



TIMS

TB in the Mining Sector in Southern Africa

Quarterly Report

01-Jul-16 to 30-Sep-16



24 St Andrews Road,
Parktown,
Johannesburg,
2193
+27112749200
tims@witshealth.co.za
www.timssa.co.za

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UPDATE FROM THE CHIEF OF PARTY

They say that planning is the key to success, highly cliché' but strikingly true. As the TIMS PMO, we know that success on this grant means that the lives of miners, ex-miners, their families, and communities will be changed for the better. In addition to extensive implementation planning, the TIMS PMO have also completed several stakeholder engagements; implementation partner coordination activities; and grant compliance administrative work.

As the third quarter of the grant draws to a close, the PMO is now almost fully staffed with 20 of 24 positions filled, and the remaining vacancies are in the process of being occupied.

The technical departments, (M&E and OH & TB), have been focusing on ensuring that the best possible processes are in place as the grant shifts swiftly into the implementation phase. From developing and executing specialised reporting tools to the reviewing of numerous documents, the teams are beginning to put their plans into motion.

The integration of TIMS interventions into country systems post the grant period is one of the most important activities of this PMO. Country engagement visits have continued in Q3 with visits to Tanzania, Malawi, Botswana, Zimbabwe, and Zambia. The TIMS delegation was well received in all the countries. All stakeholders supported the creation of the OHSCs as well as the RHMIS.

The country engagements from Q2 yielded two signed MOU's in Q3 for Lesotho and Swaziland. These two counties are set to receive the first OHSC's in Q3 and Q4. The MOU with Mozambique is in the pipeline and close to completion.

Engaging Implementing Partners

The implementing partners were brought together for the first time at this workshop. It was an opportunity to build grant related M&E and financial capacity amongst these highly skilled and specialised group of people but it was also the beginning of the massive coordination drive that is pivotal to the success of this grant.

Having observed the need to increase coordination efficiency and ensure coherence amongst implement partners, as well as having a close handle on implementation progress, the PMO initiated a systematic engagement process. The new format for the coordination process consists of regular update meetings with SRs. This was implemented soon after the TIMS Capacity Building and Coordination Workshop held at the beginning of September.

The TIMS DCOP has also initiated a weekly reporting mechanism that is submitted every Friday and circulated to all working on the TIMS grant by the following Monday. This has enabled greater transparency for all parties working on the grant.

Activities on the grant are taking off in earnest and money is starting to move! There is a significant increase in expenditure, with 9 partners being contacted and 3 more expected in October.

The next quarter is gearing up to be the busiest yet, where all the planning will surely pay off. We look forward to sharing the initial results of our enhanced geospatial mapping; epidemiological studies; opening the first OHSCs; and beginning screening the 300 000 key populations.

