# TIMS

TB IN THE MINING SECTOR IN SOUTHERN AFRICA

# Quarterly Report

**01 July 2017 • 30 September 2017**

TIMS Q7 Programme Report

WITS HEALTH CONSORTIUM

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# UPDATE FROM THE CHIEF OF PARTY

As we rapidly approach completion of phase 1 of grant implementation, as expected, Q7 was going to be one of the most demanding quarters of the grant.

The focus of Q7 was on accelerating delivery and meeting remaining targets. We are proud to highlight the following achievements:

- All 11 OHSC's have been established in this quarter, and 10 have been installed in the given countries. The only exception is Zambia, which is plagued by significant regulatory hurdles (you can read more about this in the OHSC section of this report).

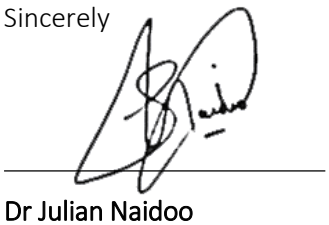
- 286 523 of the key populations were screened as at the end of September 2017. In Q7 the PR spent a significant amount of time on screening and active case finding because even though the screening numbers are good (286 523 of 300 000 in 12 months) the number of presumptive TB cases identified was very low. Later in the report the PR highlights interventions implemented to follow-up on presumptives.

- This quarter also saw the much anticipated IT link to the compensation fund being fully developed and piloted.

- Stakeholder engagement an important ongoing activity of the grant was scaled up this quarter, in addition to the usual county engagements, the PR teamed up with the RCM and the World Bank to host a Smart Investment in Health Meeting. This was an opportunity for the RCM and PR to engage the private sector in regards to potential collaboration and to share information from the studies conducted under the TIMS grant.

With the final quarter of the grant upon us, we are confident that we will meet the targets set in phase 1 on the grant and use the important lessons learnt to prepare for the next phase.

Sincerely



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

# TABLE OF CONTENTS

## Q7 Grant Status

*(Click on the title for more information)*

# INTERVENTIONS

## HEALTH FOCUS

Legislative Review & Dust Control Programme

Following the development of the comprehensive dust control toolkit, the Health Focus team has conducted toolkit training with key stakeholders in the mining sector, in all 10 countries. The dust toolkit is available on the TIMS website here.

The training was completed in Q7, you can read the brief report here.

Savings made in this intervention have been applied towards additional work to develop a scalable dust risk management tool, which will be ready by the end of November 2017.

Whilst the dust control toolkit deals with an outcome of the mining process i.e. high dust levels in terms of measurement and worker protection, the basic risk management tool is a more detailed methodology that involves understanding the sources of dust, the nature of the dust (e.g. Silica) and deriving a prioritised management plan based on risk.

The application of the risk management ensure that dust is controlled closer to the point of its generation.


# 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 [1]

Over the last quarter, ACHAP has worked to accelerate the CSS intervention. Implementation commenced in August and CSS activities are ongoing.

### Capacity Building of CSOs

The CSOs were identified in the last quarter and were all fully on-boarded in a capacity building workshop held in Johannesburg from the 22nd to the 26th May 2017. The first tranche of funds has been disbursed this quarter.

Following the onboarding of all CSOs, supportive supervision visits that serve to check for compliance, mentoring CSO staff on project management (financial, programing and M&E) and data verification were conducted with 10 CSOs in August 2017. The remainder of the support supervision visits are currently underway.

A second capacity building workshop is planned for October 2017 in Swaziland focusing on program implementation, monitoring & evaluation and financial management.

### Toolkit Development, Training and Distribution

A community systems strengthening toolkit was developed as part of this intervention.

A toolkit training workshop was held in Johannesburg in Q7 and was attended by all CSOs. A downloadable version of the toolkit in video form was also developed and shared with the CSOs. A hard copy of the toolkit will be made available to those without reliable internet connections.

CSOs are currently at different stages of implementing the toolkit as delays were caused by quality assurance processes as well as unforeseen budgetary constraints, which ACHAP has since resolved. The activity is now planned to be completed by end of October 2017.

### CSS Strategic Framework

The CSS Strategic Framework was approved and signed off by the PR. The Strategic Framework is currently being printed centrally by ACHAP. Each CSO will then be given 40 copies for dissemination. This activity is on track to be completed in the beginning of Q8.

