TIMS

TB IN THE MINING SECTOR IN SOUTHERN AFRICA

Quarterly Report

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TIMS Q5 Programme Report

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UPDATE FROM THE CHIEF OF PARTY

A grant of this magnitude was never going to be straightforward and easy, but trailblazing never is. With the support of the Regional Coordinating Mechanism (RCM), Country Coordinating Mechanisms (CCM), Global Fund Country Team (CT) and all country stakeholders, Quarter 5 has been the most productive and busiest grant implementation period. We look forward to building on the achievements of this quarter and significantly scaling up delivery over the next quarters'.

Some of the key highlights of Quarter 5 include:

- The four studies commissioned by the grant are now in the finalisation process (final drafts) and will be disseminated and validated at a workshop early in the next quarter.

- M&E unit has begun in-country visits to help with strengthening the local M&E systems that are already in place.

- All MOUs except Zambia have been signed. The OH&TB unit have been working at full speed to expedite the site selection process for the remaining OHSC's. . Following the Zambian elections late last year there has been considerable change in government leadership, which contributed to a delay in implementation in the country. With the assistance of the RCM and other stakeholders we hope to urgently overcome these delays..

- All OHSCs (11) have been constructed and 3 are fully operational and are already reporting significant findings, which is shaping the services offered.

  TB screening numbers are now being reported for all 10 countries.
- The design for the Regional Health Management Information System (often referred to as the Regional Database) has been approved by the RCM. The development and testing of the key components of the system, namely the cross border referral system; IT link to compensation and regional database is being fast tracked over the next 3 quarters.

As we move into accelerated delivery in the next quarter, we thank all our stakeholders who have assisted and guided our approach over the last quarters and we look forward to strengthening these collaborations to successfully deliver on the outputs of this important grant.

Sincerely

Dr Julian Naidoo
Chief of Party – TIMS

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Q5 Grant Status

(Click on the tile for more information)

INTERVENTIONS

Regional Geospatial Mapping Study

100%

Baseline Epidemiology Study

100%

Knowledge, Attitudes & Practice (KAP) Survey

95%

Legal and Policy environment assessment & law reform

90%

Regional Health Management Info. System & Cross Boarder Referral System

50%

Improving TB Prevention, Care & Treatment Behavior

(Communication Strategy)

35%

Establishing Occupational Health Service Centers (OHSCs)

45%

Managing Occupational Health Service Centers (OHSCs)

20%

TB Screening & Active Case Finding

30%

Community Systems Strengthening

20%

HEALTH FOCUS

Legislative Review & Dust Control Programme

The 2 key deliverables for the Health Focus intervention are:

a. 10 country report on policy, regulations and industry standards regarding the legislative framework for protecting the health of mineworkers, with particular reference to occupational lung diseases.
b. A dust control toolkit that will form the basis of in-country training of key players in the mining sector with the intent of decreasing dust exposures.

In Q5, Health Focus completed a 10 country engagement with mining stakeholders and delivered the first draft of the legislative review. The draft is still under review and will be the subject of a regional dissemination seminar to be held in Q6.

The dust control toolkit has been finalised and is ready for endorsement. More importantly, the training programme to implement the toolkit is in an advanced stage of planning. Training will commence in May 2017.

CHALLENGES

1. Balancing high-quality country engagements and submission deadlines proved to be more complex than expected.
2. Tailoring the dust control toolkit to ensure relevance for the diverse range of stakeholders required effort and creativity.
3. Ensuring that the toolkit is used effectively post training.

PLANS

a. The legislative review will be presented at the regional dissemination workshop in Q6 to an audience of representatives from all 10 countries.
b. Toolkit training commences in May 2017.

LEGISLATIVE REVIEW & DUST CONTROL PROGRAMME

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

ACHAP

Community Systems Strengthening

The Sub-Recipient driving the implementation of the Community Systems Strengthening intervention is ACHAP. They were contracted very late in Q4 and are now working hard to compress their implementation timelines so that maximum benefit of advocacy programmes reach key populations in Q5 – 8. To date, ACHAP successfully underwent a Capacity Assessment by the PR. They have identified 20 CSOs that will implement social mobilisation in the 10 countries. Key set up activities including development of the CSS strategy and toolkit are due for completion and implementation in Q6. It is expected the CSO capacitation will be concluded in Q6 with advocacy work commencing in the same quarter.