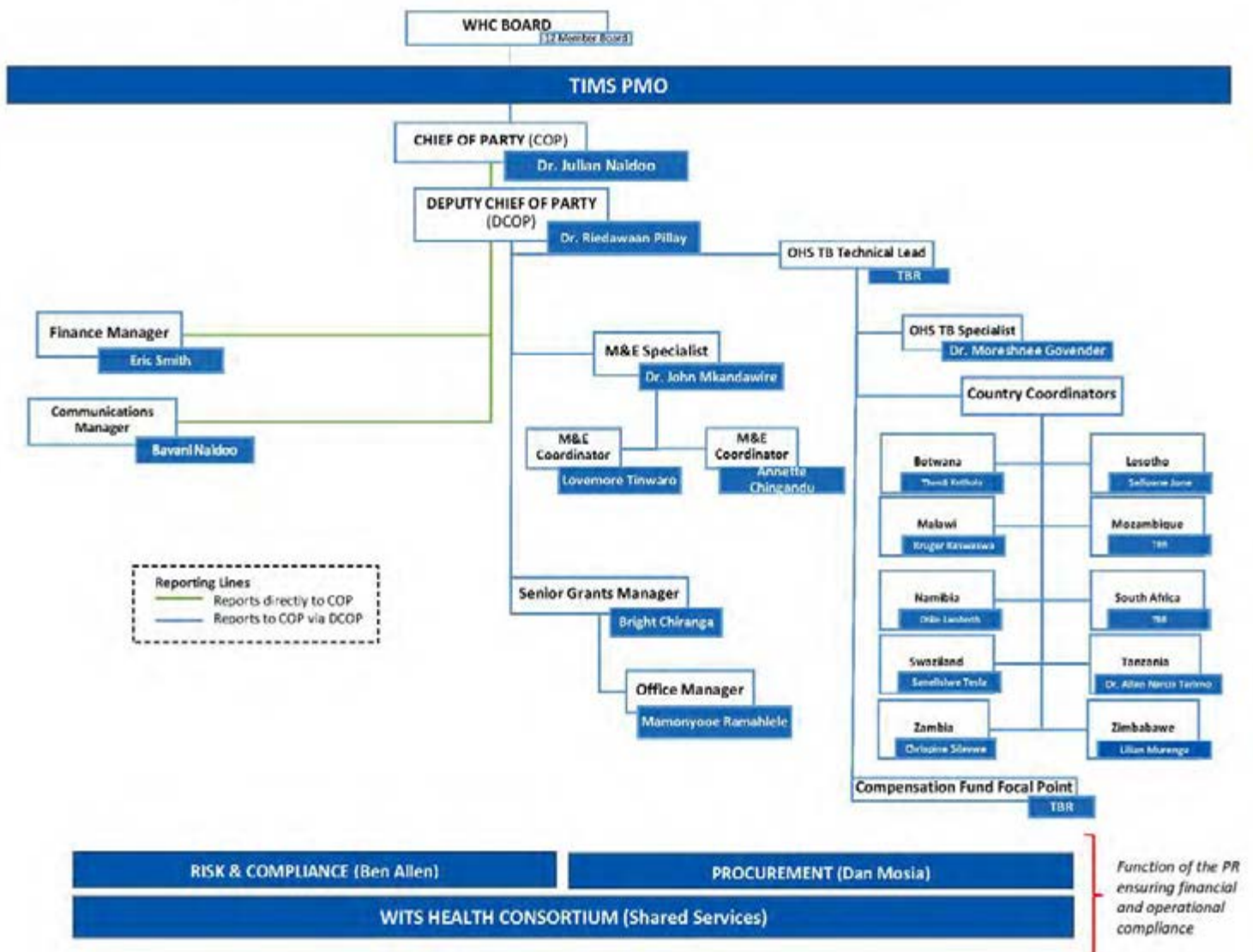
Dr Julian Naidoo

Chief-of-Party TIMS Programme

PMO OPERATIONS

i. Recruitments

TIMS PMO ORGANOGRAM



The TIMS PMO organogram depicts the structure of the TIMS Office. The PMO consists of staff with diverse skill sets, educational backgrounds, and experience to ensure programme success. The

majority of the PMO positions have been filled. We are in the process of recruiting for the Compensation Fund focal Point and two remaining country coordinators.

ii. Technical Progress

Monitoring & Evaluation (M&E)

During this reporting period, the M&E Unit participated in the following activities:

- Convened a workshop on the 8th of July, 2016, to review recommendations for implementation districts for Mozambique, Lesotho, Swaziland, and South Africa based on Mapping Studies. The workshop was attended by representatives from ADPP, IRD, PHRU, XDS, and the PMO. The outcome of the workshop was the selection of implementation districts. Next steps: ADPP and IRD will seek endorsement of the districts before commencing interventions
- Compiled Progress Update Report for the first semester (January-June 2016) mainly on Work Plan Tracking Measures (WPTMs)
- Reviewed inception reports for TomTom, Select Research, PHRU, XDS, NSA/ECF, Health Focus and IRD/ADPP for endorsement
- Conducted capacity assessment for OGRA and ACHAP
- Co-facilitated a Capacity Building and Coordination Workshop on September 5-7, 2016 hosted by the PMO in Johannesburg
- Reviewed Select Research KAP Study Protocol and provided feedback
- Reviewed KAP Study Training Manuals and provided comments to Select Research
- Reviewed draft IEC materials submitted by ADPP
- Reviewed TIMS TB Screening Tool developed by IRD and provided comments thereof
- Developed Standard Operating Procedures (SOP) for Data Management and Storage and the RDQA Tool
- Developed instructions for SRs/SPs to use to complete the Quarterly Report to submit to the PMO
- Participated in an assessment of Global Fund Grant Support Requirements conducted by GMS
- Conducted a rapid assessment to establish which countries collect and report on TB data by occupation status
- Provided input to the development of Supervisory Visit Schedule by OH&TB
- Finalized Factsheets and Work Plan Tracking Measures (WPTMs) for Select Research, XDS, TomTom, Health Focus, North Star Alliance, PHRU, IRD and ADPP
- Drafted Factsheets and WPTMs for MEROPA, ACHAP, and OGRA
- Participated in the Global Fund conference for PRs in Nairobi

Development of processes and tools:

1. TIMS Supervision/ Oversight tools

The PR is expected to provide oversight on all activities in the grant. As some of the activities involve clinical work, the OH & TB technical department needs to plan this in a structured manner. OH & TB has produced a service quality assessment tool that will be used to assess the quality of clinical/medical services required. This applies mainly to establishing and operating the OHSCs and TB screening activities.

