TIMS Quarterly Report

Q3: JULY - SEPTEMBER 2018

WITS HEALTH CONSORTIUM

Complied by the TIMS Principal Recipient

MESSAGE FROM THE CHIEF OF PARTY

The third quarter of TIMS implementation has been characterised by steady and improved operational, financial and compliance management. The PR is optimistic that these improvements will filter down to all implementers (SRs, SSRs, CSOs, etc.) to ensure efficient and timely management of the grant.

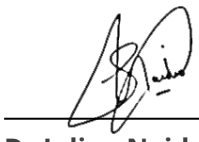
A significant milestone has been achieved in Q3. Zambia now has an Occupational Health Service Centre (OHSC)! This means that all 11 OHSC's are now installed in the given countries.

Grant implementation by SRs and their partners was planned to start in June 2018. However, due to significant revisions being required to the budget post grantmaking, SR contracting has been subsequently delayed. Several budget revision meetings have been conducted over the third quarter by the RCM, GF, LFA and PR to ensure that the budget is adequate to implement key interventions and to also align budgetary allocations to planned implementation arrangements. The RCM will hold an extraordinary meeting early in Q4 to ensure consensus is reached and that the grant begins full operation.

The delayed start has had a knock-on effect on the performance framework (PF) in that timelines have been severely contracted. The M&E unit found themselves back at the drawing board trying to harmonise programming with the budget.

The OHSC's continue to operate under the management of the PR and have diagnosed 1 200 new cases of TB during the past five quarters of operation. In addition, over 8 000 ex-miners and miners have been diagnosed with Occupational Lung Disease. The OH&TB unit continues to work closely with the MBOD to create efficiencies in the complex compensation process.

Sincerely,



Dr Julian Naidoo
TIMS – Chief of Party

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GENERAL GRANT UPDATE

Sub-Recipients Contracting
SR appointment process progress

The contracting of Sub-Recipients (SR) in TIMS Phase II was initially delayed to the end of August 2018 due to inherent budget constraints and structural rigidities that required revising before SR contracting.

This required re-engaging the Global Fund – Country Team (GF-CT) and the RCM in a roundtable to conduct potential reprogramming and budget revisions through identifying activity areas with duplicity, overlaps, dependencies and delayed start (un-spend budget savings) in order to rationalize and gain efficiencies in implementation.

These engagements between the GFCT, RCM, LFA, PR and external costing consultant appointed by the RCM took place during Q3. The outcomes of this review will be presented at an RCM meet that will be held at the beginning of Q4. The key outcome of this meeting is to reach a consensus on TIMS II programme design and budget.

Zambia Occupational Health Service Centre
The 11th OHSC has been established in Kitwe Zambia

Following protracted delays, due to tax clearance hurdles, the site is now under development but at an advanced stage with operations expected to start on the 1st of December 2018. The key staff have been recruited and are serving at the Kitwe OHSI awaiting deployment at the OHSC once the centre is certified ready for operations.

Pictured: Dr Mwanza (OHSI Executive Director) and Sr Muzipo (OHSC Nurse Manager)

OHSC Structure erected at the Kitwe OHSI

WORKSHOPS & MEETINGS

AIDS Conference –Amsterdam, Netherlands
23rd – 27th July

A small delegation from the TIMS programme attended the 22nd International AIDS Conference in Amsterdam.

The theme of this year's conference was "Breaking Barriers, Building Bridges", which focused on closing the gaps that result in many people living with AIDS being left behind. The theme also talked to the marginalization of key populations that still bear the brunt of social stigma in the quest to access health services and broader social acceptance. It, therefore, advocates the breaking the barriers of stigma, under-resourcing and access by using a rights-based approach as a bridge.

One of the key learnings that the delegation took away was that despite co-morbidity, AIDS and TB campaigns are still largely separate, competing for resources within a shrinking funding landscape.

UN High-level Meeting on TB - New York City, USA
26th September

TB was in the global spotlight this quarter as world leaders headed to New York City for the UN High-Level meeting on TB. The TIMS programme was present at the meeting with a representative from the PR and RCM both in attendance.

Heads of state and government along with their representatives who were present at the meeting submitted a draft resolution to the General Assembly, reaffirming the commitment to ending the global TB epidemic by 2030. The draft resolution can be viewed here.