CHALLENGES

Appointment of project staff is taking longer than expected. This is a major bottleneck in the implementation of the CSS programme. ACHAP is cognizant of this and is placing effort in this area.

PLAN

In Q6, the main activities include:

a. Finalise the CSS strategy and toolkit
b. Complete CSO training
c. Commence implementation of community-based programmes.

ACHAP

Partnerships for a healthy Africa

COMMUNITY SYSTEMS STRENGTHENING

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

EOH-XDS

Regional Health Management Information System & Cross Boarder Referral System

As the design of the RHMIS and CBRS were completed in Q4, the focus of Q5 was to seek the necessary approvals from the RCM technical panel. The panel met in Q5 and after a process of extensive consultation, the designs were approved for full development. This has effectively unlocked Phase 2 of the programme which is full development, testing and piloting.

Also in Q5, the IT link with the South African Compensation Fund was developed and tested with input from the Medical Bureau for Occupational Diseases (MBOD). This is now completed and the system is scheduled for piloting and full implementation in Q6.

CHALLENGES

- Data sharing agreements with the 10 countries are essential in order to test and pilot the RHMIS. The SR is working closely with the PR to secure these in good time.
- Phase 2 work is now compressed into 9 months from an original 15-month programme. This will require extra effort and resources to deliver on time.
- Arrangements for the use of the SADC server to host data is critical to ensure a smooth transition from development to testing.

PLAN

Key activities for Q6 include:

a. Acquisition of hardware for the pilot sites and control centre.
b. Assessment of SADC server capacity in Botswana
c. Data sharing agreements finalisation before testing commences.
d. Finalisation of CBRS system, with end user training

RHMIS

&

CBRS

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 Communications have begun the groundwork for a communications strategy in earnest. In Q5, the following activities were completed:

- Literature review conducted and documented
- Key informant interviews, including TIMS PMO and Country Coordinators, concluded
- Initial review of KAP study findings commenced

The above activities provide key data that will form the basis of the communication strategy

CHALLENGES

Delay in the finalisation of the KAP study significantly impacted delivery timelines of the communication strategy.

PLAN

A consultative workshop is planned for early Q6 to present the outcomes of Q5 activities and to seek further inputs from the TIMS PMO and relevant SRs. Following the inputs from the workshop, Meropa will proceed in the development of the strategy and tools required to implement.

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 *in collaboration with Enhancing Care Foundation*

Establishment of OHSC

North Star Alliance have now implemented rapid deployment of OHSCs following the signing of the MoUs with program host countries. The following were accomplished in Q5

- 3 OHSCs were established, 1 in Lesotho and 2 in Swaziland.
- Site assessment visits were conducted in Botswana, Mozambique and Zimbabwe.
- Site preparation work commenced in Botswana and Mozambique.
- Outstanding MoUs with Namibia and Tanzania were signed paving the way for OHSCs establishment.
- The container conversion process has been adapted, based on lessons learnt from establishment of the first OHSC's.

CHALLENGES

- There was an abrupt work stoppage at Queen Elizabeth II due to a Government directive, which delayed establishment of the second OHSC in Lesotho.
- The complex customs clearances process for OHSC containers and equipment has delayed the deployment of OSHCs to their respective countries. To mitigate this, Country Coordinators have ensured that all documentation necessary is gathered and delivered to the relevant authorities beforehand.
- There have been cost overruns due to unexpected site preparation activities. In addition, on-site requests from local government institutions and essential adaptations to the OHSC to fit the location have had cost implications that were not anticipated.
- No progress has been made in Zambia due to outstanding MOU.

PLAN

The PR is substantially involved in the efforts to fast track the implementation of activities under this intervention. Timelines have been revised and 31st May 2017 is now the deadline for establishment of all OHSC's with the exception of Zambia. The PR has escalated the outstanding MOU to the RCM for country engagement with Zambia to expedite the MOU signing process. In addition, unexpected costs are raised with the PR as soon as they occur for budget approval.

