# TIMS

TB IN THE MINING SECTOR IN SOUTHERN AFRICA

# Quarterly Report

**01 April 2017 • 30 June 2017**

TIMS Q6 Programme Report

WITS HEALTH CONSORTIUM

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# UPDATE FROM THE CHIEF OF PARTY

The activities of Q6 can best be described as 'rapid progress', with two-quarters to go, the finish line for this phase of TIMS implementation is firmly in our sights. We are well on our way to achieving the targets of the grant and in some instances, we anticipate surpassing these targets.

Several milestones were achieved this quarter including rapid acceleration in most interventions planned under the TIMS Grant. The overall grant burn-rate reached 70% and is planned to make up more ground over the next quarter! At this stage of implementation, we are seeing enhance coordination and TIMS implementers working in an integrated manner to maximise delivery of key interventions.

A significant highlight was the Regional Dissemination Workshop that was held in Johannesburg in May 2017. The workshop highlighted the four studies that were undertaken to inform TIMS interventions and potential broader applications in the region. The studies were presented to over 150 representatives from the 10 countries. The reviewed, revised and refined reports are now available on our website.

Q7 is already shaping up to be one of the busiest quarters of the grant so far, with most of the interventions projected to reach completion.

Sincerely

Dr Julian Naidoo
Chief of Party – TIMS

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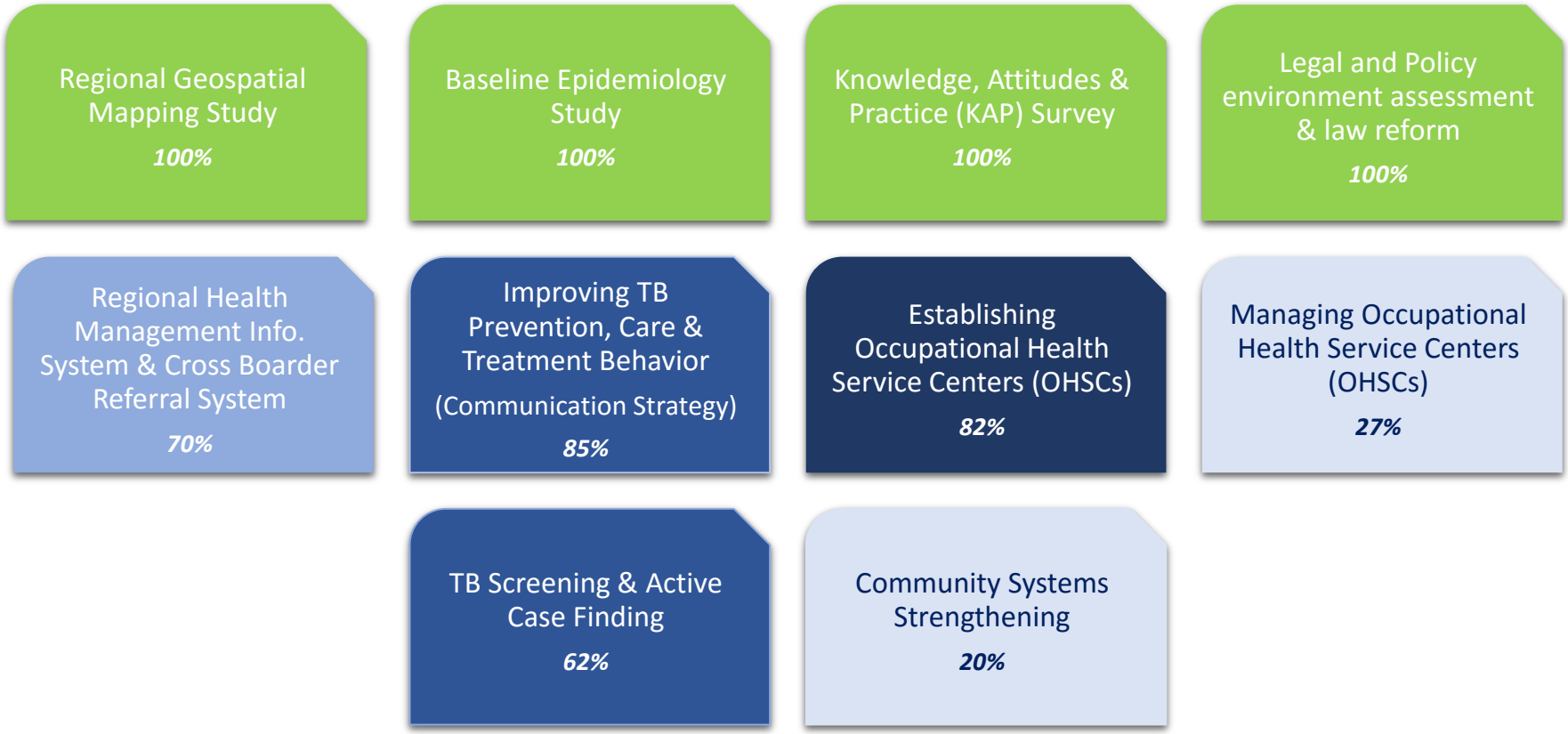
## Q6 Grant Status

