the case for TB programme, TB is often not involved in these joint planning and monitoring meetings.

4. **To monitor and evaluate within the various levels of the DOH and with external stakeholders programme planning, management and implementation (R1, R2, R3)**
209 of the 252 sub districts are implementing TB&HIV activities and 181 of them are implementing and reporting on TB &HIV activities. Six provinces have fully expanded to all the sub-districts. Only kwa Zulu Natal, Free State and Limpopo have not reached full coverage yet.

   Each province was expected to be visited by the national unit twice a year, including district and facility supervisory visits. All provinces were visited only once as a specific visit while other visit took place in coordination with the HIV programme.
Provincial coordinators have planned for regular district supportive supervision but they do not report consistently on these as they tend to concentrate more on training. This was identified as a weakness in the programme and will be addressed in the next financial year.

   The external visit of WHO did not take place and the VCT programme did not go ahead with the development of a VCT electronic register, hence these two activities did not take place.

   There has been little progress around operational research (R1). The unit failed to implement any project as it first required the approval and support from another cluster within the department. This was only finalised in the last quarter of the calendar year.

5. **To ensure adequate number of skilled service providers (R2)**
   In order to expand the provision of integrated and patient-centred prevention, care and support, training of nurses and doctors was planned at provincial and district level.
   Training manuals have been developed for doctors, health care workers and volunteers. Around 1900 nurses were trained and 400 community volunteers. The unit developed a database system in conjunction with other programmes to keep track on staff trainings.
   Only the training of monitoring officers could not take place, pending their recruitment and appointment (2007)

6. T**o ensure the availability of supplies, consumables and services**
   While materials have been developed, only the training modules for community volunteer was printed, others to be finalised in the next financial year.

   The Global Fund assists NTCP (National TB Control Programme) in upgrading of MDR-TB centres (structural renovations, installation of extracting fans and UV lights). Business Plans for 4 provinces was approved by TB&HIV Medical Coordinator. Funds transferred for the provinces to implement the upgrade of the centres.

7. **To promote social mobilization and advocacy**
   Additional funding from Global Fund was made available to support the advocacy campain in line with the national TB crisis plan and the advent of Extremely Drug resistant TB. Most will be used in the 2007 year.

The table in annex 1 summarizes results indicators as well as indicators identified by the partner.

2. Comment, if necessary, the main project receipts and expenses influencing the abovementioned question, in comparison to the budget estimates of the year considered.

Major expenses at national level include the salaries of all staff from the national unit and the provinces. Note that Northern Cape province has been the best province in terms of achievement (95%)

3. Which are the main appropriation mechanisms and activities implemented by the project during the year considered?

The project is fully managed by the partner, hence "appropriation" (rather ownership) is maximum. All activities are included in annual operational plans that are implemented following the South African rules and regulations. While plans are approved by the JLCB, daily authorisation and implementation are fully endorsed by the partner. The role of the technical assistant is purely of technical advice and support towards planning, training, and monitoring.
The plans form a component of the national and provincial comprehensive operational plans for HIV and AIDS and are endorsed by provincial head of Health. One province has already absorbed the position of the TB&HIV coordinator and other provinces will be encouraged to follow.
The project contributes to strengthening of the implementation of the comprehensive plan through support to joint planning committees, training of health care workers and, recently, emphasis on improving monitoring.
Late in 2006, the project participated in a discussion to join JLCB with the health capacity project and allow both project to report to one joint JLCB. This process is likely to be confirmed in 2007 with the revision of specific agreements in line with the third contract agreement.

PART THREE: COMMENTS AND ANALYSIS.

1. What are the major problems and questions influencing the project execution?

While the project enjoys full ownership, it therefore face challenges where the leadership and managerial capacities are weak. Quarterly reports of the unit and the provinces have identified the following challenges:

1. Resistance of some programmes to collaboration process (due to Lack of knowledge of TB&HIV, Lack of understanding of TB&HIV Collaboration/Importance of collaboration, Lack of communication between programmes, Poor marketing of programme by unit, Unclear role of TB&HIV
2. High turnover of HAST (HIV, AIDS, STI and TB) programme staff (fears coordination, TB&HIV threat to other programmes)
3. Inefficient collaboration with and limited support from other supporting units-HIER, HR, Finance
4. Lack of effective operational coordination systems within NDOH (absence of TB&HIV Task team (members: CD HAST, Director-TB, HIV&AIDS, BTC, DFID, VCT-PMTCT, HBC, STI) and limited operational collaboration (absence of coordinating Committee (HR, HIER, Finance, HAST, MCWH, etc)
5. TB&HIV unit not proactive/follow up
6. Pressure of work resulting in or associated with: being overstretched (poor clarification of roles and responsibilities, ineffective planning, poor time management, attendance of additional meetings, activities and reports outside the TB&HIV team). There has been inadequate managerial leadership and support from senior management.
7. Poor referral system for patients, particularly after discharge form hospital, resulting in lack of continuity of care
8. Inadequate Management of recording and reporting in TB, HIV and STI programmes, associated with: parallel reporting to DHIS; there is slow flow of data from collection site to national resulting in poor access to DHIS data or non-utilization of DHIS by HAST programmes; the quality of data is not validated and there is limited data analysis. HIV data are particularly not well collected and reported.
9. Slow expenditure rate against plans (36% of cumulative budget). This is due to unrealistic planning (over-budgeting, high number of activities, timing) on one side and systems delays on the other side (wrong journalising, late approval of submission). Some provincial coordinators also get limited support from their management. There have been internal delays in approval processes within the department: while activities have been approved in the operational plans, they all have to be authorised within the respective department (national and provincial)
10. Unclear policy direction within the department: TB and HIV used to be under the same Chief Directorate. The TB crisis in the country requires particular attention and the Minister decided that TB programme be under its own Chief Directorate. This decision, if confirmed in 2007, has implication on the project as new forms of collaboration and coordination between TB and HIV will be necessary.

2. What caused the calendar and the foreseen results to be delayed?

The project is overstretched geographically and in terms of capacity. The national unit has no direct control on provinces to implement activities since provinces have some autonomy in implementation of health programmes.

At provincial level:

- Provincial coordinator were appointed at a low level (assistant director) and do not have the full recognised authority to implement their approved business plan

- There is a weak managerial capacity and limited experience with donor funding within the provinces
- Some provincial managers do not provide adequate support to the coordinators
- Access to BTC funding via the provincial Treasury requires minimum knowledge of financial systems that provincial coordinators did not have initially (hence the training organised in 2006)
- Line of supervision is not always clearly defined at provincial level, leaving some coordinators without adequate monitoring and support

At national level:

- Despite training in project management and team building workshop, leadership has been weak. The lines responsibilities are not well defined and there is no clear delegation of duties.
- The medical coordinator does not receive full supportive supervision from senior management
- While the department fully endorsed the joint TB and HIV strategy in 2002, it has not clearly defined a niche for TB&HIV and there have been unclear roles and responsibilities defined between the Tb and HIV programmes.
- The internal review report (2005) has not been endorsed by senior management
- There has been a number of interferences in terms of additional unplanned meetings and activities from the cluster and the department
- Planning of activities appears to have been unrealistic and too ambitious, particularly when the national unit does not have direct control on implementation.
- The TB&HIV project has been overtaken by the context of the comprehensive plan and the department did not identify direction or niche for the unit in the new context

3. How can one solve the problems identified above? Expose the recommended measure(s). Specify the person who should be in charge of it/them. Indicate, approximately, the execution time and the resources needed for these measures to be executed.