The OH & TB Supervision tools were further adapted and aligned to reflect agreed processes. The Health Services Quality Assessment Tool (HSQAT) was aligned with the WHO tool for assessment of TB services and additional issues relating to delivery of TB services (in terms of screening, diagnostics, and treatment) have been added to Package B and C from the earlier tool. We now have specific tools for each Service Package that is directly involved in the delivery of OH & TB services.

2. Supervision schedule

Workshops were held with the TIMS team to fully comprehend the TIMS Supervisory System. Valuable inputs were obtained from team members during this initial process. OH &TB then continued to engage with M&E to develop the TIMS Supervision schedule, which highlighted the full extent of relevant activities. This step in the process offered opportunities for efficiencies for the TIMS team involved in Supervisory activities. A detailed schedule was circulated to the team for further inputs. The TIMS Supervision spreadsheet schedule is currently being used to complement individual work plans.

3. Health Technology Assessment

Input was provided to the TIMS Evaluation committee to ensure that the process of selecting vital equipment for the delivery of Occupational Health Service was informed by current evidence to ensure good practice in technology transfer and address sustainability challenges in the countries where equipment will be placed.

iii. Country Engagements

TIMS leadership conducted high-level country engagements in Tanzania, Malawi, Botswana, Zimbabwe, and Zambia. These engagements included discussions with Ministers of Health and senior health department personnel with the specific intent of addressing issues of long-term sustainability of the Occupational Health Service Centres (OHSC) and the Regional Health Management Information System (RHMIS) to be implemented under the grant. Included in these

missions were broader engagements with other stakeholders in the country that will have an impact on the TIMS interventions.

These engagements were conducted by the Chief of Party, Dr. Julian Naidoo, accompanied by the Deputy Chief of Party, Dr. Riedawaan Pillay. Where available, the TIMS delegation was assisted and accompanied by the country coordinator in each country.

The TIMS delegation was well received in all the countries.
All stakeholders supported the creation of the OHSCs as well as the RHMIS

Specific Issues raised by Ministry and other stakeholders:



TANZANIA

- Inter-ministerial coordination is important as there are several ministries involved in the provision of services to the mining key populations.
- Consensus building on the design of the RHMIS is regarded as essential to the long-term sustainability of the system when developed
- Issues of unregistered or informal mining work were raised as a concern
- Systems are generally manual with very little electronic information
- Community involvement in the service to be provided under the grant was flagged as an essential matter
- The Permanent Secretary accepted in principle that ministry would sign an MOU regarding the ultimate transfer of the OHSC to the government at the end of the grant. TIMS has sent a draft MOU for the government to review.



BOTSWANA

- The TIMS programme is seen as part of the country's overall strategic plan and had to be thus integrated with an emphasis on the 90:90:90 principle.
- The location of the OHSCs needs to be based on good evidence of prevalence and key population location in order to ensure accessibility
- Prevention of silicosis and TB was is a key area. Therefore dust assessment and control is seen as an important part of grant implementation
- The need for involvement of labour unions was emphasized
- Good cooperation in Botswana between mining and public hospitals
- The TIMS delegation had the opportunity to meet with the country World Health Organisation (WHO) representative, who was very supportive of exploring a roadmap to work together
- The TIMS delegation also met with representatives of SADC who expressed a need to ensure that the RHIS is hosted at SADAC
- The Minister of Health was fully supportive of the OHSCs and integration into Botswana's health system post the grant



MALAWI

- TB was a regional epidemic but did not have a regional approach. This grant added that dimension
- Important to engage with the CCM as duplication of effort and resources would be a waste. Also, the CCMs have significant expertise in the field of programme implementation.
- Data was poor and sparse, therefore policy decisions are often impacted negatively
- Good country partnerships were essential to Community Systems Strengthening interventions as communities are ultimately the recipients of services delivered under this grant



