

# FORGING STRATEGIC PARTNERSHIPS TO FIGHT TB AND HIV



## TB/HIV CARE ASSOCIATION

NPO 002845 • 1929 - 2009

### ANNUAL REPORT 2010





# MEMORANDUM TO THE SOUTH AFRICAN MINISTER OF HEALTH

WORLD TB DAY COMMEMORATION, 27 MARCH, 2010

## As NGOs we commit ourselves to:

1. Work in partnership with the Department of Health, other NGOs, civil society, the private sector and communities to fight TB and HIV.
2. Assist the government to increase access to TB and HIV diagnosis, treatment and adherence support. This will include establishing community-based HIV counselling and testing teams that routinely screen clients for TB and sexually transmitted infections, referring HIV-positive clients and TB or STI suspects to health facilities and ensuring that referred clients access health services and receive appropriate care and treatment.
3. Assist the Department of Health through training and mentorship to provide quality TB/HIV integrated care at facility and community levels.
4. Assist the Department of Health in the decentralisation of MDRTB services including strengthening community infection control measures.
5. Link TB and HIV-positive clients with community care workers who provide adherence support to ensure that TB patients are cured and that HIV-positive clients remain in HIV care and adhere to antiretroviral treatment.
6. Build the capacity of community workers to provide a comprehensive package of care that includes TB/HIV prevention, diagnosis and treatment adherence support.
7. Monitor and evaluate community based activities and be accountable for treatment outcomes of patients that we support.

## Together, we call on the South African Department of Health to:

1. Recognise NGOs as true partners by establishing a forum for NGOs involved in TB and HIV services to be consulted during the development of strategies and plans to fight TB and HIV. This South African Stop TB Partnership should be established before the second South African TB Conference is held in Durban from 1 to 4 June 2010 to show the commitment of the government to consult and work in partnership with civil society.
2. Increase TB education and awareness through the HIV counselling and testing campaign and ensure that all HCT clients are screened for TB.
3. Move beyond treating TB and HIV under one roof to providing integrated care under one ceiling so that patients can receive comprehensive care from the same clinician. Ensure that all TB patients are tested for HIV and all HIV clients are screened for TB. In order to provide a patient-centred care and prevent patients being lost between services, develop a plan to decentralise antiretroviral treatment to primary care level such that every TB treatment point is able to provide antiretroviral treatment. This will require the upskilling of nurses to initiate patients on antiretroviral treatment.
4. Implement isoniazid preventive therapy as part of a comprehensive package of HIV care in all health facilities before next World TB Day.



5. Decentralise MDRTB services linked with strengthened infection control measures at facility and community levels.
6. Support NGOs to strengthen the link between health facilities and communities by ensuring that each health facility has a funded community team leader who allocates patients to comprehensively trained community care workers. Ensure that clinic staff meet at least monthly with the supporting NGOs.
7. Standardise stipends for comprehensively trained community care givers who provide integrated support for TB and HIV clients and abolish the inequities that currently exist between TB treatment supporters and HIV community care givers.
8. Allow NGOs that are entrusted with providing support to TB and HIV clients to access facility-based registers so that they can monitor and evaluate their programmes and be accountable for the treatment outcomes of the patients that they support.
9. Respond to this memorandum with concrete plans before the South African TB Conference commences on 1 June 2010.

Accepted by:

Dr Aaron Motsoaledi

Date: 27 March 2010

Minister of Health, South Africa

Contact: Prof Harry Hausler, Director, TB/HIV Care Association

Cell: (082)779-0045, Email: hhausler@tbhivcare.org

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• Thibault Square photographs - Takawira Dapi

• Layout and Design - Barbara Lellyett



# MEMBERS

## EXECUTIVE COMMITTEE MEMBERS

*Mr Lionel Janari*  
Chairman

*Ms Ida Mbele*  
Vice-Chairperson

*Mr Patrick Chong*  
Treasurer

*Ms Diane Fairhead*  
Hon Life Member

*Ms Yvonne Galvin*

*Ms Johanna Honeyman*

*Dr Erma Mostert*

*Mr Lionel Ridderhof*

*Miss Maria Sifanelo*

*Ms Stacie Stender*

*Dr Andrew Young*

### Ex Officio

*Prof Harry Hausler*  
Director

*Ms Ria Grant*  
Senior Advisor

## MEMBERS

*Dr Harold Ackerman*  
Hon Life Member (Deceased)

*Dr Virginia Azavedo*

*Dr Therese Fish*

*Ms Pamela Geary*  
Hon Life Member

*Dr Frederick Marais*

*Ms Iris Mathinise*  
Hon Life Member

*Mr A Mokodam*

*Dr Michael Popkiss*  
Hon Life Member

*Prof Fraser Ross*  
Hon Life Member

## TECHNICAL ADVISORY COMMITTEE

*Dr Karen Jennings*  
Head: AIDS, STI, TB,  
City Health, City of Cape Town

*Mr Anthony Joseph*  
Regional Coordinator: Health,  
Department of Correctional Services,  
Western Cape

*Dr Erma Mostert*  
Director: Brooklyn Chest Hospital

*Dr Lindiwe Mvusi*  
Director: TB,  
National Department of Health

*Ms Annatjie Peters*  
Activity Manager: TB/HIV, Centers  
for Disease Control and Prevention

*Dr Roger Phili*  
Director: HIV/AIDS/STI,  
KwaZulu-Natal Department of  
Health (has moved to NHL)

*Ms Marlene Poolman*  
Deputy Director: TB,  
Western Cape Department of Health

*Dr Maureen van Wyk*  
Executive Director,  
NACOSA

## ACKNOWLEDGEMENTS

**The Management and staff of TB/ HIV Care Association wish to record our thanks for the support received during the year.**

