SAF-01-002: EXPANSION OF TB/HIV/STI PREVENTION, CARE & SUPPORT IN SOUTH AFRICA

ANNUAL REPORT

2007

Belgian Development Cooperation .be

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1 PROJECT SHEET

BASIC INFORMATION ON THE PROJECT.

Project Title:	Expansion of TB/HIV/STI prevention, care & support in South Africa
Project ID:	SAF/01/002
N.I. DGIC:	19172/01
Start:	January 2003
Finish:	January 2008
Partner Agency:	National Department of Health
Fund Director	Dr Nomonde Xundu
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Indicative Cooperation Programme:	Indicative Programme 2001 - 2005
Sector:	Health
Date Specific Agreement signed:	*20 January 2008*
Duration:	60 months
Specific Agreement Amendments	two-years No-cost extension request up to Jan 2010
Fund Co-Director	Mr. Dijon Hilzinger-Maas
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Date Convention signed:	28th April 2003
Budget:	€ 6,252,710.22
Regie:	€ 876,090.00
Cogestion:	€ 5,376,620.22
cash calls to date:	€ 3,478,294.41
balance:	€ 1,898,325.81

2 BRIEF FACTUAL OVERVIEW

The milestones of the project in 2007 were the request of the National Department of Health for a two-year no-cost extension, the subsequent review of the logical framework and the further expansion of the activities to most sub-districts (85%).

The rationale for the no-cost extension request was the availability of funds, the existence of staff on contract particularly in the provinces and the fact that TB/HIV/STI programmes still required continuing support to strengthen delivery of comprehensive prevention, care and support to the co-infected.

The review of the logical framework involved extensive consultation that took place with all provinces through workshops and provincial visits. At National level, meetings with relevant stakeholders provided insight in identifying relevant needs while addressing the challenges of the project.

Meanwhile, 85% (216/253) of the sub-districts have been trained and currently report on TB and HIV activities that mainly consists of providing HIV prevention and care to TB patients and preventing TB or screening for TB in HIV infected individuals. It is expected that all sub-districts will be covered by 2008 and will report through the TB and the HIV programmes using national health information systems. Training of health care workers was facilitated in conjunction with the Global Fund. Provinces received regular support visits. Guidelines were revised at national level in line with the comprehensive plan for HIV and AIDS, the new National Strategic Plan for HIV and AIDS (2007-2011) and the new National TB Strategy (2007-2011).

Challenges included delays in implementation of plans particularly in weaker provinces (North West, Mpumalanga, KZN) leading to limited reporting of health indicators. Regular reporting has been an issue that concerns not only TB and HIV programmes but most of the health programmes. As a result there has been multiplication of recording tools and systems across provinces with lack of standardization except in the TB programme. HIV programmes in general have been slow in effectively addressing TB i.e. suboptimal screening of TB in HIV, limited expansion of TB preventive therapy and lack of standardized recording and reporting tools

The fundamental changes that are incorporated in the revised logical framework were proposed to ensure closer alignment to national priorities and structures, increased ownership and mutual accountability and to strengthen relevance, effectiveness and efficiency, sustainability and impact of the Belgian assistance to the programme. The logical framework objectives and result areas have not been modified from the original agreement document but activities have been redefined to address the experience learned from the project and the new context of the programme in the Department of Health. Theses changes include the following: alignment of TB and HIV collaboration unit to the Comprehensive Care, Management and Treatment (CCMT) programme, concentration of the funding management at national level and assistance to TB crisis districts in Eastern Cape, Gauteng and KwaZulu Natal in terms of capacity development through the knowledge translation approach.

3 OVERVIEW OF ACTIVITY PLANNING

3.1 Activity overview

Result Area	Planned activity	Q1	Q2	Q3	Q4	Achievement Overview
Result 1: Stronger evidence base for national guidelines to implement TB/HIV activities	Conduct Operational Research on - Dual stigma related to TB/HIV and Quality of training and impact on service delivery					Calls for proposal done through Tender Bulletin in October-November 2007, but there was no suitable candidate. A wider call is planned and relevant institutions will be contacted directly
	Facilitate National HIV surveillance among TB patients for 2007/8 and TB infection among HIV positive clients (Done in collaboration with National TB Control Programme)					TB data collection tools and ETR.Net software were revised to include HIV information. Training on TB data collection tools and ETR.Net software conducted in the provinces.
Note: the main activity under this result area took place in 2003 when TB preventive therapy policy was recommended and approved. There were no subsequent identified activities in the following years. The unit thereafter has been contributing towards regular updates of TB as well as HIV guidelines. This resulted in the incorporation of HIV prevention and care component in the new TB Strategy 2007-2011 and the inclusion of TB prevention and care in the National HIV/AIDS Strategic Plan 2007-2011.						
Result 2: Enhanced managerial, technical and material capacity of provincial health departments to support accelerated implementation of TB/HIV districts in all provinces in partnership with						
	Support TB&HIV districts: Accommodation for FPD Training of 1250 Doctors and 5000 Nurses on TB/HIV/STI clinical management (Global fund contracted training provider-FPD) Provincial and districts visits (see R 3)					Training commenced late due to delays in tender awarding processes. However acceleration in workshops conducted indicates likelihood of achieving the set targets To date 3 370 out of 5 000 nurses were trained (67%)
	Facilitate the training of 5000 nurses and the training of 1250 doctors on TB/HIV/STI clinical management (Global Fund contracted service providers (FPD)					944 out of 1 250 doctor were trained (76%) Additional 2022 nurses were trained through the provincial coordinators (this was through 100% BTC funding)
	EC Business plan.					50% Achievement (visits, HAST meetings, reporting). Annual target 93% Cumulative target 29%.

civil society.						
	FS Business plan					70% achievement (as above plus training). Annual target 85% Cumulative target 41%.
	GP Business plan					80% achievement (as above) though utilizes provincial funds. Annual target 30% Cumulative target 31%.
	KZN Business plan					Coordinator resigned, package of care is implemented but reporting has been inadequate. Annual target 8% Cumulative target 33%.**
	LP Business plan					50% achievement (newly appointed coordinator). Annual target n/a Cumulative target (17%) **.
	MP Business plan					60% achievement (visits, HAST meetings, reporting). Annual target n/a Cumulative target (26%) **.
	NC Business plan					75% achievement (Coordinator resigned during 2007 hence lower expenditure of BTC funding). Annual target 28% Cumulative target 61%.
	NW Business plan					Package implemented from the TB perspective but sub-optimal performance of the programme implementation and inadequate reporting. Annual target n/a Cumulative target (18%) **.
	WC Business plan					90% achievement. Annual target 42% Cumulative target 66%.
(**) provinces that still require to send updated reports Note that the financial year in SA ends on 31 March hence the low figures for some provinces at this stage.						
Result 3: Enhanced managerial and technical capacity of the National Department of Health to support Provincial	Conduct national workshop to strengthen collaboration within NDOH (Internal stakeholders such as TB programme, HIV programmes, human resources, Monitoring and Evaluation, etc)					National workshop conducted. The objective was to strengthen collaboration within National department of Health (NDOH) and clarify roles and responsibilities in regard to prevention and care of the co-infected patients (TB/HIV/STI).
	Recruit consultants to facilitate the review of the logical framework, including a national workshop and provincial visits					Review report finalised in August, recommendations circulated in the department and final report presented to JLCB (Oct 08)

Departments of Health and civil society to implement comprehensive TB/HIV/STI prevention care and support	Conduct National TB&HIV Quarterly meetings (4)					Four Quarterly meetings held in four provinces and facility visits conducted to review the implementation of TB/HIV activities.
	To coordinate annual national training coordination meetings for 30 master trainers for 1 day					Annual training meeting held and followed by training of trainers on assessors' course. 30 participants attended.
	To allow staff to attend relevant conferences and seminars					1 staff AIDS conference in July 2007; 2 Staff attended International TB conference (IUTLD) in November 2007; 1 staff attended South African M&E (SAMEA) conference and Data quality workshop.
	Conduct Support visits to provinces and sub-districts implementing TB&HIV activities including visits to NGOs and MDR centres					Support visit conducted in 8/9 Provinces to review the implementation of TB&HIV activities. Checking of data quality was conducted in Limpopo province, comparing the monthly facility data report submitted to the next level against the source (registers) of data in the facility and checking if the 2 are the same.
	Facilitate 3 days training on M&E to 30 staff (programme managers) for 3 days					25 staff trained on M&E (National, provincial and district staff)
	Review of TB and HIV guidelines to update content and ensure that both programmes take ownership and responsibility in TB&HIV programme implementation					TB Guidelines and ART national guidelines final drafts by December 2007

3.2 Analysis of activity planning

The major activities that took place were around training and monitoring. Operational research (R1) has been delayed through internal processes (due to the involvement of two separate clusters within the NDoH) and limited leadership. A review of dual stigma related to TB and HIV is planned as well as the monitoring of the quality of training provided and a review of good practices. The supply chain management procurement procedures have new threshold levels. For any transaction that is higher than R10 000.00 but is below R500 000.00, the department can invite and accept written quotations from as many suppliers as possible. Therefore, suppliers will be informed of the call for proposals for next year, to enable the department to obtain better applications. Relevant clusters will be actively engaged with to ensure effective implementation of this activity.

