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

ANNUAL REPORT

2008

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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:	December 2009
Partner Agency:	National Department of Health
Fund Director	Dr Frew Benson
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Indicative Cooperation Programme:	Indicative Programme 2001 - 2005
Sector:	Health
Date Specific Agreement signed:	20 January 2003
Duration:	60 months
Specific Agreement Amendments	two-years No-cost extension request up to Dec 2009
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Date Convention signed:	28th April 2003
Date no-cost extension signed:	05 August 2008
Budget:	€ 6,200,000
Regie:	€ 1,374,200.00
Cogestion:	€ 4,825,800.00
cash calls to date:	€ 3,682,173
balance:	€ 1,143,627

2 BRIEF FACTUAL OVERVIEW

The overall context in South Africa was significantly modified in 2008 particularly with the appointment of a new Health Minister, Mrs B Hogan. This resulted in a shift to addressing partnership with civil society and donors more effectively, together with a prioritization of HIV, TB programmes. As a result, the alignment of our project to national priorities was strengthened while keeping high the reality of ownership of the project by the partner.

The "expansion of TB, HIV, STI prevention Care and Support in South Africa" received support from Belgium since January 2003 for a period of five years. At the end of 2006, the partner (National Department of Health) made a request for no-cost extension and the request was in conjunction with the Belgian process of migration of the project to the 3rd Management contract. These generated a process of extensive review including consultation with all nine provinces and national stakeholders. The no-cost extension was finally approved on 5th August 2008. The fundamental changes incorporated in the revised technical and financial file ensured the following:

- A closer alignment to national priorities and structures,
- An increased ownership and mutual accountability
- A strengthening of relevance, effectiveness and efficiency, sustainability and impact of the Belgian assistance to the programme.

The logical framework objectives and result areas were not modified from the original agreement document but activities were redefined to address the experience learned from the project and the new context of the programme in the Department of Health. These changes included the following:

- Alignment of TB and HIV collaboration unit to the Comprehensive Care, Management and Treatment (CCMT) programme and national priorities,
- Strengthened managerial capacity and leadership of the CCMT programme,
- Concentration of the funding management at national level to avoid delays in transfer of funds and financial reports and allow takeover of the programme by provinces,
- Assistance to four TB crisis districts in Eastern Cape and KwaZulu Natal in terms of capacity development through knowledge translation processes.

While provision of TB and HIV services has been ongoing with increased access to comprehensive services, delays in the approval of the no-cost extension had hampered the effective and timely implementation of some planned activities i.e. the training of health care workers and the operational research. So far, all sub-districts have been trained to facilitate TB/HIV services but only 78% do report activities on routine timely basis. The process of reviewing and strengthening recording and reporting systems has been initiated in collaboration with key internal and external stakeholders. TB preventive guidelines are now being revised for finalisation in 2009.

Training of staff has been ongoing in coordination with Global Fund support (9334 nurses and1224 doctors) while a capacity development in 4 TB crisis districts through the knowledge translation approach will only be initiated early 2009 after the award of the tender. Provincial staff coordinators positions have been absorbed in 4 provinces and the process will take place in three more. It is not yet clear how Mpumalanga and North West provinces will address post absorptions. TB and ARV Guidelines have been 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 National TB Strategy (2007-2011).

Challenges included delays in the signing of the no-cost extension and subsequent transfer of funds to the partner who could not commit to implement activities timely. Implementation in

Mpumalanga and North West provinces as well as KwaZulu Natal have been slower than expected. Effective alignment with CCMT has mainly taken place at national level but needs strengthening at provincial and district levels. HIV programmes in general have been slower than TB programmes to provide integrated services to respective patients, as it has been observed in many other countries in the region.

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 2008 had failed; institutions were contacted and so far only twenty-one expressed interest. Review will take place in February 2009
	Describe good practice and models of comprehensive prevention, care and support to HIV&AIDS and TB patients.					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.
	Review of recording and reporting tools					Two preliminary workshops took place with CCMT partners and stakeholders in December – Action plan agreed upon and finalization to occur in 2009
	Review TB preventive therapy guidelines.					Guidelines review meeting took place in December with set of recommendations that were circulated. Finalization of draft by end of January 2009 for presentation to senior committee for endorsement prior to wider dissemination
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 civil society.	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- Foundation for Professional development (FPD) Provincial and districts visits (see R 3)					FPD Training finalized in April 2008 4,793 out of 5 000 nurses were trained (96%) 1224 out of 1 250 doctor were trained (98%) A cumulative total of 9334 nurses were trained by the Department of Health
	Provincial TB/HIV coordinators posts					Four provinces have absorbed the post in their structure (NC, LP, EC and GP) while Free state, Western Cape and KwaZulu Natal are planning to do so. Only two provinces have not expressed their decisions yet (MP and NW)

	Assist coordinating structure between TB and HIV&AIDS programmes.					HAST committees formed in all provinces and most districts with various degrees of functionality
	Strengthen recording, reporting and quality monitoring of TB&HIV collaborative activities.					On-going process through provincial coordinators visits to districts and facilities
Result 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	Assist in a coordinating structure between TB and HIV&AIDS programmes.					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).
	Strengthen nurses' skills development through Knowledge Translation approach to ensure that staff receives adequate training, mentoring and support to improve performance of comprehensive TB/HIV patients' management.					Review report finalised in August, recommendations circulated in the department and final report presented to JLCB (Oct 08) Tender advertised through TB programme – closing date 15 December 2008
	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.
	Increase managerial capacity development for effective support to provinces in implementing TB/HIV activities.					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					3 staff TB conference in July 2008; TB/HIV provincial seminars, 1 Staff attended International TB conference (TB/HIV workgroup - Addis)
	Conduct Support visits to provinces and sub-districts implementing TB&HIV activities including visits to NGOs and MDR centres					Support visit conducted in Provinces to review the implementation of TB&HIV activities.
	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 2008 on-going

3.2 Analysis of activity planning

Most of the activities of the work plan fall under national execution. Activities that were planned in the no-cost extension involved significant funding and where centred on the strengthening of nurses' skills development (R3.2) but were significantly delayed because the tender process could not be finalised without formal approval of the no-cost extension and availability of funds within the Department of Health account. As a result, RAs 1 & 3 were only initiated from the month of September. However, other activities that including the ongoing monitoring and evaluation as well as programme coordination took place quarterly as planned

Result area 1: Stronger evidence base for national guidelines to implement TB/HIV activities

A call for interest for operational research was sent end of October. The purpose was to identify service providers to undergo studies on good practice and models of comprehensive prevention, care and support to HIV&AIDS and AIDS&TB patients as well as studies to assess stigma related to TB/HIV co-infection and review the impact of training. Twenty-one responses were received and the department will finalize the selection process in February 2009.

TB/HIV indicators that have been used by the programmes needed revision to move away from process indicators (used to monitor implementation and expansion of the programme) to outcome indicators. The process is aligned to similar revision currently undergone by WHO and other partners. A workshop with provincial representatives and partners was held in December with recommendations for data collection tools and indicators to be presented to senior management. This generated broader discussion around current challenges of monitoring of the whole comprehensive plan for HIV and AIDS and will involve further discussion in the following months in order to develop an integrated M&E system for HIV and AIDS as well as TB/HIV. Once approved, data collection tools and indicators will be disseminated for implementation in provinces and districts.