ZAMBIA

- There was a need to properly identify ex-mine workers and their families. Mapping studies would be essential in this regard
- Cross-border referral was not a big issue in Zambia although internal migration was a feature
- Need to also address the issue of health worker protection as well as environmental protection
- Involvement of Chambers on Mines was important. Suggestion that the Chamber of Mines in each country is specifically targeted as part of grant stakeholder engagements
- Importance of collaboration with development partners was emphasized
- Long term sustainability of grant interventions depended on the extent to which grant activities are embedded within the country national strategic plans.
- The Permanent Secretary was fully supportive of the OHSCs and integration into Zambia's health system post the grant

The TIMS PMO have engaged with 8 of the 10 countries on the grant to date.

iv. Memorandum of Understanding Status

The Memorandums of Understanding between TIMS and the 10 countries involved in this grant indicates the high level of commitment by these countries to integrate Occupational Health Services Centres (OHSCs) into their country systems, ensuring that this important intervention is sustainable post the grant period.

The TIMS PMO have successfully entered into Memorandums of Understanding with Lesotho and Swaziland.

PROGRAMME IMPLEMENTATIONS STATUS

i. PMO Actions

Having observed the need to increase coordination efficiency to ensure coherence amongst implement partners as well as having a close handle on the implementation of interventions, the PMO initiated weekly progress update meetings with SRs following the TIMS Capacity Building and Coordination Workshop held early September.

- To date, several check-in meetings with SRs responsible for implementing interventions under TIMS Service Packages A to C have been held. Meetings with SRs will be done every Friday as the PMO seeks to ensure that milestones are achieved and that there is proactive risk mitigation.
- The first group of SRs was chosen based on scheduling of TIMS grant activities.
- Engagements with North Star Alliance and Enhancing Care Foundation were held to address delays in the prefabrication of the OHSCs. Key areas contributing to delays were identified during these engagements.
- North Star Alliance has moved swiftly to address these issues and heeded the PMO's call for speed in execution of activities and has undertaken to install the first OHSC by the end of October 2016.

- Additionally, a meeting with ADPP and IRD for Service Package C managed to address coherence and collaboration issues between the two SRs. Related to that, regular and ongoing engagements with other implementing partners such as TomTom, XDS, PHRU, OGRA and Select Research will be done as well.

Meetings with Country Coordinators

- The PMO held a meeting with the Country Coordinators at the end of the TIMS Capacity Building and Coordination Workshop.
- Several contractual and administration issues were discussed and the DCOP was able to address most of the issues in the meeting. Further engagement with individual Country Coordinators was completed for individual contractual matters.
- Coordination of the XDS Zambian engagement was not well planned, which resulted in several stakeholders not being met. This matter was addressed with XDS and the country coordinator and issues were resolved.

ii. Implementing Partners Project Status

EOH-XDS

Strengthening Referral Systems for Continuity of TB Care and Treatment in the Mining Sector in Southern Africa & Developing an IT Link to the Compensation Fund.

XDS EOH will assess 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. Recommendations for the development of a dynamic health information management system and cost considerations will be made at the end of the project.

PROGRESS UPDATE

XDS have 4 main deliverables:

- Assessment of current state of processes and systems in each country
- Consensus building on the architecture of a regional HMIS
- Design, test and pilot the regional HMIS
- Development of the IT link with Compensation Funds

XDS have completed 5 of the 10 countries engagements on deliverables a & b. Once all the country visits have concluded, they will analysis the data and make a proposal on the design of the regional HMIS. This is due in Q5 of the grant – Q1 of 2017

Activities & Objectives

- 
 - SADC country visits
 - Assessment and understanding of current systems and methodologies
- 
 - Assess TB Referral Systems in SADC Region
 - Understand the Data and Processes
- 
 - Build Consensus
 - Medical, Clerical and Technical
 - Regional Handshaking
- 
 - Propose a solution for the region
 - Build and deploy to 20 sites
- 
 - Monitor and Evaluate
 - Scale up for region
 - Report uptake and usage
 - Potential rollout – 1500 sites

Challenges

- Data Sharing and Hosting. Countries are willing to share data provided it is held by a Neutral Body .e.g. SADC. They also raised concerns about the hosting of the databases
- Legal Agreements to Data Sharing. All countries are willing to share data provided the Legal Agreements are in place. A MoU between the Ministries as well as the WHC would resolve this issue
- Country Co-Ordinators. There are still no Country co-ordinators for Mozambique and South Africa. We need the Country Coordinators to assist in meeting the key stakeholders

Regional Mapping Study of Key Populations & Health Services for the Mining Sector in Southern Africa

TomTom Consortium is conducting 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 1 of the project, will be visited by field teams to verify the data.