*(Click on the title for more information)*

# INTERVENTIONS



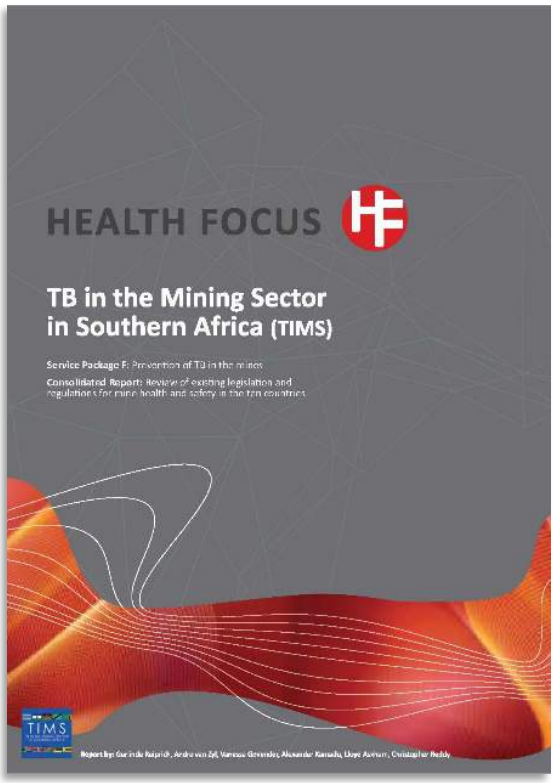
## HEALTH FOCUS

Legislative Review & Dust Control Programme

The 10 country legal and policy review report was completed in Q6. The report was presented at the regional dissemination workshop in May 2017. The final report incorporating feedback from the workshop can be found on the TIMS website.

The Health Focus team has been actively involved in developing the dust toolkit and conducting training workshops thereof, in 8 of the 10 countries to date. The training workshops were well received by participants, indicating the need for capacity building and training in most countries. The dust toolkit is a comprehensive document and also available on the TIMS website. Expanding training to mine inspectorates within this phase of the grant is being considered by the PR.

Dust Toolkit training is scheduled to be completed in Q7.





## LEGISLATIVE REVIEW & DUST CONTROL PROGRAMME

Objective: To prevent TB in the mining sector by reducing occupational risk for all mineworkers across the 10 countries participating in the TIMS programme.

## African Comprehensive HIV/AIDs Partnerships (ACHAP)

Community Systems Strengthening

This intervention had a very late start as a suitable SR was not identified in the first round of applications. ACHAP was contracted towards the end November 2016.

ACHAP is working fast to make up the lost time. They have identified and selected all 20 CSOs in all the 10 countries during Q6. The selected CSOs participated in a capacitation training workshop held in Johannesburg in June 2017. All front end work on CSO training, strategy and capacitation is complete.
Disbursements to CSOs is expected in July 2017 (Q7).

A draft Community Systems Strengthening strategy has been developed and reviewed by PR. ACHAP has also developed a draft toolkit framework.

Training of CSO on the toolkit is planned for the beginning of Q7.

With all this work now concluded, CSOs are in a position to accelerate advocacy work among the grant key populations. The PR is working with ACHAP and CSOs to fast track CSS activities over the remainder of the grant period.

ACHAP
Partnerships for a healthy Africa

# COMMUNITY SYSTEMS STRENGTHENING

To improve access to TB, Silicosis and HIV services by key populations.

## EOH-XDS

RHMIS & CBRS

Following the RCM approval of the Regional Health Management Information System in March 2017, phase 2 commenced with significantly accelerated timelines.

The CBRS and RHMIS development is nearing completion and will be ready for release in Q7. The next major engagement activity for EOH-XDS is to acquire data sharing approval from the 10 countries.

Country engagements to demonstrate the system using live data are scheduled to begin in August 2017, with the plan to pilot between September and December 2017. EOH-XDS are currently finalizing sentinel sites and hardware procurement

Development of an IT link to the compensation fund is another activity that EOH-XDS has been engaged in. This is an electronic version of the current MBOD paper based system and was developed in collaboration with the MBOD. The link has been successfully tested at the Carletonville One-Stop centre, the Mafeteng OHSC and at the MBOD in Braamfontein. Following this success, the IT link will be deployed to OHSCs as they become operational. The capacity of the MBOD to absorb the increased number of submissions for compensation needs to be resolved.



# Regional Health Management Information System & Cross Border Referral System

*Strengthening Referral Systems for continuity of TB care and treatment in the Mining Sector in Southern Africa*

XDS EOH is assessing the feasibility of establishing a regional database of mineworkers and ex-mineworkers and a centralized health information management system that will support cross-border referrals and enable access to interventions and support such as compensation through the following activities. XDS will review existing health information management systems that pertain to miners in the 10 countries of interest with regard to utility, compatibility, and accessibility.

## MEROPA *in collaboration with Genesis*

Communications Strategy

Meropa began work on the communication strategy at the beginning of 2017. Using information from the KAP study undertaken by Select Research, Meropa has developed a draft communication strategy that has been reviewed by the PR. The strategy is now being finalised with input from ACHAP who will be key in rolling out this strategy through the CSOs.

Meropa will deliver the communication strategy in Q7.