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

Operationalisation of OHSC

The recruitment and training for the 3 operational OHSCs are now complete. Recruitment for Botswana, Mozambique and Zimbabwe have been initiated and at various stages of progress. Operations manuals for the Mafeteng (Lesotho) and Hlatikhulu (Swaziland) OHSCs have been developed and finalised.

CHALLENGES

- The delays experienced in the OHSCs deployment affected OGRA's ability to begin operation.
- There were also handover delays due to minor snags in the OHSC structure.

PLAN

Recruitment for various countries will be initiated regardless of OHSC having been established or not.

OPERATIONALISATION 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

Screening is now active in 9 countries with the exception of Zambia. Screening activities in Zambia stopped on 21 March 2017.

Up to the end of Q5 **83 834** people were screened.

CHALLENGES

- Activities stopped in Zambia on 21 March 2017.
- There has been slow progress in getting the approval of IEC materials - Materials have been approved for Zambia, Namibia, and Swaziland. The MOH in the remaining countries are yet to approve materials.
- Procurement of clinical supplies - Despite increased provision and availability, stock out concerns continue to cause problems with sputum collection at home visits.

Plan

The pause of screening activities in Zambia has been escalated to the MOH for intervention to ensure the resumption of activities.

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

TomTom has completed the mapping study and delivered the mapping software. The software is currently being user tested and modified.

PLAN

TomTom will present their mapping study at the TIMS Dissemination workshop in May 2017. Training country NTPs on use of the software will commence following the dissemination workshop.

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

PHRU have completed the epidemiology study. The study is currently with the RCM for review.

PLAN

PHRU will present the findings of the study at the TIMS dissemination workshop in May 2017. Once validated, this will be the conclusion of their activity at this stage of the grant.

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

After the enormous hurdle of acquiring ethical clearance in all 10 countries, Select Research have submitted a draft KAP survey.

CHALLENGES

A draft report has been submitted to the PR but it excludes information from South Africa and Botswana. These two countries are outstanding due to protracted negotiations with mining companies to secure permission to interview miners.

PLAN

The study will be used by Meropa Communications to fully develop the communications strategy.

The survey results will be presented at the TIMS dissemination workshop in May 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

The PMO was fully staffed at the beginning of Q5 but due to the tragic passing of our South Africa country coordinator, we now have one vacant position which we are in the process of filling.

ii. Technical Progress

a) Occupational Health and TB Unit

The past quarter has been a busy and exciting time for the OH&TB unit of TIMS.

Occupational Health Service Centre (OHSC) site selection has been one of the important activities undertaken this quarter. A Site Selection Tool was designed to ensure that all variables are addressed during the site selection process. Particular made effort is to ensure that all stakeholders are involved in site selection including; NTP management, OGRA, NSA and local health facility management/staff (such as the Hospital Director/Superintendent, TB and Public Health specialists). Five countries were visited in Q5 and OHSC sites selected: Mozambique (Xai-Xai and Manjakaze), Botswana (Molepolole at Botswelakoko), Lesotho (Sankatana), Zimbabwe (Kadoma) and Tanzania (Kibong'oto). These new OHSCs will commence operations during April, May and June this year.

The Mafeteng and Hlatikulu OHSCs have been seeing between 200 and 250 clients a month, including about 150 to 200 ex-miners, of whom more than half have been shown to have an Occupational Lung Disease (OLD) – either silicosis, silico-tuberculosis or tuberculosis. Those with TB have been referred for treatment and those with silicosis started on INH prophylaxis. All are being submitted for certification and compensation consideration in terms of the South African Occupational Disease in Mines and Works Act (ODMWA). TB screening activities in the OHSC are focused on an at-risk population and results show this – for example, during February at Mafeteng; 258 clients were screened for TB, 128 were considered presumptive, 97 had GeneXpert tests done and 11 were found to be positive for TB (one with MDR-TB).