HIGHLIGHTS

#UNHLMTB Meeting

END TB

UNITED NATIONS
HIGH-LEVEL MEETING ON THE FIGHT TO END TUBERCULOSIS
26 SEPTEMBER 2018, UNHQ, NEW YORK

CLICK HERE

PR Operations

Grant Management
Occupational Health and TB Unit

Managing the Occupational Health Service Centres (OHSCs)

The Principal Recipient (PR) has continued to manage the OHSCs during Q3.

Managing Human Resources has been a critical component with 96 staff members spread across 11 centres in 8 countries. The PRs Human Resource Manager has spent time at each of the OHSC's addressing conditions of employment, specifically those concerning salaries, contracts, gratuities and leave, as well as assessing future transition options.

The logistical support systems (consumable stores and petty cash) are operating optimally. However, internet issues remain problematic in some countries but there has been progress in obtaining faster and cheaper data contracts – *data availability is important as it is needed to ensuring that the OHSC IT Compensation Link and chest X-ray Picture Archiving and Communication Systems (PACS) are fully utilised.*

As is to be expected, with some of the OHSCs now operating for over a year, infrastructure maintenance requires ongoing attention. The PR is addressing issues related to clean water supply, sputum handling facilities, insect screening and storage of medical records, amongst others.

OHSC Statistics *from* TIMS I Quarter 7 (Jul – Sept 2017) *to* TIMS II Quarter 3 (Jul - Sept 2018)

OHSC Statistics	TIMS I Q7	TIMS I Q8	TIMS II Q1	TIMS II Q2	TIMS II Q3	July 2018	Aug 2018	Sept 2018
Total clients seen (miners, ex-miners, family and community)	2343	6473	5380	5874	**7584**	2424	2791	2369
Miners and ex-miners seen (subset of total)	1896	5177	3929	4269	**5241**	1629	1983	1627
Occupational Lung Disease (OLD) diagnosed by OHSCs	783	2161	1545	1852	**2268**	783	878	607
OLD %	41%	42%	41%	43%	**42%**	48%	44%	37%
Certified as compensable by the MBOD (1st or 2nd degree) **Q** to date	0	62	126	-	**266**	-	-	140
TB cases diagnosed	48	224	292	322	**313**	120	89	104
TB yield	2.1%	3.5%	5.4%	5.5%	**4.1%**	4.9%	3.2%	4.4%

During the 3rd quarter, 7 584 clients were seen at the OHSCs and 2 268 cases of occupational lung disease (OLD) were diagnosed. The 42% prevalence of OLD in mineworkers and ex-mineworkers, is similar to that of previous quarters, reflecting a significant burden of disease in this population.

8 609 clients have been diagnosed with OLD over the past 5 quarters and the OHSCs have sent 3 769 BME to the MBOD in Johannesburg. 859 of these BMEs have been sent to Certification Panel and there are 629 findings: 266 are 1st or 2nd degree; 108 are TB (mostly old TB scarring); 201 were found not to be compensable; 43 were deferred and 11 had other issues. The 266 1st and 2nd degree and 108 TB cases comprise 59.5% of certification findings. This means that 26% (60% of 43%) of ex-miners and miners attending the TIMS OHSCs are determined to have a compensable OLD, in terms of current MBOD criteria. The MBOD Certification Panel criteria for OLD compensation awards are stricter than those found in many other compensation jurisdictions (including the South African Compensation for Occupational Injuries and Diseases Act), so many more miners and ex-miners may have an OLD but their impairment does not yet meet the MBOD's high requirements for compensation.

Despite TIMS providing two administrative clerks to assist with expediting MBOD processes, more effort is required to improve the MBOD system - the electronic solutions developed by TIMS (IT Compensation link and PACS) will assist in this regard.

There continues to be a high rate of TB diagnosed at the OHSCs: 313 new cases of TB during the past quarter, translating into a **TB yield of 4.1%**. Such high TB rates are a concern, as these clients were ostensibly well (undiagnosed) and in the community before being diagnosed with TB at the TIMS OHSCs.