# COMMMUNICATIONS STRATEGY

*Improving TB Prevention, Care & Treatment Behaviour*

Development of relevant and responsive communication strategy targeting key populations in the mining sector in Southern Africa. They will also be developing and testing materials, conducting communication capacity building and supporting the integration of the communication strategy into national TB programmes.

## NORTH STAR ALLIANCE CONSORTIUM *in collaboration with* Enhancing Care Foundation

Establishment of OHSC

All 11 OHSCs are built and 8 are installed in-country. Below is a progress update:

| | |
|---|---|
| SWAZILAND | 1. **Hlathikhulu** operating<br>2. **RFM** operating |
| LESOTHO | 1. **Mafeteng** operating<br>2. **Senkatana** opens 10 July 2017 |
| BOTSWANA | **Molepolole** opens 7 August 2017 |
| ZIMBABWE | **Kadoma** installed but waiting for staffing |
| MOZAMBIQUE | **Manjakazi** and **Xai Xai**<br>OHSCs are in country and installation commenced. Operations expected to commence on 7 August 2017 |
| TANZANIA | **Kibong'oto** OHSC en route to established site |
| NAMIBIA | **Swakopmund** site selected 2 June 2017 |
| ZAMBIA | **Kitwe** site selected 27 June 2017 |

The establishment of each OHSC has presented unique challenges; from the signing of MoUs to tax/customs clearance and staffing. The ripple effect of the late establishment of OHSCs is that some will only be operating for 4-6 months (before handover) instead of the planned 12 months.

*Key Challenges*

1. The MOU with Zambia is now finalized but delays in signing, due to political challenges in the country, added several months to project timeline.
2. An MOU amendment was necessary for Zimbabwe to ensure clarity as to the operating entity during the period of the grant.

All OHSCs are set to be operational in Q7.

# ESTABLISHMENT OF OCCUPATIONAL HEALTH SERVICE CENTRE - OHSC

*Improving TB Prevention, Care & Treatment Behaviour*

Scale up responsive occupational health services for the mining sector in 8 of the 10 countries participating in the TIMS programme.

## OGRA FOUNDATION

### Operationalization of OHSC

The OGRA Foundation is now operating 3 of the OHSCs in Swaziland, Lesotho and Botswana. Operations in Mozambique, Tanzania and Zimbabwe are expected to commence within the next month.

The Swaziland and Lesotho OHSCs have already seen just over 1 500 patients and have generated in the region of 800 compensation claims. The pickup rate of occupational lung disease has been very high.

Coping with the volume of patients to date has proven to be a challenge. It has become necessary for the PR to motivate for increased staffing levels to ensure that the services, particularly compensation services, are provided consistently. Electronic submission of compensation claims is still constrained by the capacity of the MBOD to process these rapidly.

Several decisions have been made to ensure that the OHSCs function optimally:

a. The LOE of the doctors in Swaziland, Lesotho and Mozambique has been increased.
b. Closer collaboration with the MBOD on claim submission and tracking has been fostered.
c. A technical committee is being established to ensure that the quality of services provided remains at a high level.

OGRA Foundation

Giving Hope, Saving Lives

## OPERATIONALIZATION OF OHSCs

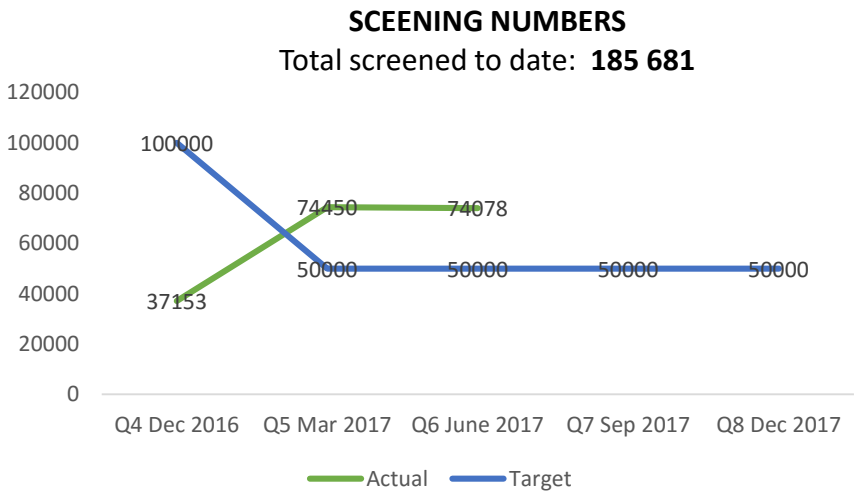
*Managing the Occupational Health Service Centres (OHSCs)*

Oversee and manage occupational health services in 11 Occupational Health Service Centres (OHSCs) in 8 Southern African countries – Botswana, Lesotho, Namibia, Mozambique, Swaziland, Tanzania, Zambia and Zimbabwe.