Training (R2) has been done in conjunction with Global Fund using the Foundation for Professional Development as a training provider. Training modules were developed and the target was to train 5000 nurses and 1250 doctors over two years (2006-2007). However, due to delayed tender procedures, the training started late and only 67 % of nurses and 76% of doctors were trained by December. The training will therefore continue until April 2008 to ensure that targets will be reached. Additional training also took place through the project and was organised by the provincial coordinators. 2022 nurses were also trained in the TB&HIV collaboration package, including TB preventive therapy.

Monitoring of the progress (R2 and R3) has been a challenge due to the large geographical coverage of the project (9 provinces, 53 districts, 252 sub-districts) and by the suboptimal reporting by districts and provinces (one province did not report any TB data for 6 months despite the efforts of the national TB programme). Data reporting is expected to improve with the development of the new TB register that includes the HIV data. However, recording and reporting of TB screening and preventive therapy done in HIV programmes is not adequate and will need to be addressed comprehensively during the no-cost extension with both HIV and AIDS as well as M&E clusters.

Meetings and visits on TB&HIV implementation (R3) have taken place in all provinces except North West province where the visits were integrated within the cluster visits and therefore may have had reduced impact. The visits have contributed to bringing the two programmes closer to each other, to reviewing financial processes and access to funding and to perform site visits to identify implementation successes and challenges. These meetings however at times lacked full management support from either the province or the national office. This resulted in less impact in weaker provinces such as Mpumalanga, North West and Eastern Cape. National-provincial quarterly meetings were held regularly and enabled networking, exchange of good practices and review of progress.

The review of the logical framework consisted of a two-day workshop with provincial representatives (all provinces were represented), visits with in-depth interviews in three provinces (Free State, Mpumalanga and Limpopo) and in-depths interviews at national office. The revised logical framework has maintained the three result areas and tends to address efficiency by concentrating efforts at national level and on key relevant activities. This will foster a link with Human Resource cluster (also funded by BTC on capacity building project) particularly around capacity development: the four TB crisis districts will be strengthened through the knowledge translation approach, a facility-based ongoing training, which will be closely documented and monitored.

4 FINANCIAL OVERVIEW

4.1 Overview of expenditure versus financial planning

Please check yellow box below, I'm not sure if the amount is correct compared to the other quarters??

4.1 Planning vs. actual

Financial modality	Q1-2007		Q2-2007		Q3-2007		Q4-2007		2007 TOTALS	
	Planned expenditure	*Actual expenditure*	*Planned expenditure*	*Actual expenditure*	*Planned expenditure*	*Actual expenditure*	*Planned expenditure*	*Actual expenditure*	*Totals for the year*	
Regie	43,000 €	29,911 €	43,000 €	34,095 €	43,000 €	82,353 €	12,800 €	34,325 €	141,800 €	180,684 €
Cogestion	300,000 €	16,606 €	300,000 €	21,088 €	300,000 €	328,443 €	300,000 €	480,516 €	1,200,000 €	846,653 €
Totals	**343,000 €**	**46,517 €**	**343,000 €**	**55,183 €**	**343,000 €**	**410,795 €**	**312,800 €**	**514,841 €**	**1,341,800 €**	**1,027,337 €**
% Actual vs. Plan		**14%**		**16%**		**120%**		**165%**		**76%**

4.2 Analysis of financial planning

The planned spending for the first and second quarters appears to have been over ambitious but this was not so owing to the coincidence of the end of year of the partner that falls on the 31st March of each year. Activity is generally low at this point in time. As can be interpreted on the table above expenditure for these two quarters was 14% and 16% of planned, respectively. Additional reason is that funds are transferred following requests by the partner. In those quarters, there had been balances at provincial and national level from previous quarters.

The third and fourth quarters had expenditure going beyond their allocated financial planning and this did compensate for the loss due to slow down of activity in the first and second quarters.

The overall expenditure was at 76% of planned, which was a good performance, considering the pace at which the overall project has been going and the ongoing revision of the logical framework that created some uncertainty in the timely implementation of activities.

5 MONITORING OF THE INDICATORS

5.1 Overall objective and purpose

	Logic of Intervention	Objectively verifiable indicators	Target	Total Actual 2007
Overall objectives	Reduction of the burden of TB and HIV in South Africa	-TB notification rates falling by 2010	N/A for 2006	722/100,000 (2006)
		-Mortality in new smear positive TB patients maintained below 10% nationally	<10%	7.3% (2006/07NDOH Annual report – data for 2005)
		-HIV seroprevalence amongst 15-19 years old decreased from 16% to below 10% by 2007	<10%	13.7% (<20yrs)
Project Purpose	Increased delivery of comprehensive TB/HIV/STI prevention, care and support at district/sub-district level	1. 12,5%of adult population in training districts/sub-district tested for HIV by 2005	12.5%	90% facilities offering VCT – no adequate national data on VCT – Plans to review VCT recording
		2. Number of person years of cotrimoxazole prophylaxis supplied		98% of co-infected TB and HIV patients are started ion CPT
		3.Number of HIV positive pregnant mothers receiving nevirapine in training district/sub-districts that have a PMTCT (prevention of mother to child transmission) programme		90% facilities offering PMTCT – national data currently being reviewed
		4.Quality of care delivered in training district/sub-districts better than in control districts		Requires specific evaluation that will take place in 2008-9

5.2 Results

	Logic of Intervention	Objectively verifiable indicators	Target	Total Actual 2007
Results	1. Stronger evidence base for national guidelines to implement TB/HIV activities	1.Acceptance of recommendations by government by 2003		Done in 2003 (TB preventive therapy policy)
	2.Enhanced managerial, technical and material capacity of provincial health departments to support accelerated implementation of TB/HIV training districts/sub-districts in all provinces in partnership with civil society	2.1. 90% of districts/sub-districts are TB/HIV Training districts/sub-districts by 2007 ***Implementing & Reporting***	240/252	216/252 (85%)
		2.2. 7 out of 9 provincial TB/HIV business plans received by December of each year	7/9	7/9
		2.3. 50% of nurses in TB/HIV training districts/sub-districts trained on the comprehensive package by 2007	5,000 (over two years 2006-7)	3,370 (FPD) 2,022 (BTC) {from NDOH Annual report 2006/07}
		2.4. 1(one) NGO community worker per 1000 population involved in TB/HIV activities in TB/HIV training districts/sub-districts by 2007	1/1000 population	11,478 (0.25/1000)
	3.Enhanced 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	3.1. 85% of provincial TB/HIV business plans approved within one month of submission each year	85%	Not achieved Delay due to the process of revision of logical framework
		3.2. Biannual meetings of TB/HIV Task team	2/2	1/2
		3.3.70% of results from annual provincial business plans achieved	70%	Will be reviewed in April 08 at end of financial year – 48% average by 6 months

Additional indicators monitored for implementation of TB/HIV collaboration activities include:

Entry Point	Indicators	Target	Total Actual 2007 (only 9 months data)
To decrease the burden of TB in PLWHA (HIV entry point)	• Proportion of HIV+ screened for TB	30%	44% 80,414
	• Proportion of HIV+ with confirmed TB		33% 26,235
	• Proportion of HIV+ clients put on IPT	5%	3% 2,678
To decrease the burden of HIV in TB patients (TB entry point)	• Proportion of TB patients offered counselling for HIV	70%	64% 108,729
	• Proportion of TB patients counselled, tested for HIV	70%	68% 74,225
	• Proportion of TB patients tested HIV+		53% 39,247
	• Proportion of TB patients HIV+(co-infected) start CPT	80%	87% 34,317
	• Proportion of TB patients HIV+(co-infected) referred for ART	10%	49% 19,342