TB preventive therapy is part of the "Three I's" interventions that have been identified by WHO as not adequately implemented by countries namely: Isoniazid (TB) preventive therapy (IPT), Intensified TB case finding and Infection control. A workshop with expert and provincial representative took place in December and produced a draft of recommendations aiming at promoting the implementation of IPT. The draft will be presented to the quarterly meeting with all provinces and stakeholders for inputs prior to recommendation to senior management (2009).

Result area 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

While the no-cost extension did not involve any additional funding for provincial activities, coordinators concentrated their work on coordination with TB and HIV programmes, quality monitoring of service implementation and support to ongoing training. As a result all districts and sub-districts have been trained to implement TB/HIV activities. Recording and reporting still requires strengthening as only 78% of the sub-districts report timely. It is expected that the current review of tools and indicators in coordination with the comprehensive plan for HIV and AIDS will assist in improving health services in South Africa

Result area 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

The appointment of Ms. B Hogan as new Minister of Health has generated a shift in priorities and engagement with partners. TB and TB/HIV are high on the agenda. This facilitated a discussion around the need of more effective coordination between TB and HIV programmes at national level and the need to strengthen the "Three I's" in order to mitigate the dual burden of TB and HIV&TB in the country. A national meeting took place in November with both programmes and stakeholders and it was agreed to concentrate efforts on 18 priority districts.

The tender for strengthening nurses' skills through knowledge translation was advertised in the last quarter of the year as the department waited for official notification of the no-cost extension. Further delays occurred when the procurement and finance sections requested that funding be transferred in advance to the department in order to allow the tender to proceed. However, this could not be accepted as the amount of the bid was not finalized and it was not certified that the tender would identify a successful bidder. It was finally resolved to allow the tender process to take place and to transfer the funding upon awarding of the successful bidder. Five bidders applied by 15 December and the bid evaluation committee will recommend the successful bidder in January.

Quarterly meetings with provincial coordinators have been integrated with the comprehensive plan meetings to strengthen integration and coordination of the programmes. While it has allowed higher visibility and recognition of TB as first cause of mortality among HIV individuals, HIV programmes still tend to delegate any TB related activity to the TB programme rather than provide comprehensive care.

Managerial capacity and the lack thereof are often identified as the cause for delaying in implementation of the programmes as well as its suboptimal monitoring. Training in project management took place in previous years and emphasis in 2008 was on strengthening monitoring skills. Several initiatives took place from the department (project management courses, planning and financial management courses) as well as other sources while transfer of skills from the Technical Assistant was ongoing.

Supportive visits took place in all provinces and involved meeting with provincial management followed by site visits. While TB/HIV services are recognised everywhere, effective implementation usually resides in the commitment of local staff (district, sub-district and facility). A comprehensive integration tool, piloted through the project in the previous years in Western Cape, has been utilised to review integration of TB, HIV and STI services. It generally showed that TB services have increased providing HIV services to patients in higher extent than HIV services. However the lack of standard HIV recording tool may have underestimated the level to which TB services are provided in HIV settings.

Provinces that have absorbed the TB/HIV coordinators posts have shown more commitment in sustaining the TB/HIV services. There are concerns with North West; Mpumalanga and KwaZulu Natal provinces were coordinators have not been in a position to fully implement the programme. Meeting with North West management have shown managerial weaknesses while meetings with KwaZulu natal identified severe lack of manpower and administrative blockages to recruit a provincial coordinator.

4 FINANCIAL OVERVIEW

4.1 Overview of expenditure versus financial planning

4.1 Planning vs. actual

Financial modality	Q1-2008		Q2-2008		Q3-2008		Q4-2008		2008 TOTALS	
	Planned expenditure	*Actual expenditure*	*Planned expenditure*	*Actual expenditure*	*Planned expenditure*	*Actual expenditure*	*Planned expenditure*	*Actual expenditure*	*Totals for the year*	
Regie	51,000	59,109.54	51,000	37,819.46	51,000	60,545.99	51,000	35,587.09	204,000	193,062.08
Cogestion	103,000	4,441.00	91,000	5,960.66	570,000	6,606.18	91,000	256,138.11	855,000	273,145.97
Totals	**154,000**	**63,550.54**	**142,000**	**43,780.12**	**621,000**	**67,152.17**	**141,000**	**291,725.20**	**1,059,000**	**466,208.05**
% Actual vs. Plan		**41.3%**		**30.8%**		**10.8%**		**206.9%**		**44%**

Note: the above planning was made end of 2007 upon finalization of the no-cost extension proposal and the Technical and Financial File. It was only re-discussed after the signing of the no-cost extension

4.2 Analysis of financial planning

Funds for national execution are transferred from BTC to the Reconstruction and Development Programme (RDP). From there they are transferred to the Department of Health and included in the financial and accounting system (BAS – Basic Account System).

Any activity included in the programme must still be approved through internal systems (submissions) according to the amount involved and the levels of authority. These are regulated through the Public and Finance Management Act (PFMA).

This project being mainly under national execution, expenditures reported in the table above under “cogestion” (4.1) represent expenditures of the Department transferred into FIT over the quarters. They are reported to BTC by the senior financial officer on monthly and quarterly basis with BAS supporting documents. Further checks are done through annual audit.

In 2008, initial financial planning was finalized in the technical and Financial File of the no-cost extension. As mentioned above, it has been hampered with the delay in the singing of the no-cost extension that stopped the partner from implementing some activities such as tender and operational research because of non availability of funds. Projections should have been formally revised considering this factor. It must be noted that the first transfer of funds of the no-cost extension was effected in December 2008 and received in the Department of Health in January 2009.

As a result, the first three quarters clearly show this state of affairs with very low expenditure rate against projections. This was strongly reversed in quarter 4 with the partner implementing a number of activities.

The above reflects a weak financial planning capacity from the partner that is using different financial monitoring systems and the lack of connectivity with the FIT system. Transfer of funds from BTC to RDP depends on the available balances and expenditure capacity of the partner. However, the existing financial system of the department does not operate on basis of overall balance of donor fund but on specific budget lines. This means that while funding can still be available (overall), some budget lines may be overspent. This is also due to the fact the budget line allocations cannot be routinely revised and that transfer form one budget line to another can only be done on special occasions and conditions. In actual fact the finance department was complaining of the delay in BTC transfer of funds that resulted in some budget lines of the BAS being overspent (i.e. local personnel cost). Practically this meant that funds allocated for the training tender were blocked on that specific budget line while local personnel costs budget lines were in negative. While the overall budget was still showing availability of funds, some line items actually required additional transfer of funds.

The lesson from this suggests that projects under national execution require a good understanding of both financial systems and reporting to ensure effective financial planning and monitoring. Activities will need to be accelerated to ensure timely completion by December 2009.