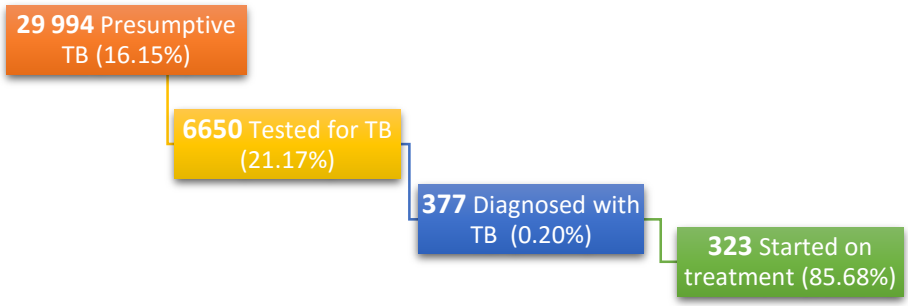
To provide a range of services at a single point to improve continuity of care and to access compensation for occupationally lung diseases including TB.

## ADPP & IRD

TB Screening and Active Case Finding




BREAKDOWN OF SCREENING NUMBERS:




Screening is now taking place in all 10 countries. As of March 31st, 74, 450 people had been screened bringing the total persons screened Q4 and Q5 to 111, 603. At the close of Q6 (June 2017) an additional 74 078 persons had been screened. The overall total number of key populations screened to date is **185 681**.

Both ADPP and IRD have developed scale up plans to ramp up screening in all countries in a bid to attain the overall project target of 300, 000 before the end of Q8

The low yield (TB cases) reported is a concern and has been the subject of discussion with PR technical experts. Various obstacles have been identified that contribute to this low yield. These include:

a. Refusal of consent to take sputum
b. Inability to produce sputum
c. Logistical issues in getting sputum to diagnostic facilities (transport, time delays, etc.)
d. Decreased capacity of diagnostic facilities to process sputum samples
e. Inconsistent follow up with presumptive positives

Plans have now been implemented by both IRD and ADPP to address each of these areas systematically

# TB SCREENING & ACTIVE CASE FINDING

*TB case detection*

Increase TB case finding and linkage to care among the key populations in the mining sector in Southern Africa. Key tasks under this service package has been divided between the two SRs, however there are obvious points of collaboration and interdependencies.

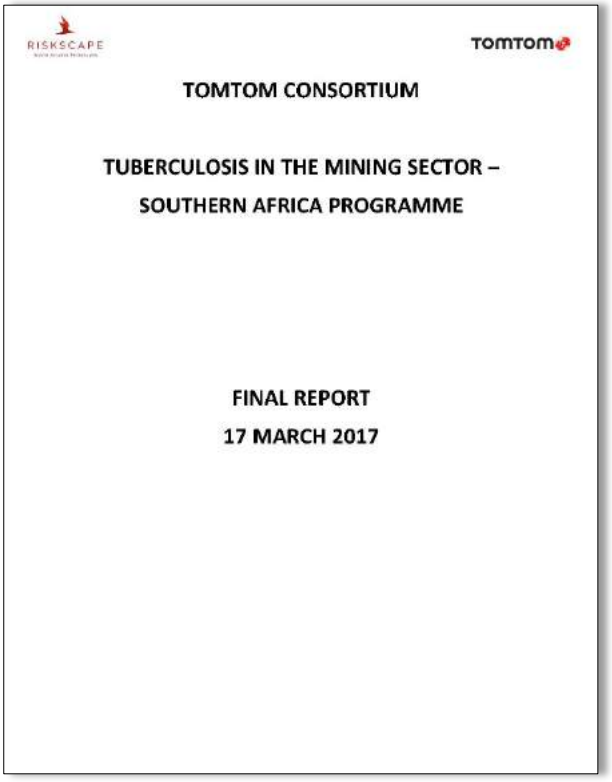
## TOMTOM CONSORTIUM

Regional Mapping Study

The mapping software is now fully developed and was showcased at the regional dissemination workshop. The final mapping report was completed and circulated before the workshop.

Additional work to incorporate key population data from other sources is nearly completed and will be finalised in Q7.

TomTom will roll out the user-manual and training video via the TIMS website. This is scheduled to be available in Q7.