The subject of ODMWA compensation referral prompts mention of the continued TIMS OH&TB involvement with XDS in the development of an IT platform for compensation reporting. Though this is primarily based on the South African ODMW Act (as most miners who will be seen in Swaziland, Lesotho and Mozambique have previously worked on South African mines) the IT system will also be flexible in order to cater for other National compensation reporting requirements. The compensation IT system will be piloted at the MBOD in Johannesburg from 10th April and then at the OHSC in Mafeteng on 18th and 19 April.

Data coming from the operating OHSC at Mafeteng and Hlatikulu is continually reviewed by OH&TB, M&E and OGRA, in order to refine reporting. It is clear that site visits are now needed in order to review the OHSC operations and ensure quality and uniformity in procedures, medical examination, diagnosis, referral, and compensation submission. The first reviews will be undertaken at Mafeteng on 20th April and Hlatikulu and RFM Manzini on the 4th and 5th May. A Service Quality Assessment Tool (SQAT) has been developed for OHSC operations review purposes (SQAT B).

OH&TB has worked closely with the M&E team to integrate processes, enhance TIMS supervision activities and ensure efficiency of reporting to TIMS by SRs – a number of SQAT have been developed in this regard. The SQAT were presented at an M&E workshop, attended by TIMS CC and M&E personnel from country NTP offices. Positive feedback was received and requests were made for the SQAT to be made more generic so that countries could use these beyond the TIMS programme.

With regard to screening and active case finding, the TIMS SQAT for screening (SQAT C) was tested in South Africa at screening sites in the Eastern Cape and also in Mozambique. Discussions were held with IRD on certain issues such as; error data and reporting, the need for feedback within screening activities, the requirement for clear identification badges to be worn by health screeners, provision of screening kits to health screeners and incorporation of quality aspects (including client feedback) into monthly reports to TIMS.

The epidemiological report undertaken by PHRU has been reviewed both internally and externally. The final report is expected the second week in April.

Health Focus have completed their work on the Dust Control Tool Kit and OH&TB have been closely involved in this development. The Tool Kit consists of a number of modules, each aimed at a different stakeholder (from policy makers to management to artisanal miners). Health Focus will now embark on the Tool Kit rollout and training exercise, beginning in Lesotho on 18th May. The OHS Legislative Review has been completed by Health Focus and a first draft is now out for comment. The review will be completed and presented at a dissemination workshop in the next quarter.

b) Monitoring and Evaluation Unit

M&E support to countries to ensure country M&E systems can collect and report on TB data by key population

The M&E Team continued consultations with NTP Managers to devise and implement measures that will enable reporting of TB data for key populations from national systems disaggregated by occupation (High-Risk Groups). During this quarter, consultations were completed for Botswana, Malawi, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. Overall, countries are amenable to modifying their tools to collect TB data by high-risk groups (HRGs) as informed by good practice. Proposed modifications include printing of a legend in form of stickers of HRGs with corresponding codes that will be affixed to TB Register to assist health care workers to complete the HRG column in TB Registers. In addition, Standard Operating Procedures (SOPs) will be developed and also affixed to registers. In collaboration with NTPs, training on the modifications will be conducted targeting health care workers. Training and printing costs will be supported by the PR. This engagement process is expected to be completed by Q6.

In addition to consultations with NTP Managers, the M&E Team conducted site visits to observe first-hand screening and active case findings efforts where screening was underway.

Set baselines and targets for outcome and coverage indicators in the PF

The TIMS Grant Performance Framework (PF) has 2 outcome and 6 coverage indicators. Efforts to set baselines and targets for the indicators continued this quarter. The M&E Team received feedback from the Global Fund Country Team (CT) and the RCM on the proposed baselines and targets and the methodology used to derive the baselines and targets. During this quarter, the M&E Team addressed the comments from the CT and RCM and repopulated the PF to reflect the feedback. Revised PF was resubmitted to the Global Fund for sign-off.