PROGRESS UPDATE

Excellent progress has been made on this project. Using a range of data sources, TomTom has mapped key population locations, mine locations and is finalizing health facility locations. Some field work is still necessary to finalise this.

In addition, TomTom has used their mapping technology to link each person mapped to the mine of origin and has thus derived the main transportation routes that they are expected to take. This will impact on the location of services for this key population.

TomTom is on track to complete the mapping exercise on schedule. The bulk of the Desktop Mapping and Data Collection have been completed, and we are finalizing analysis on the data. Fieldwork is also in process in 8 of the 10 countries.

CHALLENGES

Various challenges were experienced and valuable lessons have been learnt during the past few weeks:

1. Telephonic requests for information proved unsuccessful. The preferred way of engagement is face-to-face.
2. Much delays by various countries' requirement for Protocol and Ethical Clearance documentation.
3. Refusal of mining companies in sharing their employee data.
4. There is existing information available on mines and health care facilities, but that requires validation.

INTERESTING OBSERVATIONS

1. The Mapping study can form the basis of a central repository for Health Facilities in Africa, as we found that similar mapping initiatives were focused only on individual countries in isolation.
2. A large number of mines in the region do not contain any information related to name, activity or commodity mined.
3. Mapping of the demographic distribution within each country proved to be far more extensive than anything in existing format.

There are a number of important travel corridors connecting the feeder areas and the mines, which may influence the perception of a stationary vs. mobile clinic.

HIGHLIGHTS

TomTom were able to gather and capture a vast amount of data – mines, built-up areas, health facilities and demographic data - in a very short time. Our approach in identifying the Hotspot areas via spatial analysis is also unique and the methodology can be used for similar studies in future.

PHRU

Baseline Epidemiology Study on Tuberculosis, MDR-TB, Silicosis and HIV amongst Miners and Ex-Miners in Southern Africa.

The **main objective** of 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.

PROGRESS UPDATE

Good progress is being made on the epidemiological study.

Secondary data collection is almost complete. Initial data has been configured and presented to the PR. Key informant interviews planned for upcoming weeks. Delays have been experienced in getting ethical clearance for their work.

Project Aims

1. To collect, collate and analyse current and prior available secondary data in the mining sector that describes the epidemiology of TB, MDR TB, HIV/AIDS and silicosis in the ten countries;
2. To collect additional information on TB, MDR TB, HIV and silicosis by interviewing key informants;
3. Analyse available data to provide country specific comprehensive baseline assessments that identify hotspots and areas with few data;
4. Report to WHC as the PR on TB, MDR-TB, HIV and Silicosis amongst mineworkers, ex-mine-workers and peri-mining communities, and provide recommendations for setting baseline and targets for the TIMS project at regional level
5. Disseminate study results to recipients of other TIMS RFPs and also in research, occupational, and public health forums.

Outputs Archived To Date

- Completed literature search and citations review
- Data collection
- Data cleaning
- Data Analysis
- Estimating baseline indicators for each of the health districts for each country
- Completed 30% of the key Informants Interviews
- Identification of TB “hotspots” in most of the countries
- Applied for ethics approval in six countries, received ethics approval for four countries
- Presented the preliminary results from the literature search to the TIMS on 16 September 2016 at, Wits University.

Select Research

Knowledge, Attitudes and Practice (KAP) Survey to Inform an Information, Education and Communication (IEC) Strategy for the Mining Sector in Southern Africa

Objective: 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

PROGRESS UPDATE

Work has been hamstrung by delays in ethical clearance in some of the countries. This will translate to an overall delay in delivering this project. In this reporting period Zimbabwe, Zambia and Botswana have received ethical clearance.

Despite this, Select Research plans to accelerate work to regain lost time.

As of the end of this reporting period they have begun working on the implementation of the KAP Study in the 10 countries. Countries have started recruiting Research assistants for data collection. Training is set to start early October.