In 2006, it was decided to appoint a project manager to provide assistance to the medical coordinator and the unit. An interim project manager was then replaced by a staff for two years. In the same time, team building exercises took place twice during the year in an attempt to improve the performance of the unit. However, these initiatives have not received full support by management.

1. **Department of Health to define vision for TB &HIV and identify location for the unit:**

   In view of addressing the managerial and leadership aspects of the programme, one of the key areas is to relocate the national unit within the context of the comprehensive plan. Two options are available:

   - The unit to join the comprehensive plan unit within HIV and AIDS
   - The unit to join the TB programme that is likely to be under a separate structure

   Responsibility and time frame: National Department of Health (NDOH) supported by JLCB by May 2007

2. **Improve collaboration and coordination between TB and HIV&AIDS programmes (VCT, PMTCT, Comprehensive Plan, STI, etc)**

Activity: organise a collaboration workshop with all relevant stakeholders to review existing collaboration, roles and responsibilities of each programme and identify processes and structures for improved collaboration

Responsibility and time frame: TB&HIV unit at NDOH, first quarter 2007

3. **Annual operational plan to be more focused and realistic**

Provincial and national business plans needs to be revised in line with effectiveness and performance indicators. Activities must be focused and address specific niche following need identification at district, province and national levels

Responsibility and time frame: TB&HIV unit at NDOH, first and second quarter 2007

4. **Improve quality of monitoring of TB&HIV activities**

Review current data collection tools and flow and identify key districts for close quality monitoring

Responsibility and time frame: TB&HIV unit at NDOH, 2007

In order to fast track the above activities and ensure adequate buy-inn by relevant units such as human resources and health information and research, the collaborative workshop will be followed by in depth gap analysis workshop with key unit representatives. This will allow to reshape and develop the logical framework until completion of the project. NDOH has made a no-cost extension request for up to end 2009 that requires adjusted logical framework with clear objectives and deliverables. It is likely that the logical framework will encompass the same result areas as initially identified but with focused activities. Result areas are:

1. Strengthening National TB&HIV Collaboration:
2. Support enhanced managerial, financial and technical capacity within NDOH
3. Contribute towards enhanced managerial, technical and material capacity of the provincial departments of health

4. Are the start assumptions (or hypotheses) yet relevant?

Generally yes. South Africa is particularly hit by the dual epidemic of HIV and Tuberculosis. HIV programme has so far benefited most from additional resources and funding while the TB programme is facing a severe crisis. TB cure rate is stagnant at around 55% for several years and the recent outbreak of Extremely Drug-Resistant Tuberculosis (XDR-TB) is yet another challenge to the programme.

However, the TB programme has showed more commitment in the expansion of the project so far, compared to HIV. It has clearly indicated the need for TB patients to be offered HIV prevention and care via access to counselling and HIV testing, cotrimoxazole prophylaxis and referral to antiretroviral treatment. A new TB register has been developed that includes HIV data elements to monitor HIV care to TB patients. HIV programmes on the contrary have provided lip service to the TB programme. While it is recognised that TB is one of the most frequent opportunistic infection, HIV programmes tend to refer to the TB programme rather than integrate some aspects of TB control and management within their programmes.

5. Are the project indicators yet valid?

While indicators are still valid they are too broad and require some adjustments to make them more specific and focused. One of the limitations of their broadness is that they are not directly tied to the project. For example, to ensure that 12.5% of the population are tested for HIV does depend of a number of factors, most of them not linked to the TB/HIV/STI project. In this case, the contribution of the project would be to promote HIV testing among TB and STI patients but this is unlikely to reach the target of 12.5% of the population. Similar remark is valid for the impact indicators of the project whereby these will depend of a number of activities.

The results as defined in the logical framework are very broad and did not include specific activities that could be measured. As a result, result indicators are related to broad process indicators and do not include service delivery indicators such as proportion of TB patients offered counselling, tested, etc. The TB&HIV unit of NDOH developed such indicators that are now included in the national district health information system. These could take part of a revised list of indicators for the project when the logical framework is revised to follow recommendations of the third contract agreement.

6. What are the factors which have influenced the project realization? Were some of them new, i.e. not foreseen beforehand and capable of modifying the whole project?

The major factor is related to the management of the project and its location in the department. The identified project manager is occupying a critical position within the HIV and AIDS programme and has no time to actively plan, implement and monitor the project. As a result, this was delegated to the Medical Coordinator who does not receive much support from senior managers and does not engage much with senior management. Similarly, provincial coordinators do not have the required authority to effectively implement the annual plans as approved by the JLCB.

A second factor is the vision of the department of TB&HIV in the context of the comprehensive plan for HIV and AIDS. It appeared at some stage that there was some duplication between TB&HIV and the comprehensive plan activities. According the the internal review report, there has been a lack of a "champion" to lead the project and provide necessary support for effective implementation.

A third factor is that the project is comprehensive and relates to several distinct structures within the Department of health i.e. human resources, health information, finance and programmes. While this is in line with the strengthening of health services as defined in the comprehensive plan, the level of the TB&HIV unit was too low to play a key role in the coordination between the relevant units and programmes.

7. What is the opinion of the target groups on the project?

Target groups are initially health care workers and ultimately patients and the community.

Health care workers at national levels share the understanding of the relevance of the project but TB programme staff has been much more supportive than HIV staff. This is partly due to the cohesiveness of the TB programme against the high number of HIV programme units and staff. It may have been related to less engagement from the TB&HIV unit with the various HIV programmes as well.

Buy-in from provinces has equally been more consistent from the TB programmes and dependant of the dynamism of the local TB&HIV provincial coordinator.

Regarding the community at large, there have been reports of "dual stigma" associated to both diseases, TB and AIDS. More understanding of this is required as there are several sources of the stigma: health care workers, patients as well as communities have various perceptions and beliefs on each diseases, much linked to cultures and personal experiences. This will be part of an operational research in 2007.

8. If the project has been evaluated, how were the recommendations taken into account?
An internal review took place in 2005 with the following recommendations:

Recommendation 1: Provide strategic direction and ownership

NDOH to define a clear vision (this could be part of the process of the revision of the logical framework – see recommendation 2)
NDOH to identify assertive champion
NDOH to incorporate the project into the line delivery function of a specific Directorate at national and provincial levels
Determine the role of medical coordinator and technical advisor

Recommendation 2: revise the logical framework

- TOR of the revision to be drafted by NDOH and discussed with BTC
- Should the project focus on selected sites to provide more in-depth support and monitoring

Recommendation 3: project support and improve project efficacy

- Need to review training manuals
- Need to provide hands-on support to provincial coordinators
- Address the issue of implementing the delegation (cfr treasury regulations) where possible – this requires consultation with CFO and SMT.

