

# TIMS Quarterly Report

Q2: APRIL - JUNE 2018



Compiled by the TIMS PR

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# MESSAGE FROM THE CHIEF OF PARTY

Over the past quarter, the TIMS PR spent a significant amount of time with contractual process in appointing the new sub-recipients (SRs) who will implement the grant. The finalisation of budgets has been a challenging exercise given the large number of interventions and the need to optimise operational versus management budgetary allocations. The PR, RCM and GFCT have been engaged in earnest to efficiently finalise phase 2 budgets and the contracting of our new implementation partners.

The OHSC's, under the management of the PR, have continued to see clients. Optimising operations on the ground at the centres has been a priority of the OH&TB unit who hosted a training workshop at the beginning of Q2 for all nurse managers. The unit also developed robust systems to ensure the centres not only

offer the best possible service but also that staff are seen as a priority. The PR also addressed several operational deficiencies and put in processes to ensure security of supply of inventories and other operational requirements.

The M&E unit has been crunching numbers as they finalise the performance framework. Several of the data constraints were addressed by inputs from countries in this quarter.

In Q2 the PR attended a number of events to raise the profile of the programme within the greater TB community.

Contingent on the efficient finalisation of budgets and contracting, implementation of the grant is set to begin in the next quarter.

Sincerely,



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**Dr Julian Naidoo**  
TIMS – Chief of Party

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# GENERAL GRANT UPDATE

## Sub-Recipients Contracting

### SR appointment process progress

Whilst every effort was taken by the Principal Recipient (PR) to contract sub-recipients in time for implementation period kick – off earmarked for **1<sup>st</sup> June 2018**, this was not achieved ostensibly due to inherent budget constraints and structural rigidities that required revising before SR contracting. This implied re-engaging the Global Fund – Country Team (GF-CT) (donor) and the RCM (grant owners) in a roundtable to conduct reprogramming and budget revisions through identifying activity areas with duplicity, overlaps, dependencies and delayed start (un-spend budget portions) in order to rationalize

and gain efficiencies in implementation. Essentially, this effectively implies a delayed start to contracting and likewise, TIMS Phase II implementation start – off. Although this is common for GF grants, the PR appreciates the guidance from the GF CT and support from the RCM as collaboratively, the tripartite engagements look set to yield a speedy resolution of this bottleneck to pave way for SR contracting by end of August 2018.

Appreciation also goes to the selected SRs who have patiently waited and are but ready to implement TIMS Phase II.

## Zambia Occupational Health Service Centre

The Zambia OHSC is now in country and will be ready to begin operating in the next quarter. The delay in getting the OHSC containers into

the country was a hard learned lesson for the PR ranging from political changes to clearance issues.

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# WORKSHOPS & MEETINGS

## **OHSC Nurse Managers Training**

21<sup>st</sup> – 24<sup>th</sup> May

A workshop styled training session and meeting of the 11 TIMS Occupational Health Service Centres (OHSC) nurse managers took place at the beginning of Q2. The workshop was also attended by the South African One Stop Service Centre nurse managers and TEBA nurses from Lesotho. The objective was to enhance the capacity of nurse managers in their delivery of quality TB/HIV, occupational health and worker compensation services.



Participants of the training pictured outside the MBOD in Johannesburg, South Africa

## **UN Interactive Civil Society Hearing**

04<sup>th</sup> June

The [United Nations High-Level Meeting \(UN HLM\) on Tuberculosis \(TB\), scheduled to take place on the 26<sup>th</sup> of September 2018](#) will bring together Heads of State to end TB by 2030. TIMS PR represented by the Chief of Party, Dr Julian Naidoo and TIMS Key Populations (KP) representative, Mr Moises Uamusse attended the Hearing in June, which was a preparatory Interactive Civil Society Hearing bringing together more than 400 TB stakeholders and

Stop TB partners from countries around the world. TIMS KP representative, Mr Uamusse highlighted the need for cross-border referrals and the need for key populations to be involved in ending TB. All high profile speakers and participants encouraged Heads of State to show their solidarity and support to ending TB by 2030 by attending the UN HLM in September 2018.

## **5th SA TB Conference in Durban**

12<sup>th</sup> – 15<sup>th</sup> June

TIMS PMO participated in the 5<sup>th</sup> SA TB Conference held in Durban, South Africa. Team members presented findings from phase 1 of the grant. There was both a [poster presented](#) by the M&E lead Ms Annette Chingandu and a [presentation](#) given by OH&TB technical advisor

Dr David Barnes. Dr Julian Naidoo presented at a parallel session hosted by the Minerals Council of SA ([here](#)), while Dr Riedawaan Pillay presented a grant overview at a session hosted by SANAC ([here](#)).