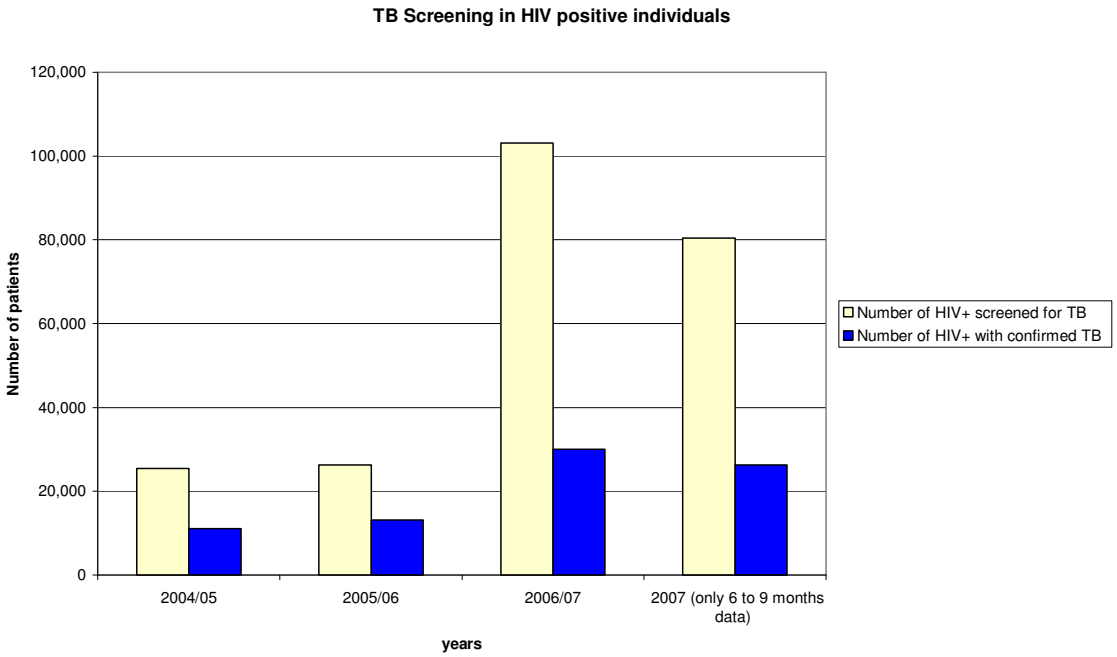
Note: Many indicators above are collected via the TB programme. The national programmes have given districts and provinces up to three months to report and validate the data. As a result, data reaches national level a quarter late. As a result only 9 months data have been provided.

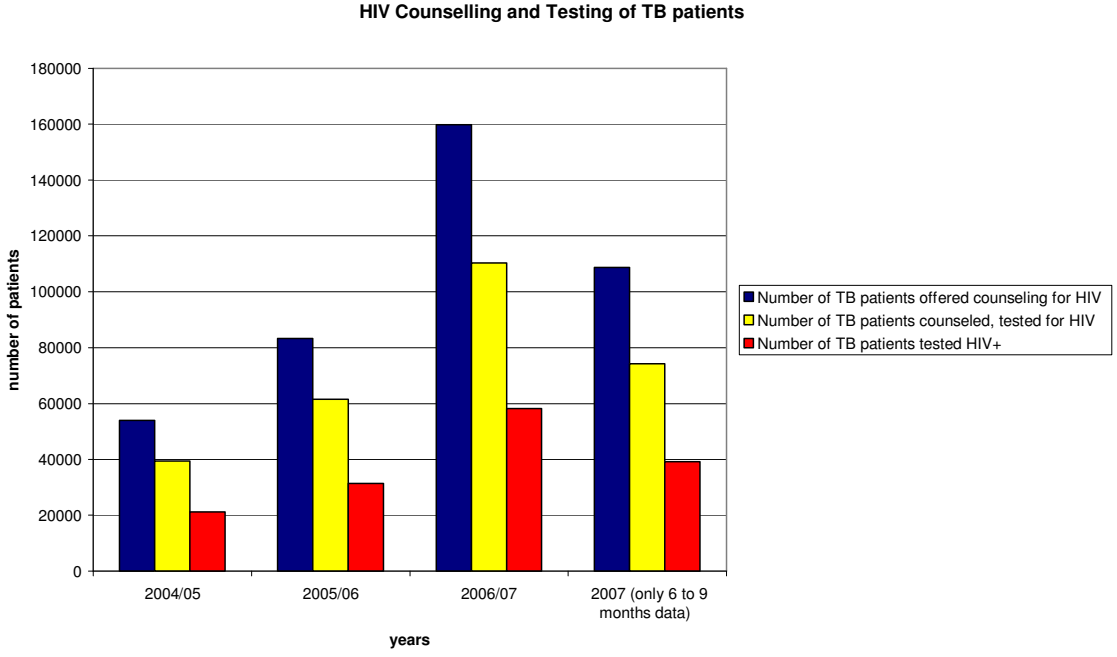
5.3 Indicator evolution (chart)

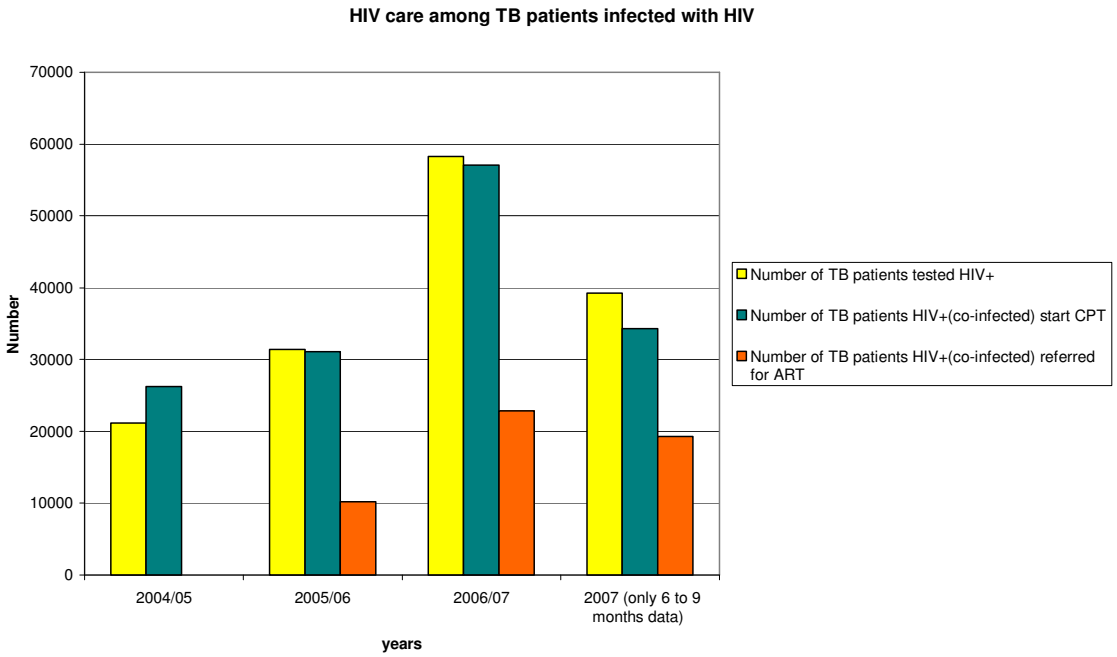
5.3.1 Graphs on:

5.3.1.1 TBHIV data trends 2005-2007

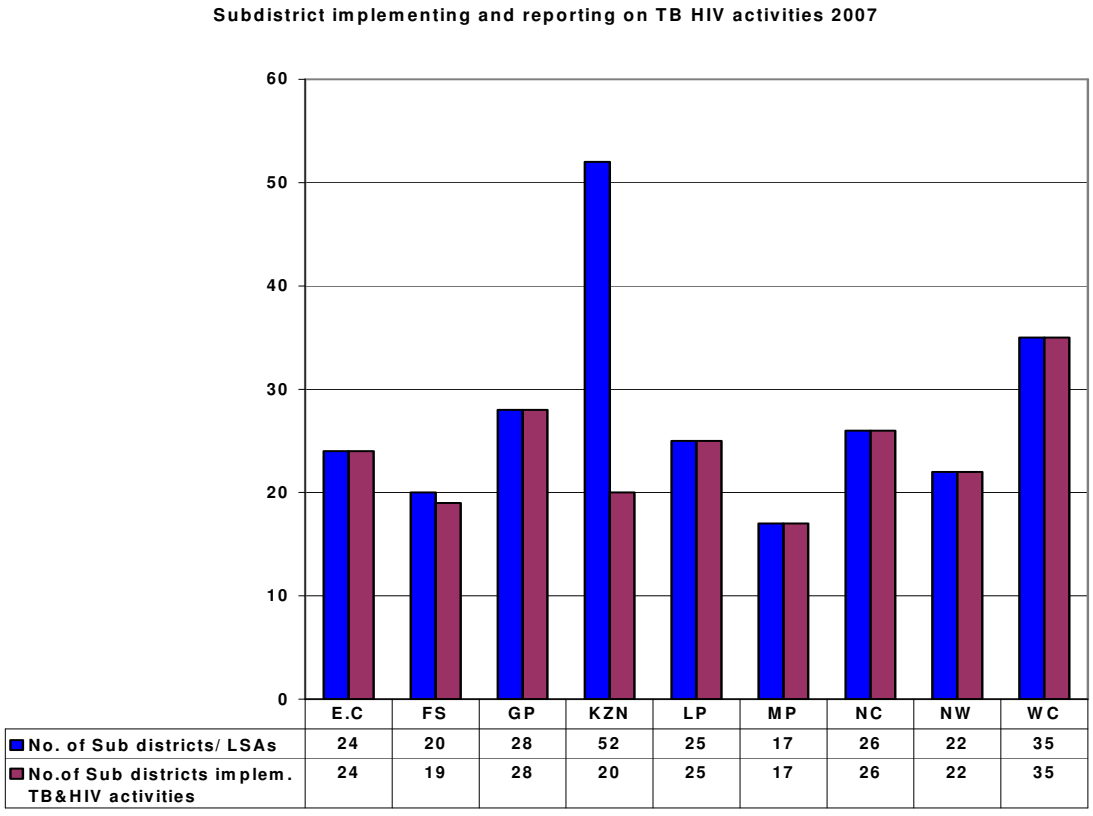
Entry Point	Indicators	2004/05	2005/06	2006/07	2007 (only 6 to 9 months data)
To decrease the burden of TB in PLWHA (HIV entry point)	• Proportion of HIV+ screened for TB	21% 25,428	14% 26,264	22.5% 103,056	44% 80,414
	• Proportion of HIV+ with confirmed TB	44% 11,171	50% 13,194	29% 30,026	33% 26,235
	• Proportion of HIV+ clients put on IPT	?%	5% 1,377	2% 2,512	3% 2,678
To decrease the burden of HIV in TB patients (TB entry point)	• Proportion of TB patients offered counselling for HIV	51% 53,896	46% 83,356	59.5% 159,777	64% 108,729
	• Proportion of TB patients counselled, tested for HIV	73% 39,377	74% 61,587	69% 110,235	68% 74,225
	• Proportion of TB patients tested HIV+	54% 21,194	51% 31,409	53% 58,249	53% 39,247
	• Proportion of TB patients HIV+(co-infected) start CPT	?% 26,230	99% 31,128	98% 57,053	87% 34,317
	• Proportion of TB patients HIV+(co-infected) referred for ART	?%	33% 10,211	39% 22,853	49% 19,342


TB Screening in HIV positive individuals
120,000
100,000
80,000
60,000
40,000
20,000
0
Number of patients
2004/05
2005/06
2006/07
2007 (only 6 to 9 months data)
years
Number of HIV+ screened for TB
Number of HIV+ with confirmed TB


HIV Counselling and Testing of TB patients
180000
160000
140000
120000
100000
80000
60000
40000
20000
0
number of patients
2004/05
2005/06
2006/07
2007 (only 6 to 9 months data)
years
Number of TB patients offered counseling for HIV
Number of TB patients counseled, tested for HIV
Number of TB patients tested HIV+



5.3.1.2 No. sub districts implementing TBHIV



	E.C	FS	GP	KZN	LP	MP	NC	NW	WC
No. of Sub districts/ LSAs	24	20	28	52	25	17	26	22	35
No.of Sub districts implem. TB&HIV activities	24	19	28	20	25	17	26	22	35

5.3.1.3 National ANC Survey 2006

Table 2: HIV prevalence by age in the 2005-2006 Antenatal Survey in South Africa.

Age group (Years	HIV prev (CI 95%) 2005	HIV prev (CI 95%) 2006
< 20	15.9 (14.6 – 17.2)	13.7 (12.8 - 14.6)
20 – 24	30.6 (29.0 – 32.2)	28.0 (26.9 – 29.1)
25 – 29	39.5 (37.7 – 41.3)	38.7 (37.3 – 40.2)
30 – 34	36.4 (34.3 – 38.5)	37.0 (35.5 - 38.5)
35 – 39	28.0 (25.2 – 30.8)	29.3 (27.7 – 31.5)
40+	19.8 (16.1 – 23.6)	21.3 (18.5 –24.1)
NATIONAL AVERAGE	**30.2 (29.1 – 31.2)**	**29.1 (28.3 – 29.9)**

N.B. The true value is estimated to fall within the two confidence limits

Age distribution-

HIV prevalence in the <20 year olds is now at 13.7% in comparison to an estimated rate of 15.9% in 2005. This is a statistically significant decline.

The decline in the <20 year age group particularly implies a reduction in new infections (incidence) in the population.

HIV prevalence in older age groups (30 – 34, 35 – 39. 40+) is a concern as it remains at similar levels with a tendency towards an increase. These increases are however not statistically significant.

6 ASSESSMENT OF MONITORING CRITERIA

6.1 Efficiency

At national level, most of the planned activities have taken place during the year except for operational research. Operational research did not take place as there was sub-optimal coordination and communication with the Health Information Evaluation and Research Cluster. The tender was advertised late in the year and none of the bidders presented any quality proposal. It was therefore suggested to contact providers directly and ask for quotations for the operational research. Some of the Provincial visits did not take place on time but all provinces were visited twice or more during the year. Most visits were successful except in KwaZulu Natal (where there is no dedicated coordinator since the previous one resigned) and North West where no specific visit could be held with the provincial management.

Expenditure rate at national level reached 60% of the budget at 9 months (the South African year ending on 31 March 2008). This is an improvement considering past years where we had under-expenditure. This is the result of a more realistic planning and budgeting.

At provincial levels, implementation has taken place at various degrees. The Free State, Gauteng, Northern Cape and Western Cape provinces have been implementing the plan better than the other provinces. This can be related to various systems in place (some management systems are easier in some provinces) and the dynamism of the coordinators in place. Implementation in North West has not been very effective: the coordinator did not attend most of the quarterly meetings and reports only came at the end of the year. A similar situation affected the TB programme. The national unit has not managed to effectively meet the provincial management to address the eventual bottlenecks. (The unit wrote letters to the Chief Directors of the 3 priority provinces and got no response from the respective provinces. NW only commented during the provincial Road show). A specific visit is planned for next year. Similarly, implementation in KwaZulu Natal has been slow. This was mainly due to the resignation of the coordinator and the inability of the province to appoint a replacement. The provincial office in Kwazulu Natal is highly understaffed. This is a serious cause of concern since this province is the most affected by both TB and HIV epidemics.

Achievements of the provinces were measured following the reviews of the business plans, as well as the list of criteria found in annex.

While there has been a generally increased visibility and advocacy for TB and HIV collaborative activities, its actual management has not always received highest priority.

Staff technical skills may have been sub-optimally utilised or overshadowed by administrative and managerial incapacity. The process of the revision of the logical framework took long in order to ensure thorough consultations at national and provincial levels. However, its endorsement took equally long. It is expected that the alignment with the Comprehensive Care Management and Treatment (CCMT) programme will boost the implementation of the activities. The unit will require some efforts in time management and in meeting the set deadlines. The revision of the framework also includes a re-centralisation of the funding to be managed at central level while provinces

will gradually take over the management of the programme. This aims to contribute to improving the efficiency of the national unit in terms of managing the funding.

6.2 Effectiveness

Most of the indicators reflect actual implementation at district and sub-district levels. Performance is therefore linked to a number of factors among which: training (and quality of training) of health care workers, supportive supervision, leadership at district level, leadership and support of provincial managers to the districts, leadership and support of the national unit to the provinces.

The overall objectives have not yet been all achieved (except the mortality of TB patients kept below 10%) as these also depend on other programmes such as HIV prevention, advocacy and health promotion, etc. Most of the purpose objectives have been achieved and an evaluation of the quality of care will need to be performed.

Three results indicators have been achieved (acceptance of recommendations, reception of provincial business plans and training). Three have been achieved partially (expansion to sub-districts at 85%, NGO community worker (25%) and biannual meeting (50% - although it was later agreed that one annual training meeting would meet the expected objectives). It is expected that all will be achieved in 2008 and that NGO community worker data will be updated

Most of the outcomes of the TB and HIV indicators that are also found in the national priorities have shown a steady increase over the years. HIV testing uptake has increased among TB patients as well as access to HIV care. TB screening in HIV settings is taking place though it requires strengthening. The alignment of the unit to the CCMT programme is expected to assist in this area.

It is critical to note that the revision of the logical framework modified most of the indicators. This was done in view of updating and aligning indicators and targets to the national strategic targets that had been updated recently. The next report will therefore align on those indicators accordingly.

The national unit will need to strengthen its support to most of the provinces but particularly North West, KwaZulu Natal, Limpopo, Mpumalanga and Eastern Cape. Provincial management will need to be met and implementation plans should be fully endorsed.

6.3 Sustainability

The National Department of Health reiterated the critical importance of TB&HIV collaboration. This was clearly indicated in the National Strategic Plan for HIV&AIDS 2007-2011, the National TB Strategy 2007-2011 as well as in various speeches by the Director General and other senior managers.