TB Yield in ASM areas

The highest TB yield rates are amongst artisanal and small-scale miners (ASM) in Tanzania (45 TB cases amongst 454 clients seen = 10%) and Zimbabwe (92 TB cases amongst 693 clients seen = 13%). The TB yields for the Lesotho and Swaziland OHSCs are much lower (2.9% and 1.6%, respectively). TB yields at the two Mozambique OHSCs are quite different, as is the total number of clients seen: Mandlakazi saw 430 clients in the past quarter and diagnosed 36 cases of TB (8%), whilst Marien Ngoubi saw 2 763 clients and diagnosed 56 cases of TB (2%). The lower yields at Marien Ngoubi have been investigated and actions were taken – the low TB yields are thought to be a consequence of large numbers of clients attending the OHSC (simple overload of capacity), poor sputum quality and overload of the 4 module Xpert MTB/RIF.

Mobilisation and Transport Provision

One of the main reasons for low client attendances at certain OHSC's is that clients simply cannot afford the transport costs. Over the last few weeks of the 3rd quarter efforts were made to mobilize and transport clients into the OHSC's – this entails using a mobiliser in the key population area to organise clients on certain days and then arranging transport into the OHSC. These efforts have been particularly successful at Kibong'oto (Tanzania) and Kadoma (Zimbabwe) with marked increases in client numbers for relativity low cost: Kibong'oto USD $5 per client; Kadoma between USD $4 per client (for nearby areas) and up to USD $18 per client (for areas further afield, such as Bulawayo). In the case of Kadoma, many of the ex-South African miners live in the Bulawayo area.

Transition of facilities to host governments

The transition of the OHSCs to host governments needs to be concluded by 31 December 2019. This was intended to be a joint activity involving the RCM, PR, NTPs, SRs and relevant Ministries of Health, Mines, Labour, etc. Given the delays with appointing SRs, the PR will work with the RCM and NTPs to commence engagements on transition plans in Q4 or as soon as possible.

Monitoring & Evaluation

During the quarter under review, the M&E Unit was absorbed in the revisions to the grant performance framework.

Revision of Grant Performance Framework

In the last quarter, the unit shared, with the RCM and Global Fund Country Team, the proposed grant performance framework (PF). The revision was necessitated by the need to use the most up to date data from country NTPs to set baselines and targets. The proposed revised PF also took cognisance of comments made by the RCM on the ability for the grant to meet targets given that sub-recipients (SR) are yet to be contracted, as such a 5% increase from baseline values was adopted for 2018, with 10% increase for subsequent years. When SRs come on board potentially in Q4, accelerated implementation plans will be adopted, which can make significant strides towards the set targets. Updating the grant PF also entailed replacement of some implementation districts based on feedback received from NTPs. List here is the TIMS implementation districts in each country.

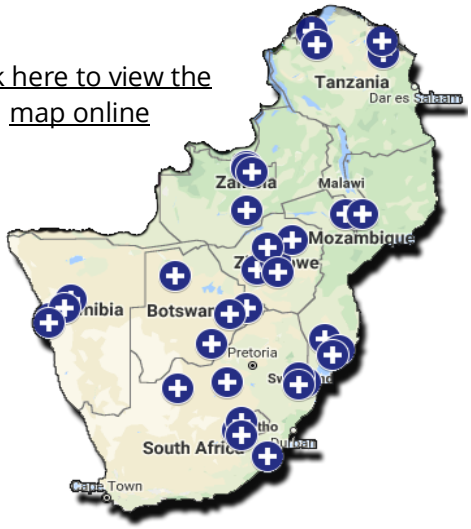
Important to note are changes to baselines and targets that the revision influenced. Compared to the grant PF which forms part of the grant agreement, the review resulted in a reduction of 9% in the baseline value for the TB case notification target, a 16% reduction in year 1 target, 12% in year 2 and 7% in year 3 for the same indicator. These cited statistics are at the regional level.

The process of revising the baseline and targets entailed consultations with NTPs of all ten countries for updated (2017 TB notification) data on outcome and coverage indicators which were not available when the grant PF was drawn up. The PR has since submitted the revised performance framework to the RCM and Global Fund Country Team and hopes to finalise this as soon as possible.