ACHAP
Partnerships for a healthy Africa

## Community Systems Strengthening

To improve access to TB, Silicosis and HIV services by key populations through identification, capacitation and deployment of CSOs.

[1] 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.

## EOH-XDS

IT link, RHMIS & CBRS

### Compensation Fund Link

The IT link to the compensation fund has been developed and piloted at the One Stop Centre in Carletonville, South Africa, the Mafeteng OHSC, in Lesotho and the MBOD office in Braamfontein, South Africa. The link will be deployed to OHSCs as they become operational. In this phase of the grant, the link will be deployed only to the OHSCs. Scale up to other facilities will be contemplated in Phase 2.

The procurement of the Picture Archiving and Communication System (PACS) solution as approved by the RCM is almost complete.

The MBOD has flagged challenges with electronic submissions. As a solution, each OHSC will have a small PACS and high-resolution monitor (to view CXR at correct standard). Additionally, a PACS server and monitors will be installed at the MBOD. A more permanent solution for improving internet connectivity of OHSCs and MBOD is being undertaken as part of this intervention.

### CBRS

The development of the CBRS was completed in the second week of July 2017. CBRS piloting began on 01st August until the 30th September 2017. Sentinel sites identification was done and hardware procurement was completed. The following has been completed:

- Database Structure
- Screen Design
- Report Build
- Admin and Security Settings
- Appointment Management
- Biometrics
- Photo & Signature Pads
- Document Capture
- Notification

The service provider has piloted the system in 7 of the 10 countries. The facilities at which the system has been piloted include public health facilities as well as OHSCs. The remaining countries will be done at the same time as the RHMIS piloting. After piloting, a review of lessons learnt will be compiled and the system will be ready for scale-up in Phase 2 of the grant.

### RHMIS

RHMIS development is nearing completion and piloting will commence at the beginning of Q8. The key to making the RHMIS work is data. However, several data sharing approvals are still outstanding. Country engagements to demonstrate the system using live data is set to commence in October.

Sample data is needed to demonstrate the system and to determine the compatibility of country systems with the developed RHMIS. This is potentially a key bottleneck, as to date only 2 countries have provided signed data sharing agreements (Botswana and Namibia). Tanzania is close to signing having proposed a few minor changes.

Should country data not be available, XDS will use dummy data to demonstrate the system, however, this will not be as effective as real data as data extraction and ingestion is a key part of the piloting.



# 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 has completed development of the communications strategy. The content of the document has been approved by the PR and is now in the final design stage. The complete document will be made available early in Q8. The findings from the work in progress on the communications strategy was used to inform other interventions.

The team at Meropa have developed two sets of communications materials, namely a flip chart and a video. Both sets of materials are set to be tested with the key population in Zambia and South Africa in the first half of Q8.

Once the materials are tested they will be refined and made ready for distribution along with the final communications strategy document.


# Communications 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 equipped with 10 installed in-country and 9 operational. Below is a progress update:

| | | |
|---|---|---|
| SWAZILAND | 1. Hlathikhulu<br>2. RFM | Operational<br>Operational |
| LESOTHO | 1. Mafeteng<br>2. Senkatana | Operational<br>Operational |
| BOTSWANA | Molepolole | Operational |
| ZIMBABWE | Kadoma | Installed, awaiting staffing |
| MOZAMBIQUE | 1. Manjakazi<br>2. Xai Xai | Operational<br>Operational |
| TANZANIA | Kibong'oto | Operational |
| NAMIBIA | Swakopmund | Operational |
| ZAMBIA | Kitwe | Site selected 27 June 2017 delays with establishment due to in-country regulatory hurdles |

9 OHSC's are now operational; 2 in Lesotho, 2 in Swaziland, 2 in Mozambique, 1 in Botswana, 1 in Tanzania and 1 in Namibia (this OHSC is open but not yet fully functional, due to x-ray license requirements, which should be resolved before the middle of October).

The Zimbabwe OHSC has been ready to open since August but staffing issues have held things up.

The last (11th) OHSC will be placed at the Occupational Health Institute (OHI) in Kitwe – the slab has been completed the only outstanding matter is obtaining the tax clearance needed to move the containers to the site. Staffing for this centre will be provided through secondment from the OHI.