RISKSCAPE

TOMTOM

TOMTOM CONSORTIUM

TUBERCULOSIS IN THE MINING SECTOR –
SOUTHERN AFRICA PROGRAMME

FINAL REPORT
17 MARCH 2017

TOMTOM

# REGIONAL MAPPING STUDY OF KEY POPULATIONS & HEALTH SERVICES FOR THE MINING SECTOR IN SOUTHERN AFRICA

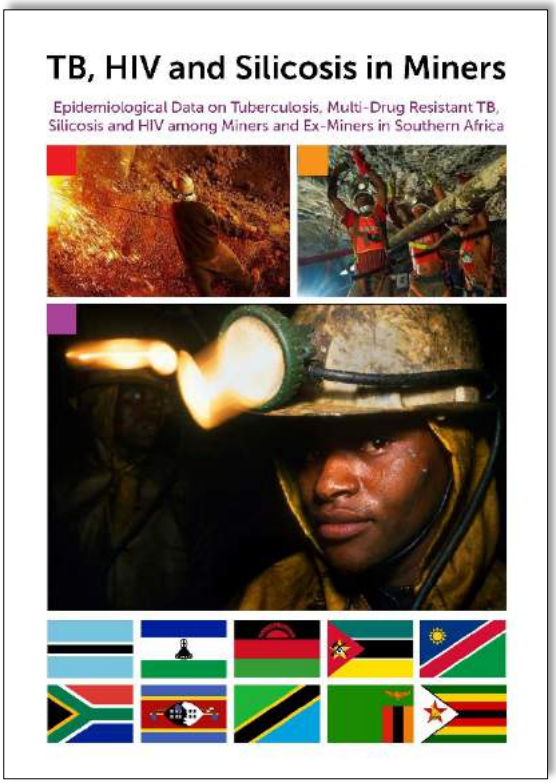
*TB case detection*

Conduct a regional mapping study. The mapping study is being conducted in a two-phase approach, phase-one is the desktop mapping of mines, population settlement areas and health facilities, data preparation and interpretation exercise. In phase-two communities and hotspots identified during Phase I of the project, will be visited by field teams to verify the data.

## PHRU

Baseline Epidemiology Study

The EPI study is now complete and was presented and discussed at the regional dissemination workshop in May 2017. The final report incorporating feedback from the workshop. The report is available on the TIMS website.




PHRU

IMPROVING LIFE THROUGH RESEARCH

# BASELINE EPIDEMIOLOGY STUDY

*On Tuberculosis, Mdr-Tb, Silicosis and HIV amongst Miners & Ex-Miners in Southern Africa*

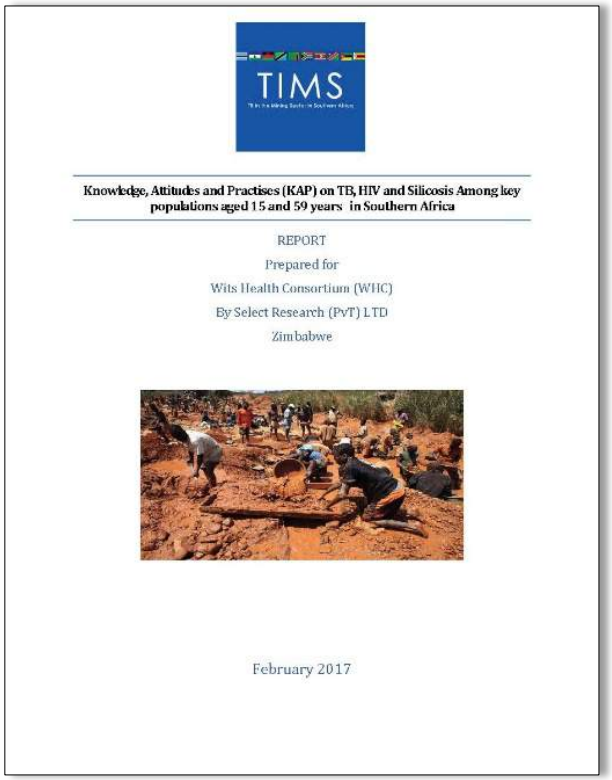
The baseline epidemiological assessment will be to collect and assimilate, and analyse available secondary data describing the current TB, MDR TB, HIV and silicosis epidemics in miners both regionally and in the listed ten (Mozambique, Lesotho, Swaziland, South Africa, Botswana, Zambia, Zimbabwe, Namibia, Malawi and Tanzania) Southern African countries.

## SELECT RESEARCH

Knowledge, Attitudes and Practice (KAP) Survey

The KAP study is now complete and was presented and discussed at the regional dissemination workshop. The final report incorporating feedback received from workshop participants can be found on the TIMS website

The report was used by Meropa Communication in developing the communication strategy.


TIMS

Knowledge, Attitudes and Practises (KAP) on TB, HIV and Silicosis Among key populations aged 15 and 59 years in Southern Africa

REPORT

Prepared for

Wits Health Consortium (WHC)

By Select Research (PvT) LTD

Zimbabwe

February 2017

# KNOWLEDGE, ATTITUDES & PRACTICE (KAP) SURVEY

*To inform an information, education and communication (IEC) strategy for the mining sector in southern Africa*

To provide a detailed understanding of the Knowledge, Attitudes and Practices (KAP) in terms of TB prevention, care and treatment adherence support among key populations in the mining sector in the 10 participating countries Botswana, Lesotho, Namibia, Malawi, Mozambique, Tanzania, South Africa, Swaziland, Zambia, and Zimbabwe.

# Programme Management Office

## i. General

### Regional Dissemination Workshop

In May the PR gathered over 150 participants from the 10 countries in order to review and discuss the 4 studies of the TIMS grant.

1. **Epidemiological Baseline study** on TB, MDR-TB, Silicosis and HIV amongst mine workers and Ex-Mine workers in Southern Africa
2. **Regional Mapping Study of Key Populations** (mine workers and mining communities), health services and mines in Southern Africa (Geospatial Mapping of mine workers, ex- mine workers and health services)
3. **Knowledge Attitudes and Practice** (KAP) Survey related to TB, HIV and Silicosis
4. **Legislative Review** of the existing industry standards, legislation and regulations for mine health and safety.

The 2-day workshop saw relevant stakeholders interrogate the 4 studies and give constructive feedback which has now been incorporated into the final study reports and available on the TIMS website.