As described above, many of the recommendations have not been implemented and are still valid in 2006, particularly recommendations one and two. However, with the recent developments around the TB crisis and the probable creation of a single TB chief directorate, the TB&HIV unit will need to be redefined and located according to needs identified by the department. This is likely to take place with the new financial year (starting April 2007). The lack of endorsement of the recommendations can be related to various reasons: pressure of work and competing priorities, review seen as too externally driven, unclear mandate for the TB&HIV unit from senior management, etc.
There has been unclear policy direction around TB&HIV because of stigma issues as well as sub-optimal performance of the TB programme. For most of 2006, there was unclear status of the TB programme whether it was going to be separated from the HIV programme or not. The TB programme did not benefit much from the joint structure and for example was not included in the programmes benefiting from additional funding from Treasury (the "conditional grant").

9. What are the project main successful outcomes?
The main successful outcomes are as follows:

1. Expansion to 209 sub-districts: despite logistical challenges, staff from 209 sub-districts has been exposed to training in the comprehensive approach to co-infected patients. This is likely to be an under-estimate considering that 72% of the sub-districts are now related to an antiretroviral service point where TB management also requires strengthening and coordination with HIV programmes
2. Provision of HIV counselling and testing to TB patients. It is now national policy that all TB patients be offered HIV counselling and, if they consent, to HIV testing as well. The average co-infection data shows that 55% of TB patients are HIV positive but this proportion can reach beyond 70% in some provinces or in hospital settings. In this case, provision of TB treatment only will not provide effective care to the co-infected patients. So far, indivdual counselling ahs been the preferred approach but there are some initiatives to appreciate other forms of counselling like group pre-test counselling or provider initiated counselling. These initiatives respond to the current shortage of human resources as well as to the need to address the fact that more than 50% f the TB patients

are HIV positive and require extra care. These initiatives need careful monitoring prior to large scale implementation

3. Provision of cotrimoxazole prophylaxis (CPT) to TB patients found to be HIV positive. While this is also policy, the practical management of CPT faces several challenges identified by the project: health care workers may not systematically provide CPT for various reasons: fear of drug-drug interactions, additional burden for the staff, administrative delays, lack of orientation of staff who remain focused on TB management only, etc.
4. Referral to antiretroviral treatment: there has been a move to accredit TB hospital to provide antiretroviral treatment to TB patients found to be HIV positive. It is too early to assess any impact on morbidity and mortality at this stage but the project will monitor progress in implementation.
5. Training of health care workers is now strengthened by additional funding from the Global Fund and the use of an external training provider, Foundation for professional Development. It is expected that 5000 nurses and 1500 doctors will be trained in comprehensive care through this funding while the department will still train using conditional grant resources. Two provinces have also contracted the "PALSA Plus" initiative (Practical Approach for Lung Diseases in South Africa). This approach is based on knowledge translation principles and follows a participative and comprehensive approach. The purpose is to ensure that guidelines and policies are implemented. They have developed standard algorithms and practices that are disseminated to clinics through on-site training sessions (12 to 25 sessions per facility). So far it appears that this approach has contributed to improving case detection of tuberculosis and adequate patient referrals to higher levels of care. The project is monitoring these activities in two provinces in view of eventual recommendation of further expansion.
6. Development of an integrated TB register that includes HIV data elements. This is in line with local policy to offer HIV counselling and testing of TB patients and the need to monitor the service. The register development took place in collaboration with WHO and CDC offices.

10. What are your recommendations as for the continuation of the project?

1. The TB/HIV/STI project is still relevant in the context of the national comprehensive plan for HIV and AIDS as well as the TB crisis plan. The current development of the National Strategic plan for HIV and AIDS has repeated the need to address TB if care for HIV individuals needs to be addressed adequately. The TB crisis plan has clearly identified HIV as one of the source to the growing TB epidemic. Recent reports on XDR-TB showed its deadly association with HIV in Kwa Zulu Natal province.
2. The logical framework needs to be re-visited in light of the partner request fro a no-cost extension and the context of the comprehensive plan. While the three result areas can remain the same, it will be necessary to define specific and focused activities that respond to the current needs related to the TB crisis and the TB&HIV co-infection rates. Activities such as accreditation of TB hospitals for HIV and AIDS care, operational research on cotrimoxazole prophylaxis and dual stigma, development of monitoring tool around HIV care (screening of tuberculosis, provision of TB preventive therapy, cotrimoxazole prophylaxis, clinical and laboratory staging, etc), review of quality and impact of training, etc could be considered. A gap analysis could be implemented with the relevant key units to ensure relevance and clear identification of roles and responsibilities. Output indicators will need to be added in the revised logical framework.
3. The partner needs to define its vision around TB&HIV collaboration and determine the location of the unit at national level. This was a recommendation of the internal review

and has not been adequately addressed so far. This is likely to provide the required support that the TB&HIV unit needs to plan and implement activities more efficiently. This will need to be done following organisational development principles including clarified line of responsibilities, delegation of duties and agreement on key objectives to be implemented.

In terms of location, the unit could be relocated as follows:

A. Join Directorate for management for Comprehensive HIV and AIDS plan

Benefits

- Current TB&HIV collaboration project purpose as described in the agreement with Belgium is to increase delivery of comprehensive TB/HIV/STI prevention care and support at district level. This fits with the aims of the comprehensive plan for HIV and AIDS and provides synergies to strengthen both parties
- Joint concerns on the comprehensive approach
- Joint issues on monitoring and evaluation (indicators)
- Joint approach regarding training
- Ongoing collaboration is already in place (active contribution in the development of the ART guidelines, training, M&E, joint meetings, etc)
- Allow staff strengthening and capacity building
- Ensure that concerns of management of co-infected patients is taken care off

Risks

- Loss of focus due to status of Comprehensive Plan
- Capacity to effectively utilise funding (over funded cluster)
- Placing of TB&HIV Collaboration staff (duplication of staff complement)

Implications: This option has less implications in terms of the current specific agreements in place though there will be need for consultation with the partners involved. There will still be need to put in place effective coordination mechanisms with the TB programme to ensure that the initial mandate of comprehensive approach includes the TB programme adequately. NDOH will still require to have a clear strategic approach and implementation in terms of training and information management (effective collaboration between HR, HIER and Programmes)

B. Join Directorate for TB control Programme

- **Benefits**
  - Provide additional support to the TB programme in view of addressing the TB crisis
  - Continue the ongoing commitment of the TB programme to implement TB&HIV collaboration for the benefits of TB patients co-infected with HIV
  - Increase in staff complement and funding
  - Coordination in terms of monitoring, evaluation and training activities
  - Global Fund specific funding to upgrade MDR units (if proposal is maintained)
- **Risks**
  - Lack of commitment from the HIV programme to ensure that the "HIV entry point" of the TB&HIV collaboration is effectively addressed
  - Concern that the purpose of the current specific agreement may not be fully addressed
  - Overload current managerial capacity of the TB programme

- **Implications**: this option has more implications in terms of revision of the current agreement in place with the Belgian donors and Global Fund. However, it may provide additional assistance where the need is most felt.