North Star Alliance

# 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

9 OHSC's operational in Q7.

| Results To Date | |
|---|---|
| Total seen (ex-miners, family and community | 2, 733 |
| Miners (nearly all ex-miners) | 2, 285 |
| Occupational lung disease diagnosed | 783 |
| Occupational Lung Disease submitted to MBOD | 380 |
| TB diagnosed and started treatment | 52 |

The PR has identified several service delivery shortcomings in the operation of the OHSCs and is actively engaging and capacitating the SR in resolving these.

### Transition Plan for OHSCs

An issue of concern is that the late establishment of some OHSCs means that some centres will only operate for a short period during the remainder of this phase of the grant. The transitioning of the OHSCs to countries will need to be well structured and customized to the needs of each country.

### Imminent Expiration of MoUs

All MoUs with OHSC host countries expires on December 31, 2017. Status of these MoUs and potential revisions or extensions will need to be determined as part of the transition planning.

OGRA Foundation

Giving Hope, Saving Lives

# Operationalization of OHSCs

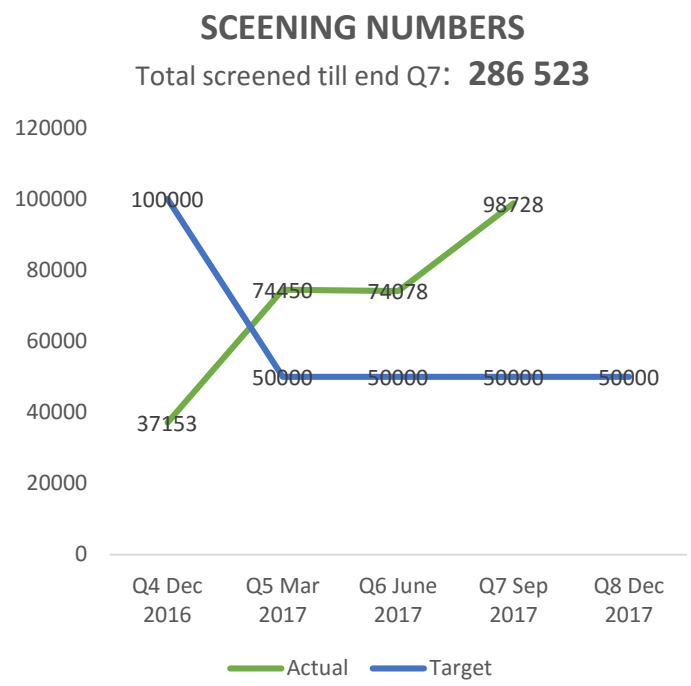
*Managing the Occupational Health Service Centres (OHSCs)*

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 for quarter 7:**

- 98,728 screened
- 15,721 presumptive (15.9%)
- 5,994 tested for TB (38.1%)
- 350 diagnosed with TB (0.4%)
- 337 started on treatment (96.3%)

Screening is ongoing in all 10 countries.

In Q7, the ADPP and IRD intensified the follow up of presumptive clients who had not received diagnostic services. This included assistance to presumptive clients for them to travel to diagnostic facilities, sputum transportation to diagnostic facilities and capacitation of health facilities.

In Q8, some countries will achieve country targets quite early. The approach to these countries is to redirect field workers to follow up on presumptive clients for the rest of the grant period.

# 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 initial work undertaken by TomTom was completed in Q7 but additional work to incorporate MBOD data was commissioned and has now been completed.

The mapping software was fully developed and showcased at the dissemination workshop earlier this year.

The final products to be provided by TomTom are a user-manual and training video. Access to the software will be made available via a link on the TIMS website.

# 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. The need to update and refresh data, especially for health care facilities, communities and hotspots identified during Phase I of the project is important.

## PHRU

Baseline Epidemiology Study

The EPI study was completed in Q6.


# 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 was completed in Q6.


# 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

### Smart Investment in Health: Mining as a Catalyst for Building Sustainable Communities Meeting

TIMS, in conjunction with the RCM and the World Bank, held a Smart Investment in Health meeting on the 26th and 27th of July, 2017. The meeting was attended by over 200 delegates with a vested interest in TB in the mining sector.

Amongst the key outcomes of the meeting were:

1. Regional dissemination of new knowledge and lessons learned on delivering of occupational and public health services.
2. Occupational and public health priorities - building on current programmes.
3. Strategies or models for investing in occupational health and public health services.