Task

Improve TB prevention, care and treatment behaviour through a Knowledge, Attitudes and Practice (KAP) Survey related to TB, HIV and Silicosis to inform an Information, Education and Communication (IEC) Strategy for the mining sector in Southern Africa. To be implemented in Botswana, Lesotho, Namibia, Malawi, Mozambique, Tanzania, South Africa, Swaziland, Zambia, and Zimbabwe

Activities

- Conduct a Knowledge, Attitudes and Practice survey for TB, silicosis and TB/HIV in the mining Sector to inform the barriers to behaviour change and access to TB services in each of the 10 countries
- Consolidate secondary data on existing communication strategies and tools in the region, and conduct a rapid assessment to identify gaps in the current strategies based on the evidence
- Analyse all available data to characterize the KAP study results and develop relevant recommendations for IEC interventions for TB/silicosis/HIV in the mining sector
- Compile a detailed report of findings for the 10 countries participating in the TIMS programme

Meropa Communications

Improving TB Prevention, Care & Treatment Behavior
(Communication Strategy)

Meropa is responsible for the 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.

PROGRESS UPDATE

The contract for Meropa Communications is being finalized. Budgets and work plans have been submitted. It is expected that the contractual process will be completed in early October.

OGRA Foundation

Managing the Occupational Health Service Centers (OHSCs)

Objective

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

PROGRESS UPDATE

OGRA Foundation is in the process of being contracted. Finalisation of budgets and work plans is current focus.

OGRA has already begun consultations with NSA/ECF on coordinating handover and operation of the facilities.' They are fully involved in discussions on the establishment of the OHSCs and are expected to provide valuable inputs and guidance.

IRD and ADPP

TB Screening and Active Case Finding

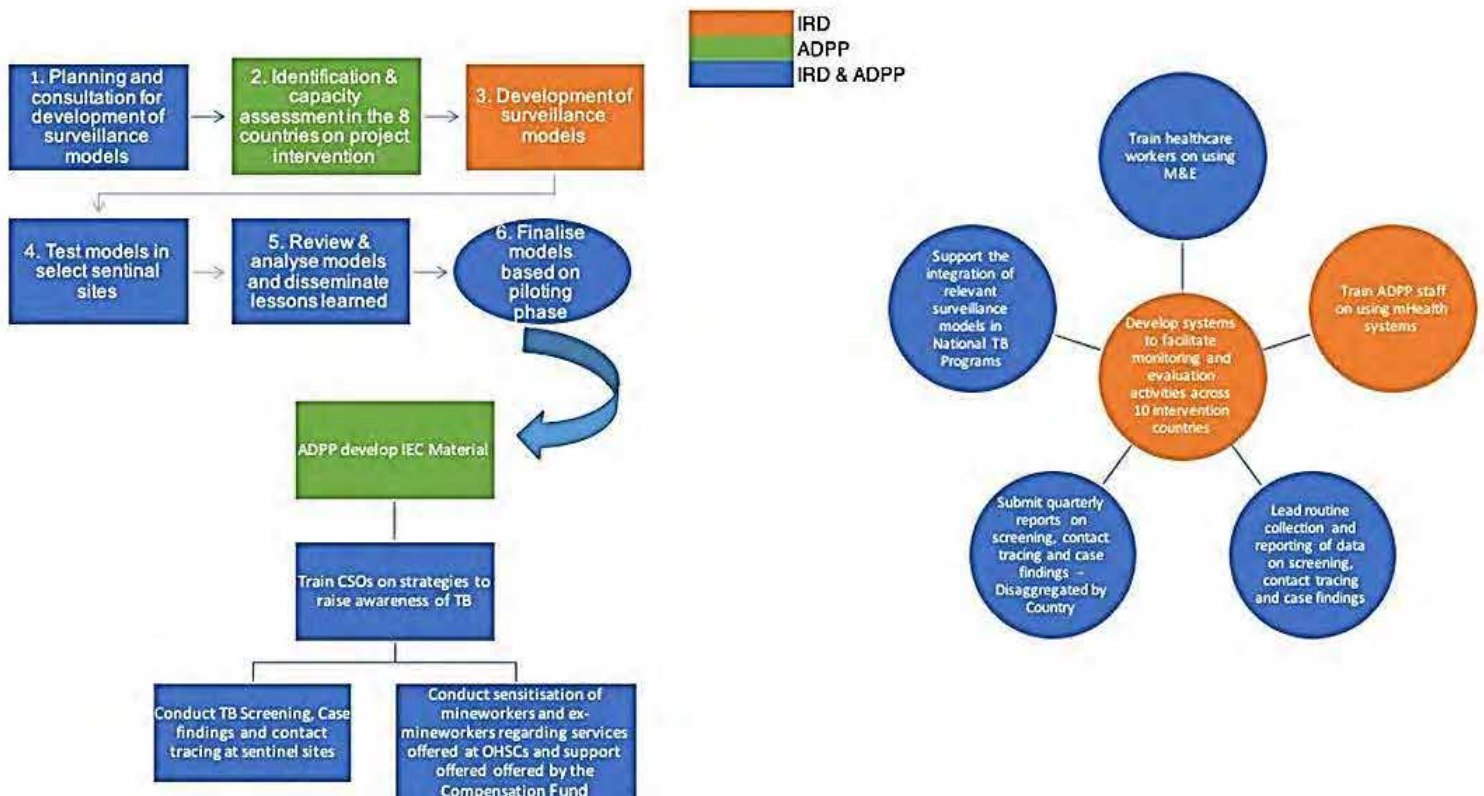
The **objective** of this package is to increase TB case finding and linkage to care among the key populations in the mining sector in Southern Africa. Key tasks under this service package has been divided between the two SRs, however there are obvious points of collaboration and interdependencies.