  As for the other option, there will still be need for effective coordination with the HIV, AIDS and STI programmes to ensure that the initial mandate of comprehensive approach includes the TB programme adequately. NDOH will still require to have a clear strategic approach and implementation in terms of training and information management (effective collaboration between HR, HIER and Programmes)

National execution official	**BTC execution official**

PART FOUR. ANNEXES.

NOTE: Annex 1,2 and 3 were developed within the scope of the national comprehensive plan for HIV and AIDS and followed a different format while including all the required information. This format has been included in the annex and we hope that the format can be accepted as such. Activities for the next year are likely to change considering the fact that there will be revision of the logical framework.

ANNEX 1. Results summary

ANNEX 2. Planned activities for the year considered

ANNEX 3. Activities planning year + 1

ANNEX 4. Situation of receipts and expenses for the year considered

ANNEX 5. Budget estimates year + 1

ANNEX 6. Disbursement rate of the project

ANNEX 7. Project personnel

ANNEX 8. Subcontracting and invitations to tender

ANNEX 9. Equipments

ANNEX 10. Backers interventions

ANNEX 1. Results and activities summary

Results	indicator	target	achievement
R1: strong evidence base for national guidelines to implement TB&HIV activities	Acceptance by government of recommendations by 2003		TB preventive therapy policy approved in 2003
	Additional indicator: *Operational research on dual stigma (1)*	*1* *(+4 with global fund)*	*Deferred to 2007 after agreement of research cluster*
R2 Enhanced capacity of provincial health departments	Proportion of districts that are trained in TB&HIV	200/252 target for 2006 (target is 90% by 2007)	209/252
	Proportion of provincial business plans received by national department of health	7/9	9/9
	Proportion of nurses trained in comprehensive package	50% by 2007	1,876 nurses were trained but denominator not available
	Number of NGO community workers trained per 1000 population	1/1000 by 2007	10,769 community volunteers received training through various programmes (0.2/1,000)
R3 Enhanced capacity of national health department	Proportion of provincial plans approved within one month of submission	85%	0/9 within one month as process includes both national department thereafter JLCB – 9/9 within 2 months
	Biannual meetings of JLCB	2/year	2
	Proportion of progress against agreed objectives	70% progress	3/7 or 43% 32% expenditure rate
Outputs indicators from the national department of health (note: data from routine registers, not quality assured)			
Improve interventions to reduce the burden of HIV in TB infected patients	Proportion of TB patients offered counselling for HIV {in 200 sub district}	60%	58%
	Proportion of TB patients offered counselling and tested for HIV {in 200 sub district}	60%	69%
	Proportion of TB and HIV co-infected patients put on Cotrimazaxole {in 200 sub district}	60%	83%
	Proportion of TB patients infected with HIV referred for ART	5%	Not available

Annex two: planned activities for the year considered (2006)

NO.	ACTIVITY NUMBER	ACTIVITY/ SUB-ACTIVITY	KEY ACTIONS	RESPON-SIBLE PERSON	START DATE	END DATE	BTC BUDGET	GLOBAL FUND	DOH BUDGET	KEY PERFORMANCE INDICATOR
To provide adequate staffing for programme management										
-							**59,389**	**0**	**482,601**	
	1.1.1.1	Assign:-1 FTE TB&HIV medical coordinator (ES) Level 13 {NDOH budget}R482 601(NDOH)	To assign staff	Chief Director HIV AIDS STI TB	01.04.06	31.03.07			482,601	Staff assigned
		To employ an FTE Admin Clerk	Submission to Chief director requesting creation of post	KVN	15.03.06	31.03.06				Approval to create post granted
-							**3,040,272**	**0**	**0**	
	1.1.1.2	Assign1 FTE TB&HIV information officer (BTC)-Level 11 {R353 307}	To assign staff	KVN	01.04.06	31.03.07	353,307			Staff assigned
		Assign 1 FTE TB&HIV nurse trainer (BTC) – Level 9 R254 542	To assign staff	KVN	01.04.06	31.03.07	254,542			Staff assigned
		Assign 8 FTE TB&HIV Provincial coordinators (BTC) – Level 9R2 036 336	To assign staff	KVN	01.04.06	31.03.07	2,036,336			Staff assigned
		Assign 1 FTE TB&HIV Senior Admin officer (BTC)-Level 8 R141 545	To assign staff	KVN	01.04.06	31.03.07	141,545			Staff assigned
-							**0**	**9,381,214**	**0**	
	1.1.1.3	To employ a project manager	Submission to DG requesting creation of post	KVN	01.12.05	15.01.06				Approval to create post granted
To strengthen programme management skills										
							69,000	**0**	**0**	
	1.1.2.1	To strengthen financial management skills of national staff and provincial coordinators through Financial management workshop Financial management workshop (15 people x 2 nights) Acc.@800x15x2=R24000 ConfPack@300x15x2=R9000 S&T@200X15X2=R6000 Feesprovider R 60 000 Total cost=R69 000	Get approval and make bookings for travel and venue	KVN	25.03.06	1-Apr-06				Approval granted/bookings for transport and venue done
-							**120,250**	**0**	**0**	

	1.1.2.2	**To allow staff attend relevant conferences and seminars**								
		1.AIDS-International 2 staff x 1 week in Canada - August Reg.=750 + 245USD= R6725X2=R12450Per diem@1400X5X2=R14000Flights@8000X2=R16000Total cost=R42 450	Get approval and make bookings for travel and accommodation	Chief Director:HAST	15.02.06	31.03.06				Accomodation and travel booked
		2.TB&HIV Working Group Meeting 2 staff x 1 week x Switzerland Per diem@1400X5X2=R14000Flights@5000X2=R10000Total cost=R24 000	Get approval and make bookings for travel and accommodation	Chief Director:HAST	15.07.06	31.08.06				Accomodation and travel booked for two delegates
		4. Attend VCT technical Committee meeting x 2 staff members @Flight: 3750x2=R7500Acc:800X2 x 3=R4800S&T : 200x2x3 = R1200Total costs = R13 500	Attend VCT Technical meeting	Nominated Delegates/KVN/VT/Morero?	01.09.06	15.10.06	13,500			Meeting attended-report written
		6. Attend two trainings related to Health Information System and M&E Acc@800X1X3 =R2400S&T@200X1X3=R600Flights = R 3750Ground transport = R3000Cost per training=R9750 TOTAL 2Trainings= R19 500	Get approval and make bookings for travel and venue	LETTA			9,750			training approved and llogistics done
To form, coordinate and manage partnerships within the various levels of the DOH and with external stakeholders										
	_						**308,400**	**0**	**0**	
	1.2.1.1	Conduct National TB&HIV Quarterly meetings 8 x staff national +9 x staff province x 2 night Acc@800x17x2 =R27200 Flights@3750X8=R30000 S&T@200X17X2=R6800Conf.pack@300X17=R5100Ground Transport@R8000 Total per meeting=R77100	Prepare submission, quotations, get approval, make bookings	KVN, albert	20.03.06	31.03.07	77,100			Meeting approved and venue confirmed
							0	**135,176**	**0**	
	1.2.1.2	Conduct national workshop to strengthen TB&HIV Collaboration with private sector (GF)-check GF work plan for budget	invitation to participants with provisional date	KVN	20.03.06	15.04.06				invitations posted/faxed
							39,000	**0**	**0**	
	1.2.1.3	Attend four (4) NHISSA/PHISSA meeting(i person x 3 nights) Acc@800X3 =R 2400 S&T@200X3=R600 Flight = R 3750 Ground transport = R3000 Total per Meeting=R9750	Prepare submission, quotations, get approval, make bookings	LETTA	15.03.06	31.03.06	9,750			Meeting approved and venue confirmed, bookings made
							65,000	**0**	**0**	
	1.2.1.4	convene 1 clustered national workshop for TBHIV training content for institutions of higher leaning x 50 participants x 1day Acc@800x50x1=R40000 Conf Pack@300x50=R15000 Ground Transport=R10000 Total=R65000	invitation to participants with provisional date	Morero	12.06.06	16.06.06				invitations posted/faxed