COUNTRY	DISTRICTS
Botswana	Kwaneng(Molepolele), Ngamiland, Selibe Phikwe, Serowe Palapye
Lesotho	Mafeteng, Maseru, Mohales Hoek
Malawi	Chiradzulu, Neno, Phalombe
Mozambique	Guija, Mandlakazi, Xai-Xai, Chebuto,Chokwe
Namibia	Omaruru, Swakopmund, Usakos, Walvis Bay, Aranos, Tsumeb, Otijiwarongo
South Africa	Dr Kenneth Kaunda, OR Tambo, John Taolo Gaetsewe, Francis Baard
Swaziland	Lubombo, Manzini, Shiselweni
Tanzania	Geita, Kahama, Simanjiro (Mererani), Siha (Kibongoto), Tarime DC (North Mara)
Zambia	Chililabombwe, Chingola, Kitwe, Shibuyunji,Ndola Rural, Solwezi
Zimbabwe	Bubi, Kwekwe, Mazoe, Sanyati, Shurugwi, Hurungwe

List 1: TIMS Implementation District

Click here to view the map online



Training and Refresher Training on use of High-Risk Group Stickers

The training for healthcare workers on how to use risk group stickers and produce TB reports disaggregated by Key Population group that started last quarter continued in quarter 3. The M&E unit conducted training in Botswana, Malawi, Mozambique, Swaziland and Tanzania. Training for the remaining countries will be concluded in quarter 4.

Finance

Q3 Budget Analysis

Burn Rate Q3

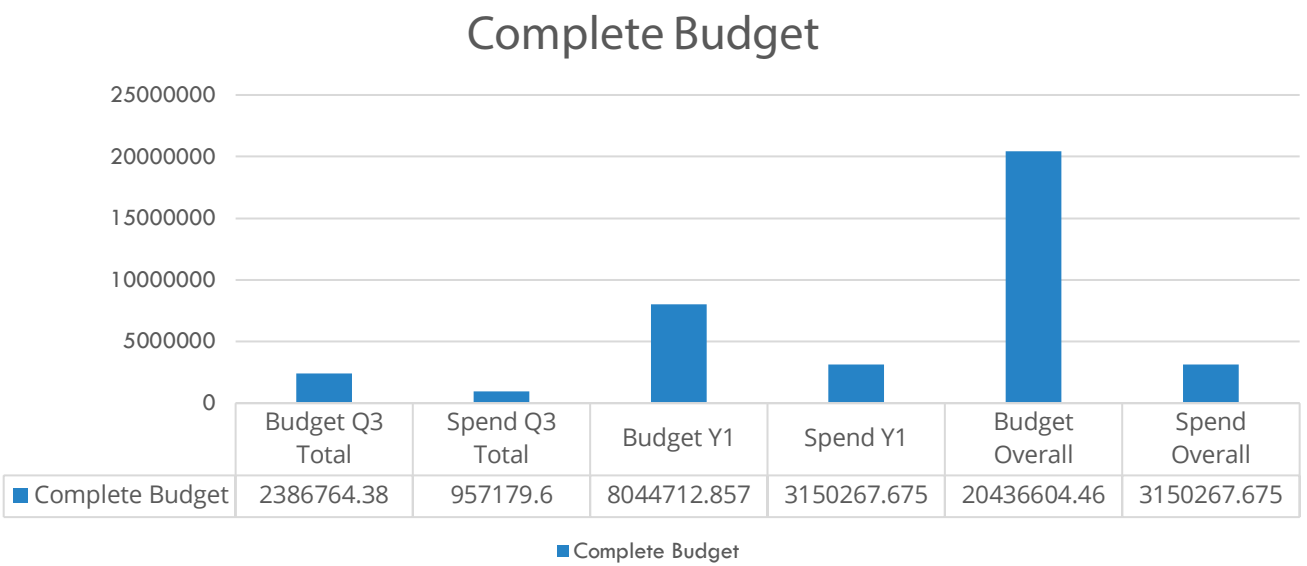
40%

Burn Rate Year 1

39%

Burn Rate Total

15%



BUDGET VARIANCES There is a large budget variance for the period in Q3, this is **due to the delayed contracting of the Sub-Recipients (SR).** The SR's were budgeted to start in Q3, however, due to a number of delays, the SR's could not be contracted. Due to the delays, the only operational items were the Occupational Health Service Centres. 10 of the 11 centres were fully operational and were the largest contributor to the spend in the period.

ADDITIONAL NOTES The reallocation of the budget in Q3 will have an effect on the Budget Year to Date and the Budget Year 1, we should see some budget items shifted to later periods and we will see the Q1 unused expenditure allocated to later periods smoothing over the short spending in Q1.

TIMS

TUBERCULOSIS IN THE MINING SECTOR IN SOUTHERN AFRICA

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