5 MONITORING OF THE INDICATORS

5.1 Overall objective and purpose

	Logic of Intervention	Objectively verifiable indicators	Target	Total Actual 2008
Overall objectives	Reduction of the burden of TB and HIV in South Africa	-TB case detection improved from 54 to 62% by end 2009	62% by 2009	57%
		-Improve TB cure rate from 57 to 70% by end 2009	70% by 2009	62%
		-HIV seroprevalence amongst 15-19 years old decreased from 16% to below 10% by 2009	10% by 2009	12.9% (ANC data 2007 survey)
		Reduction of HIV infection by 50% by 2011 (HIV NSP)		
Project Purpose	Increased delivery of comprehensive TB/HIV/STI prevention, care and support at district/sub-district level	1. 18%of adult population in districts/sub-district tested for HIV by 2009	18% by end 2009	90% facilities offering VCT – no adequate national data on VCT – Plans to review VCT recording
		2. proportion of eligible adults receiving cotrimoxazole prophylaxis increased to 50% by 2009	50% by end 2009	80%
		3.Increased proportion of HIV positive pregnant mothers receiving PMTCT services (prevention of mother to child transmission) programme	85%	66%
		4.TB patients tested for HIV	80% by 2009	52%
		5. Proportion of HIV infected individuals screened for TB	50%	46%

5.2 Results

	Logic of Intervention	Objectively verifiable indicators	Target	Total Actual 2008
Results	1. Stronger evidence base for national guidelines to implement TB/HIV activities	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	[2009]	N/A
	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	2.1 100% of sub-districts are implementing the TB/HIV interventions by 2009	100% by 2009	100%
		2.2 Provision of timely quality quarterly reports		78%
	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 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	4	4
		3.2 100% of facilities in crisis districts trained through Knowledge translation (EC, KZN and GP)	100% by 2009	N/A

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

Entry Point	Indicators	Target	Total Actual 2008
To decrease the burden of TB in PLWHA (HIV entry point)	• Proportion of HIV+ screened for TB	60%	46% 195,512
	• Proportion of HIV+ with confirmed TB	N/A	23% 45,393
	• Proportion of HIV+ clients put on IPT	5%	3.2% 6,320
To decrease the burden of HIV in TB patients (TB entry point)	• Proportion of TB patients offered counselling for HIV	100% by 2011	70% 208,197
	• Proportion of TB patients counselled, tested for HIV	35%*	52%* 155,566
	• Proportion of TB patients tested HIV+	N/A**	53% 82,629
	• Proportion of TB patients HIV+(co-infected) start CPT	100% by 2011	80% 65,811
	• Proportion of TB patients HIV+(co-infected) start ART		18% 15,163 (new indicator definition)

* review of indicators affects the HIV testing rate among TB patients as the old indicator looked at proportion of TB patients counselled for HIV who accept the HIV test; the new indicator looks at the total TB patients being tested.

** There is no target for this indicator

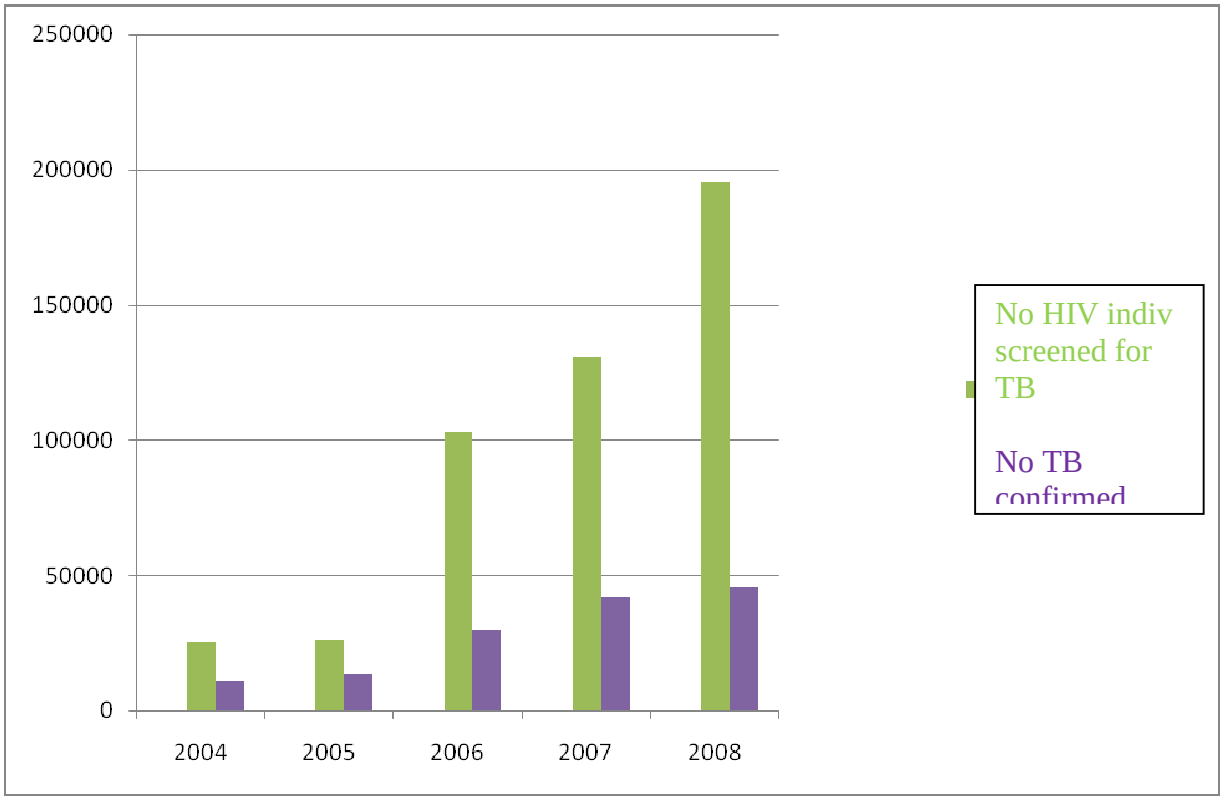
5.3 Indicator evolution (chart)