	To monitor and evaluate within the various levels of DOH and stakeholders programme planning, management and implementation									
	-						**204,000**	**0**	**0**	
		Monitoring and evaluation of the project/programme through visits to the districts-includes site visits and joining CCMT conditional grant visits where possible	Conduct Support visits to provinces and sub-districts implementing TB&HIV activities 4 staff				204,000			
							110,000	**0**	**0**	
	1.2.2.2	Provide transport for meetings, support visits, training, etc	ensure transport available through long lease of car (11 months)	Albert	01.04.06	31.03.07	110,000			transport available for monitoring visits
							60,000	**0**	**0**	
	1.2.2.3	Facilitate annual external financial audits, visit 2 provinces – staff Acc@800x2x1=R1600 Flights-R3750 x2 =R7500 S&T@R200X2 =R400 Total per visit=R9500 Catering for 6 at national @250X2days=R500 Audit cost 50000 Total cost = R60 000	contact external audit companies, get quotes, get approval, select company, contact provinces, ensure flight bookings	KVN	01.04.06	30.06.06	60,000			Audit company selected, provinces informed&prepared and programme finalised
							23,250	**0**	**0**	
	1.2.2.4	Participate in annual external monitoring mission in coordination with WHO/IUATLD annual TB review -1 x staff x 4 nights Acc@800x4x1=R3200 S&T@200X4X1=R800 Flights@3750X1=R3750 Total per Province=R7750 Total for 3 Provinces = R23 250	participate in preparations with NTCP, finalise programme, ensure transport and accommodation	KVN	01.09.06	30.09.06	23,250			programme ready and logistics finalised
							0	**162,211**	**0**	
	1.2.2.5	Facilitate operational research in implementing TB&HIV activities **1.**. Advertise a tender for an organisation to provide support in implementing operational research-R162 211(GF)	identification of Organization to do training in operational research, monitoring of data collection, support in data analysis and report of findings according to research topics below (may require call for proposal if existing agreement between HST and NDOH cannot be used - see costing below under GF)	KVN	01.04.06	31.05.06				Organsiation identify to provide training, monitoring, ananlysis and reporting expertise to ensure implementation of the operational research agenda.
	To ensure adequate number of skilled service providers									
	-							**162,211**		

	1.3.1.1	Facilitate training of Drs and nurses	Submission requesting approval to advertize for training tenders	KVN/Morero	02.01.06	15.03.06		162,211	Tender proposals/applications-presentations by institutions shortlisted
-							**0**	**9,678,602**	
	1.3.1.2		Award tender to organisation to train 3000 nurses and 750 doctors	KVN/Morero	01.04.06	30.04.06		9,678,602	Training institutions identified and awarded tender
							362,500	**249,700**	
	1.3.1.3	Coordinate orientation and train appointed monitoring officers on paper based and electronic registers	Meeting with HIER to prepare the programme and identify facilitators	LETTA	01.04.06	31.05.06			programme prepared, facilitators identified
							45,000	**0**	
	1.3.1.4	Coordinate one Health Information Management refresher training for 16 participants for 2 days, Transport &	Invite participants, organise programme, contact facilitators, fianlise the programme and venue	LETTA	01.06.06	30.06.06			PROGRAMME FINALISED AND PARTICIPANTS INVITED
							205,000	**0**	
	1.3.1.5	Facilitate accreditation of Master Trainers as Facilitators and Assessors for TB,HIV and STI training programmes +	Invite participants, organise programme, contact facilitators, fianlise the programme and venue	Morero	01.01.07	31.01.07			List of confirmed participants , programmes finalised, venue confirmed
-							**47,900**	**0**	
	1.3.1.6	Support cascading of training in provinces one training session supported in seven(7) provinces-	confirm timetable with each province and organise transport and accommodation	Morero	03.04.06	30.11.06	47,900		training strengthened in all provinces - database of staff trained
to ensure availability of supplies, consumables and services							**100,000**	**1,905,829**	
							0	**675,880**	
	1.3.2.1	Print and disseminate materials for TB/HIV monitoring and evaluation(GF) R675 880	Finalise registers and tools, identify printers, get submission approved	Letta	01.04.06	31-.05.06		675,880	submission for printing of \M&E materials approved
	-						**0**	**729,949**	
	1.3.2.2	Ensure that IT equipment is provided for monitoring officers and project manager	Procure IT equipment to 53 district information officers/ coordinators (GF)R574 498	Letta	01.06.06	30.09.06		574,498	

	-						**100,000**	**500,000**	
	1.3.2.3	Print and disseminate training module and guidelines on TB&HIV collaboration	Gather relevant protocols, existing guidelines and training materials (desk review)	Morero/ KVN	01.04 .06	30.04. 06			materials collected and reviewed
To ensure social mobilisation and advocacy									
	-						**0**	**2,095,000**	
1	1	Printing of TB&HIV IEC materials	prepare materials for printing, identify printer and get approval	Morero	03.07. 06	04.10. 06			materials ready
			Have the materials printed and distributed GF Fund	Morero	03.07. 06	27.10. 06		2,095,000	xxxxx posters, patients pamphlets, desk sheets, printed and distributed

Annex 3: COMPREHENSIVE OPERATIONAL PLAN 2007 DRAFT (year + 1)
TB&HIV COLLABORATION

OBJECTIVE 1: Improve TB/HIV public/private collaboration		
INDICATORS	**1**	Number of sectors attending the national workshop
	2	Number of participants at the national workshop
	3	Number of organisations attending the national HAST (HIV/AIDS/STI/TB) committee
	4	Number of organisations attending the provincial HAST committee
	5	Attendance rate National HAST Committee
	6	Attendance rate provincial HAST Committee
TARGET	**1**	6 sectors attending the national workshop
	2	40 participants at the workshop
	3	6 organisations attending the national HAST committee
	4	6 organisations attending the provincial HAST committee
	5	60% Attendance rate national HAST Committee
	6	60% Attendance rate provincial HAST Committee