## ii. Technical Progress

### a) Occupational Health and TB Unit

The OH and TB section of TIMS has been involved in the following areas during the past 6:

**Occupational Health Service Centres (OHSC)**

8 Occupational Health Service Centres have now been established (2 in Lesotho, 2 in Swaziland, 1 in Botswana, 2 in Mozambique and 1 in Zimbabwe). The Zimbabwe OHSC is not yet open because of staffing issues which will be addressed through amendments to the MOU.

**OHSC site selection**

A further 3 OHSC sites have been selected during the past quarter; Tanzania (Kibong'oto), Namibia (Swakopmund) and Zambia (Kitwe). It is expected that the Tanzania and Namibia OHSCs will be open in August. The MOU was still outstanding for Zambia at the end of the quarter.

**OHSC Operations**

Each OHSC is now seeing between 200 and 250 clients per month. Most clients are ex-miners and more than half have an occupational lung disease (either silicosis, silico-tuberculosis or tuberculosis). Those with TB have been referred for treatment and those with silicosis referred into national INH prophylaxis programmes (where these exist). All those with Occupational Lung Disease (OLD) are being submitted for certification and compensation consideration in terms of the South African Occupational Disease in Mines and Works Act (ODMWA).

**Occupational Lung Disease Compensation**

ODMWA submissions are complex and require proof of mine service, the collection of finger prints and the opening of bank accounts all of which prove difficult for elderly ex-miners. In order to address this problem, TIMS OH and TB have held a number of meetings with the ODMWA compensation commissioner and staff. A split process has been agreed upon which comprises: Firstly, submission of all clinical records to the ODMWA certification committee and secondly, actual compensation submission. The second step is only undertaken if the certification committee determines that compensation is due. A poster has been created which will help clients at the OHSC identify

documents that could be used to obtain a record of service information and or provide proof of previous mine service.

### IT Compensation Link

During this past quarter, XDS successfully piloted the new IT compensation link at the MBOD, Mafeteng OHSC and Carletonville One Stop Centre. Unfortunately, the IT link cannot be utilized until the MBOD is able to accept electronic records (including chest x-rays).

### OHSC Reviews

TIMS OH and TB unit have reviewed operations at 3 of the OHSCs during the past quarter (Mafeteng, Hlathikhulu and RFM Manzini). These reviews flagged a number of issues including the need to improve on occupational medical competencies. A process has been embarked on to increase occupational specialist physician oversight of the OHSCs, increase the Level of Effort (LOE) of the OHSC doctors and add an additional clerk per OHSC to deal with compensation issues. In addition, a competent IT support person will be sourced for 8 weeks to help improve the IT function within the OHSCs (such as that concerning the IT Compensation Link).

### Cloud-based storage project - tender

This project involves cloud storage of health information, particularly that concerning chest x-rays (CXR) occupational medical surveillance and benefit medical examination records. A primary intention is to enable the storage and retrieval of CXR using a cloud-based Picture Archiving and Communication System (PACS). TIMS OH and TB and Wits Health Consortium developed specifications and advertised this tender. Tenders closed on the 7th July 2017.

### TB Screening

As of the end of June 2017, 185 681 clients had been screened, of whom 24 900 (15.4%) were considered presumptive by the screening tool. Unfortunately, only 3 192 (12.8% of those considered presumptive) had sputum taken for testing which is the main reason for the low screening yield to date - only 342 TB cases amongst the 161 550 screened (0.21%). Meetings have been held with IRD and ADDP to determine why so few of those considered presumptive are being properly investigated and followed up. Plans have now been implemented to improve yields.

A particular success has been TB screening of ex-miners at the OHSC: During the first 6 months of 2017, 898 ex-miners were seen at the Mafeteng OHSC. 342 Xpert MTB/RIF tests were done of which 18 (5.2%) were positive. 20 ex-miners were started on tuberculosis treatment (2 were clinical diagnoses). This translates into a yield of 2.23%, which is about 20 times higher than the yield obtained in the Lesotho community screening programme during the same period, where 13 942 community members were screened and 13 cases of tuberculosis detected (yield 0.11%).

### Community Systems Strengthening (CSS)

The final CSS Strategic Framework and Toolkit in advocacy for CSS was reviewed and comments communicated to ACHAP

### Operationalisation of OHSCs

During the past 2 months, significant challenges have arisen with regards to the ongoing management of the OHSCs. These issues could impact on the quality of service delivery, staff morale and program outputs. The PR is in the process of addressing the various gaps identified with OGRA management.

### Communication Strategy

OH and TB attended a Meropa workshop on communications Strategy and provided feedback.

### TIMS Operations

Reporting into the PR by TIMS Country Coordinators was reviewed and a new process created to enhance reporting and align verification activities with TIMS site visits. Additional tools were created to support structured feedback following routine and non-routine in-country activities.

## b) Monitoring and Evaluation Unit

### M&E Support to countries to ensure country M&E systems can collect and report on TB data by High-Risk Group (HRGs)

One of the key deliverables of the M&E Team is to engage NTPs when developing data systems for TB in the Mining Sector so that the system developed enables data transfer to national systems. This is an ongoing activity which was kicked off with an M&E Consultative Meeting with NTP Managers on October 19, 2016.