PROGRESS UPDATE

- Site selection for conducting screening is nearly complete
- Surveillance models to be completed by end October
- Screening tool agreed
- Training of field workers commenced
- M&E systems agreed

Screening begins first week in October.

Summary of IRD SA & ADPP Tasks



ACHAP

Community Systems Strengthening

Objective

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

PROGRESS UPDATE

- Contracting in progress

Key deliverables in Q4 include:

- Review of existing advocacy work in the region
- Develop strategy
- Train CSOs in advocacy methodologies

Health Focus

Objective

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

Prevention of TB in the Mines (Legislative Review)

PROGRESS UPDATE

Review of South African OHSCs near completion

Country engagements for the legislative review have commenced

Key next deliverables:

- 10 country report on legislative environment
- Development of dust control toolkit

KEY OUTPUTS

Health Focus has successfully contracted all experts and consultants and thoroughly planned and scheduled the ten country missions with the first two in-country field studies already being conducted. Over and above, the desktop reviews for each of the ten countries is at its final stage

This included:

- A review of the policy and legal framework for occupational risk protection, particularly dust control in the mining sector. These include assessment of the country links with multilateral / regional / sub-regional frameworks and guidelines.
- A macroeconomic assessment including employment sectors, labour market data and demography of the workforce, informal versus formal employment and economic data with emphasis on the mining sector
- Determining the organization, management and funding framework for occupational health and safety in the country including institutional mapping.
- Literature review on the implementation status of occupational risk and occupational health surveillance systems in the countries and their reach and effectiveness in order to build a national profile for the delivery of integrated occupational health services.

Last but not least Health Focus has concluded the development of the most important tools needed for the country assessments and already successfully concluded first country visits.

That is:

- A generic Dust Control Toolkit with a focus on small and artisanal mineworkers which will individually be adapted to each country context
- A generic Interview Questionnaire
- A Review Tool on dust control for country assessments
- Country visits Lesotho and Botswana

North Star Alliance (NSA) & Enhancing Care Foundation (ECF)

The **objective** is to scale up responsive occupational health services for the mining sector in 8 of the 10 countries participating in the TIMS programme

Establishing Occupational Health Service Centers (OHSC's)

PROGRESS UPDATE

ECF is leading the process of NTP engagement on the site and infrastructure requirements for the OHSCs. Lesotho has confirmed sites for the OHSCs and Swaziland country visit takes place in the last week in September.

NSA has commenced with the prefabrication of the container units that will house the OHSC. It is expected that the first OHSCs will be delivered by the end of October in Lesotho and Swaziland.

Main Deliverable

The main deliverables for this project are the establishment of 11 OHSCs in the eight countries participating in TIMS. These will be established in a step-wise fashion for each quarter, with Cluster 1 (Swaziland, Lesotho, Mozambique) being initiated in the third quarter. They are on track to deliver two OHSCs in Lesotho and Swaziland by end of October/early November with scale-up in Zimbabwe and Mozambique to follow. Site visits have been held with Lesotho and scheduled for Swaziland, with Mozambique and Zimbabwe pending. Inception calls with all NTPs have been held. Scale-up plans have been fast-tracked by the PR based on mapping activities and OH assessments in-country for Cluster 1, and Clusters 2 and 3 to follow upon receipt of relevant mapping data.