The project recruited one coordinator in each province as well as technical staff at national level. Two of the nine provinces (Eastern Cape and Gauteng) have already absorbed the position. Limpopo has recruited a coordinator as well but on contract basis. Northern Cape and Free State have started the process while it is expected to take place in Western Cape as well. A position is to be created in KwaZulu Natal but this requires confirmation. Only Mpumalanga and North West province have not yet clarified their position in this matter. Overall, the process means that most coordinators' positions will

be part of the provincial Organogram in the future, ensuring full sustainability at provincial level.

Staff employed at national level will have ongoing performance appraisal reviews that will guide the process of absorption. This will be facilitated by the Human Resource Department.

Funding to the provinces has been halted and programmes will incorporate TB&HIV activities within the TB and HIV programmes. This will also be facilitated through the alignment of the programme to the CCMT at national level as well as through the implementation of the strategic plans that clearly identify roles and responsibilities for implementation.

The no-cost extension will facilitate a gradual take over by the department while further strengthening skills of health care workers through the knowledge translation process.

7 MEASURES AND RECOMMENDATIONS

7.1 Overview of the assessment criteria

Overall, the project has been more effective than efficient. A number of targets have been reached and there has been increased coordination and collaboration with other programmes such as the national TB programme and HIV prevention programmes.

Leadership and senior management inputs may have been suboptimal with regards to the duration of the logical framework review as well as in the implementation of operational research and effective support visits to provinces.

Challenges remain in the coordination of the various programmes at district, provincial and national levels. While there have been valuable joint activities during the year, actual implementation often faces the "silo approach" effect, with, as a result, numerous parallel training, uncoordinated provincial visits and monitoring systems. The active involvement of the private sector in particular NGOs and Home Based care has been underutilised or limited to localised initiatives. The restructuring of the South African National AIDS Council may contribute towards a more effective partnership in this area.

While there has been a significant improvement of the utilisation of resources, some provinces still face difficulties in accessing their funds or implementing their activities (particularly North West, KwaZulu Natal and Mpumalanga).

A number of service provision indicators (HIV screening and care for TB patients co-infected, TB prevention and care among HIV infected individuals) have shown a steady increase with some national targets being achieved particularly from the TB programme, which makes all efforts to provide HIV counselling and testing for TB patients.

7.2 Recommendations

The implementation of the recommendations of the logical framework review aim at improving efficiency, alignment and sustainability of the activities supported by the project. This led to alignment of the TB&HIV unit to the CCMT and the recentralisation of funds to be managed at national level. The new logical framework including the same result areas but with re-defined activities, indicators and targets must be efficiently implemented.

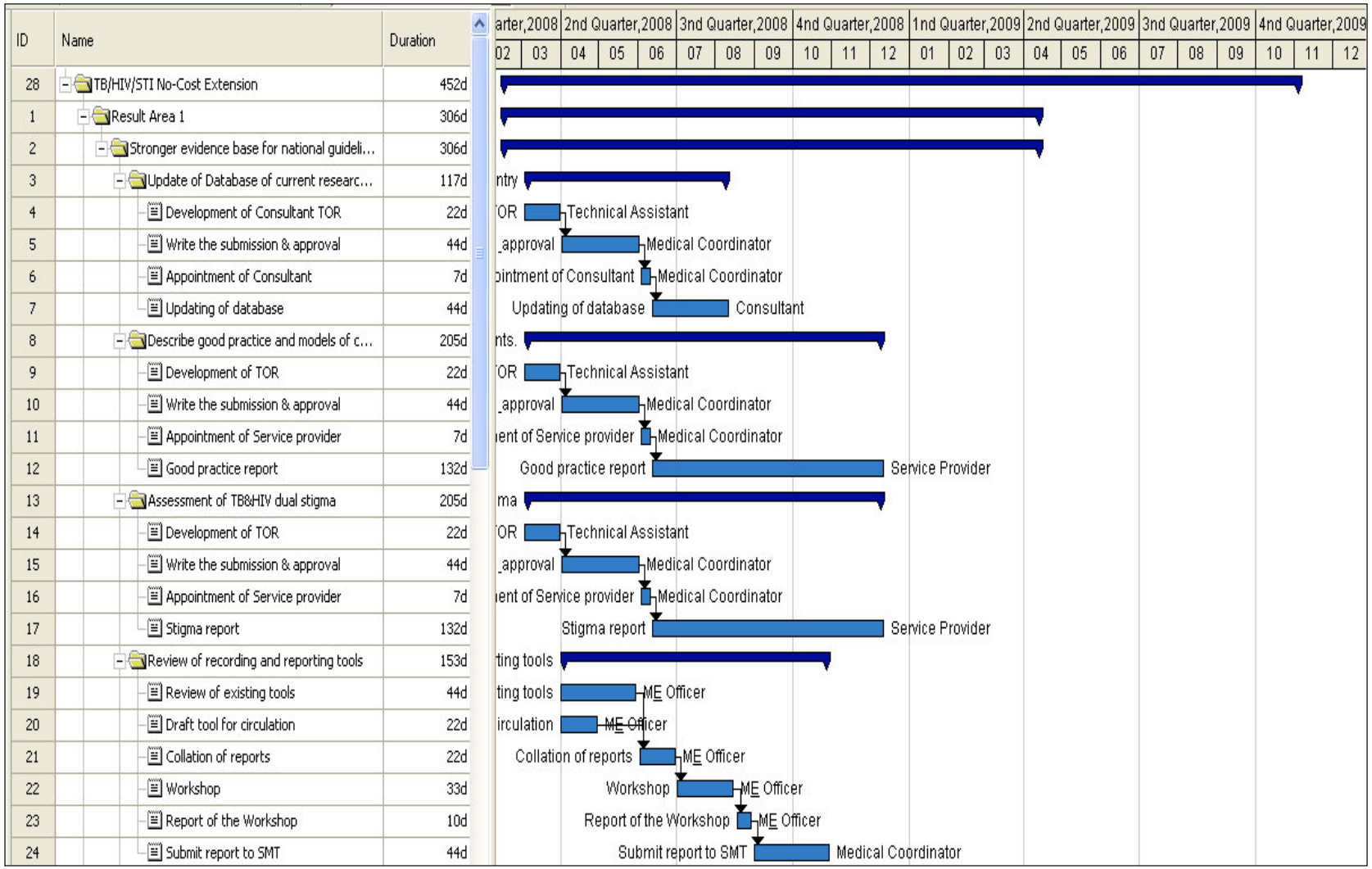
This will require some attention to time management, adequate and consistent priority setting for the technical staff and effective risk management interventions. This includes regular staff meeting to review progress against targets, proactive interventions to support provinces and ensure implementation of planned activities and appropriate coordination with all partners (within the department and with external partners).

Targets have been revised in order to be aligned with the national priorities. While this provides higher visibility and ownership, this will require effective support of national to provinces and from provinces to districts. This will be done through regular support visits that will include site visits and meetings with management