The M&E Team continued to engage NTPs duringQ6 mainly focusing on conducting training on the proposed modifications to the TB Registers and Reporting tools as a workaround measure while countries use up their current inventory. The majority of the countries had just revised data collection tools which are being rolled out to the rest of the countries. Thus printing new registers was not a viable option. Training participants included health care workers at facility and district level, NTP M&E staff, and program staff from implementing partners. These trainings are being facilitated by the M&E Team in collaboration with the NTPs. To-date, training has been completed for Botswana, Malawi, and Namibia with the rest of the countries scheduled for Q7.

Data Quality Assessment (DQA) is an integral component of the TIMS M&E Framework designed to ensure that data monitoring and management systems are in place to collect good quality data to assure reporting to the Global Fund. Included in the DQA process is data validation to assess accuracy and completeness of program data collected, collated and reported by implementing partners. During Q6, RDQA exercises for Q4 and 5 were completed for all the countries. The primary tool used for DQA is the TIMS Routine Data Quality Assessment (RDQA) Tool that was developed by the USAID funded global Measure Evaluation Project in January 2010. The tool has been adapted to fit the TIMS Grant context. RDQA Reports are being finalized and will be shared with relevant stakeholders.

### TIMS Dashboard Data Review Meeting

The TIMS Grant has adopted the TIMS Dashboard as the primary reporting tool to support the RCM to perform their oversight role of the implementation of the grant. The TIMS Dashboard also helps the TIMS PMO identify and rapidly solve actual and potential challenges related to the TIMS Grant and Sub Recipients (SRs) to provide easily understood data to grant performance.

During this quarter, the M&E Team convened a data Review Meeting with all SRs on May 9, 2017. The purpose of the meeting was to review and verify data captured into TIMS Dashboard using Data Master and share lessons learnt from generating first TIMS Dashboard. This platform also provides an opportunity to the PR and the SRs to discuss challenges to the program and coming up with concrete solutions to address those challenges. During this TIMS Dashboard Review Meeting, the majority of the review focused on trying to understand the linkages observed with the overall Screening Cascade across all the 10 countries and how the TB yield can be significantly improved.

### TIMS M&E Workshop

The TIMS Grant is implementing 10 interventions across 10 Southern African countries with 11 different implementers. In an effort to track all the interventions and services under the TIMS Grant, the TIMS M&E Unit has developed a comprehensive Monitoring and Evaluation Plan (M&E Plan) to track and assess the results of the interventions throughout the life of the program. The M&E Plan also serves as the guiding document on how data will be collected, managed, quality assured and reported to the Global Fund. The M&E Plan correlates to national TB programs' M&E Plans from the 10 TIMS supported countries and has been adapted to suit the requirements of the grant given the regional nature of the interventions.

The M&E Unit conducted a 2-day training session on May 6-7 2017 on the sidelines of the Regional Dissemination Workshop with Country Coordinators and NTP M&E officers to orient them to the scope of data collected for TIMS, the tools used for data, collation and reporting as well as data quality assurance measures that will be employed by the project. The objective of the M&E Workshop was to review processes for ensuring data quality at all service delivery points including district and national levels and to orient Country Coordinators and NTP M&E officers to M&E activities required for the TIMS Grant and their role towards meeting these requirements.

**Establish TB Technical Working Groups in each country to provide technical oversight and review progress in implementing the response**

Rapid assessment of TB structures in all 10 countries was completed. A schedule for the duration of the grant has been established detailing date of next TWG, amount of support from PR if any and the composition of the respective TWGs in all the countries. The PR will leverage and support existing TB TWGs rather than established new ones altogether. The PR will provide support to CCM TB Sub-Committees and ensure continued participation so that TIMS implementation and progress can be appropriately incorporated in the CCM agendas at country level.

## iii. Country Engagements

### Technical Working Group Meetings

Technical Working Groups (TWGs) have been identified in all 10 countries

The PR has presented at TWG meetings in Mozambique, Botswana, South Africa, Tanzania, Malawi, Lesotho, Zimbabwe, Zambia and Swaziland. There is a TWG meeting scheduled for Namibia in July 2017.

A schedule has been established to attend meetings on a quarterly basis over the duration of the grant. The PR opted not to establish separate structures to foster technical coordination for the TIMS grant. Rather, it has decided to participate in existing fora in the region.

These meetings have proven to be valuable in advising the PR on programmatic issues.

The PR will attend TWG meetings in each country on a quarterly basis.

Where established, CCM TB committees will be the key stakeholder. If not established, then the CCM is invited to attend the TWG.

## iv. Memorandum of Understanding (MoU) Status

As at the 30th of June 2017, all MOU's have been signed with the exception of Zambia that is at advanced stages of signing.