5.3.1 Graphs on:

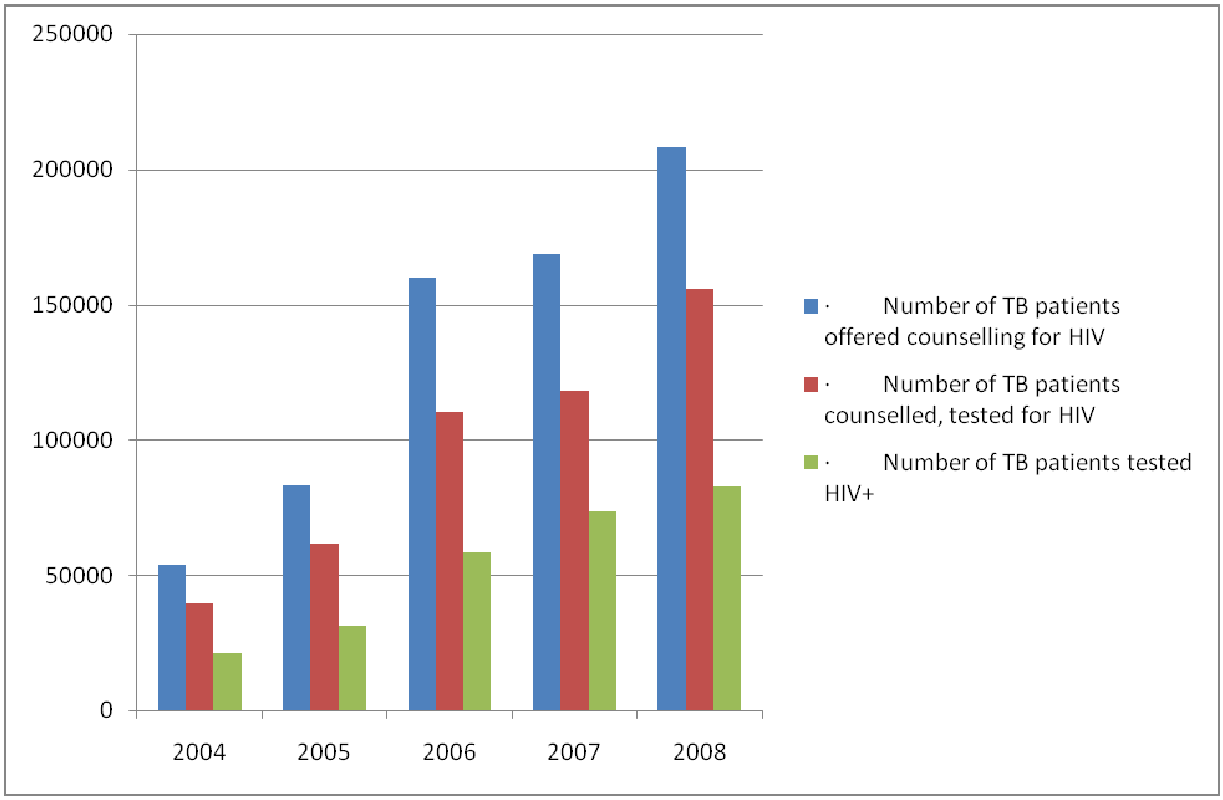
5.3.1.1TBHIV data trends 2005-2008

Entry Point	Indicators	2004/05	2005/06	2006/07	2007	2008
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% 130,422	46% 195,512
	• Proportion of HIV+ with confirmed TB	44% 11,171	50% 13,194	29% 30,026	32% 41,618	23% 45,393
	• Proportion of HIV+ clients put on IPT	?%	5% 1,377	2% 2,512	3.7% 4887	3.2% 6,320
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	63% 168,614	70% 208,197
	• Proportion of TB patients counselled, tested for HIV	73% 39,377	74% 61,587	69% 110,235	70% 118,163	52%* 155,566 (new indicator definition)
	• Proportion of TB patients tested HIV+	54% 21,194	51% 31,409	53% 58,249	62% 73,303	53% 82,629
	• Proportion of TB patients HIV+(co-infected) start CPT	?% 26,230	99% 31,128	98% 57,053	77% 56,306	80% 65,811
	• Proportion of TB patients HIV+(co-infected) referred for ART (“start” ART for 2008)	?%	33% 10,211	39% 22,853	49% 19,342	18% 15,163 (new indicator definition)

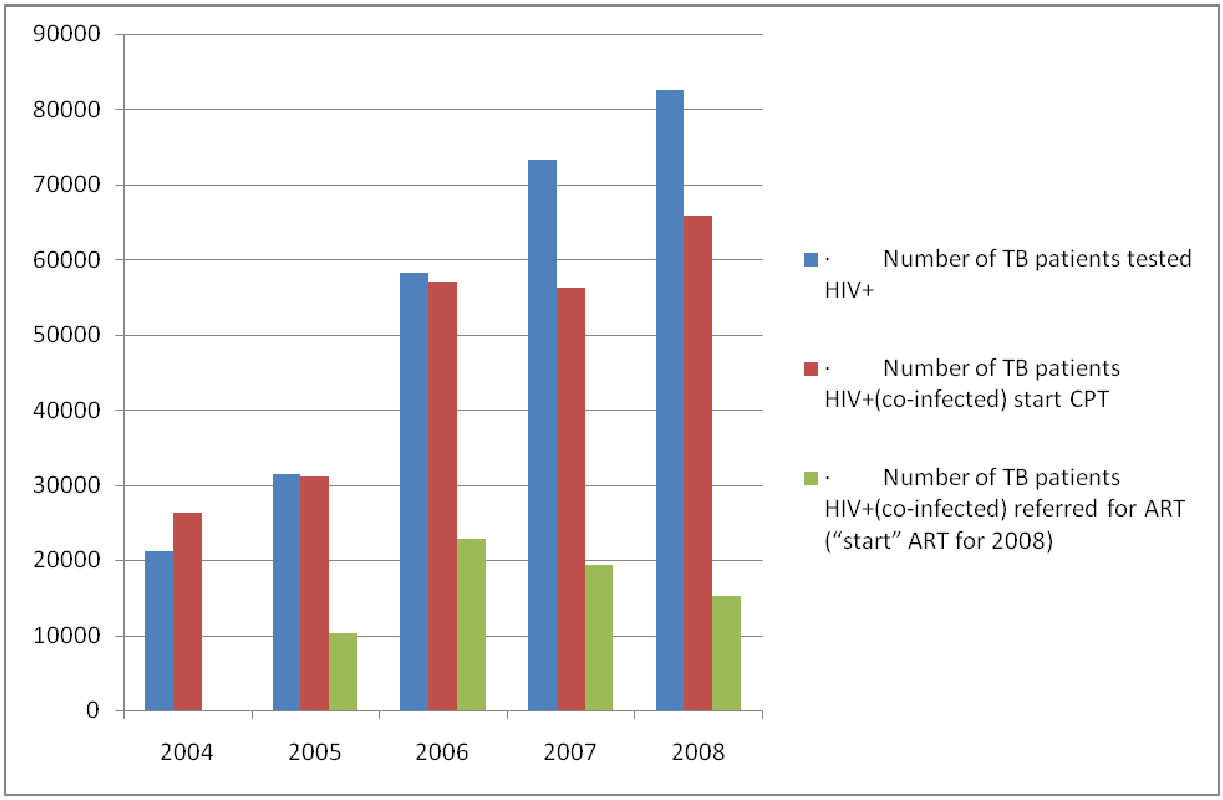
TB screening in HIV individuals (2004 – 2008)



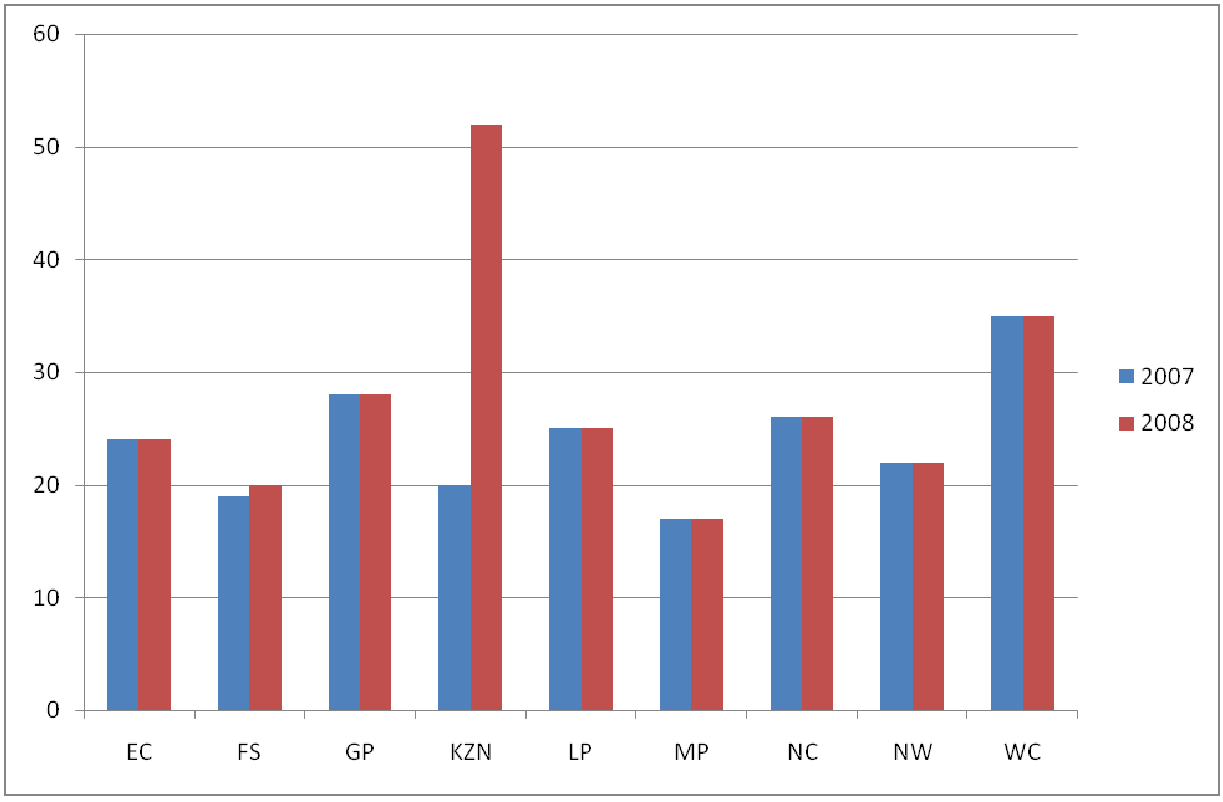
HIV counselling and testing among TB patients (2004 – 2008)