## **RCM Team Building**

28<sup>th</sup> – 29<sup>th</sup> June

The PR participated in the RCM team building event held in Swaziland on the 28<sup>th</sup> and 29<sup>th</sup> June 2018.

# PR OPERATIONS

## Grant Management

### Monitoring & Evaluation

The primary focus of the M&E Unit over the past quarter was on the finalisation of the grant performance framework (PF).

#### FINALISATION OF PHASE II GRANT PERFORMANCE FRAMEWORK

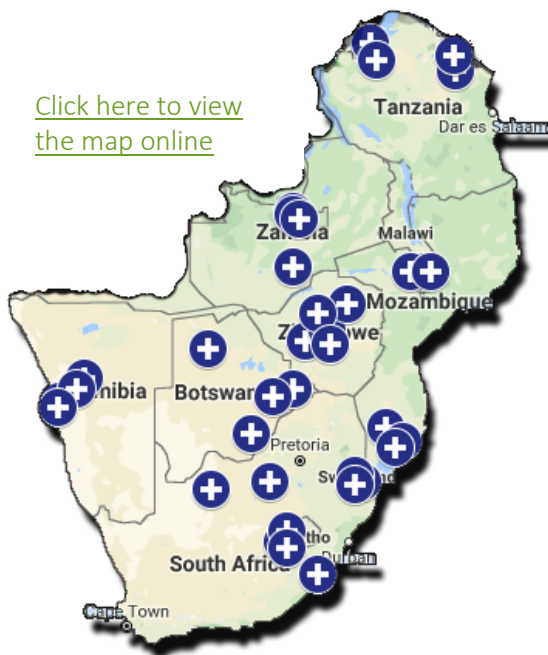
The M&E Unit concluded consultations with the National Tuberculosis Programme (NTP) manager's to obtain baseline data for the proposed Phase II implementation districts. Upon receipt of all data, the M&E unit communicated the final proposed implementation districts to NTPs and proceeded to derive baselines and targets for each county based on the final implementation districts selected.

The data provided by NTP were general population data and not key populations (KP),

thus the M&E unit adjusted the data to obtain baselines for the KP. The adjustment entailed using TIMS Phase I achievement in each country, as reported in the February 2018 Progress Update, to derive the proportion of KPs included in the general population data provided by NTPs.

Therefore, baselines and targets reflected in the PF are for TB cases amongst KPs only. During the quarter under review, the PF and a document detailing the methodology used to derive baselines and targets for each country were presented to the Regional Coordinating Mechanism (RCM) for their review. The PF will be finalised and submitted to the Global Fund upon sign off from the RCM.

Implementation districts for Phase II as outlined in the PF are shown in the following map and table:



COUNTRY	DISTRICTS
Botswana	Kwaneng (Molepolele), Ngamiland, Selibe Phikwe, Serowe Palapye
Lesotho	Mafeteng, Maseru, Mochale's Hoek
Malawi	Chiradzulu, Neno, Phalombe
Mozambique	Guija, Mandlakazi, Xai-Xai
Namibia	Omaruru, Swakopmund, Usakos, Walvis Bay
South Africa	Dr Kenneth Kaunda, OR Tambo, John Taolo Gaetsewe,
Swaziland	Lubombo, Manzini, Shiselweni
Tanzania	Geita, Kahama, Simanjiro (Mererani)
Zambia	Chililabombwe, Chingola, Kitwe, Shibuyunji
Zimbabwe	Bubi, Kwekwe, Mazoe, Sanyati, Shurugwi

Table 1: TIMS Implementation Districts

## DEVELOPMENT OF TERMS OF REFERENCE FOR TECHNICAL ASSISTANCE

Following initial discussions with the Global Fund Country Team in Quarter 1, the M&E Unit developed terms of reference (TORs) for key areas identified to be in need of support. TORs developed were for:

1. **Training on Data Quality Review:** consultant services to train the Principal Recipients (PR), Sub-Recipients (SRs) and Sub-Sub-Recipients (SSRs) on robust data quality assurance methodology. Resources permitting, the M&E staff from NTP will be included amongst those trained.
2. **M&E Technical Advice:** consultant services sought from a highly experienced individual to provide M&E technical support on areas such as finalisation of the grant performance framework, strengthening of M&E policies and development of training material for SRs and SSRs.
3. **Management Information System:** consultant services to have an automated data management information system developed for the PR to house data submitted by SRs and produce dashboards.

