BTC SOUTH AFRICA

BELGIAN
DEVELOPMENT AGENCY

BTC
CTB
EMPOWERING
DEVELOPMENT

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

TA FINAL REPORT

JANUARY – JUNE 2010

Belgian
Development Cooperation
.be

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LIST OF ABBREVIATIONS

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired ImmunoDeficiency Syndrome
ART	Antiretroviral Therapy
CCMT	Comprehensive Care Management and Treatment
CPT	Co-trimoxazole Preventive Therapy
DDG	Deputy Director General
DR	Drug Resistant
ETR	Electronic TB Register
HIV	Human Immunodeficiency Virus
IC	Infection Control
ICF	Intensified Case Finding
IEC	Information, Education and Communication
IPT	Isoniazid Preventive Therapy
KZN	KwaZulu-Natal
M&E	Monitoring and Evaluation
MDR-TB	Multidrug-Resistant Tuberculosis (resistance to at least isoniazid and rifampicin)
NDOH	National Department of Health
NGO	Non-Governmental Organization
PALSA+	Practic Approach to lung health in South Africa
PITC	Provider Initiated Testing and Counselling
PLWHA	People Living with HIV and AIDS
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infections
TB	Tuberculosis
TB/HIV	TB and HIV co infection
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
XDR-TB	Extensively Drug-Resistant Tuberculosis

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Introduction

The expansion of TB/HIV/STI prevention, care and support in South Africa was completed in December 2009. However the National Department of Health requested an extension of the contract of the Technical Advisor to consolidate the benefits of the project and ensure that TB/HIV programme is fully integrated with the Comprehensive Care Management and Treatment (CCMT) programme.

South Africa has been facing the dual TB/HIV epidemic for the past fifteen years and now has the highest incidence rate of TB in the world. 5.3 million South Africans are estimated to be HIV positive and estimates are that 1.8 million are likely to develop TB.

The new government (2009) has taken radical steps to finally face the dual epidemic in a more aggressive approach. President Zuma's address at the World AIDS Day commemoration announced radical changes to address HIV care, increase access to care and insisted that TB and HIV must be taken care of under one roof. In other words, he reiterated the essence of the BTC funded project to strengthen capacities to provide integrated comprehensive patient-centred care to TB/HIV co-infected individuals.

As a result of the presidential mandate, the government decided to embark on a national HIV Counselling and Testing (HCT) campaign aiming at encouraging 15 million South Africans to know their status. The campaign has drawn huge political attention and has required much effort from the HIV programmes to set up a conducive environment to reach the ambitious targets. It is anticipated that 1.6 million individuals may be identified as HIV positive and will require TB screening as well as assessment towards eligibility for Antiretroviral Treatment (ART). Over one hundred thousand TB patients will be identified through the campaign while 600,000 should benefit from Isoniazid TB Preventive Therapy (IPT). These targets, in particular the IPT target will set South Africa highest on the scene of addressing TB/HIV dual epidemic.

The HCT campaign has provided the TB/HIV unit a unique platform to elevate the visibility of the dual epidemic and the urgent need to address it. TB is still the leading cause of death among HIV infected individuals and HIV the leading cause of the huge increase in TB incidence in the country.

Achievements

The role of the Technical Advisor during the exit strategy was defined as follows:

Assist the department in strengthening the supportive structure to a more effective implementation of TB/HIV services on the HIV side and facilitate the transfer of skills within Comprehensive Care Management and Treatment (CCMT) (Full ownership of the "Three I's" namely TB Intensified Case Finding, Isoniazid Preventive Therapy and Infection Control)

- Finalize guidance document on TB and HIV integration within Primary Health Care (PHC)
- Assist in the completion of current BTC project activities:
  - Monitoring of the knowledge translation project until its completion
  - Monitor effective implementation of operational research projects

The HCT campaign has provided the unique platform to ensure that HIV programmes endorse the "Three I's" and take ownership of the activities. IPT is now part of the performance indicators that the Minister of Health must report to the Presidency. There is now evidence that TB is discussed in HIV forums though implementation is still slow. Uptake in IPT has started to increase and the national TB conference was a good platform to further advocate for it. In fact, at the opening session of the TB conference, Dr Simelela, Chief Executive of SANAC (South African National AIDS Council) declared that there should be no separate TB or HIV conference but rather a joint TB/HIV conference.