Access to HIV care for co-infected TB/HIV patients (2004 – 2008)



5.3.1.2No. sub districts implementing TBHIV



5.3.1.3National 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	HIV prev (CI 95%) 2007
< 20	15.9 (14.6 – 17.2)	13.7 (12.8 - 14.6)	12.9 (12.1 – 13.8)
20 – 24	30.6 (29.0 – 32.2)	28.0 (26.9 – 29.1)	28.1 (27.3 – 29.0)
25 – 29	39.5 (37.7 – 41.3)	38.7 (37.3 – 40.2)	37.9 (36.8 – 39.0)
30 – 34	36.4 (34.3 – 38.5)	37.0 (35.5 - 38.5)	40.2 (38.8 – 41.6)
35 – 39	28.0 (25.2 – 30.8)	29.3 (27.7 – 31.5)	33.2 (31.4 – 35.0)
40+	19.8 (16.1 – 23.6)	21.3 (18.5 –24.1)	21.5 (16.9 – 27.1)
NATIONAL AVERAGE	**30.2 (29.1 – 31.2)**	**29.1 (28.3 – 29.9)**	**28.0 (26.9 – 29.1)**

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 12.9% 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 shows a tendency towards an increase. These increases are statistically significant compared to 2005 except for the 40+ age group (most likely due to small sample size).

6 ASSESSMENT OF MONITORING CRITERIA

6.1 Efficiency

Overall, activities directly benefiting the patients and community have taken place:

- All sub-districts are now implementing TB/HIV services (from 216/249 to 249/249)
- There has been a significant increase in TB screening among HIV as well as in TB patients accessing HIV services (HIV counselling and testing, prophylaxis and access to ART)

However, activities at national level have been slow. This is due to the delay in signing of the no-cost extension. This stopped the department from advertising tender for nurses skills development (Knowledge translation) and operational research. The tender was processed in October, advertised in November and closing on 15 December. A briefing session for potential bidder was organised and five bidders ended up applying for the tender. The evaluation committee will sit in January to identify any suitable bid to be recommended to the bid committee of the department. National Department of Health procurement procedures were followed and the Technical Assistant was involved along the process. Twenty-one letters of interest were received for the operational research, with more interest in the topic around describing models of good practice for TB/HIV than for the assessment of dual stigma. The unit is discussing modes of selection since two tender attempts had initially failed.

At provincial levels, implementation has taken place at various degrees. The Free State, Gauteng, Northern Cape and Western Cape provinces have been implementing TB/HIV services 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 is very effective: the coordinator does not attend most of the quarterly meetings and does not routinely reports. Meetings with senior management in the province took place to address the problem and it is expected that new staff in the TB programme will tackle the situation more effectively. Similarly, implementation in KwaZulu Natal has improved with all sub-districts now implementing TB/HIV services but the reporting is inadequate on the HIV entry point. This was mainly due to the absence of the TB/HIV 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.

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. 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.

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 as these also depend on other programmes such as HIV prevention, advocacy and health promotion, etc. Purpose objectives are 50% on track and efforts will be required particularly from the TB and PMTCT programmes. Evaluation of the quality of care will need to be performed.

Three results indicators have been achieved (sub-district implementation, reporting and quarterly meetings). The remaining two are targeted for 2009 and more effort will be required to ensure achievement before completion of the project.

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 assisting in this area.

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. The new Minister of health has indicated that HIV, TB and TB/HIV are the top three priorities of the ministry. This was further 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. Four of the nine provinces (Eastern Cape, Gauteng, Limpopo and Northern Cape) have already absorbed the position. Western Cape and Free State have started the process. A position is to be created in KwaZulu Natal but the appointment has not taken place yet. 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 have incorporated TB&HIV activities within the TB and HIV programmes. This was also 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 has facilitated so far 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 slow in 2008 with the delay in approval of the no-cost extension. It has generally 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 approval of the no-cost extension 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 has not contributed greatly towards a more effective partnership in this area so far. The recent appointment of the new Minister may change the perspective, provided that she remains in place after the next general elections (planned in April 2009 with no set date as yet)

While there has been a significant implementation of TB/HIV at service level and smooth transfer of responsibilities by the provinces, the coordination between the two programmes still remain a challenge. 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, that makes all efforts to provide HIV counselling and testing for TB patients.

7.2 Recommendations

The implementation of the revised the logical framework for the no-cost extension aimed 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.