- *ABSA Trust*
- *Alan and Gill Gray*
- *Bargaining Council for the Building Industry Western Cape*
- *BOE*
  - The E.L Darter Charitable Trust
  - The L & S Chiappini Charitable Trust
  - The Joan St Leger Lindbergh Charitable Trust
  - The C & E Harding Trust
- *Centers for Disease Control and Prevention (CDC)*
- *City of Cape Town*
- *Community Chest of Western Cape*
- *Jet Lee Will Trust*
- *National Department of Health*
- *National Lottery*
- *Presidents Emergency Plan for AIDS Relief (PEPFAR)*
- *Provincial Government of KwaZulu Natal*
  - Department of Health
- *Provincial Government of the Western Cape*
  - Department of Health
  - Department of Social Development

# HIGHLIGHTS 09-10



## World TB Day

World TB Day is commemorated annually on the 24th March. This year TB/HIV Care Association collaborated with Treatment Action Campaign (TAC) in a rally on Thibault Square which was attended by hundreds of community members, community care workers and other TB/HIV Care staff. A memorandum was handed to Theuns Botha, MEC for Health of the Western Cape, who acknowledged the good work being done by TB/HIV Care. TB/HIV Care Association also collaborated with the South African National TB Association and a number of NGOs during a march to hand over a memorandum addressed to the National Minister Department of Health. With this memorandum outlining critical issues in the fight against TB and HIV acknowledged by government, significant media coverage of the event, a health expo at the Golden Acre to expand awareness, and a phenomenal turn out of support, the events were highly successful in mobilising communities and advocating for improved service delivery.

## Sisonke District Site Visit

A supportive supervisory review site visit by CDC and Department of Health was conducted in the Sisonke District on the 17 and 18 November 2009. The delegation consisting of national, provincial and district management visited Franklin Health Post, Kokstad Clinic, St Margaret's Hospital and Ixopo Health Centre.



The delegation broke up into five groups to audit the VCT, TB, Pre-ART and ART registers as well as an infection control component. Key considerations were reviewed such as access to HCT, TB/HIV integration, correct diagnosis, treatment and management and adherence to care.

## TB/HIV Care Caravan Fleet

There has been such a demand for HIV counselling and testing (HCT), and screening for TB and STI's that TB/HIV Care has expanded its caravan fleet to three fully branded and specially-modified caravans in the Western Cape. These caravans are essential for our mobile HCT teams who often work outdoors in extreme weather conditions and who need to offer privacy for each consultation. The teams sometimes get up in the early hours of the morning so that they can be on the road in time to get to the farms, factories or informal settlements where they will be providing free services. The flexibility of the mobile teams, who set up after hours, on Saturdays and in all sorts of venues, means that people who would not ordinarily visit a clinic have access to an HIV test and can be screened for TB and STI's. These customized caravans help deliver these potentially life-changing interventions.



## TB/HIV Care Programme Manager visits International Tuberculosis and Lung Disease Conference in Mexico

TB/HIV Care's Programme Manager for Khayelitsha, Ms Mavis Nonkunzi, travelled to Cancun, Mexico, to present a paper at the 40th Union World Conference on Lung Health hosted by the International Union against Tuberculosis and Lung Disease from the 3-7th of December 2009. The session was chaired by Professor Harry Hausler. Ms Nonkunzi addressed delegates on the role of communities in scaling up TB and HIV services; in infection control; and in poverty alleviation. She notes that it was interesting to find that comparable programmes in other countries are experiencing similar difficulties to those she has observed in South Africa; stigma, discrimination and the high turnover of community care workers. Although she admits she was tense before her presentation, Ms Nonkunzi enjoyed sharing her knowledge and expertise. She describes the experience of participating in this conference as something she will never forget.

# MANAGEMENT COMMITTEE



**Harry Hausler**  
Director



**Ria Grant**  
Senior Advisor



**Tshego Mpenpe**  
Advocacy  
Communication &  
Social Mobilization  
Manager



**Phebe Gribble**  
HIV Counselling and  
Testing Manager



**Anben Naidoo**  
Clinical Manager



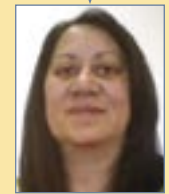
**Marjorie Ntobongwana**  
Community Based  
Services Manager