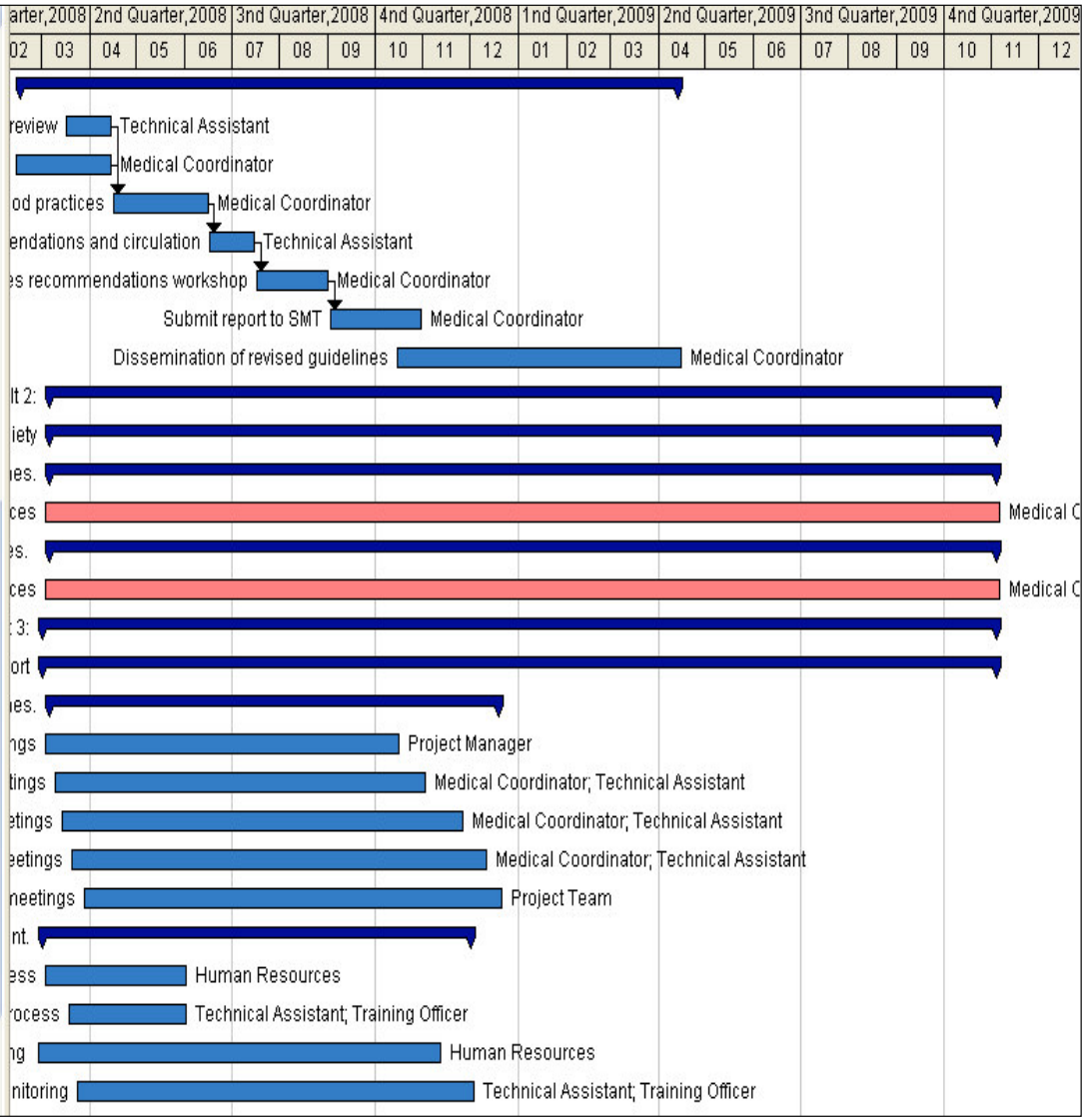
Technical assistance will be provided following a clear workplan and targets and regular (quarterly) meetings with the BTC project officer and the unit will contribute to strengthening of the timely implementation of the activities.

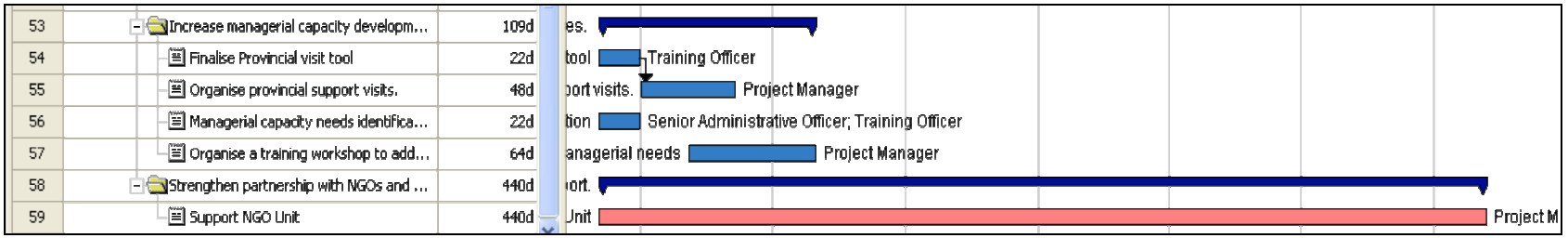
Project staff absorption will need to be implemented appropriately in line with human resources needs and regulations.

8 PLANNING FOR THE UPCOMING YEAR (YEAR N+1)



ID	Name	Duration
25	Review TB preventive therapy guidelines.	306d
26	Literature review	22d
27	Review of implementation in Private ...	44d
29	Country visits to learn good practices	44d
30	Draft recommendations and circulation	22d
31	Guidelines recommendations workshop	33d
32	Submit report to SMT	44d
33	Dissemination of revised guidelines	132d
34	Result 2:	440d
35	Enhanced managerial, technical and materi...	440d
36	Assist coordinating structure between ...	440d
37	Respond to invitations from Provinces	440d
38	Strengthen recording, reporting and qu...	440d
39	Respond to invitations from Provinces	440d
40	Result 3:	442d
41	Enhanced managerial and technical capacit...	442d
42	Assist in a coordinating structure betwe...	211d
43	Facilitate the Internal Stakeholders ...	165d
44	Attend TSU meetings	171d
87	Attend TB Task Team meetings	185d
90	Attend Clinical Team Meetings	192d
47	Attend / Organise Quarterly meetings	192d
48	Strengthen nurses' skills development t...	201d
49	Facilitate the Tender Process	66d
50	Participate in the Tender Process	54d
51	Monitoring the training	185d
52	Participate in the Monitoring	184d




53
Increase managerial capacity developm...
109d
es.
54
Finalise Provincial visit tool
22d
tool
Training Officer
55
Organise provincial support visits.
48d
ort visits.
Project Manager
56
Managerial capacity needs identifica...
22d
tion
Senior Administrative Officer; Training Officer
57
Organise a training workshop to add...
64d
anagerial needs
Project Manager
58
Strengthen partnership with NGOs and ...
440d
ort.
59
Support NGO Unit
440d
Unit
Project M

Financial planning year N+1

			2008				
	Fin Mode	**Description**	**Q1 (000's)**	**Q2 (000's)**	**Q3 (000's)**	**Q4 (000's)**	**Total 2008 (000's)**
A Expansion of TB/HIV/STI Prevention, Care and Support Services			**94**	**416**	**94**	**291**	**1,238**
	03 Enhanced Capacity of National Department of Health		***94***	***416***	***94***	***291***	***1,107***
	COGEST	01 Local Personnel Costs	81	81	81	81	325
	COGEST	02 Workshop	13	0	13	0	26
	COGEST	03 Equipment Hardware	0	0	0	0	1
	COGEST	05 Consultancy - NGO	0	335	0	210	755
Z Project Management			**60**	**60**	**60**	**60**	**241**
	01 Project management		***60***	***60***	***60***	***60***	***241***
	REGIE	04 Technical Assistance	48	48	48	48	192
	REGIE	06 M&E - BTC	3	3	3	3	12
	COGEST	07 M&E - Support visits, meetings, air and road transport	9	9	9	9	37
GRAND TOTAL							**1,479**

9 CONCLUSIONS

9.1 Activities and Finance

Although there should be a direct correlation between rate of implementation of activities and rate of financial expenditure, this has not always been reflected by reports from provinces (see table of results on page 7). The main reason for these anomalies was the funds accessibility challenges faced by some provinces in the earlier years of the project. This resulted in some provinces utilising their own funds to implement project activities.

The past 2 financial years have however shown an improvement in this regard as a result of the funds becoming more easily accessed due to intervention and assistance provided by the National TB&HIV Unit as well as improved support to the project from the provincial finance teams.

The no-cost extention period will, however, not face most of these challenges with respect to provinces because funds will be centralised at the National Department of Health. Provinces will be expected to source funds for TB&HIV-related activities from their own budgets as part of the process to take-over the project activities and ensure sustainability.

9.2 Monitoring criteria

9.2.1 Efficiency

There has been some improvement in efficiency of the project but efforts will continue to improve the implementation of the activities. This has been initially addressed through the revision of the logical framework and will be monitored closely.

9.2.2 Effectiveness

Indicators of the original logical framework have been generally reached or close to be reached. The new logical framework has identified clear activities and targets that will need to be achieved in the next two years. These are in line with national strategies and priorities and will be monitored on quarterly basis.

9.2.3 Sustainability

Initiatives towards sustainability have started at provincial level and to a lesser extent at national level. This will require follow up. The activities are fully integrated in the national strategies of the department and are expected to continue beyond the end of the project.