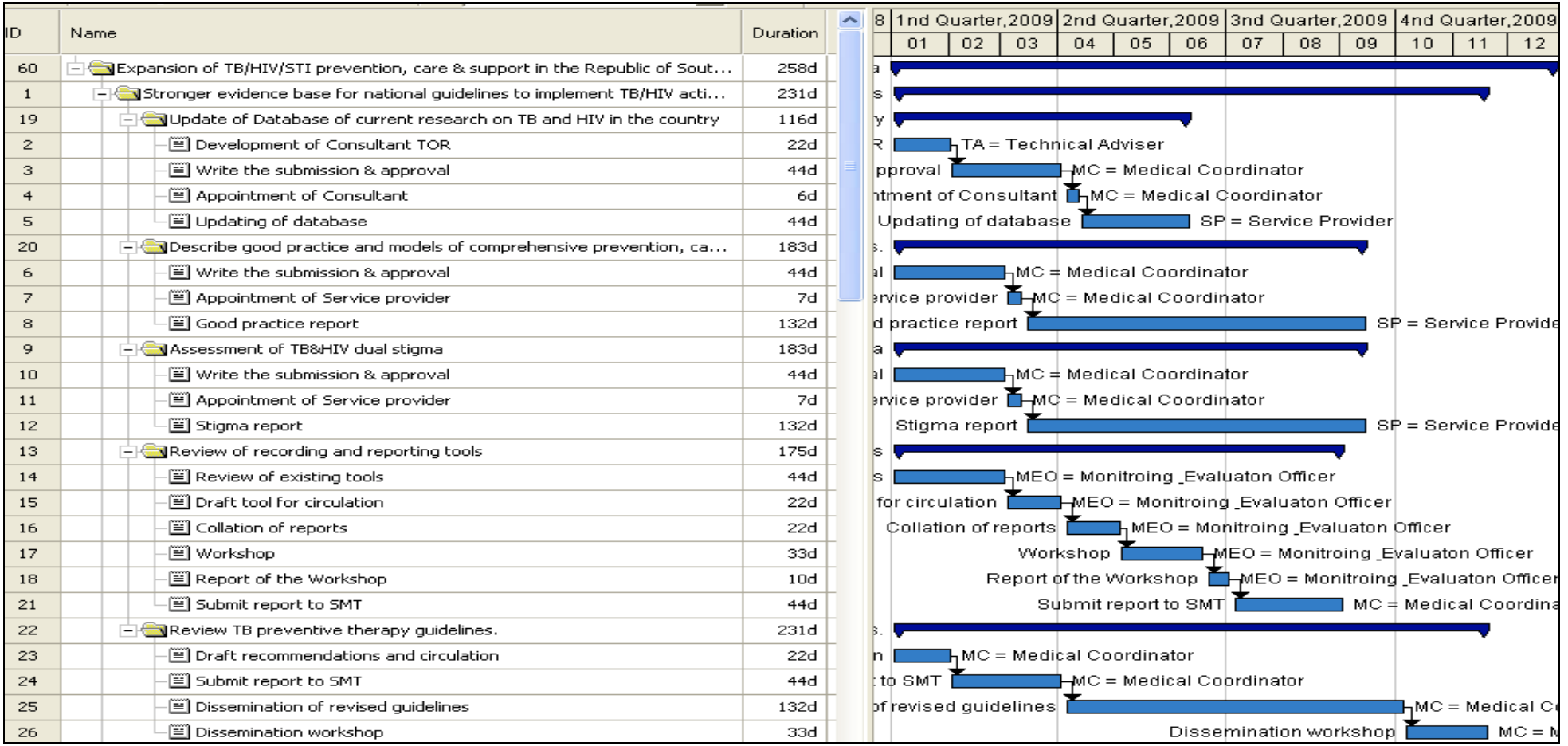
This will require some attention to time management, adequate and consistent priority setting for the technical staff and effective risk management interventions. This is critical considering the delay in the first year of the extension and the need to accelerate and finalize all activities by December 2009. Strengthening of managerial capacity will include 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). Adhoc coordination and support meeting between BTC and the unit will be needed to assist in effective project implementation.

Targets are aligned with the national priorities. While this provides higher visibility and ownership, this still requires 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

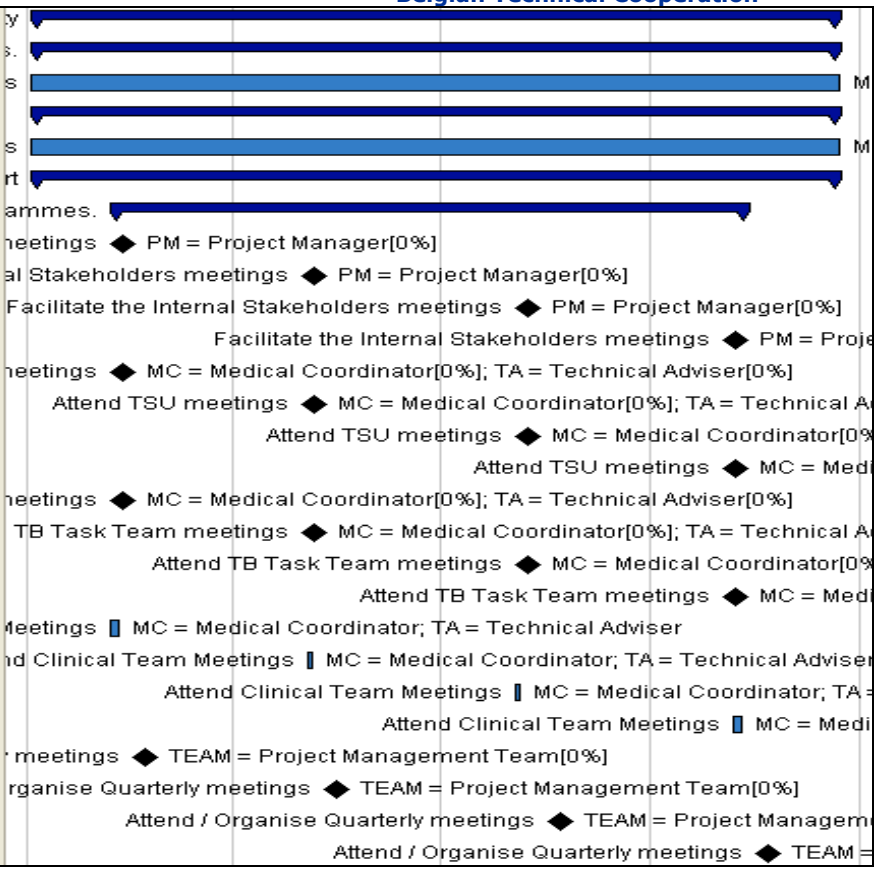
Technical assistance will be provided following a clear workplan and targets and regular (quarterly) meetings with the BTC project officer and the unit will contribute to strengthening of the timely implementation of the activities.

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

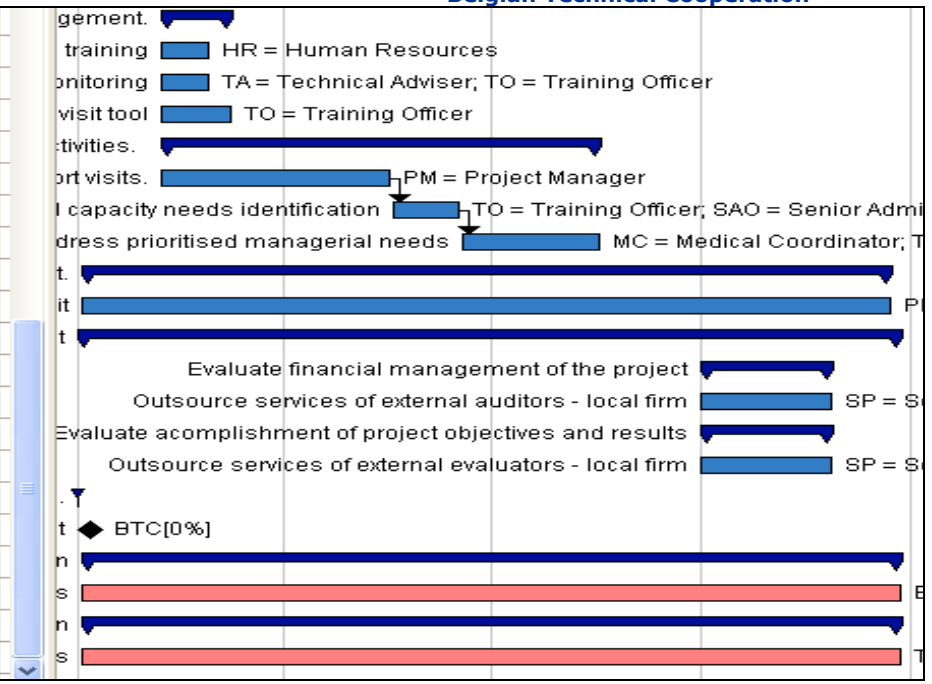
8 PLANNING FOR THE UPCOMING YEAR (YEAR N+1)