# FINANCE

HIGH-LEVEL OVERVIEW OF THE TIMS GRANT

| Reporting period | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 |
|---|---|---|---|---|---|---|
| Budget | 1 167 380 | 1 311 138 | 3 521 929 | 3 799 368 | 4 691 709 | 7 356 026 |
| Disbursements by GF | 1 167 380 | 1 402 617 | 3 304 363 | 4 683 047 | 2 256 488 | 5 125 186 |
| Cumulative budget | 1 167 380 | 2 498 518 | 6 000 447 | 9 799 815 | 14 491 524 | 21 847 551 |
| Cumulative disbursements | 1 167 380 | 2 569 997 | 5 874 360 | 10 557 407 | 12 813 895 | 17 939 081 |

OVERVIEW OF QUARTER 6 AND TOTAL OF THE TIMS GRANT

**OVERALL BURN RATE FOR THE QUARTER IS 70%**

| Entity | Budget - Q6 | Disbursement Q6 | Expenditure Q6 | Burn-Rate Q6 | Budget Total | Disbursement Total | Expenditure Total | Burn-Rate Total | Notes |
|---|---|---|---|---|---|---|---|---|---|
| **NORTHSTAR ALLIANCE** | 378 460 | 378 703 | 427 323 | 113% | 1 418 948 | 1 495 766 | 1 399 106 | 94% | 1 |
| **OGRA** | 761 757 | 0 | 244 272 | 100% | 3 485 000 | 1 063 378 | 820 141 | 77% | 2 |
| **ADPP** | 845 471 | 557 462 | 559 441 | 100% | 3 733 416 | 2 007 659 | 1 729 605 | 86% | 3 |
| **IRD** | 322 619 | 168 138 | 267 095 | 159% | 2 337 336 | 1 139 019 | 1 042 755 | 92% | 4 |
| **ACHAP** | 816 173 | 847 013 | 328 718 | 39% | 2 309 999 | 1 192 651 | 522 328 | 44% | 5 |
| **HEALTH FOCUS** | 87 932 | 162 675 | 136 850 | 84% | 570 472 | 458 181 | 441 380 | 96% | 6 |
| | | | | | | | | | |
| **Wits Health (PR)** | 1 518 986 | 1 031 765 | 1 031 765 | 100% | 9 275 942 | 3 243 527 | 3 243 527 | 100% | 7 |
| | | | | | | | | | |
| **Sub - Partners** | 2 582 277 | 1 807 317 | 1 807 317 | 100% | 6 867 985 | 5 789 965 | 5 789 965 | 100% | 8 |

Key Assumptions:

- All amounts are in US Dollars.
- For consistency in reporting a conversion rate of 13.1 to the US Dollar has been used to convert all amounts to US Dollars (the rate is the agreed to rate in the TIMS contract with Global Fund).
- Burn rates are calculated by dividing Expenditure by Disbursement
- All sub-partners have been grouped due to the sensitivity of their pricing.

Notes:

1. Due to the finalisation of the majority of the OHSC's, and the preparation to deliver the containers to the sites. The disbursement and burn rates are tracking very closely. The RCM has allocated more funds to the NorthStar Alliance section of work. As at the end of Q6, all OHSC containers were ready for shipping awaiting completion of site works and/or tax clearance certificates. Spend being higher than disbursements is due to NorthStar slowly winding down and using funds disbursed in earlier periods.

2. OGRA were disbursed the full Q5 budget at the beginning of the Q5; this was done with the expectation that there would be more OHSC's online in Q5. However, the necessary OHSC's were not operational by the end of Q6. This has resulted in a lower than expected burn rate. However, with all the OHSC's online shortly, the disbursements will track actual expenditure.

3. ADPP is responsible for the screen in in eight of the ten countries, in Q6 we saw the spend come closer to the budgeted expenditure, the ADPP are still behind on budget versus spend, but the disbursements versus spending is on track. ADPP runs a tight ship financially.

4. IRD is responsible for the screening in the remaining two countries. A large disbursement was made to IRD in Q4. IRD only burnt through the funds in Q6, that is why spend exceeds the disbursements. Overall spend is catching up to budgeted expenditure. There were challenges with transferring Funds to Zimbabwe for screening activities, and this was resolved on Q6.

5. ACHAP has a very low burn rate due to a delay in disbursing funds at the end of Q6 to the CSO. The funds were budgeted to be disbursed in Q6 however, have been delayed to beginning Q7. The ACHAP burn rate will significantly increase in Q7 when full all payments to the CSO's are processed. The delay was a matter that was beyond the control of ACHAP.

6. Health Focus has maintained a very healthy burn rate and has spent well against their budgeted expenditure.

7. The policy of WHC regarding the disbursements is that the funding is kept centrally and used when needed, no additional disbursements are made to the Project Management Office. As you can see from the budget, the Q6 spend was not as near as the Q6 budgeted as wanted. The variance between budget and actual is due to a delay in the procurement of capital equipment. The equipment was budgeted in Q6 but should have been budgeted in Q7. This accounts for about $350 000 of the variance. Some of the variances between actual and budget are also the PR's commitment to be good stewards of the Global Fund money and ensure that the PR is as efficient as possible.

8. The Sub-Partner budget has been consolidated into one line item. This is done to protect pricing information from the Sub-Partners. During Q6 there was a larger variance between actual expenditure and budgeted expenditure. The variance is due to timing and contractual issues. The HMIS budget payments terms were not 100% aligned with the budget, and as a result, there is a variance between the budget and actual expenditure. However, regarding delivery, the Sub-Partners are on schedule and delivering as per the required timeframes.

# TIMS

Tuberculosis in the Mining Sector in Southern Africa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