You can read more about the meeting report here.

## ii. Technical Progress

### a) Occupational Health and TB Unit

The OH and TB unit of TIMS has been involved in the following areas during Q7:

#### Occupational Health Service Centers (OHSC)

*See page 8*

#### OHSC Operations

The OHSC saw 2 733clients this past quarter, 2 285 of whom were miners or ex-miners. Some OHSCs have been operating for the whole quarter and others (such as the 2 in Mozambique) only for 3 weeks of the quarter. Most clients are ex-miners and have a high prevalence of occupational lung disease (OLD) diagnosed at the OHSC (either silicosis, silico-tuberculosis or tuberculosis). The prevalence of OLD has been found to vary considerably between the OHSCs:

- 46% (167/365) at Mafeteng;
- 5% (5/95) at Manjakaze;
- 43% (49/114) at Marianne Ngwabe.

This variation is most likely a function of the variability in interpretation of XRAYS, as there should not be this much difference in the prevalence of OLD amongst ex RSA miners. A Chest XRAY reading course and workshop on OLD (at the MBOD in Johannesburg) has been organized for the OHSC doctors from 20th to 24th November and will be important in ensuring the OHSCs do not miss or over-diagnose OLD. An Occupational Medical Technical Group was formed during the past quarter and is assisting with in-country training (see below).

52 cases of TB were diagnosed and started on treatment this quarter. This is 2% (52/2733) of those attending the OHSC and quite worrying as these clients were ostensibly well (undiagnosed) and in the community. Of note, 3.6% (48/1321) of GeneXpert tests done were positive.

#### Occupational Medical Task Group (OMTG) - improving OHSC service delivery

OHSC reviews by OH and TB have flagged a number of issues, including the need to improve occupational medical competencies. Approval was obtained to temporarily increase (for 4 months) the OGRA occupational specialist physician's input into TIMS (from the current 40% LOE to 100% LOE) and to obtain a further occupational medical practitioner to

assist in occupational medical training, also for 4 months. During the past 2 months, training for OHSC doctors and staff at the OHSCs was conducted in Lesotho, Swaziland, Mozambique, Tanzania and Namibia. Coordination of these activities is through the OMTG which meets every 2 weeks.
The LOE of the OHSC doctors in Lesotho, Swaziland and Mozambique was also increased from 50% to 100% and an additional clerk was added to each OHSC (to deal with compensation issues).

### Occupational Lung Disease Compensation

TIMS OH and TB continues to have meetings with the ODMWA compensation commissioner and staff, in an effort to expedite TIMS OHSC claims. TIMS has appointed an administrative clerk at the MBOD to help process TIMS claims. At the end of the 7th quarter, 584 OLD cases had been diagnosed at the OHSCs and 380 submitted for certification and compensation consideration in terms of the South African Occupational Disease in Mines and Works Act (ODMWA).

### TIMS cloud-based Picture Archiving and Communication System (PACS)

Procurement is almost complete for the implementation of a cloud-based Picture Archiving and Communication System (PACS). This will enable cloud storage of Chest X-rays (CXR) and other medical information from all 11 OHSCs. Compensation authorities, medical service providers and others may be given permission to access CXR and other clinical data from the TIMS PACS, which will markedly improve medical information sharing, improve treatment and expedite compensation claims. As part of the PACS project, each OHSC will also receive a mini-PACS and high-resolution monitor (3 Megapixel) so that the OHSC doctor will have quick access to CXRs (current and past) and be able to read these at the required standard of resolution. The MBOD will also receive a mini-PACS and high-resolution monitors so that CXRs taken at TIMS OHSC may be read in digital format (DICOM) by the MBOD Compensation Panel.

### IT Compensation Link

This was piloted in Q6 by EOH-XDS. Full implementation is waiting for PACS installation. The link will be refined in order to manage the split compensation process that TIMS is using for BME submissions.

### OHSC Reviews

TIMS OH and TB has reviewed operations at 2 of the OHSCs during the past quarter (Mafeteng, and Maseru-Botsabelo). Pre-operational site visits were made to the Botswana, Tanzania and Namibia OHSCs. An assessment tool, to measure availability and readiness of the integrated service (once it has been operational and stabilized), has been developed and is currently being piloted. The tool is aligned with other quality assessment tools being used to guide site visits.