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 15th March 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. Fourteen participants from ACHAP, ADPP, IRD, OGRA Foundation and M&E Team attended the Review Meeting. Participants were from finance, programs and M&E.

iii. Country Engagements

Technical Working Group Meetings

South Africa

The PR co-hosted a Technical Working Group meeting in Johannesburg, South Africa, on the 2nd February 2017. The meeting was chaired by the TIMS South Africa Country Coordinator Mrs Ntolo Funnah, and opened by Dr D. Mametja, the South African NTP Manager. The meeting was attended by various stakeholders from the South African TB sector. In order to facilitate the discussion presentations were made by the South African MoH and the TIMS implementing partners, outline the work that each entity is doing in the South African TB sector. A full report on the meeting can be read here.

Participants at the SA TWG coordination meeting

Lesotho

The Lesotho National TB Programme convened the Health and Migration Forum Technical Working Group Meeting in Maseru on 8th March 2017. The meeting was chaired by Dr Maama, NTP Manager, and was attended by Selloane Mamathule Makhotla TIMS Country Coordinator, TIMS PMO represented by Dr Dave Barnes and Dr John Mkandawire and about 30 Ministry and NGO representatives working on TB in Lesotho.

There are a number of players working on TB in Lesotho. However, currently, there is no system, which records and analyses the effectiveness of the different TB screening programmes being undertaken on miners, ex-miners and their communities in Lesotho. Given the wide variance in effectiveness by different screening programs, the participants felt that the Regional Health Management and Information System (RHMIS) being developed by EOH-XDS might be able to assist in this regard.

One of the difficulties raised was the complicated process in getting money paid for ODMWA compensation. It was evident that the MBOD compensation referral system in Lesotho and other countries will greatly benefit from the IT Link to the compensation fund being developed by XDS.

It was recommended that:

- The EOH-XDS MDOD compensation IT Link should be piloted at the Mafeteng OHSC and later rolled out to the OHSC in Maseru, at Senkatana. This could also later be made available to identified health facilities and NGOs working with TB in Lesotho.
- A meeting of all stakeholders (PR, XDS, Lesotho MOH, Lesotho MOL, NGO's) to discuss the compensation IT link should be planned within the next month in Maseru.

Tanzania

The PR attended a TWG meeting in Tanzania on 8th and 9th March 2017. The meeting was attended by representatives of the private sector, NGOs, implementing partners from the TIMS grant as well as Ministries Health, Labour and Mines. This is a well-established TWG with consistent representation from the above stakeholders.

The PR led by Dr Julian Niadoo gave a presentation on the status of the grant as well as challenges with which the TWG could assist. These included:

- Finalisation of the implementation districts
- Data flows in reporting on grant outcomes
- Coordinating with other programmes in the country

Members of the TWG with reps from PR and country coordinator

- Communication with the NTLP
- Collaboration with the TIMS country coordinator
- Participation in the TIMS study dissemination workshop

The next TWG meeting will be held in June 2017.

Malawi

The National TB Program in Malawi convened the TB Sub Group Meeting on 29th March 2017, in Lilongwe. This meeting meets every quarter with the last meeting held on December 6, 2016. The meeting was chaired by Dr James Mpunga, the NTP Manager. Participants were from the NTP, CHAI, CDC, and other NGOs working on TB in Malawi. Representing the PMO was Dr John Mkandawire who made a presentation on the TIMS Grant progress update. Other presenters included Dr Belaineh Girma who presented 2016 TB Program update on TB trends in detection efforts and treatment outcomes as well TB-HIV. His recommendations included strengthening systematic TB screening in health care setting and active case finding among high-risk groups such as miners and ex-miners. Others presentations were on PSM, Global Fund Funding Request, PSM, Health Worker Screening, Southern Africa Tuberculosis & Health Systems Support Project, EPTB and Follow-up among smear negative

iv. Memorandum of Understanding (MoU) Status

7 of the 8 MoU's have been signed with the exception of Zambia. The delay in signing the Zambian MoU is due to the significant change in political leadership after the August 2016 national elections. With assistance from the RCM, the TIMS PMO is planning to meet with the new leadership in Zambia and the MoU is in the process of being signed.