Knowledge Translation project has been extremely successful in three of the four crisis districts. The objective of Knowledge Translation is to gather evidence based guidelines, translate them into practical teaching aids and train health facility staff at the clinic level to ensure immediate implementation, mentoring and monitoring. Following its successful implementation in the four crisis districts, it has now been endorsed by the national Human Resources Branch as national approach to post-training staff development. It is the model currently implemented to train nurses to initiate Antiretroviral Therapy (ART) to eligible patients. It will be the core of the Integrated Common Programme (ICP) that the National Human Resources branch is developing for the country. The ICP aims to integrate various programme component with Primary Health Care setting in order to avoid numerous parallel uncoordinated training courses. One of the crisis districts failed to effectively embark on the programme due to staff shortages and competing priorities, but it is now on track with the follow up trainings on nurse initiated management of patents on ART. An external review of the knowledge translation will be implemented to assess impact of this training approach on TB and HIV performance indicators with the remaining Belgian funds.

Operational research projects (TB and HIV dual stigma as well as TB/HIV model of care) are on tack though ethical approval and implementation have been behind schedule. Printing of IPT guidelines, Advocacy materials and registers is almost completed. Integration guidelines have been drafted but need further review before finalization.

Balance of funds is to be decided at the last meeting, NDOH suggestions include the use funding for the Knowledge Translation evaluation, the printing of screening tools and TB guidelines and further training of trainers (once off) in 6 districts.

Practically: Dr Mvusi and Justice Monga will follow up the Knowledge Translation evaluation; Patricia Ntsele and Dr Vilakazi will follow up the operational research and the printing; Thabile Msila will follow up with the training.

Reflections on the project and technical assistance in South African Department of health

The reflections below aim to document some of the experiences during the project.

The economic position of South Africa as a middle income country means that development partners' contribution to the total budget is relatively insignificant and has no real leverage on strategies and implementation. Hence the need to identify with the partners areas that are neglected or where added value can be offered is critical. In this case, the TB/HIV project build on initial pilot sites (ProTest initiative funded by World Health Organization in 1998) proved to be an area where technical support happened to be highly relevant. It is quite remarkable to note that the recent national TB conference highlighted, from the opening speeches to the conclusion, the need for TB/HIV integration and the fact that TB programme performance will not improve unless HIV is adequately addressed.

While the relevance of the project has been very high and confirmed in all project evaluation, the implementation has been challenged by a number of factors. The political climate was not conducive to effective support of the project in the early years, with conflicting messages around TB/HIV. This led to lack of managerial leadership of the project. As a result, the position of technical advisor was at times fairly testing, since the position does not have any managerial mandate. The TA would find himself between the demand for results from the donor side and the slow implementation on the other side. In that sense, this project was in essence not a "project" but consisted more in strengthening of national systems. This perspective was not initially clear for BTC HQ whereby there has not been clear guidance and tools to assist TA in this particular environment. It would be appropriate to have a reflection in Brussels on how to provide best institutional support, what tools to use to strengthen partners systems where available, rather than developing and imposing parallel system (such as FAS, FIT, PIT, etc). An

example in this project was the use of the partner financial and accounting report system, supported by an additional project funded financial staff, with quite good appreciation from the partner.

Regarding the delays in implementation, it is not clear whether a much firmer stand on the recommendations of the internal review would have yield more response or would have rather alienated the partnership. Some attempts to engage with senior level allowed for fruitful exchanges but were seldom followed by implementation. It was however disappointing to note that structural arrangements that were agreed upon prior to the exit strategy were not implemented by the partner. While we appreciate that the HCT campaign drove many managers into that specific programme, we feel that there could have been opportunities for institutionalizing the shift from a TB/HIV standalone unit to its integration under CCMT. In that particular sense, the exit strategy did not succeed in ensuring full partner ownership and autonomy. While there is evidence of strong political will and support towards TB/HIV integration, there has been little structural adjustment to ensure effective leadership and guidance at national level. There has been no firm decision in regards to the management of TB/HIV with the HIV and TB clusters, leaving too much dependency on technical support from BTC, despite written agreement between BTC and the senior management of the department. This was further demonstrated when the department contacted other donors to identify funding for continued technical assistance in TB/HIV.