### TB Screening

Although TIMS should easily make the TB screening target of 300 000, it was noted during Q6 that yields (TB cases diagnosed and started on treatment) were low: 161 550 screened, 342 cases (0.21%). Review of data showed that the main reason for this low yield was that few (13%) of those considered to be presumptive on screening, had been properly investigated and followed up. A concerted effort has been made by TIMS OH & TB and M&E to manage these poor yields. Regular meetings have been held with IRD and ADPP who are now reporting TB cascade numbers every week. The PR now has an in-depth understanding of efforts being made with respect to presumptive catch-up and is able to quickly address issues such as resource and logistic problems. These efforts are clearly paying off as 38.13% of presumptive were tested this past quarter.

### OGRA

During the previous two quarters, a number of management issues arose with how OGRA was managing the OHSCs. TIMS PR now has a much closer role in OHSC management. This quarter, poor consumable stock control at the OHSCs (CXR films, GeneXpert cartridges, spirometry disposables and others) negatively impacted service delivery and necessitated OH&TB intervention.

### Meropa
OH and TB provided regular feedback into the development of communications materials.

### ACHAP
Feedback was provided to ACHAP on the Civil Society Organizations (CSO) capacity building plan - for the Community Systems Strengthening module. The ACHAP Community Systems Strengthening Strategic Framework Toolkit was reviewed and detailed feedback was provided.

### TIMS Country Coordinators (TIMS CC)
A new and more integrated process was created to enhance TIMS CC reporting and to align verification activities with TIMS site visits. Additional tools were created to support structured feedback following routine and non-routine in-country activities including; CC visits to screening sites and the OHSC as well as coordination of activities within the country. Monthly reports have highlighted issues with delivery of certain services and informed discussions and planning at both PMO and technical meetings

## b) Monitoring and Evaluation Unit

During Q7, the M&E unit managed to achieve most of the planned activities for the quarter. Among many activities conducted, the unit successfully undertook the following activities:

### Routine Data Quality Assessments (RDQA)
The M&E unit undertook RDQAs for Q6 in Mozambique, Malawi, South Africa, Swaziland, Tanzania, Namibia and Zimbabwe. Overall, all countries addressed most of the recommendations from Q5 RDQA. For instance, all sub-recipients are now sharing reports and data with district NTP offices. The reporting accuracy has improved remarkably. Although there was progress towards addressing recommendations of Q4/Q5 RDQAs, there are still challenges with regards to following up all presumptive cases in order to collect sputum and subsequent testing of the sputum samples.

### Data Quality Management Training
The M&E Unit hosted a data quality management training at Garden Court Hotel, in Johannesburg, South Africa from 23 – 24 August 2017. The training followed Q5 RDQA that detected glaring data quality gaps, especially with data management processes. The training was attended by 38 participants from Sub Recipients and their implementing partners who have data management responsibilities. The organisations represented included IRD, ADPP Mozambique, DAPP Namibia, DAPP Zambia, AGPHAI Tanzania and WHC PMO. The LFA and the Global fund were also represented at the training.

One of the outcomes of the training was the revision of the TB screening tool to align with TB screening guidelines for respective countries. The M&E unit has since shared the revised tools with NTP managers for endorsement. Three countries namely Lesotho, Swaziland and Tanzania have endorsed the revised tools. All the remaining countries have provided comments and they are expected to endorse the tools soon.

### Dashboard review Meeting
During the period under review, the M&E unit hosted the Q6 dashboard quarterly review meeting at OR Tambo Garden Court hotel on 21 August 2017. Five SRs that included IRD, ADPP, OGRA, ACHAP and North Star participated in the review. The meeting noted that most performance indicators were green for both the SRs and the PR. However, the procurement and burn rate indicators continue to be yellow or red.

### M&E Systems Strengthening
An M&E system strengthening training was conducted in Tanzania. The M&E unit trained the implementation district on how to use stickers to collect key population data. A follow-up visit to assess progress on the use of the stickers was conducted during the quarter under review and established that data collection was underway.

### Motivation for Additional TIMS Implementation Districts

During Q7, the unit submitted to the RCM and Country Team (CT) a motivation for additional TIMS implementation districts. Six countries that include Botswana, Lesotho, Namibia, Tanzania, Zambia and Zimbabwe asked for the inclusion of additional districts in the PF, as a result, the M&E Unit engaged both the RCM and Global Fund.