FINANCE

HIGH-LEVEL OVERVIEW OF THE TIMS GRANT

REPORTING PERIOD	Q1	Q2	Q3	Q4	Q5
Budget	1 167 380.23	3 266 753.20	4 862 207.65	5 041 859.28	4 805 150.13
Disbursements by GF	356 707.00	2 213 290.00	3 304 363.00	4 683 047.00	2 256 488.00
Cumulative budget	1 167 380.23	4 434 133.43	9 296 341.08	14 338 200.35	19 143 350.48
Cumulative disbursements	356 707.00	2 569 997.00	5 874 360.00	10 557 407.00	12 813 895.00

OVERVIEW OF QUARTER 5 AND TOTAL OF THE TIMS GRANT

Entity	Budget - Q5	Disbursement Q5	Expenditure Q5	Burn-Rate Q5	Budget Total	Disbursement Total	Expenditure Total	Burn-Rate Total	Notes
NORTHSTAR	630 017	400 663	374 614	93%	1 418 948	1 117 063	893 316	80%	1
OGRA	816 684	816 684	315 611	39%	3 485 000	1 063 378	546 585	51%	2
ADPP	548 253	645 256	434 010	67%	3 733 416	1 450 197	1 139 908	79%	3
IRD	486 621	0	231 701	100%	2 337 336	970 881	581 214	60%	4
ACHAP	549 498	0	124 277	100%	2 309 999	345 638	197 198	57%	5
HEALTH FOCUS	87 035	91 213	81 808	90%	570 472	295 507	284 407	96%	6
Wits Health (PR)	1 367 276	505 883	505 883	100%	9 275 942	1 958 424	1 958 424	100%	7
Sub - Partners	588 324	340 774	340 774	100%	6 867 985	4 323 422	4 323 422	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).
- All burn rates are calculated by dividing Expenditure by Disbursement.
- All sub-partners have been grouped together due to the sensitivity of their pricing.

Notes:

1. Due to the finalisation of the majority of the OHSC's, and preparations to deliver containers to the sites disbursement and burn rates are tracking very closely. The RCM has allocated more funds to the North Star section of work, however, this has yet to be reflected in the budget, it will see an increase in the overall budget. Increased expenditure is due to unforeseen requirements and improvements in the design of containers and the related equipment.

2. OGRA were disbursed the full Q5 budget at the beginning of the quarter, 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 Q5, resulting in a lower than expected burn rate. However, with all the OHSC's online by end Q6, this burn rate will rocket upwards.

3. ADPP is responsible for screening in eight of the 10 countries, even with a delayed start as seen by the variance between the overall Year 1 budget and the expenditure for Year 1, in Q5 this gap closed significantly as screening activities kicked in.

4. IRD is responsible for the screening in the remaining 2 countries. A large disbursement was made to IRD just before the start of the quarter, as such, there was no disbursement in Q5. The current burn rate of the Q5 is at 100%. Overall spend is still lagging behind, this was, however, due to issues in transferring funds to Zimbabwe. By Q6 all spend should have caught up.

5. ACHAP has a very low burn rate due to them being contracted late in Q4. The delay means that they were not able to start when required. The fact that no disbursement was made in Q5 is due to the advance that was provided to ACHAP on start up. The ACHAP burn rate will significantly increase in Q6 when full implementation kicks in.

6. Health Focus has maintained a very healthy burn rate and will be receiving a disbursement in Q5 to cover Q5 expenditure.

7. The policy of WHC with regard to the Disbursements is that the funding is kept centrally and used when needed, no spate disbursements are made to the Project Management Office. As seen from the budget, the Q5 spend was near the projected amount. The total expenditure is a bit behind budget, however, in year 2 there are funds that will be reallocated to different SR's to assist with the implementation of activities. Some of the variances between actual and budget are also due to 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 Q4 the actual expenditure was very close to the actual expenditure. The variance is due to timing and contractual issues. The variance between budget and actual is due to the delay in the approval and start of phase 2 of the HMIS. This will kick-off in Q6 and when significant spend against this section of work is anticipated.

TIMS

Tuberculosis in the Mining Sector in Southern Africa

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