While as BTC we have clearly developed a niche of expertise in the department, there has been difficulty to fully transfer the expertise in due time. The weak managerial systems put the TA in a position of managerial support without the actual mandate to enforce implementation. Meanwhile, in this context, the role of the TA has been mainly of technical advisory one rather than strict technical assistance. The issue of sustainability in this case has been made difficult by the lack of clear TB/HIV leadership particularly in the HIV programmes where TB has never been fully "adopted" nor integrated. While this is a common observation in many countries affected by the dual epidemic, one would hope that, with the current political leadership and the high agenda level of TB/HIV, some more drastic decision be taken. It is therefore not clear to perceive how best BTC could continue to support the programme.

It is suggested that in this South African context, BTC and DGDC actively engage with the senior management of the Department of Health (Director General and Minister) to explore avenues for continued support in the sector. It must be noted that there has been very limited pro-active engagement of the DGDC with the Department of Health to assess the need for continued Belgian support in the identified TB/HIV niche. While it is acknowledged that HIV funding is supported by a number of partners, the department will need all resources to achieve its ambitious objectives. This includes system strengthening across the programmes. It appears that Belgium

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is missing here a real opportunity to strengthen its partnership with South Africa in a critical area where Belgian support had been appreciated.

TB/HIV 2010 BUDGET BALANCE AT NDOH

		Budget	
Salary Deputy Director M&E Salary Account Clerk	3 months 3 months	R 140 000 R 25 000	Until 30 June 2010
Knowledge Translation (last tranche) Operational research TB/HIV stigma (HST) Operational research models of care (MRC Cape Town) Knowledge Translation evaluation	Last tranche Committed Committed FOR APPROVAL	R 1 565 372 R 429 825 R 389 389 R 400 000	VAT covered by NDOH External evaluation
Printing of registers and screening tool Printing of guidelines and posters Re-print of TB screening tool and TB guidelines	Committed Committed FOR APPROVAL	R 349 000 R 441 000 R 150 000 + R 367 437	 Need to re-print registers and TB screening tool
Extension of training of trainers (Knowledge translation)	FOR APPROVAL	R 879 000	See request for HR uni (1 master trainers training, 1 district training and 1 pre-service tutor training)
total		R 5 136 176	

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

BTC SOUTH AFRICA
BELGIAN DEVELOPMENT AGENCY

MINUTES OF EXTRAORDINARY MEETING ON TB/HIV PROJECT WITH BTC

Date: 10 June 2010
Venue: NDOH, Hallmark building, Rm1830
Chair: Ms Letta Seshoka

Attendance:

1.	Tom Smis	BTC	tom.smis@btcctb.org
2.	Anton Broecke	Belgium Embassy	development.pretoria@diplobel.be
3.	Mirela Gighileanu	NDOH	mirela@btcsa.co.za
4.	Mokgadi Phokojoe	NDOH	phokom@health.gov.za
5.	Patricia Ntsele	NDOH	ntselp@health.gov.za
6.	Letta Seshoka	NDOH	seshaL@health.gov.za
7.	Vincent Tihon	NDOH	tihonv@health.gov.za
8.	Nshuti Lorna	NDOH	nshutl@health.gov.za

Apologies : Dr Mvusi, Dr Vilakazi Nhlapo

Background:
The TB/HIV project funded by BTC is coming to a close on 30th June 2010, and there are uncommitted funds left over from this project to the amount of R 5,136,175.54.
Of this, there are uncommitted funds that the :

i.	Knowledge Translation and Evaluation	R 400,000
ii.	Re printing of TB screening tools and TB guidelines	R 517,437
iii.	Extension of training of trainers	R 600,000

Objectives of meeting:
1. To agree on the new areas where these funds should be used with the approval from the Belgium counterparts

Discussion:

Salaries for the M&E officer and Admin clerk to be extended until 30 June 2010. Thereafter, NDOH will pay for the salaries since the positions have been absorbed in the NDOH system.