ACTIVITIES	**PERSONS RESPONSIBLE AND PARTNERS**	TIME FRAME					**OUTPUTS**	**BUDGET Rand (US$000's)**		
		JAN - MAR	**APR - JUN**	**JUL-SEPT**	**OCT - DEC**	**JAN - MAR**		**DOH**	**BTC**	**Global Fund**
Conduct national workshop to strengthen collaboration within NDOH (1st workshop) and with the private health sector (pharmaceutical companies, laboratory personnel, Organizations for medical practitioners), corporate world, parastatals, mining industry, correctional and military services (2d workshop)	Project Manager	X		X			60 national HAST staff informed about and incorporate TB&HIV collaborative activities into own programmes Strenghtened collaboration with Private sector and other government departments implementing TB&HIV activities.		Regie for facilitation	20 R140 974
Attend the National HAST committee [DD meeting ?	Medical Coordinator Project Manager Information officer	X	X	X	X	X	Quarterly meetings held and strengthening of collaboration and coordination in planning, implementation and monitoring			
Facilitate biannual HAST coordinating meeting (NDOH+PDOH)=no cost link to quarterly meeting				X		X	Minutes of meetings (TB&HIV collaborative activities on the agenda)			

To facilitate cluster training coordination	Training officer	X	X	X	X	X	Minutes of meeting Training plan for the cluster and reduction of duplication			
To coordinate annual national training coordination meetings for 30 master trainers for 1 day	Training Officer					X	*Coordination of training within cluster and with HR*		R76 200	
Support NGOs to mobilize civil society as partners in TB&HIV activities – meetings, support visits for monitoring the implementation of TB&HIV activities and the budget allocated	Dr Vilakazi Nhlapo *Project Manager*	X	X	X	X		**Reports written** Improved service delivery at community level and referrals **(HBC clients referred for TB screening, Patients on community DOTS referred for VCT) 9 NGOs supported**			R2 415 947

OBJECTIVE 2: Stronger evidence base for national guidelines to implement TB/HIV activities: TB/HIV Operational Research		
INDICATORS	**1**	Impact studies started/conducted
	2	Quality of counselling study started/conducted
	3	Addressing burnout study started/conducted
	4	Adherence study started/conducted
TARGET	**1**	3 provinces conducting studies on impact of VCT on behaviour change
	2	3 provinces conducting quality of counselling studies
	3	3 provinces conducting addressing burnout studies
	4	3 provinces conducting adherence studies

ACTIVITIES	**PERSONS RESPONSIBLE AND PARTNERS**	TIME FRAME					**OUTPUTS**	**BUDGET Rand (US$000's)**		
		JAN - MAR	**APR - JUN**	**JUL-SEPT**	**OCT - DEC**			**DOH**	**BTC**	**Global Fund**
Advertise a tender for an organisation to provide support in implementing operational research (call for proposals)	Project Manager	X	X				Tender advertised			24
Award the tender (funds for the service provider to assist in operational research)	Project Manager		X	X	X		Technical and monitoring support for quality operational research			93 R169 169

Evaluate the impact of VCT on risk behaviours and behaviour change	TB HIV Medical Coordinator , service provider			X	X		Report on impact (Dec) Policy recommendations by Q4			40
Assessment of quality of counselling done by lay and nurse counselors AMREF	TB HIV Medical Coordinator service provider			X	X		Report with recommendations on interventions to improve quality (March 08) Policy recommendations by March 08			50
Assessment of interventions to address burnout (caring for carers, mentorship, job rotation, involvement in community outreach activities)	TB HIV Medical Coordinator service provider			X	X		Report with recommendations on interventions to address burnout (March 08) Policy recommendations by March 08			51
Assessment of interventions to improve adherence to isoniazid preventive therapy (IPT) and cotrimoxazole prophylaxis (CPT)	TB HIV Medical Coordinator service provider			X	X		Protocol finalised Data collection ongoing Report and recommendations in year two			60
Other OR Dual stigma TB/HIV Quality of training and impact on service delivery Review of monitoring systems	TB HIV Medical Coordinator service provider			X	X				350 000	100
Facilitate National HIV surveillance among TB patients for 2007/8 and TB infection among HIV positive clients	Letta		X	X	X	X	Progress Report written Knowledge of prevalence of HIV among TB as well as trend (in 2008) [activity in link with CDC and WHO)			

Notes:
*Operational Research will be done with the assistance from organisations such as MRC, HST, and universities, HSRC
Proposals are not yet finalised and the costing is an estimate from experience with operational research within the NDOH or with support from CDC (see document). Budget cover training of research assistants (usually staff from districts), development and printing of questionnaires and data collection tools, visits to facilities for data collection and monitoring of data collection, facilitators/supervisors inputs (person-time), data entry, data analysis, report writing and dissemination). We expect data collection to last around 3 months except for the study on adherence to preventive therapies that will last 9 to 12 months.

OBJECTIVE 3: Enhanced capacity at provincial health departments to support accelerated implementation of TB/HIV training districts in partnership with NGOs and civil society		
INDICATORS	**1**	Number of sub districts trained on TB&HIV collaborative activities
	2	Proportion of trained sub district implementing and reporting TB&HIV activities
	3	Percentage of health care workers trained in TB&HIV collaborative activities
	4	Proportion of facilities having guidelines
	5	Proportion of TB patients offered VCT (Voluntary testing and Counselling)
	6	Proportion of TB patients accepting HIV testing
	7	Proportion of HIV positive screened for TB
	8	Proportion of clients starting Isoniazid preventive therapy (IPT)
	9	Proportion of HIV+TB patients starting CPT (Cotrimoxazole Prophylaxis)
	10	Proportion of TB patients HIV infected referred for ART
	11	Number of NGO (Non Governmental Organization) community health worker trained on TB&HIV collaborative activities
	12	Proportion of facilities implementing DOTS
	13	Proportion of TB patients smear positive who successfully complete treatment
	14	Number of MDR centres upgraded
	15	Proportion of culture positive MDR-TB patients who convert at 4 months
TARGET	**1**	243 sub districts trained in TB&HIV collaborative activities
	2	60% of facilities in training districts having guidelines
	3	200 of trained sub districts implementing and reporting TB&HIV collaborative activities
	4	5000+1250 of Health care workers (nurses and doctors) trained on TB&HIV collaborative activities in trained sub districts
	5	50% of TB patients offered VCT for HIV
	6	50% of TB patients accepting HIV testing
	7	40% of HIV positive screened for TB in trained sub districts
	8	2% HIV + start IPT in trained sub districts
	9	50%of HIV+TB patients starting CPT (Cotrimoxazole Prophylaxis) in trained sub districts
	10	15% TB patients co infected with HIV referred to ART site (in trained sub-districts)
	11	97000 NGO CHW trained on TB&HIV collaborative activities
	12	60% of Facilities implementing DOTS in trained sub districts
	13	72% of smear positive TB patients successfully complete treatment in trained sub districts
	14	9 MDR centres upgraded
	15	80% of culture positive MDR patients convert at 4 months