## 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, and Malawi, Lesotho, Zimbabwe, Zambia, Swaziland.

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

A schedule has been established to attend TWG or CCM meetings at the remaining countries over the duration of the grant.

## iv. Memorandum of Understanding (MoU) Status

All MoU's have been signed. But the status of these MOUs will need to be determined as part of the transition planning (*see page 9*).

# FINANCE

HIGH-LEVEL OVERVIEW OF THE TIMS GRANT

| Reporting period | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 |
|---|---|---|---|---|---|---|---|
| Budget (in USD) | 773 686 | 640 468 | 3 349 801 | 5 289 607 | 4 323 551 | 7 371 064 | 4 695 319 |
| Disbursements by GF (in $) | 1 167 380 | 1 402 617 | 3 304 363 | 4 683 047 | 2 256 488 | 5 125 186 | 5 136 510 |
| Cumulative budget | 773 686 | 1 414 154 | 4 763 955 | 10 053 562 | 14 377 113 | 21 748 177 | 26 443 496 |
| Cumulative disbursements | 1 167 380 | 2 569 997 | 5 874 360 | 10 557 407 | 12 813 895 | 17 939 081 | 23 075 591 |

Overall Burn Rate for Q7 – 96%

OVERVIEW OF QUARTER 7 AND TOTAL OF THE TIMS GRANT

| Entity | Budget Q7 | Disbursement Q7 | Expenditure Q7 | Burn-Rate Q7 | Budget Total | Disbursement Total | Expenditure Total | Burn-Rate Total | Notes |
|---|---|---|---|---|---|---|---|---|---|
| NORTHSTAR | 50 130 | 298 755 | 256 319 | 86% | 1 870 355 | 1 639 402 | 1 639 402 | 100% | 1 |
| OGRA | 900 436 | 261 480 | 380 423 | 145% | 3 968 867 | 1 368 763 | 1 200 564 | 88% | 2 |
| ADPP | 655 540 | 875 769 | 667 254 | 76% | 3 733 416 | 2 403 200 | 2 399 158 | 100% | 3 |
| IRD | 500 404 | 368 138 | 586 913 | 159% | 2 682 074 | 1 822 113 | 1 629 668 | 89% | 4 |
| ACHAP | 663 273 | 942 024 | 990 156 | 105% | 2 309 999 | 1 858 370 | 1 512 484 | 81% | 5 |
| HEALTH FOCUS | 83 025 | 133 455 | 68 679 | 51% | 570 472 | 510 060 | 510 060 | 100% | 6 |
| Wits Health (PR) | 1 185 212 | 1 686 394 | 1 686 394 | 100% | 7 825 589 | 5 631 743 | 5 631 743 | 100% | 7 |
| Sub - Partners | 657 298 | 916 374 | 916 374 | 100% | 7 038 255 | 6 121 700 | 6 121 700 | 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 higher disbursements than budget is due to expenditure that should have been expensed earlier (previous quarters) only being expensed in Q7, this is due to the delays that had been experienced in the delivery of the OHSC's. Currently, only one OHSC is awaiting delivery.

2. The difference between budget and expenditure is due to the delay in getting the OHSC's operational. This has had an impact on salary spend and the delays have essentially created savings. However, the remainder of the spend is in line with budget.

3. ADPP is responsible for the screen in in eight of the ten countries. We have seen an uptake in expenditure as ADPP continue with the screening activities and work towards closing out the projects targets.

4. IRD is responsible for the screening in the remaining two countries. We have seen an uptake in expenditure as IRD continue with the screening activities and work towards closing out the projects targets.

5. ACHAP has a very low burn rate due to a delay in disbursing the CSO funds at the end of Q6. The funds were budgeted to be disbursed in Q6 however, have been delayed to the beginning of Q7. The inception payment was made in Q7. The ACHAP burn rate will significantly increase in Q8 when full 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. The higher disbursement than spend in Q7 is due to a catch up on delayed disbursements.

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 reflected in the budget, the Q7 spend was above the budgeted spend, this is due to a number of catch-ups and delayed expenditure that has now been expended. 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 Q7 there was a larger variance between actual expenditure and budgeted expenditure. The variance is due to timing differences between budget and actual payment. 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


**TIMS PMO Office Details**

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