Knowledge Translation final report was presented with excellent response in three of the four crisis districts. There was good buy-in from three districts and the process was finalized with success. Only City of Joburg district failed to provide the required trainers in time. The TB/HIV unit suggests that an external review take place to assess the outcome of the training in terms of protocol implementation and review of performance indicators (HIV testing rate among TB patients, access to ART to co-infected TB/HIV patients, TB outcome indicators, etc). It was suggested that the balance of Belgian funding for TB/HIV with NDOH be used to fund an external review of the knowledge translation project in the districts for an amount of R 400,000 (four hundred thousand). ***Dr Mvusi*** *was identified to lead the review process*. The rest of the balance to be used to address the request form Human Resource unit (Ms Thabile Msila) for an additional 2-weeks training of master trainers and a five-days training of trainers in North West province. ***Ms Msila*** *will finalize a formal request with timelines and expected outcomes.*

Printing of registers and TB screening tool: The printing was done and there has been an increased demand for additional printing because of the HCT campaign that promotes HIV testing with a target of 15 million South Africans to be tested by June 2010. It was proposed to allocated R517,437 for additional registers and TB screening tools to be distributed to all provinces. ***Ms Seshoka*** *to follow up the process*

Regarding possible future funding and Belgian support to NDOH, it is a discussion between Foreign affairs, Treasury and the Belgium Embassy, but it starts with a proposal from the DOH, which in the past has not been forthcoming. BTC was concerned that in the past TB/HIV project there have been a number of delays, and this needs to be addressed going forward. Meanwhile, NDOH is welcome to approach BTC in regards to needs for assistance to be considered.

Way forward:

1. NDOH to write a formal letter to BTC, stating the new activities for which the remaining BTC funds will be used, persons responsible and the timelines.
2. BTC on receipt of the letter will give approval.
3. NDOH to submit an evaluation report of Knowledge translation activities to BTC.

Ms Phokojoe thanked BTC for their support in this project and promised to assist the TB/HIV unit where necessary to successfully complete the project.

Ms L Seshoka, Chair

Mr T Smis, BTC Representative

BTC SOUTH AFRICA

Leave Application Form

Date: 06/12/2012

Employee Full Name: Graft Mugaragumbo

X Annual **Sick** **Compassionate** **Unpaid** **Maternity/Paternity**

Total Leave days= 14.5 days

From: 18 December 2012 – 10 January 2013

Reason: Annual leave

Employee Signature

Approved by
Tom SMIS
Resident Representative

Supported by
Ravi Reddy
LAF-SAF

BASIC CONDITIONS OF EMPLOYMENT ACT, 1997

LEAVE

- Annual leave – 21 consecutive days annual leave in each annual leave cycle (12 months)
- Sick leave – 36 days in each sick leave cycle (36 months)
  Family responsibility leave – 3 days leave
  i) when child is born
  ii) death of a spouse or life partner, parent, grandparent, child, etc.
- Maternity leave – entitled to 4 months consecutive, including 4 weeks before due date and 6 weeks after delivery

BTC CTB

VERLOFFICHE / APPLICATION for LEAVE
FICHE DE CONGÉ

2012

naam / nom / last name (surname)	voornaam / prénom / first name	directie / direction
MUGARAGUMBO	Graft	Representation SAF
plaats / lieu / location	**land / pays / country**	**functie / fonction**
PRETORIA	SAF	PO

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VAKANTIE / CONGÉ / LEAVE		
V	Wettelijk / Légaux / Legal	21
V	Extra legaal / Extra légaux / Extra legal	
V	Overdracht /Report/Transfer: 2011	
V	Andere / Autres / Other(s)	
LF	Lokale feestdag / Jour de fête local / Local holiday	
credit / crédit		21

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debet / débit / debit											14.5
saldo / solde / balance											6.5

opmerking / remarque / remark :

I request to take the balance of 6.5 days in Jan 2013, 2-10

VERLOF / PERMISSIONS		
RC	Recuperatie / Récupération / Recuperation	
RLF	Recup.LF / Récup.LF / Recup.LF	
AA	Arbeidsongev./Acc.Travail/Industrial Acc.	
MI	Missie / Mission	
VSV	Vaderschapsverlof/Congé Paternité/Paternity leave	
BM	Maternity leave / Congé de maternité	
OS	Onbet.Verlof/Congé SS/Leave without pay	
ED	Educ.Verlof/Congé éducatif/Educ.Leave	
ZM	Ziekteverlof / Conge de Maladie / Sick leave	
OC	Omst.Verlof/Congé de Circ./Circumst.Leave	
total / total		

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Tom. Sam a approved.
12/12/12

Contact persone(e)l Overzee / Outre-mer : chris.minnen@btcctb.org