**Vuyi Skiti**  
Monitoring &  
Evaluation Manager



**Patrick Scheepers**  
Human Resources  
Manager



**Shahieda Solomons**  
Financial  
Administrator

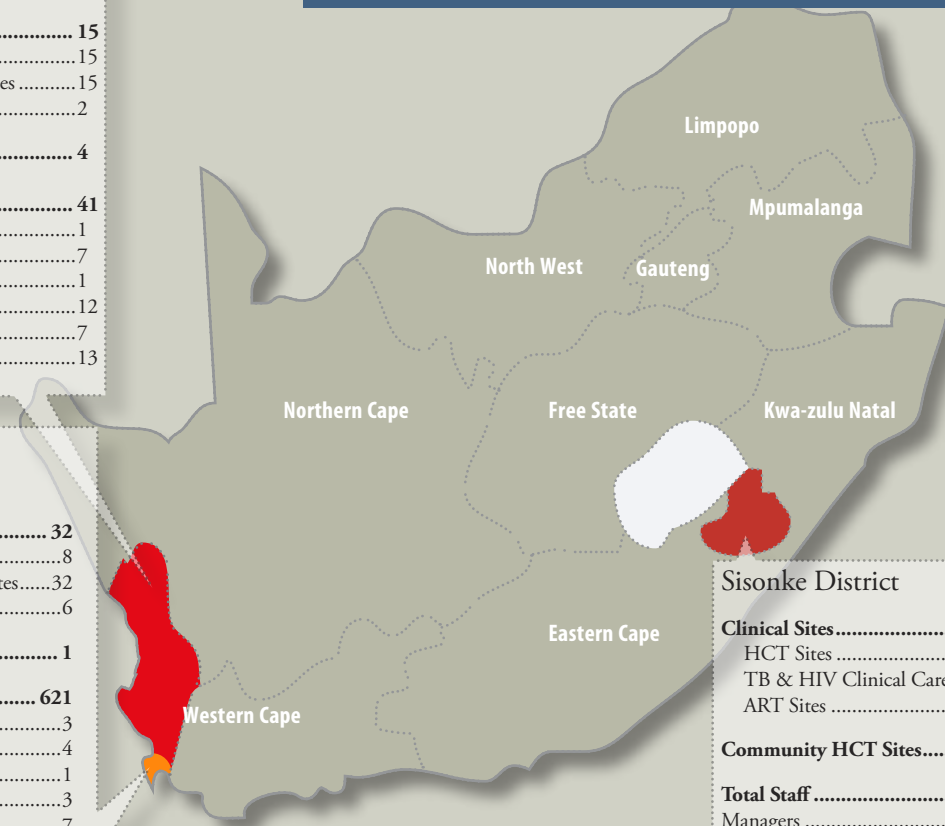
## West Coast District

<b>Clinical Sites</b> .....	15
HCT Sites.....	15
TB & HIV Clinical Care Sites.....	15
ART Sites.....	2
<b>Community HCT Sites</b> .....	4
<b>Total Staff</b> .....	41
Nurse Mentors.....	1
Professional Nurses.....	7
Enrolled Nurse.....	1
Lay Counsellors.....	12
Data Capturers.....	7
Community Team Leaders.....	13

## City of Cape Town Metropolitan District

<b>Clinical Sites</b> .....	32
HCT Sites.....	8
TB & HIV Clinical Care Sites.....	32
ART Sites.....	6
<b>Community HCT Sites</b> .....	1
<b>Total Staff</b> .....	621
Programme Managers.....	3
District Co-ordinators.....	4
Professional Nurses.....	1
Lay Counsellors.....	3
Community Team Leaders.....	7
Community Care Workers.....	475
Adherence Counsellors.....	5
TB Assistants.....	57
TB Clerks.....	40
Area Treatment Supporters.....	24
Drivers.....	2

## TB/HIV Care Association Areas of Operation



## Sisonke District

<b>Clinical Sites</b> .....	28
HCT Sites.....	28
TB & HIV Clinical Care Sites.....	28
ART Sites.....	11
<b>Community HCT Sites</b> .....	5
<b>Total Staff</b> .....	97
Managers.....	2
Administrator.....	1
Nurse Mentors.....	5
Professional Nurses.....	12
Lay Counsellors.....	22
Data Capturers.....	28
Community Health Facilitators.....	10
Community Care Workers.....	12
Drivers.....	5

# CHAIRMAN'S REPORT

## LIONEL JANARI - CHAIRMAN

**This was my first year in the position of chairperson of the TB/HIV Care Association board. The role of a chairperson, whose responsibilities are to give strategic direction to an organization and to ensure good governance, is a daunting task for anyone. In South Africa, which has the highest incidence rate of TB in the world and where 71% of people with TB are co-infected with HIV, being the chairperson of an organization whose vision is an environment free of TB and HIV, is especially challenging.**

This year saw a change of guard as Ria Grant retired as Director from TB/HIV Care Association and became a Senior Advisor. Ria has spent some thirty years with the organization, most of it as Director, and has steered TB/HIV Care Association to the prominent and promising position it occupies today. To this end, we honour her. May she be blessed with many grandchildren.

Stepping onto the plate is Prof Harry Hausler, who has been appointed as the Executive Director. Harry has been with TB/HIV Care since 2007, working as the Medical Director on the PEPFAR project. We welcome him into his new position. In the Director's report, Prof Hausler will



give details on the organization's activities for the past year.

One of the most exciting initiatives of 2009 has been the collaboration achieved with organizations working in the same field. With a general recognition of the need to forge partnerships in the fight against TB and HIV, World TB Day 2010 saw several NGOs join hands in a march to commemorate the day. Since then, several joint projects have developed and the co-operation between these organizations is on-going.

TB/HIV Care's work is dependent on partnerships. We would like to thank all our partners; government departments, donors, and the

communities in which we work; for making it possible for us to carry out our mandate. To the full time staff and close to 500 community-based workers, we can only salute you.

I also express my gratitude to my fellow board members, who are all volunteers. The insight, wisdom and knowledge they bring to our deliberations can only be commended. This year we will honour a past chairperson and member of the board, whose association with us has been long. Ms Johanna Honeyman will receive a life membership to TB/HIV Care Association in recognition of her service and dedication to the organization.

With such strong partnerships underpinning TB/HIV Care Association, we are confident that the organization will continue to contribute towards the battle against TB and HIV. "We will overcome some day".

# SENIOR ADVISOR'S REPORT

## RIA GRANT - SENIOR ADVISOR

I retired officially as Director of TB/HIV Care Association on 31 December 2009 after joining the organization in 1976 as a case worker. As an organization we have come a long way since then when the staff complement comprised of only a secretary and me. The caseworker's role was very specific. In addition to interviewing and assessing indigent tuberculosis (TB) patients at the municipal clinics, assisting with applications for disability grants and unemployment insurance benefits, doing home visits, paying out small cash grants which had been approved by the Case Committee to "deserving patients" and paying out pocket money of R5 to destitute in-patients at the Brooklyn Chest Hospital once per month, I also had to ferry committee members to and from meetings.

For the first time in my life I came face to face with the impact of discrimination and the frustrations of dealing with different sets of rules for different groups of people. The most deserving were also the most marginalized and always the most jeopardised. I also realized that patients need more than treatment and diagnostics and that for as long as social support and empowerment are not deemed to be an integral part of



the package of care, the burden of TB will remain with us forever.