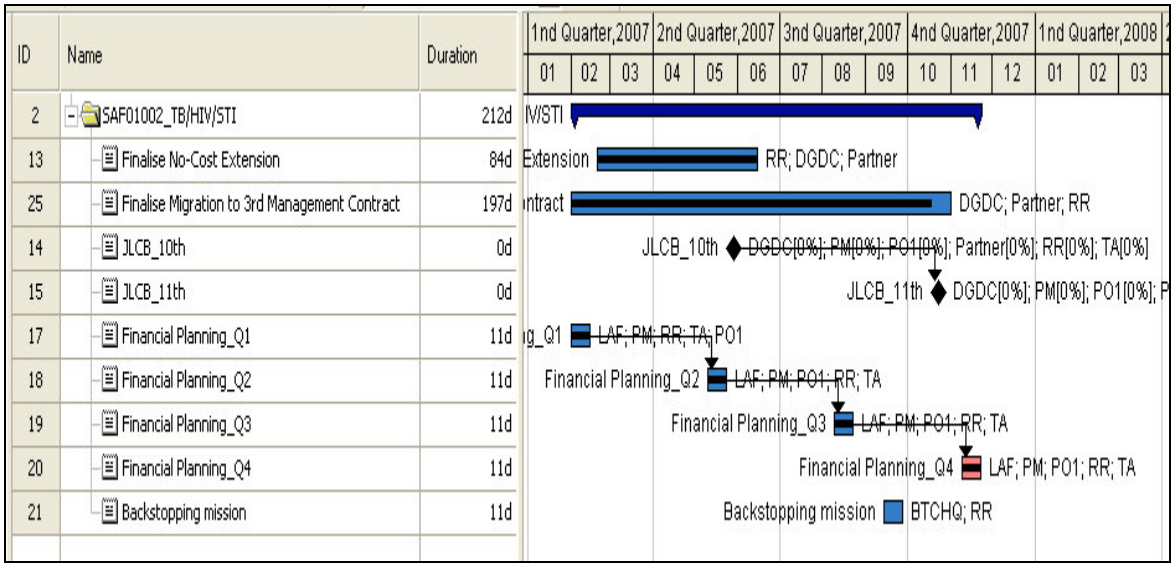
9.3 Advice of the JLCB on the recommendations

The recommendations will be presented to the next JLCB planned for April 2008, after the end of the South African financial year.

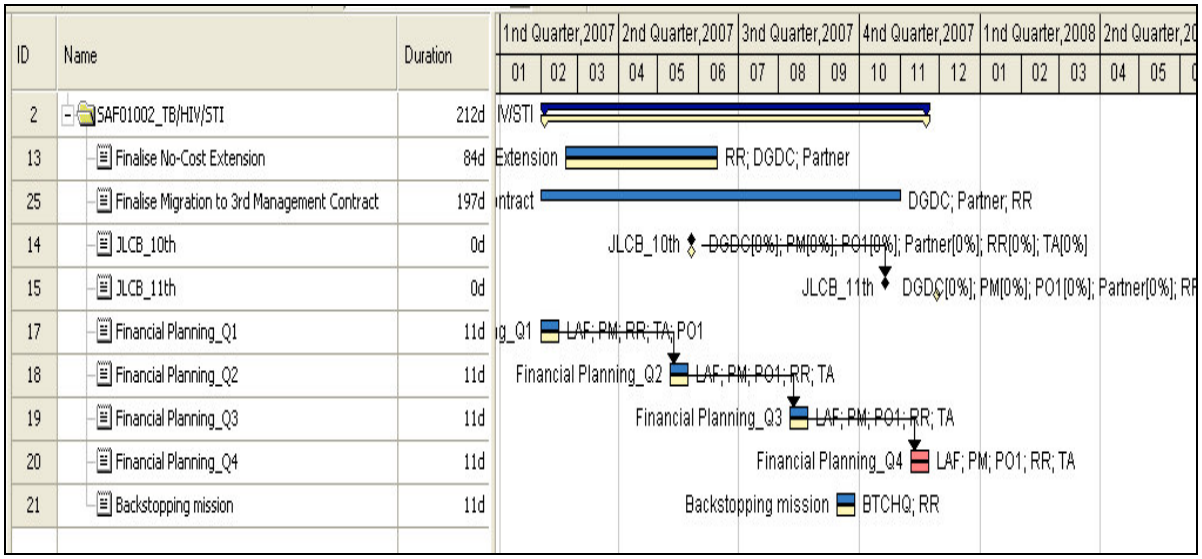
Meanwhile this report has been presented to key programme managers for inputs and endorsement.

10 ANNEXES

10.1 Tracking Gantt view / Activities



10.2 Baseline report / Activities (Adept Tracker)



10.3 Activities of the TB&HIV package

The activities supporting the overall TB&HIV collaboration package of care includes:

10.3.1 Establish the mechanism for collaboration between TB&HIV/AIDS programs

- TB/HIV coordinating bodies at national, provincial and district level
- HIV surveillance among TB patient
- TB/HIV planning
- TB/HIV monitoring and evaluation

10.3.2 To decrease the burden of TB in PLWHA

- Intensified TB case finding and early treatment
- Isoniazid preventive therapy (IPT) for HIV+ with no TB symptoms
- TB infection control in care and congregate settings

10.3.3 To decrease the burden of HIV in TB patients

- HIV testing and counselling
- HIV preventive methods
- Cotrimoxazole preventive therapy (CPT)
- HIV/AIDS care and support
- Antiretroviral therapy to TB patients.

10.4 Checklist efficiency

Efficiency may also be described as the ratio of actual outputs against resources spent for a particular venture/undertaking. It can be a measure of monetary efficiency as well as an added value. In TB& HIV Project Efficiency should be measured against the following Inputs

- Finance
- Time
- Human Resource
- Delivery Partners)

10.4.1 Financial Efficiency

- How well does the organisation plan and manage its finances?
- How are the organisation's budgets and capital programme linked to its priorities?
- [As Finance Manager] how do you manage arrangements for reporting and monitoring performance against budgets?
- How do you manage under and overspends?
- How does the finance function contribute to balance sheet management?
- How does the organisation prepare for and respond to CSR's, Budgets, Treasury settlements?
- How do you use financial information to manage your programme?
- What performance measures and metrics do you use to manage your finance function?
- How do you use benchmarks of performance in finance?
- How does your project ensures that it has the people and skills it needs in Finance?
- How does your organisation ensure financial literacy across the project and that financial management is not seen as solely the responsibility of the Finance team?
- How would you characterise the relationship between the finance function and business units?
- Can you give an example of where a finance process change has resulted in increased efficiency?

10.4.2 Time Management Efficiency

- Timely, relevant and reliable information about performance?
- Timely mapping of key activities and interventions
- What activities consume the majority of your time
- What does your organisation do to support successful delivery of project to time

10.4.3 Human Resource Management Efficiency

- Does the project has in place the people and skills it needs, through the mix of full / part-time staff and contractors and consultants
- Are job roles clearly communicated and understood
- How are individual's performance appraisals integrated into the overall organisational performance management framework
- How do you use incentives and rewards to motivate people to perform
- is training used to support improved efficiency
- is underperformance managed? How are high performers retained by the organisation?
- Do you manage levels of sickness absence?

- Is succession planning and talent management integrated into your people management processes to retain and attract the right people?
- Leadership, delegation of tasks

10.4.4 Delivery Partners

10.4.4.1 How well does the Project cooperate with their delivery partners

- Do you and your partners share agreed common goals?

10.4.4.2 How much influence do you have over your delivery partners?

- Do you incentivise your delivery partners to be more efficient? How much influence do partners have over you?
- How well do you understand the capability and capacity of your delivery partners?
- How do you identify and manage risks in your delivery chain where partners are involved?
- Do you assess opportunities to outsource functions?
- How well do partners understand your capability and capacity?
- What incentives or barriers are there to collaboration with other bodies to achieve common goals?
- How do you share information and good practice with your delivery partners?
- Does your organisation design manage the interrelationships between different departments and functions?
- Has the organisation retained sufficient in-house knowledge to manage its suppliers / outsourcers / delivery partners
- Are there any areas of duplicated effort; How does this impact on efficiency?

10.4.5 Project and Risk Management

- Does your project design focus management attention on the organisation's areas of strategic priority?
- Does your project design enable efficient decision making? Is there clear accountability?
- Does the organisation structure take account of the constraints arising from the environment in which you operate?
- How do you know your key internal processes?
- Have you identified and tackled bottlenecks in your key processes
- How well do local performance measures reflect your corporate priorities?
- What activities consume the majority of your resources
- What is the status of the general procurement process within the organisation
- Can you give an example of where a procurement change has resulted in increased efficiency?
- Does your organisation do to support successful delivery of project to cost, time and quality?
- How mature are your organisation's project management skills?
- How well does your organisational culture support project delivery?
- How does your organisation monitor and report project progress?

- To what extent does your organisation follow standardised systems and processes for managing projects?
- How well supported are project teams with standardised software and tools?
- How does your organisation review and transfer knowledge from projects (both to delivery line managers and to subsequent projects)?

- How are your key risks managed?
  - How well does the organisation manage risks?
  - What systems and processes do you use for risk management?
  - How robust is the information on which risk assessment is done?
  - How are risks communicated?
  - What are your organisation's key risks?
  - What do you do to manage this and mitigate the likelihood of future risk?
  - How are acceptable levels of risk determined?
  - How is excessive risk-aversion managed?
  - How committed are senior managers to risk management?
  - How do you share risk judgements and strategies with delivery partners and stakeholders?
  - How well do staff understand the organisation's risk management approach

10.5 Checklist effectiveness

This is described as the ratio of actual outputs over planned project outputs. For the TB&HIV Project the effectiveness should be assessed against the following elements:

2.1. Specific Objective – Were project specific objectives effectively attained during the past financial year?

2.2. Results areas
- Where key activities planned aligned to the three results areas
- What proportion of the planned activities were implemented during the last year
- Can you explain what added value did the key activities result in?
- Are your project's services contestable (i.e. can they be performed by someone else?