All TORs have been reviewed by the Global Fund Country-Team and will be finalised after further consultation in Quarter 3.

## TRAINING AND REFRESHER TRAINING ON USE OF HIGH-RISK GROUP STICKERS

The M&E team embarked on planning refresher training for healthcare workers on

how to use risk group stickers and produce TB reports disaggregated by KP group. The refresher training for Namibia was conducted in Swakopmund on the 25<sup>th</sup> June 2018, similar training is planned for other countries and will be concluded by the end of Quarter 3. Training on use of high-risk group stickers will be new for districts added to the grant coverage area as part of phase II.

## REVIEW OF THE TIMS PHASE I END OF PROJECT REPORT

The M&E unit participated in the review of the draft Phase 1 end of project evaluation (EPE) report prior to the presentation of findings to the PMO by the consulting firm hired to conduct the evaluation. Detailed comments were provided by the PR on areas that require more evidence and quantification. The draft report was also submitted to the RCM for comment. The report will be finalised upon receipt of input from the RCM.

Comments made by all parties will be included as appendices to the report.

## ZIMBABWE TB COUNTRY COORDINATING MECHANISM MEETING

The M&E team presented an update of TIMS activities to the Zimbabwe TB CCM. Going forward in phase II, updates to Country Coordinating Mechanisms (CCM) will be the purview of SRs. Key issues raised include the need for NTPs to be involved in the selection of SSRs so that competent organisations known to be active in the local TB landscape are assigned the work.

There was also a concern raised that no miners from Zimbabwe had received compensation claims. It was clarified at the meeting that those who had proof of service at a South African mine were eligible for compensation.

## Occupational Health and TB Unit

### MANAGING THE OCCUPATIONAL HEALTH SERVICE CENTRES (OHSC)

As part of the interim plan, between phase 1 and 2 of the grant, the TIMS Principal Recipient (PR) has continued to manage the OHSCs in Q2.

Human Resource management has been a crucial component - each OHSC has 9 staff members and over the last quarter the PR focused on contracting arrangements and conditions of service.

Logistical support has been another area of management focus and the PR has put in place

robust systems for consumable stores replenishment and petty cash control.

In addition, the PR has attended to outstanding infrastructural and equipment issues, such as the purchasing of extra filing cabinets, store room shelving, kitchen cupboards and the installation of fly screens. These efforts have made the OHSC better places to work.

With the delay in contracting of SRs, the PR will continue to operate the OHSCs beyond June 2018 until the new SRs are on-boarded.

### OHSC STATISTICS FROM TIMS I QUARTER 7 (JULY – AUGUST 2017) TO TIMS II QUARTER 2 (APRIL – JUNE 2018)

OHSC Statistics	TIMS I Q7	TIMS I Q8	TIMS II Q1	TIMS II Q2	April 2018	May 2018	June 2018
<b>Total clients seen</b> (miners, ex-miners, family and community)	2343	6473	5380	<b>5874</b>	1739	2181	1954
<b>Miners and ex-miners seen</b> (subset of total)	1896	5177	3929	<b>4269</b>	1270	1552	1447
<b>Occupational lung disease diagnosed by OHSCs</b>	783	2161	1402	<b>1482</b>	478	509	495
<b>OLD %</b>	41%	42%	36%	<b>35%</b>	38%	33%	34%
<b>Certified as compensable by the MBOD (1<sup>st</sup> or 2<sup>nd</sup> degree)- to date</b>	0	62	126	-	267	267	267
<b>TB cases diagnosed</b>	48	224	292	<b>322</b>	110	104	108
<b>TB yield</b> (TB cases diagnosed/total clients seen*100)	2.1%	3.5%	5.4%	<b>5.5%</b>	6.3%	4.8%	5.5%

Over the past quarter, 5 874 clients were seen in the OHSCs and 1 482 cases of occupational lung disease (OLD) were diagnosed. This means that a total of 5 828 clients have been diagnosed with OLD over the past year. 2 572 of the 5 828 clients with OLD have had complete files sent to the MBOD and 783 have been submitted to the MBOD Certification Panel, 44% of whom were found to be compensable. Unfortunately, the MBOD information technology systems have been not been operational since 19<sup>th</sup> April 2018, thus further submissions have been made to the Certification Panel. To date, 106 clients have been compensated for an OLD. Clearly, more effort is required to improve the MBOD system.