The implementation of community based TB treatment support in 1992 was undoubtedly the single biggest event for TB/HIV Care which resulted in the association's exponential growth. This took the organization into the heart of the community and opened up opportunities for community development. It was the start of a strong partnership between the South African Government (health services and social development) and civil society. The community based TB treatment programme also involved us in a World Health

Organisation research project on the cost effectiveness of community based care. Our programme was unique in that we were the only TB organization focusing on TB patients while the other WHO project participants from the rest of Africa were AIDS organisations delivering a TB service on the side.

The job has not been without challenges. Top of the list were financial sustainability and the impact of the AIDS pandemic.

As much as we prided ourselves on being a TB organization we realized that more and more we were having to provide support and care for two diseases in one patient and that integration of TB and HIV was needed.

And so it was that I met up again with my colleague Professor Harry Hausler in a parking lot outside the US Embassy where we had attended an information session about applying for PEPFAR funding. Harry wanted to get more involved in programme implementation and I was looking for a way to ensure that there was sufficient funding to be able to hand over a fully functional and financially sustainable organization as I joined the ranks of the retirees. We decided to work together on a funding proposal.

We were fortunate. Our application for funding was favourably received in



I have now happily handed the reins over to Prof Harry Hausler who has taken the organization to new heights with a far bigger vision than I could have imagined.

2007 and once again the organization grew in leaps and bounds. We changed the name to TB/HIV Care Association. We expanded into KwaZulu-Natal. I have now happily handed the reins over to Prof Harry Hausler who has taken the organization to new heights with a far bigger vision than I could have imagined.

As from 1 January 2010, I was employed as Senior Advisor in a part-time capacity.

### **The Developing Country NGO Delegation to the Global Fund for AIDS, TB and Malaria (GFATM)**

**Stacie Stender nominated me for a position on the delegation when the call for applications went out.**

I was appointed in March 2009 and have found it extremely fulfilling. Up until then I was aware of the Global Fund and its good work with TB, AIDS and malaria but for me it was an entity very far removed from where I worked. The Global Fund board is made up of a number of constituencies of which the Developing Country

NGO Delegation is one. Each constituency has an elected Board member with a vote and an alternate Board member who are replaced every two years. The role of the delegates is to deliberate various issues affecting civil society and to come up with strong recommendations which the Board member puts forward or votes on at the Bi-annual Global Fund Board meetings. It is also our responsibility to give information back to the constituencies which we represent at local level.

I attended the induction meeting in Buenos Aries in October 2009 where the delegates got to know each other and learn about our advocacy role in the Delegation. There were representatives from Africa (Somalia, Zimbabwe, South Africa, Senegal, Kenya), Latin America and the Caribbean, Eastern Europe and Central Asia and China. I attended my first GFATM meeting in Addis Ababa in November 2009. That was another enlightening experience. Successfully lobbying for the call for Round 10 proposals to go ahead was one of the achievements at this meeting.

The Global Fund is committed to actively engaging civil society in its deliberations and to this end a set of guidelines on community systems strengthening have been developed. Replenishment is a concern in the current economic climate as this will determine whether the Global Fund will be able to continue providing the same level of support through to 2015.

The GFATM is a well run organization with good governance policies in place and they are addressing the health needs of key affected people. They deserve all the financial support they can get from countries and donors.



# DIRECTOR'S REPORT

## HARRY HAUSLER - DIRECTOR

**I start this annual report by acknowledging the enormous contribution made by Ria Grant who retired from the position of Director in December 2009. Under Ria's leadership, TB/HIV Care Association became recognised as one of the most effective NGOs providing community based TB adherence support in South Africa. I am grateful for her continued guidance as Senior Advisor and for her role as an African regional representative in the Developing Country NGO Delegation to the Global Fund for AIDS, TB and Malaria. I am honoured to follow her as Director of TB/HIV Care.**

Tuberculosis (TB) and HIV are the most important public health challenges of our time. There were an estimated 9.4 million cases of TB and 33.4 million people living with HIV globally in 2008. South Africa is especially hard hit with the second highest TB incidence (960/100,000 with 476,732 cases), of whom 71% were HIV-positive, and the highest number of people living with HIV (5.7 million) in the world in 2008.

The theme of this report is "Forging strategic partnerships to fight TB and HIV" which is the same theme that I chose for the 2nd SA TB Conference (Durban, 1-4 June 2010) when I was



asked to chair it in July 2009. This theme reflects that the magnitude of the dual TB/HIV epidemic is too great for any role player to address alone. There is a need for partnerships between government, non-governmental organisations, health workers, researchers, the private sector and communities to develop effective strategies to fight TB and HIV and to ensure access to TB/HIV services.

On 1 December 2009, President Jacob Zuma announced an ambitious plan to test 15 million people by June 2011 and increase access to antiretroviral treatment (all TB patients and pregnant women with CD4 <350 and regardless of CD4 count, all children under one year of age and all patients with multi drug resistant TB). TB/HIV Care is fully committed to

assisting the Department of Health achieve these goals.

A critical role that TB/HIV Care plays is helping to increase access to services and to reach communities through partnerships, task sharing and the involvement of community care workers. This year we gave special attention to interventions that decrease the burden of TB in people living with HIV including TB infection control, intensified TB case finding and isoniazid preventive therapy to treat latent TB infection. These interventions are known as the '3 I's'. A fourth 'I' is integration of TB and HIV services such that patients receive both TB and HIV care from the same health worker at facility level and the same care worker at community level. We have worked closely with the Department of Health to assist with the delivery of patient-centred integrated care at facility and community levels.

TB/HIV Care has continued to grow this year supporting 15 facilities in the West Coast district in the Western Cape and 28 facilities in Sisonke district in KwaZulu-Natal. In the Cape Town Metro, we have mentored other organisations to provide services in Eastern, Northern and Tygerberg sub-districts and support 32 facilities in the other 5 sub-districts (Khayelitsha, Klipfontein, Mitchell's Plain, Southern and Western).