OBJECTIVE 3: Enhanced capacity at provincial health departments to support accelerated implementation of TB/HIV training districts in partnership with NGOs and civil society										
ACTIVITIES	**PERSONS RESPONSIBLE AND PARTNERS**	TIME FRAME					**OUTPUTS**	**BUDGET Rand (US$000's)**		
		JAN - MAR	**APR - JUN**	**JUL-SEPT**	**OCT - DEC**			**DOH**	**BTC**	**Global Fund**
To provide adequate staffing for programme management: Assign: 8 FTE TB&HIV Provincial coordinators (BTC) – Level 9	Chief Director HAST		X	X	X	X			R1 771 966	
Support /Strenghten M&E by transferring funds for employment and assigning M&E officers Level 8 (Year 1 balance +Year 2) Training tender Advert Funds to be utilized for remaining recruitment adverts GF R92500	Provincial HOD,HR and Chief Director (HAST)	X	X	X	X		53 District Monitoring Officers employed			R 15 641 023
Coordinate orientation and train appointed monitoring officers on paper based and electronic registers (DHIS &ETR. net) and evaluation tool (GF) 5 days conference	Letta **2X Workshops= R1 033 000**	?	?	?	?	?			R771 198	R250 076
Support TB&HIV districts - Upgrading MDR unit - NGOs - Monitoring and Evaluating of implementation of planned activities - ??tb CRISIS PLAN	Medical Coordinator Project Manager Need breakdown budget and take it where relevant	X	X	X	X					864
Funds for re-advertised posts	Project Manager	X								13
Facilitate the training of 5000 nurses on TB/HIV/STI clinical management see below (FPD service providers)	National TB&HIV Nurse Trainer	X	X	X	X		5000 nurses trained			2070
Facilitate the training of 1250 doctors on TB/HIV/STI clinical management see below (FPD service providers)	TB&HIV Training Officer , conference package for 1 day, (750 x USD40) = US $30,000	X	X	X	X		1250 doctors trained			100

Assist NTCP in upgrading of MDR-TB centres (structural renovations, installation of extracting fans and UV lights)	Project Manager Structural renovations US$290 000+US$89034(from VCT) =US 379 034	X	X		X		9 MDR-TB centres upgraded			303 R 2 739 299
Appointing contract district monitoring and evaluation officers (2-year contract)	Project Manager level 8 salaries for 12 months for 53 people (53 x US$25250)		X	X	X		53 coord in place Information provided timely			2218
Operational costs for the district monitoring officers	Project Manager									?
Procuring Computers at district level for monitoring and evaluation	Project Manager Price of 53 desktop computers and 53 printers (53 xUS$1600)		X				53 computers provided Data entered			85
Training of coordinators and monitoring officers on paper based and electronic registers (DHIS &ETR. net) and evaluation tool	National TB&HIV information Officer 3 days conference		X				106 staff trained Regular validated report provided in time from each sub-district (3 days training)			37
Conduct National TB&HIV Quarterly meetings x 4 Conf. Package @R300x35x2days=R15 500	Dr Kgomotso Vilakazi Nhlapo		X	X	X	X	Minutes of meetings (empowering of coordinators, sharing of experiences, Monitoring business plan progress)		R306 080	R29 200
Conduct Support visits to provinces and sub-districts implementing TB&HIV activities including visits to NGOs and MDR centres	Dr Kgomotso Vilakazi Nhlapo Project manager		X	X	X	X	Reports of visits & recommendations		R213 600	
Long lease of vehicle for transport @R10 000x11mths R110 000			X	X	X	X	Transport available (Support visits, meetings, conferences+reports)		R110 000	
Participate in annual external monitoring mission in coordination with WHO/IUATLD annual TB review -1 x	KVN				X		Report of the mission		R24 600	
Conduct training monitoring visits for contracted GF training providers	Morero	X	X	X	X				R19 800	

OBJECTIVE4: Enhanced managerial and technical capacity of the National Department of Health to support provinces and civil society to implement comprehensive TB/HIV/STI prevention, care and support										
INDICATORS	**1**	Proportion of provincial TB&HIV business plans approved within one month of submission								
	2	Proportion of facilities having IEC (Information, Education, Communication) and training materials								
		Number of NGOs supported								
	3	External financial audit								
TARGET	**1**	78%(7/9) provincial business plans approved within one month of submission								
	2	60% of facilities visited have IEC and training materials								
	3	9 NGOs per province supported								
	4	Financial audit performed								
ACTIVITIES		**PERSONS RESPONSIBLE AND PARTNERS**	TIME FRAME					**OUTPUTS**	**BUDGET Rand (US$000's)**		
			JAN - MAR	**APR - JUN**	**JUL-SEP T**	**OCT - DEC**			**DOH**	**BTC**	**Global Fund**
To provide adequate staffing for programme management: Assign: - 1 FTE TB&HIV medical coordinator (ES) Level 13 - 1 FTE TB&HIV information officer (BTC)- Level 11 - 1 FTE TB&HIV nurse trainer (BTC) – Level 9 - 1 FTE TB&HIV Financial officer (Regie Budget) Level 9 - 2 x FTE temporary admin clerks (BTC) - 1 FTE TB&HIV administrative officer (BTC)- Level 8 - 1 FTE admin clerk (BTC)- Level 4		Chief Director (HAST)		X X X X X X	X X X X X X	X X X X X X	X X X X X X	Medical coord. Assigned (ES) Information officer assigned (BTC) Nurse trainer assigned (BTC) Financial officer assigned (Regie Budget) Temporary Admin Clerks assigned (BTC) Administrative Officer appointed and assigned Administrative clerk assigned	R453 147	R275 733 R224 254 R50 000 ??? R139 220 R76 941	
Assign: 1 FTE TB&HIV project Manager (GF) – Level 12 (Year 1 balance +Year 2)		Chief Director (HAST) Deputy Director level for 12months(US$50 000)	X	X	X	X		Project Manager assigned			98 R691 125

Operational costs for project manager ?SHIFT TO PROV VISITS	1 visit per province per quarter (US350 x 9 x 4= 12 600), (accomm + S&T US110+33 =143 x 9x4 = 5 148 ground transport US100x9x4= US=3600 TOT 22 948	X	X	X	X					48
To allow staff to attend relevant conferences and seminars	**Dr Kgomotso Vilakazi Nhlapo** Total = R24 400		X			X	*)*		R 24 400	
PROGRAMME MANAGEMENT STRENGTHENING										
Facilitate training on M&E to 30 staff for 3 days (CDC&BTC funds)	Letta		X						R 153 000	
Facilitate National workshop on HIV&AIDS, STI data &information management	Letta Seshoka		X							
Attend 4 NHISSA meeting (1person x 3 nights)	Letta		X	X	X	X	Reports of meetings & recommendations	R40 800		
Print and distribute IEC manuals and materials for TB crises plan, MDR-TB and XDR-TB	Project Manager	X	X				IEC manuals and materials developed			310 R2 185 097
Print and disseminate TB/HIV training manuals and materials	National TB&HIV Nurse Trainer	X	X				TB/HIV training manuals and materials produced and distributed			74 R 521 604