27	Enhanced managerial, technical and material capacity of provincial healt...	254d
28	Assist coordinating structure between TB and HIV&AIDS programmes.	254d
29	Respond to invitations from Provinces	254d
30	Strengthen recording, reporting and quality monitoring of TB&HIV col...	254d
31	Respond to invitations from Provinces	254d
32	Enhanced managerial and technical capacity of the National Department...	254d
33	Assist in a coordinating structure between TB and HIV&AIDS progra...	201d
34	Facilitate the Internal Stakeholders meetings	0d
81	Facilitate the Internal Stakeholders meetings	0d
82	Facilitate the Internal Stakeholders meetings	0d
83	Facilitate the Internal Stakeholders meetings	0d
35	Attend TSU meetings	0d
84	Attend TSU meetings	0d
85	Attend TSU meetings	0d
86	Attend TSU meetings	0d
36	Attend TB Task Team meetings	0d
87	Attend TB Task Team meetings	0d
88	Attend TB Task Team meetings	0d
89	Attend TB Task Team meetings	0d
37	Attend Clinical Team Meetings	3d
90	Attend Clinical Team Meetings	3d
91	Attend Clinical Team Meetings	3d
92	Attend Clinical Team Meetings	3d
38	Attend / Organise Quarterly meetings	0d
93	Attend / Organise Quarterly meetings	0d
94	Attend / Organise Quarterly meetings	0d
95	Attend / Organise Quarterly meetings	0d



39	Strengthen nurses' skills development through Knowledge Translatio...	22d
40	Monitoring the training	16d
41	Participate in the Monitoring	16d
42	Finalise Provincial visit tool	22d
43	Increase managerial capacity development for effective support to p...	138d
44	Organise provincial support visits.	72d
45	Managerial capacity needs identification	22d
46	Organise a training workshop to address prioritised managerial ne...	44d
47	Strengthen partnership with NGOs and civil society as partners in TB...	254d
48	Support NGO Unit	254d
49	Project Management	258d
50	Evaluate financial management of the project	42d
51	Outsource services of external auditors - local firm	42d
52	Evaluate acomplishment of project objectives and results	42d
53	Outsource services of external evaluators - local firm	42d
54	Provide expertise support to the whole project team.	0d
55	TA - already in place, no need for engagement	0d
56	Assess effectivenes and efficiency of implementation	257d
57	Organise provincial support vists	257d
58	Assess effectivenes and efficiency of implementation	257d
59	Organise provicial and districts support vists	257d



Financial planning year N+1 see latest draft – Ravi's inputs

Financial Planning of SAF/01/002

Fin Plan Version: 02-NEW
Budget Version: D01
Donor: DGD
Currency: EUR

Prepared on: 4/2/2009
Prepared by: ravifin
Approved on: //
Approved by:

Amounts in 1000 EUR

	Status	Fin Mode	Budget	TtY-1	Balance	2009 Q1	2009 Q2	2009 Q3	2009 Q4	2009 Total	2010 to end	Est. end Proj. Bal.	Est. % exec.
A EXPANSION OF TB/HIV/STI	x		4.825,8	3.881,9	944,0	975,9	0,0	0,0	0,0	975,9	0,0	-32,0	101%
01 Extension of TB/HIV Pilot	x		131,4	115,6	15,8	89,4	0,0	0,0	0,0	89,4	0,0	-73,6	156%
01 Consultancy - NGO		COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
02 Database Current Research	x	COGEST	15,8	0,0	15,8	15,8	0,0	0,0	0,0	15,8	0,0	0,0	100%
03 Models of Care Study		COGEST	52,6	52,6	0,0	52,6	0,0	0,0	0,0	52,6	0,0	-52,6	200%
04 Stigma Study		COGEST	21,0	21,0	0,0	21,0	0,0	0,0	0,0	21,0	0,0	-21,0	200%
05 Workshop Reporting &		COGEST	21,0	21,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100%
06 Workshop IPT Guidelines		COGEST	21,0	21,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100%
02 Enhanced Capacity of Provincial	x		1.136,1	1.136,2	-0,0	0,0	0,0	0,0	0,0	0,0	0,0	-0,0	100%
01 Local Personnel Costs	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
02 Workshop		COGEST	691,5	691,5	-0,0	0,0	0,0	0,0	0,0	0,0	0,0	-0,0	100%
03 Equipment Hardware		COGEST	66,4	66,4	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100%
04 Equipment Training	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
05 Consultancy		COGEST	27,9	27,9	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100%
06 Operational costs	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
07 Local Personnel Costs	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
08 Workshop	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
09 Equipment Hardware	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
10 Equipment Training		COGEST	7,3	7,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100%
11 Medical Supplies	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
12 Operational Costs		COGEST	343,1	343,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	100%
03 Enhanced Capacity of National	x		3.558,3	2.630,1	928,2	886,5	0,0	0,0	0,0	886,5	0,0	41,6	99%

01 Local Personnel Costs		COGEST	1.127,3	692,4	434,9	314,6	0,0	0,0	0,0	314,6	0,0	120,3	89%
02 Workshop		COGEST	1.623,8	1.645,2	-21,4	54,5	0,0	0,0	0,0	54,5	0,0	-75,9	105%
03 Equipment Hardware		COGEST	29,5	31,5	-2,0	0,8	0,0	0,0	0,0	0,8	0,0	-2,8	110%
04 Equipment Training	x	COGEST	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
05 Consultancy - NGO		COGEST	777,6	261,0	516,6	516,6	0,0	0,0	0,0	516,6	0,0	0,0	100%
PROJECT MANAGEMENT	x		1.374,2	961,0	413,2	158,6	59,0	59,0	104,6	381,2	0,0	32,0	98%
01 Project management	x		1.374,2	961,0	413,2	158,6	59,0	59,0	104,6	381,2	0,0	32,0	98%
01 External audit		REGIE	27,0	26,6	0,4	0,0	0,0	0,0	26,6	26,6	0,0	-26,2	197%
02 Short term Consultancy	x	REGIE	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0%
03 Project Evaluation		REGIE	40,1	23,1	17,0	0,0	0,0	0,0	19,0	19,0	0,0	-2,0	105%
04 Technical Assistance		REGIE	1.283,1	1.063,1	220,0	48,0	48,0	48,0	48,0	192,0	0,0	28,0	98%
05 Bank charges		COGEST	0,0	-152,7	152,7	99,6	0,0	0,0	0,0	99,6	0,0	53,1	53307649
06 M&E - BTC		REGIE	24,0	0,8	23,2	3,0	3,0	3,0	3,0	12,0	0,0	11,2	53%
07 M&E - Support visits, meetings,	x	COGEST	0,0	0,0	0,0	8,0	8,0	8,0	8,0	32,0	0,0	-32	2e+10%
		REGIE	1.374,2	1.113,7	260,5	51,0	51,0	51,0	96,6	249,6	0,0	10,9	99%
		COGEST	4.825,8	3.729,2	1.096,6	1.083,5	8,0	8,0	8,0	1.107,5	0,0	-10,9	100%
		TOTAL	6.200,0	4.842,9	1.357,1	1.134,5	59,0	59,0	104,6	1.357,1	0,0	0,0	100%

9 CONCLUSIONS

9.1 Activities and Finance

Activities have been hampered with the delay in the singing of the no-cost extension that stopped the partner from implementing some activities such as tender because of non-availability of funds. The first transfer from the no-cost extension was done in the second week of December and due to the holidays, the funds have are not yet in the National Department of Health.