Our management team is motivated, competent and committed. Phebe Gribble continues to lead the HIV Counseling and Testing (HCT) unit, Dr Vuyi Skiti continues to head the Monitoring and Evaluation unit and Shahieda Solomons continues as our Financial Administrator. We welcomed Dr Anben Naidoo as Clinical Manager who comes with excellent TB/HIV clinical experience from rural KwaZulu-Natal and Patrick Scheepers as Human Resources Manager. TB/HIV Care was fortunate to recruit back to the organisation two people who worked with it several years ago. Marjorie Ntobongwana returned to TB/HIV Care after having worked in TB/HIV research at UCT to head the Community Based Services unit and Ursula Poggenpoel returned from KwaZulu-Natal to become the Workplace Coordinator in the Western Cape. This year we formed an Advocacy, Communications and Social Mobilisation unit, headed by Tshogfatso Mpempe. Our staff has grown to 456 salaried staff and 262 community care workers on stipends by March 2010.

### **HIV Counselling and Testing (HCT) Programme**

TB/HIV Care supports facilities that provide HCT and has been running a community based HCT (CBHCT) programme since November 2007. Our CBHCT programme provides

individuals with counselling and testing and referral to health services. The HCT programme is linked to screening for TB and sexually transmitted infections (STIs) and ongoing care and counselling to keep people healthy. The HCT programme has also begun to do baseline assessment for HIV affected clients to determine eligibility for antiretroviral treatment (ART). TB/HIV Care employs ten CBHCT teams, each of which is staffed by a professional nurse counsellor and three lay counsellors.

#### **Community Based HCT Teams Areas of operation**

##### **Western Cape Province**

- City of Cape Town
  - Witsand Resource Centre
- West Coast District
  - Vredenburg fixed
  - Vredenburg mobile
  - N7 mobile team
  - Malmesbury fixed

##### **KwaZulu-Natal Province**

- Sisonke District
  - Ubuhlebezwe mobile
  - Ingwe mobile
  - Kwa Sani fixed known as Stepmore
  - Kokstad mobile
  - Franklin fixed

### **Regular Services**

The CBHCT teams use the Advise, Consent, Test, Support (ACTS) model of HCT which cuts down on pre test counselling time and focuses on post test counselling. This has allowed the teams to test many more people with the same number of staff.

In the Western Cape from April 2009 to March 2010, 17,451 clients were HIV counselled and tested in community based HCT services, an increase from 12,371 in the previous year. For facility and community based HCT combined there were 26,811 clients tested during the year of whom 2511 (9.3%) were HIV-positive.

In the Sisonke District during the same time period, a total of 8154 clients were HIV counselled and tested, by CBHCT services. All HIV counselled and tested clients were screened for TB and STIs. For facility and community based HCT combined there were 37,239 people tested of whom 11,782 (32%) were HIV-positive { see figure 1 }.

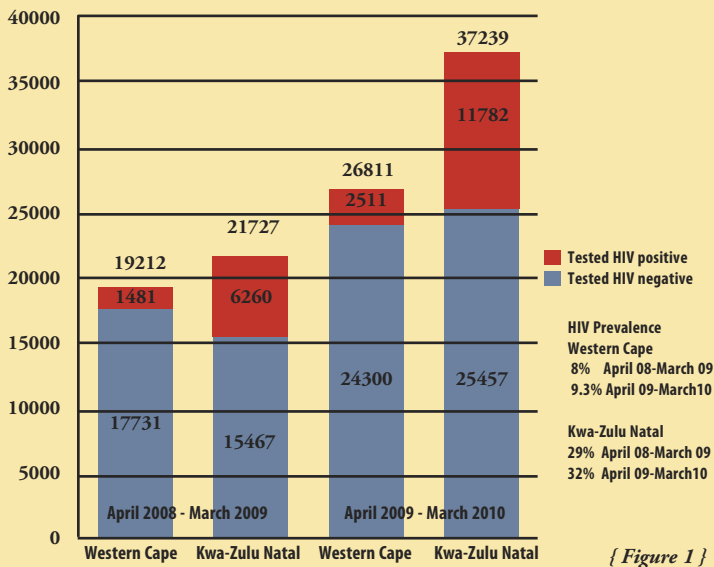
The proportion of HIV-positive clients screened for TB increased slightly from 88% to 89% in the Western Cape and increased dramatically from 48% to 91% in Sisonke { see figure 2 }.

### **HCT Drives and Events**

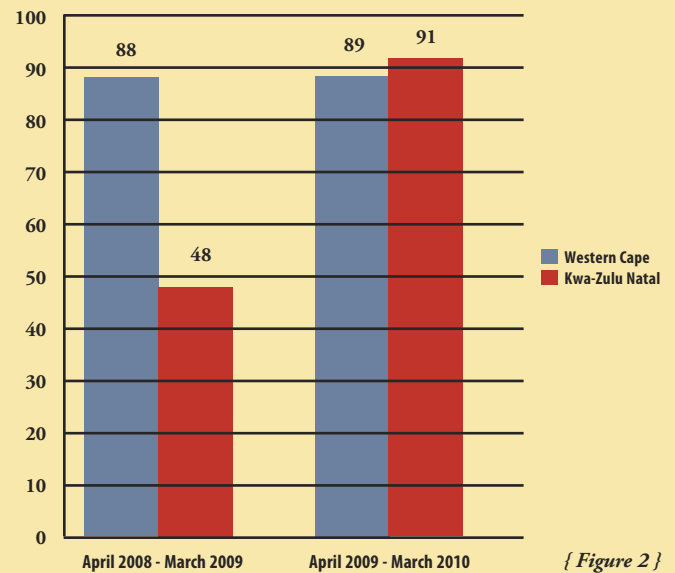
The Vredenburg fixed and mobile teams undertook HCT drives in



## Total number tested for HIV and HIV positive



## Proportion HIV positive screened for TB



partnership with Matzikama District to provide HCT for farm workers, testing 440 in August and 550 in November 2009.