There continues to be a high rate of TB diagnosed at the OHSCs, with 322 new cases of TB being diagnosed this past quarter, translating into a TB yield of 5.5%. Such high TB rates are a concern, as these clients were ostensibly well (undiagnosed) and in the community before being diagnosed with TB at the TIMS OHSCs.

The highest TB yield rates are amongst artisanal and small-scale miners (ASM) in Tanzania (59 TB cases amongst 347 clients seen = 17%) and Zimbabwe (71 TB cases amongst 538 clients seen = 13%). The TB yields for the Lesotho and Swaziland OHSCs are much lower (1.7% and 3.9% respectively). TB yields at the 2



Mozambique OHSCs are quite different and so is the total number of clients seen: Mandlakazi saw 274 clients in Q2 and diagnosed 25 cases of TB (9%), whilst Marien Ngoubi saw 1 393 clients and diagnosed 57 cases of TB (4%). The lower yields at Marien Ngoubi are most likely a consequence of certain logistic issues (grid-power outages, diesel and petty cash problems) experienced at that OHSC during April and part of May. Efforts are being made to call back clients seen during that time to obtain chest X-rays and sputa for testing. Concurrently, concerted efforts are being made to mobilize and increase client numbers at Mandlakazi.

#### KIBONG'OTO TRANSPORT PROVISION CASE STUDY

##### THE OPTIMISATION OF THE OHSC.

From 18 – 22 June TIMS provided bus transport for clients from Mererani to Kibong'oto OHSC. Initially, the OHSC was seeing around 20 to 30 clients per week, which was very low considering the estimated TB prevalence in the region. Upon investigation by the OHSC staff, it was determined that the reason for the low client attendance was the cost of travelling to and from the OHSC. The staff proposed consideration of a transport service to the PR and a bus service was procured for a test period. The results of the first week are illustrated below:

	Before provision of bus transport	During the week of bus transport
OHSC Attendance	20 - 30	104 clients seen (66 new, 38 re-visits)
TB Cases Diagnosed	2	7
COAD	3	11
NIHL	6	25

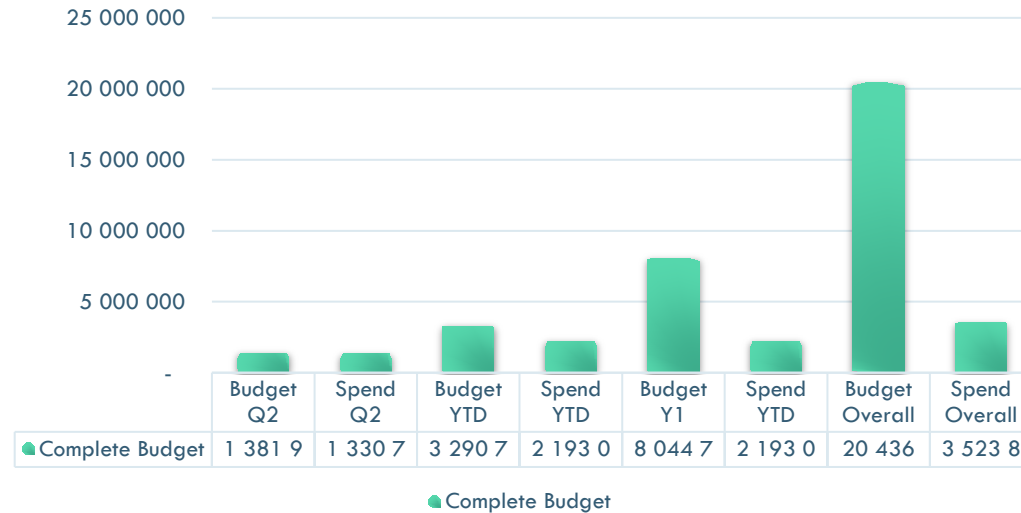
The results of the one week test are very encouraging and have prompted the PR to continue with the mobilisation effort at Kibong'oto and consider implementation at the Kadoma OHSC in Zimbabwe.

## Finance

### Q2 Budget Analysis



### Complete Budget



<b>Budget Variances</b>	The burn rate for Q2 was 96%, the health burn rate was achieved with the continued running of the Occupational Health Service Centres and expenditure is tracking well against the budget. Expenditure was very much in line with expectation for the Quarter.
<b>Additional Notes</b>	The reallocation of the budget in Q3 will have an effect on the Budget Year to Date and the Budget Year 1, we should see some budget items shifted to later periods and we will see the Q1 unused expenditure allocated to later periods smoothing over the short spending in Q1.

# TIMS

TUBERCULOSIS IN THE MINING SECTOR IN SOUTHERN AFRICA

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