- Review the mapping studies conducted in the 8 countries to establish the availability and location of occupational health and compensation services in each country. This is for the purpose of establishing the existing resource base and determining the location of new OHSCs.
- Review the 2 existing OHSCs in South Africa to capture design and operational lessons that can be incorporated into the new OHSCs to be established.
- Review the available OH capacity and services in each country
- Develop a scale-up plan for OHSCs including detailed country-specific recommendations based on the assessment.
- Establish 11 OHSCs with potentially different models of delivery (mobile, fixed, prefabricated structures) with the requisite services (electricity, water supply and waste disposal) to offer a minimum package of standardized occupational health services to key populations.
- Hand these facilities over to the Sub-Recipient that will operate them, if applicable.

Activities

FINANCE

The project began ramping up significantly in Quarter 3. This is seen by the significant increase in expenditure on the project. The disbursements to date are as follows:

Details	US Dollars	Notes
Funding at 1 July 2016	1 595 905.49	1
Funding Received from the Global Fund at 30 July 2016	3 304 363.00	2
Funds Disbursed To Sub-Partners	(2 146 103.37)	3
Funds Disbursed to Sub-Recipients	(721 415.00)	4
Project Expenditure	(117 695.13)	5
Funds Remaining at 30 September 2016	1 915 054.99	6

Notes:

1. This was the funding that was not disbursed at 30 June 2016. The funding cycle ran from 1 May 2015 to 31 July 2016. As such there was an excess at the end of the period.
2. This was the fourth Disbursement received from the Global Fund in early August 2016.
3. The funding to the implementing partners TomTom Consortium, PHRU, Select Research and EOH-XDS was higher for this period as the activities that they were implementing were being accelerated to meet the deadlines. In the future, these payments will decrease and there will be an increase in the payments to the Sub-recipients.
4. The payments to the Sub-recipients were the inception payments. The expectation is that the Sub-recipients will begin reporting in October and there will be a marked increase in the expenditure to the sub-recipients.
5. This is the expenditure that was incurred by the Project Management Office in managing the project.
6. The reason for the funds remaining is due to the disbursement cycle.

In the last 3 months, there has been a significant increase in expenditure, this is due to 5 Service Providers being contracted and 4 Sub-recipients. In October the remaining service providers and sub-recipients will be contracted, as well as the equipment supplier for the equipment for the Occupational Health Services Centres.

A further disbursement is expected at the end of October to fund the fourth quarter.

i. Coordination and Capacity Building Workshop

In September 2017 the TIMS PMO hosted a 3-day Coordination and Capacity Building Workshop in Johannesburg, South Africa. The workshop was attended by all the implementing partners on the TIMS grant and sought to build capacity amongst this highly skilled and dynamic group of people.

With activity on the TIMS grant gaining momentum the workshop was also a key opportunity to coordinate the 12 implementing partners that are working on the 10 TIMS intervention.

Day one of the workshop was largely focused on implementing partners getting to know one another and the role they each play in this complex grant. Each implementing partner gave a presentation detailing who they were and what they did on the grant. The workshop feedback survey found that this was one of the most valuable activities for participants as they gained insight into the interconnectedness of the different interventions.

Day two of the workshop was more focused on capacity building as the TIMS PMO internal departments, that is M&E, Finance, and Communications used this as an opportunity to build consensus around reporting tools and expectations placed on the implementing partners. It was also an opportunity for the partners to raise concerns and input solutions to challenges already being experienced.

The final day of the workshop was dedicated to external stakeholders who shared the activities they were doing in relation to the grant. Present at the workshop were representatives from the World Bank, Global Fund, and Stop TB. The purpose of this session was aimed at looking at collaborations which could be fostered with external stakeholders doing similar work.

If you would like more information on the Coordination and Capacity Building Workshop you can view the consolidated workshop report at www.timssa.co.za

ii. **TIMS Dashboard Development**

GMS conducted the second visit from August 1-5, 2016 to configure and set up the TIMS Dashboard as well as train participants on the TIMS Dashboard.

Participants were:

- 2 Focal Points (Finance and M&E Specialists);
- DCOP;
- 1 PSM Manager;
- 2 M&E Coordinators;
- 1 Grant Manager;
- 2 TB Technical,
- WHC IT resource.

Third and final visit planned for October 17-28, 2016.

TIMS

Tuberculosis in the Mining Sector in Southern Africa

TIMS PMO Office Details

24 Saint Andrews Road,
Parktown,
Johannesburg,
South Africa.

Email: tims@witshealth.co.za

Website: www.timssa.co.za

Telephone: +27 11 274 9400