On World AIDS Day 1 December 2009, our Western Cape HCT teams partnered with City of Cape Town and provincial Health Departments to provide HCT. An outstanding event on World AIDS Day was an HCT drive in the Witsand community through a partnership formed between the Witsand HCT Team and Department of Social Development during which 270 community members were counselled and tested for the day.

On World TB Day 24 March 2010, the HCT teams had HCT drives in shopping malls throughout the Metro and a health expo at the Golden Acre shopping mall. The Vredenburg mobile provided HCT in the Sea Wind community and the Malmesbury team at the Khayelitsha Mall. There were 420 clients counselled and tested at these events.

### Workplaces

In September 2009, a Workplace Coordinator was hired to serve as a link between the health facility and the workplace for newly diagnosed TB patients. The core function of the workplace coordinator is to ensure that working clients receive TB adherence support, to educate their co-workers on HIV and TB and to liaise

with the CBHCT teams to provide HCT in workplaces. The Workplace Coordinator conducted 147 workplace visits; educated 3027 workers on HIV and TB; and distributed 17,400 male condoms.

The Malmesbury and N7 mobile teams undertook an HCT drive for KFC and provided counselling and testing for 36 outlets, testing a total of 378 employers and employees and 120 community members. In addition, HCT was carried out at 16 outlets of Western Province Caterers where 362 employees were tested.

### Lessons Learned

The success of the HCT programme can be attributed to several factors including the motivation and dedication of the staff, careful planning and partnerships. Our staff often have to wake up very early to be able to reach farms and other workplaces before the normal work day begins and often work after hours on evenings and weekends. When planning HCT events, the teams estimate requirements for promotional items, condoms and test kits to ensure that there are adequate supplies. Planning also includes meeting with all relevant partners and agreeing on the roles and duties of each partner on the day of the event. Partnerships have been formed with local health departments to provide HIV rapid test kits and to ensure that referred clients are expected

and welcomed at health facilities. Our community health workers assist in community mobilization and our Advocacy Communication and Social Mobilisation programme provides pamphlets and promotional items for the events.

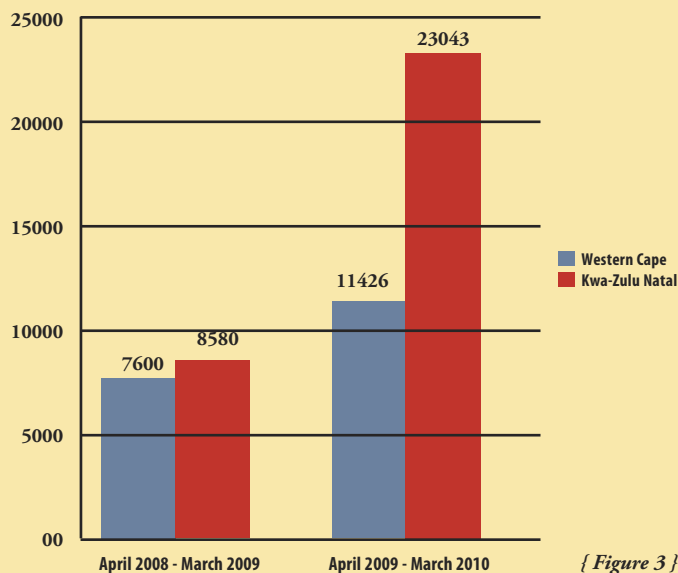
To be more efficient during mass HCT drives, group awareness and information sessions are provided as pre test counseling with condom (male and female) demonstrations.

### Clinical Services

Dr Anben Naidoo started as the Clinical Manager in December 2009. Regarding some of the sites we supported in Sisonke, he noted that "Despite inconsistent supplies of water and electricity, poorly accessible road infrastructure and all of the challenges of a rural area our staff at these facilities still manage to start numerous local patients on to TB and antiretroviral therapy. It is a testament to their hard work and dedication." In the West Coast district of the Western Cape we have also had much success in reaching and treating patients in some of the most remote and arid regions of this country.

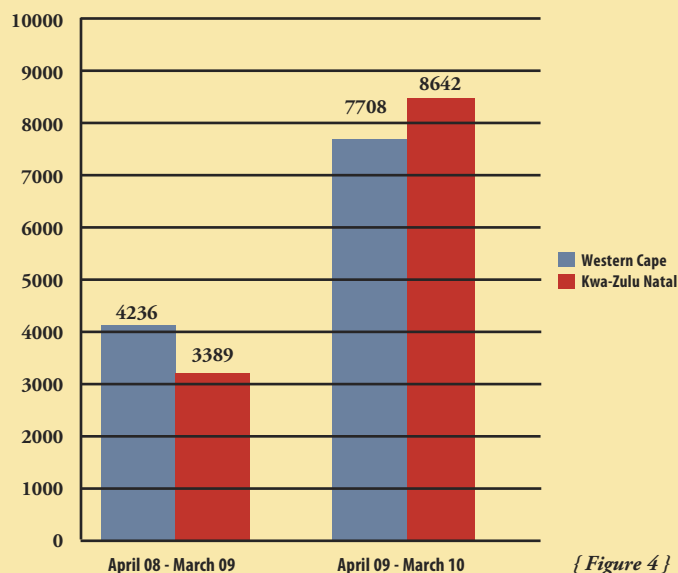
TB/HIV Care provides clinical mentorship support to health facilities in the West Coast and Sisonke districts. Nurse mentors visit health facilities to train nurses on integrated TB/

### Cumulative in HIV care



{ Figure 3 }

### Cumulative on ART



{ Figure 4 }

HIV/PMTCT clinical care. Our nurse mentor in the West Coast district, Francis Prinsloo, was recognised as the best trainer of PALS Plus in the province. In Sisonke district, we have employed one nurse mentor per sub-district, each of whom is responsible for four health facilities. In each health facility that we support, we employ a Community Team Leader (CTL) or Community Health Facilitator (CHF) who is responsible for coordinating all cadres of community care workers who work in the catchment area of the facility. These staff also serve as data capturers in facilities and assist with monitoring and evaluation of both facility and community based TB/HIV services.