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2.3. Project Performance indicators
- Are mechanisms in place to collect performance indicators at all levels?(facility, district, province, national)
- What is the quality of information collected
- What are the current trends
- Based on the current trend how would you rate the Project performance

2.4. Departmental Strategic Goals
- Are project indicators and activities aligned to your National priorities

10.6 Checklist sustainability

- Willingness
- Readiness
- Appropriateness
- Capacity

- Financial
- Human resources
- Systems

10.7 Input in PIT

- No input into the new PIT has been made yet

10.8 Logical framework year (revised for no-cost extension)

	Logic of intervention	Objectively verifiable indicators of results areas	Means of verification	Assumptions
Overall Objective	Reduction of the burden of tuberculosis and HIV in South Africa	Improve TB case detection from 54% to 62% by 2009 (TB Strat) Improve TB cure rate from 57% to 70% by 2009 (TB Strat) HIV seroprevalence amongst 15-19 year olds decreased from 16% to below 10% by 2009 Reduction of HIV infection by 50% by 2011 (NSP)	TB recording and reporting system DHIS Antenatal HIV surveillance Monitoring of NSP implementation	
Project Purpose	Increased delivery of comprehensive TB/HIV/STI prevention care and support at district level	• 18% of adult population in districts tested for HIV in the last 12 months by 2009 (NSP) • Proportion of eligible adults receiving cotrimoxazole prophylaxis increased to 50 % by 2009 (NSP) • Increased proportion of HIV positive pregnant mothers receiving PMTCT services 80% by 2009 (NSP) • 80 % TB patients tested for HIV by 2009 (TBStrat) • Proportion of HIV infected individuals screened for TB increased to 50%	1. Reports from HIV Counseling and Testing Registers 2. Reports from Clinical Charts and Pharmacies 3. Reports from PMTCT registers 4. reports from new TB register	Evidence from studies in other parts of Africa apply also to South Africa
Results	1. Stronger evidence base for national guidelines to implement TB/HIV activities 2. Enhanced managerial, technical and material capacity of provincial health departments to support accelerated implementation of TB/HIV districts in all provinces in partnership with civil society 3. Enhanced 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	1. 1.1 Evidence provided through operational research and quality monitoring: updated research database available by 2008, provision of reports: report on best practice disseminated to provinces, report on extent of dual stigma on TB and HIV, Recording and reporting tools used and publication of updated guidelines by 2009 2. 2.1 100% of sub-districts are implementing the TB/HIV interventions by 2009 2.2 Provision of timely quality quarterly reports 3. 3.1 Quarterly meetings of TB and HIV as standing agenda item at provincial and national as per TB strategic plan: TB and HIV coordination structure established and effective 3.2 100% of facilities in crisis districts trained through Knowledge translation (EC, KZN and GP)	1 Publication of updated guidelines by 2009 and provision of reports 2.1 District and provincial progress reports National annual report and Minutes of meetings Provincial annual progress reports knowledge translation report	Effective use of relevant evidence based information Trained staff empowered to use their new skills Increasing human and financial resources available for comprehensive care and support Communities ready to use comprehensive services District manager accepts responsibility for targets Senior managers buy in TB/HIV collaboration Health management information system accommodates recording and reporting system
Strategy	Logical Framework to align to National, Provincial, Local, NSP, National TB Crisis Plan, CCMT strategies at all four perspectives within the three result areas above. (Financials, Customer, Process, Staff)	• Funding harmonized at provincial level to facilitate continuation of service delivery • Progress report on the project is integrated into the provincial chief directorate quarterly meetings • Agenda items for provincial and national governance structure TB/HIV/STI business plans are agreed, aligned and implemented by provincial department and consistent with their priorities • Provincial budget include TB/HIV and aligned to needs (equitable share)	Quarterly reports Provincial Budget Progress Report Minimum Standards document Departmental Performance Review NHC Agenda Provincial Annual Plan & Report Minutes of the steering committee meetings Minutes of meetings with the Embassy ,	Belgium partners and the Project Manager/Director to provide regular feedback to the DDG Strategic Health pgms with regards to collaboration between the two directorates: sees IHL as a focal point and point of entry for all development cooperation agreements and activities Belgium project to integrate with Donor Funding Directorate /unit

	Logic of intervention	Objectively verifiable indicators of activities	Means of verification	Assumptions

Activities	**1. Stronger evidence base for national guidelines to implement TB/HIV activities** 1.1. Update of Database of current research on TB and HIV in the country 1.2. Describe good practice and models of comprehensive prevention, care and support to HIV&AIDS and TB patients 1.3. assessment of dual stigma of TB and HIV 1.4. review of recording and reporting tools; 1.5. Review implementation and guidelines for TB preventive therapy **2. Enhanced managerial, technical and material capacity of <u>provincial health departments</u> to support accelerated implementation of TB/HIV districts in all provinces in partnership with civil society** 2.1. Assist coordinating structure between TB and HIV&AIDS programmes – [quarterly meetings] 2.2. Strengthen recording, reporting and quality monitoring of TB&HIV collaborative activities **3. Enhanced managerial and technical capacity of the <u>National Department of Health</u> to support Provincial Departments of Health and civil society to implement comprehensive TB/HIV/STI prevention care and support** 3.1. Assist in a coordinating structure between TB and HIV&AIDS programmes [including training coordination with HR, joint planning/monitoring 3.2. Strengthen nurses skills development through Knowledge Translation approach to ensure that staff receive training, mentoring and support to improve performance of comprehensive TB/HIV patients' management 3.3. Increase managerial capacity development for effective support to provinces in implementing TB/HIV activities [incl quality monitoring skills development, training in use of OR for programme improvement 3.4. Strengthen partnership with NGOs, civil society on TB/HIV/STI prevention care and support	Research database by 2008 Report on best practice disseminated to provinces by 2008 Report on dual stigma Recording and reporting tools used in 2009 Guidelines reviewed by 2009 Timely quality quarterly reports Quarterly training coordination meetings Quarterly TSU meetings and coordinating structure for TB and HIV programmes Training of 100% sites in TB crisis districts through knowledge translation Timely quality quarterly reports	Audits and Provincial Reports HAST committee meetings quarterly reports Quality data submitted on time at all levels Quarterly review reports Provincial annual reports and quarterly operational reviews	Continuing political commitment to TB and HIV collaboration at National, Provincial and District levels Staff turn-over of provincial and district trainers not too high

10.9 List of initial and new indicators

Results indicators and specific objective indicators

Indicators	Previous definition	New definition
*OS1 - I1	12.5 % of adult population in training districts tested for HIV by 2005	18% of adult population tested for HIV in the last 12 months by 2009 (NSP)
*OS1 - I2	Number of person years of Cotrimoxazole prophylaxis supplied	Proportion of adults ekligible receiving cotrimoxazole prophylaxis increased to 50% by 2009 (NSP)
*OS1 - I3….	Number of HIV positive pregnant mothers receiving Nevirapine in training districts that have a PMTCT programme	Increased proportion of pregnant mothers receiving PMTCT services to 80% by 2009 (NSP)
*OS1 - I4	Quality of care delivered in training districts better than control districts	80% of TB patients tested for HIV by 2009 (TB Strat)
*OS1 – I5		Proportion of HIV infected individuals screened for TB increased to 50%
*R1 - I1	Acceptance of recommendations by government by 2003	Evidence provided through operational research and quality monitoring: updated research database available by 2008, provision of reports: report on best practice disseminated to provinces, report on extent of dual stigma on TB and HIV, Recording and reporting tools used and publication of updated guidelines by 2009
*R2 - I1	90% of districts are TB/HIV Training Districts by 2007	100% of sub-districts implementing TB/HIV interventions by 2009
*R2 – I2	2.2 7/9 provincial TB/HIV business plans received by December each year	provision of timely quality quarterly reports
*R2 – I3	50% nurses in TB/HIV Training Districts trained on the comprehensive package by 2007	Removed
*R2 – I4	1 NGO community worker per 1000 population involved in TB/HIV activities in TB/HIV Training Districts by 2007	Removed
*R3 – I1	85% of provincial TB/HIV business plans approved within one month of submission each year	removed
*R3 – I2	Biannual meetings of TB/HIV Task Team	Quarterly meeting with TB and HIV as standing agenda item at national and provincial levels
*R3 – I3…	70% of results from annual provincial business plans achieved	removed
*R3 – I4		100% of facilities of crisis districts in KZN and Eastern Cape trained through Knowledge translation