Print and disseminate materials for TB/HIV monitoring and evaluation	National TB&HIV Information Officer	X	X				TB/HIV monitoring and evaluation materials produced and distributed			100 R 704 870
Conduct two support visits to each province to monitor and evaluate the implementation of planned activities	Project Manager	X	X	X	X		Provinces visited twice yearly Improved performance and reporting	7	27	

SUMMARY : TB&HIV 2007/8 OPERATIONAL PLAN-NDOH DRAFT

	NDOH	**BTC**	**GLOBAL FUND**	**TOTAL**
TOTAL	**453,147**	**5,434,022**	**41,085,162**	**19,347,839**

ANNEX 4: SITUATION OF RECEIPTS AND EXPENSES FOR THE YEAR CONSIDERED

Budget Code	Budget Headings description	Task Code	Sector Code	TOTAL COST BELGIAN CONTRIBUTION	CUMULATED EXPENSES	EXPENSES YEAR CONSIDERED	EXPENSES YEAR + 1
PART A *: introduce the title of part A*							
Result 1 : *introduce the title of the result 1 of part A*							
A/R1/code NF/index							
A/R1/code NF/index							
A/R1/code NF/index							
	Subtotal Result 1-Part A						
Result 2 : *introduce the title of the result 2 of part A*							
A/R2/code NF/index							
A/R2/code NF/index							
A/R2/code NF/index							
	Subtotal Result 2-Part A						
Result 3 : *introduce the title of the result 3 of part A*							
A/R3/code NF/index							
A/R3/code NF/index							
A/R3/code NF/index							
	Subtotal Result 1-Part A						
	Subtotal Part A						
PART B *: introduce the title of part B*							
Result 1 : *introduce the title of the result 1 of part B*							
B/R1/code NF/index							
B/R1/code NF/index							
B/R1/code NF/index							
	Subtotal Result 1-Part B						
Result 2 : *introduce the title of the result 2 of part B*							
B/R2/code NF/index							
B/R2/code NF/index							
B/R2/code NF/index							
	Subtotal Result 2-Part B						
	Subtotal Part B						
	GRAND TOTAL						

ANNEX 5 : Budget estimates year + 1

Budget Code	Budget Headings Description	Task Code	Sector Code	TOTAL COST BELGIAN CONTRIBUTION	Monthly estimates period +1					
					Month 1	Month 2	Month 3	Month 4	Month 5	Month n
PART A *: introduce the title of part A*										
Result 1 : *introduce the title of the result 1 of part A*										
A/R1/code NF/index										
A/R1/code NF/index										
A/R1/code NF/index										
	Subtotal Result 1-Part A									
Result 2 : *introduce the title of the result 2 of part A*										
A/R2/code NF/index										
A/R2/code NF/index										
A/R2/code NF/index										
	Subtotal Result 2-Part A									
Result 3 : *introduce the title of the result 3 of part A*										
A/R3/code NF/index										
A/R3/code NF/index										
A/R3/code NF/index										
	Subtotal Result 1-Part A									
	Subtotal Part A									
PART B *: introduce part B title*										
Result 1 : *introduce the title of the result 1 of part B*										
B/R1/code NF/index										
B/R1/code NF/index										
B/R1/code NF/index										
	Subtotal Result 1-Part B									
Result 2 : *introduce the title of the result 2 of part B*										
B/R2/code NF/index										
B/R2/code NF/index										
B/R2/code NF/index										
	Subtotal Result 2-Part B									
	Subtotal Part B									
	GRAND TOTAL									

ANNEX 6. Disbursement rate of the project

FINANCIAL SUMMARY						
Source of financing	Budget estimates (year)	Cumulated budget	Real expenses (year)	Real cumulated expenses	Disbursement rate (year)	Disbursement rate (cumulated)
Direct Belgian Contribution	**For April 2006 to March 2007** R 16,627,961	**For April 2006 to March 2007**	**For April to December 2006** R 6,061,981	**For April to December 2006** R 6,061,981	36%	
Partner Country Contribution	**For April 2006 to March 2007** R 365,872,000 (prov: R1,615,214,000)	**For April 2006 to March 2007** R 365,872,000 (prov: R1,615,214,000)	**For April to December 2006** - prov Est 85%	**For April to December 2006**		
Counterpart Funds Contribution						
Other source The Global Fund	USD 4,407,000	USD 1,196,831	USD 1,045,493	USD 1,045,493	24%	87%

ANNEX 7. Project personnel

Personnel type (title, name and gender)	**Duration of recruitment (start and end dates)**	**Comments (recruitment period, profile relevance …)**
1. National personnel put at disposal by the Partner Country	Project Manager (currently Chief Director HIV AIDS STI and TB) PART TIME Medical Coordinator national TB&HIV Gauteng Province TB&HIV coordinator	Permanent position, relevant position but too busy……. Permanent position – very Relevant - requires much managerial skills Permanent position
2. Support personnel, locally recruited	TB&HIV Information Officer 01/04/04 till 31 03-09 Senior Finance Officer, 2005, yearly renewable Senior Admin officer, 01-02-06 till 31-01-09 8 provincial coordinators, 5 years contract	Ideal position for M&E coordination Necessary as financial department not in a position to provide close financial monitoring and analysis Low level against expected outputs
3. Training personnel, locally recruited	TB&HIV Training Officer 01/04/04 till 31 03-09	Ideal position for training coordination
4. International personnel (outside BTC)		
5. Expert in International Cooperation (BTC)	Technical assistant, contracted for project, 5 years	Not ideally utilised because of lack of vision by the department

ANNEX 8. Subcontracting and invitations to tender
(one form for each new subcontracting contract during the year considered)

NIL

Tendering mode	:
Date of the invitation to tender	:
Start date of the subcontracting	:
Name of the subcontractor (or of the company)	:
Subject of the contract	:
Cost of the contract	:
Duration of the contract	:

Results obtained during the year considered:

Comments/recommendations :

ANNEX 9. Equipments

Equipment type	Cost		Delivery date		Remarks
	Budget	Real	Planned	Real	
IT EQUIPMENT (desk tops and printers)		R46 503		MARCH 2005	NDOH - COGESTION
IT EQUIPMENT		R10 960		SEPT 2005	NDOH-COGESTION
IT EQUIPMENT Laptops and photocopier)		R89 020		JUNE 2005	BTC - “REGIE”
IT EQUIPMENT Laptops, desktop, printers)		R46 539		JUNE 2006	BTC – “REGIE”

ANNEX 10. Backers interventions

Interventions of other backers for the same project or for project pursuing the same specific objective.

Backers playing a part in the same project				
Backers	Intervention name	Budget	Main objectives	Comments
The Global Fnd to Fight AIDS, Tuberculosis and Malaria	Expansion of TB/HIV/STI prevention, care and support in South Africa	25.1 million USD over 5 years, only first two years committed, final three years pending performance of initial two years	Same as BTC funded project	Complete coordination of both sources of funding within same unit. Activities clearly separated. Similar funding mechanisms
Backers contributing to a similar specific objective				
Backers	Intervention name	Budget	Main objectives	Comments

Note that CDC (Center for Diseases Control, US) local office and WHO have keen interest in the TB and HIV collaboration programme. CDC funding is also available for TB&HIV initiatives in the country.