From April 2009 to March 2010, TB/HIV Care provided support to facilities that enrolled 11,426 people in HIV care in the Western Cape and 23,043 people in HIV care in KwaZulu-Natal. These are large increases from last year when 7600 and 8580 people were enrolled in HIV care at facilities we supported in the Western Cape and KwaZulu-Natal, respectively { see figure 3 }.

The mentorship programme includes encouraging clinicians to screen all HIV-positive clients for TB at every clinical visit. Compared to the previous year, the number of HIV-positive people diagnosed with TB from April 2009 to March 2010 increased from

163 to 452 at facilities supported in the Western Cape and from 473 to 1007 at facilities supported in KwaZulu-Natal.

The mentorship programme also encourages provision of cotrimoxazole preventive therapy (CPT) for all eligible HIV-positive clients (WHO clinical stage 2, 3 or 4), including all HIV-positive TB patients. Compared to last year, the number of people initiated on CPT at supported facilities increased from 880 to 1283 in the Western Cape and from 1283 to 9990 in KwaZulu-Natal.

The cumulative number on antiretroviral therapy at supported facilities increased from 4236 to 7708 in the Western Cape and from 3389 to 8642 in KwaZulu-Natal { see figure 4 }.

### Community Based Services

TB/HIV Care Association is at the forefront of TB/HIV integration at community level. In the past year, 240 TB Directly Observed Treatment (DOT) Supporters were trained on HIV. TB/HIV Care employs community care workers who provide integrated adherence support for both TB and antiretroviral treatment in several sites in the Cape Town Metro (Albow Gardens, DuNoon, Hout Bay, Langa, Nyanga, Protea Park, Saxon Sea, Wesfleur). Community care workers have been trained to educate community members about

TB and HIV, encourage HIV testing, screen for TB and STIs and provide adherence support for TB treatment and ART. In the West Coast district, we sub-contracted two home based care NGOs (Sinethemba and West Coast HIV/AIDS Initiative) and in Sisonke District we sub-contracted six NGO's (Edzinkulu, Jongimpilo, KZNPPHC, Siyaphambili, Thondukuphila and Vukuzithathe) to provide integrated TB and ART adherence support.

In collaboration with the Medical Research Council and the Department of Health, TB/HIV Care Association participated in an evaluation of an 'Enhanced Treatment Adherence' (ETA) model of TB adherence support based on the model used by some ART programmes. In this model, TB patients and their treatment buddies are provided with counselling on TB treatment literacy at the beginning of treatment and receive home assessments. They are then provided with weekly adherence support visits including pill counts. The findings from the pilot were that the ETA model achieved better smear conversion rates and equal successful treatment rates to daily Directly Observed Treatment (DOT). As a result of the pilot, the Department of Health will be rolling out the ETA model of adherence support for TB and combining it with ART adherence support.

In collaboration with the provincial and City of Cape Town Departments of Health and the Desmond Tutu HIV Foundation, TB/HIV Care has also

# DIRECTOR'S REPORT

been implementing a combined model of TB and ART adherence support which provides weekly support linked with intensified treatment literacy and home assessments in Nyanga clinic.

In collaboration with the provincial KwaZulu-Natal and Sisonke district Departments of Health, TB/HIV Care has embarked on an upskilling project for Community Care Workers (CCWs). As in many areas of South Africa, there are different cadres of CCWs in Sisonke district including home based carers and community health workers. Key stakeholders at provincial, district and service delivery levels were interviewed to determine how the work of CCWs could be harmonised to assist in increasing access to integrated TB/HIV/PMTCT services.

We conducted community mapping to determine the number and geographic location of CCWs and 160 CCWs were up-skilled and trained on the comprehensive TB/HIV/PMTCT package.

Community mobilisation events were conducted in 10 villages to introduce communities to the newly trained CCWs and explain their roles. A multi-sectoral team (TB/HIV Care, Department of Health, Home Affairs, teachers, police, traditional healers, chiefs/induna) was established to plan and conduct the community mobilisation events. Various activities

were conducted including health education, condom demonstration and distribution, HCT, symptom screening for TB and STIs, sputa collection for TB suspects, Pap smears and blood for CD4 count for clients who tested HIV positive. During the community mobilisation, 1167 people attended, 4670 condoms were distributed, 320 people were counselled and tested for HIV and screened for TB and STI symptoms, 14 people tested HIV positive and 40 women had Pap smears.

Community Team Leaders are based at facilities and responsible for coordinating, monitoring and evaluating all the CCWs in the catchment area of the facility. They provide a critical link between facilities and communities.

TB/HIV Care has recognised the need for ongoing quality assurance to ensure that CCWs perform their work optimally. We have been fortunate to have Mr Arrie Odendaal seconded to work with us from the Health Systems Research Unit of the Medical Research Council. He has worked with TB/HIV Care's CBS team to develop and pilot a quality assurance tool. He is also working with the CBS team to develop a curriculum for Community Team Leaders to teach them supervisory and mentoring skills.

## *Providing opportunities for advancement*

TB/HIV Care Association is committed to providing opportunities for its staff to gain skills and access opportunities for advancement. We are therefore pleased to report that two of our CCWs/TB Assistants this year have been accepted into nursing college and one has been accepted into University of the Western Cape for a degree course. Several of our staff have also received computer training during the year.