Activities for 2008 will therefore overflow into 2009. There will have to be an acceleration of activities in order to ensure that all planned activities of the no-cost extension phase are completed.

Expenditure on salaries will be lower than planned because 2 of the 4 National Department of Health staff paid by this grant have resigned because of new job opportunities beyond their contract ending in 2009. It is planned that should there be any such under spending on salaries; the amount will be absorbed by other activities on the work plan.

As mentioned, there will be need for close monitoring of implementation of activities on a monthly basis to avoid any further delay in implementation.

9.2 Monitoring criteria

9.2.1 Efficiency

There is need for significant improvement in efficiency of the project to improve the implementation of the activities. Monthly monitoring will assist the unit to address any challenge in a timely manner.

9.2.2 Effectiveness

Indicators of the original logical framework have neither been generally reached nor been 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. Activities are fully integrated in the national strategies of the department and are expected to continue beyond the end of the project.

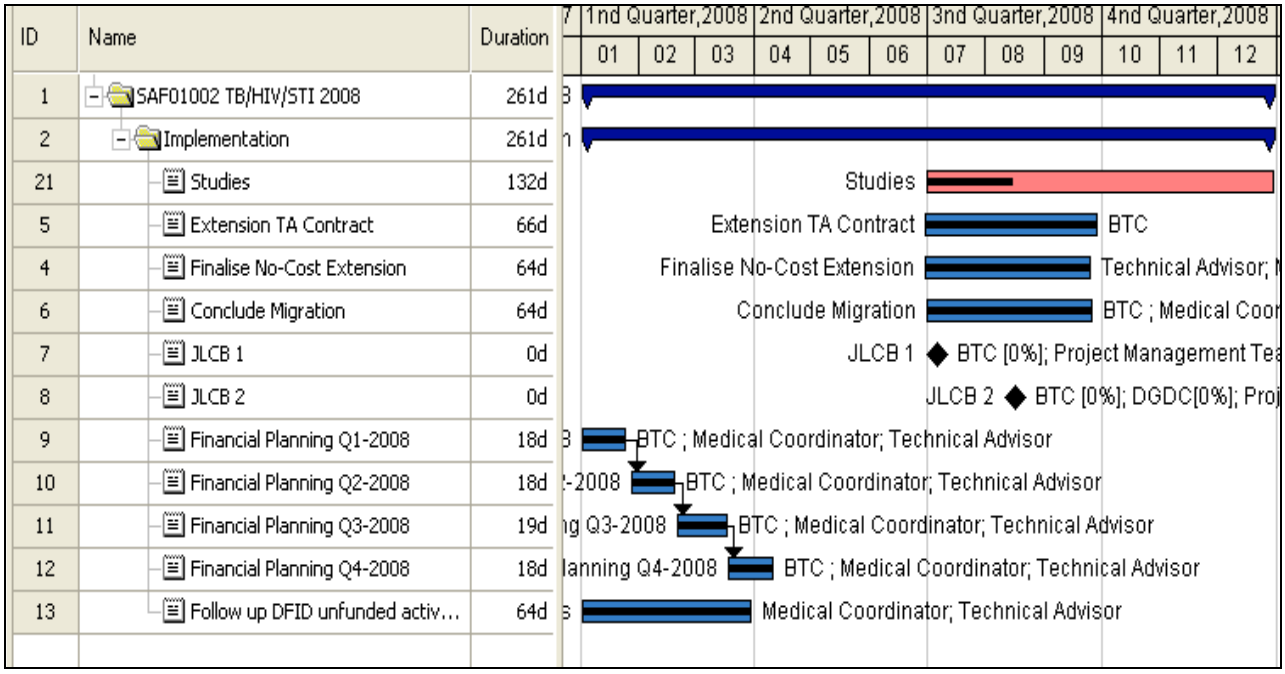
9.3 Advice of the JLCB on the recommendations

The recommendations will be presented to the next JLCB planned for February 2009, after the end of the South African financial year.

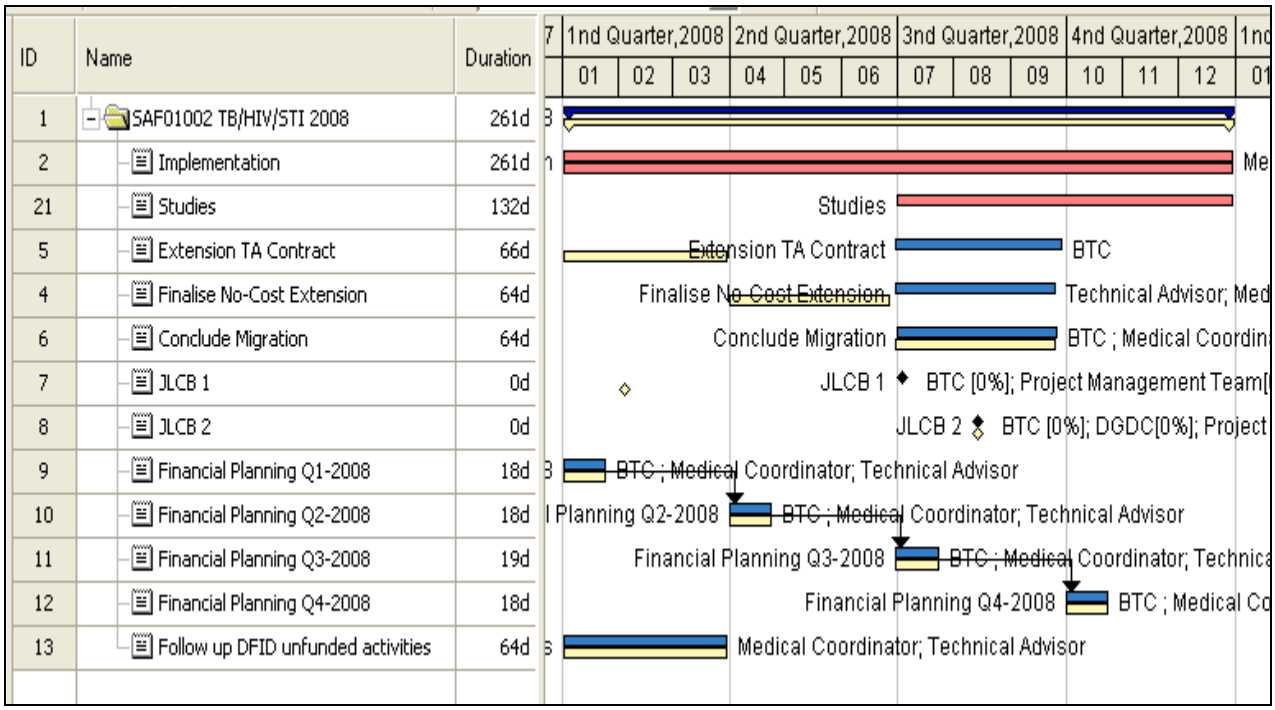
Meanwhile this report has been presented to key programme managers for inputs and endorsement.

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:

A. 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

B. 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

C. 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)

1.1. 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 ensure 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?

1.2. 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

1.3. 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

1.4. Delivery Partners

How well does the Project cooperate with their delivery partners

- Do you and your partners share agreed common goals?

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?

1.5. 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?

.

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 Revised Logical framework year (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 (TB Strategy) • Proportion of HIV infected individuals screened for TB increased to 50%	1. Reports from HIV Counselling 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. 1.2 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