## *Challenges*

There are several challenges in the CBS programme. Despite government policies that support integration, government funding remained vertical for TB support and limited the stipends of TB adherence supporters to R39 per patient per month. The low stipends provided to CCWs makes life difficult for them and demotivates them. CCWs also have to work in difficult conditions and have concerns about their safety. TB/HIV Care has been advocating with the government to provide a standardised stipend for multiskilled CCWs who could provide a comprehensive package of TB/HIV prevention, case finding and support. I have participated in the Minister of Health's Task Team on re-engineering primary health care. There is so much we can do to contribute to a patient friendly service that takes care of



people that would include a package of care that prevents, finds and treats TB and HIV.

In my role as co-chair of the TB/HIV Technical Task Team of SANAC I have proposed a comprehensive package for community care workers to address the major causes of morbidity and mortality in South Africa { see figure 5 }.

### Support to hospitals

During the year under review we have continued to provide support to the Brooklyn Chest Hospital in Cape Town and the Brewelskloof TB hospital in Worcester.

#### Brooklyn Chest Hospital

#### Educare and Early Childhood Development

The paediatric project at Brooklyn Chest Hospital started as a pilot project funded by the Nelson Mandela Children's Fund in 2001. We were concerned about the lack of stimulation for the children admitted to the hospital. The target group was the 40 1 – 6 year olds who were spending the best part of their day in their cots. The length of their stay could be anywhere between 3 months and 18 months.

The hospital is situated far from where the parents live and there was little

Proposed Comprehensive Package to be provided by Community Care Workers			
Health Issue	Prevent/Promote	Find	Treat/Care
<b>HIV/STI's</b>	Distribute male and female condoms  Promote: Condom use Decrease exposure (abstain or one partner) HIV counselling/testing (HCT) PCR for HIV-exposed infants Disclosure/acceptance of HIV Circumcision Safe infant feeding	Provide HCT STI screening	Remind clients to attend scheduled visits to health facilities (6 monthly CD4/viral load, annual Pap smears for women)  Adherence support for CPT, ART: pill counts Facilitate support groups
<b>Tuberculosis (TB)</b>	Trace child contacts of TB patients and refer for isoniazid preventive therapy (IPT)  Promote: Infection control (cover cough, open windows) Know TB symptoms and seek care for them	Screen for TB symptoms  Collect sputum from symptomatics and give results	Remind clients to attend scheduled visits (2/3 mo and 5/7 mo smears) Adherence support for TB treatment and IPT
<b>Maternal Child and Women's Health (MCWH)</b>	<b>Women</b> - Promote: Early antenatal care Pap smears Family Planning <b>Women and children</b> – Promote: Nutrition Food gardens Washing hands Accessing grants	<b>Women</b> - Identify pregnant women and refer <b>Children</b> – Monitor growth Check immunisation Screen for pneumonia and diarrhea	<b>Children</b> – Provide oral rehydration solution for diarrhea  Adherence support for antibiotics, nutritional supplements
<b>Non-Communicable Diseases</b>	Promote: No smoking Exercise Nutrition	Check BP, blood glucose	Adherence support for antihypertensives, hypoglycemics
<b>Violence/ Injury</b>	Promote: Communication Responsibility (eg, Brothers for life) Not drinking alcohol or in moderation	Screen for violence (bruises, fear)	First aid for injuries  Refer for counselling to address violence or substance abuse

{ Figure 5 }

contact between the children and their parents. We introduced an educare teacher and within a short space of time there was sufficient evidence that the intervention was having a very positive impact on the recovery

and development of the children. The workload became too much for one teacher and we now employ two women who assist her.

# DIRECTOR'S REPORT

In addition to the services provided by the educate team, we also provide small cash grants to the parents to cover the cost of their transport to ensure that there is regular contact between the parents and the children.

We are very grateful for the grant from the Stella and Lorenzo Chiappini Trust administered by the Board of Executors which part funds this project.

## *Counselling Support*

We have also made available the services of two lay counselors to assist in the multidrug resistant TB (MDRTB) outpatient department and two social auxiliary workers who assist with the psychosocial programmes of the adult patients. Patients with MDRTB have to be hospitalized for many months until they are no longer infectious. The psychosocial programmes are an important aspect of their rehabilitation.

## *Brewelskloof Hospital*

TB/HIV Care supported the TB, MDRTB and ART services at Breweskloof hospital by employing a nurse, Pharmacy Assistant and MDRTB clerk.

## **Support to Correctional Services**

TB/HIV Care Association has received quality assurance by the Department of Correctional Services

to provide services in its facilities throughout the Western Cape. We are currently supporting 11 prisons in the province (Allandale, Caledon, Ceres, Dwarsrivier, Hawaqua, Helderstroom, Malmesbury, Obiqua, Paaderberg, Pollsmoor and Riebeeck Wes). Services rendered by TB/HIV Care at these facilities include HCT with screening for TB and STIs, clinical mentorship, training on adherence support and referral to ensure continuity of care. In the past year, our CBHCT teams tested 5582 offenders and 100 officials for HIV and screened them for TB and STIs. In Pollsmoor TB awareness sessions were delivered to 2090 offenders and sputum was collected as part of 'sputum blitz' screening programmes for 395 offenders. TB/HIV Care helps ensure that offenders access clinics in their communities after they are discharged and remain on TB treatment or ART. In Sisonke district, TB/HIV Care also provided HCT in correctional facilities to staff in Kokstad and to offenders in Ubuhlebezwe.

## **Advocacy, Communication and Social Mobilisation**

TB/HIV Care Association collaborated with a number of NGOs to commemorate World TB Day in a variety of events. We organized a health expo in the Golden Acre Mall in Cape Town where we had a combination



**Memorandum handed by TB/HIV Care and TAC to MEC for Health Theuns Botha**

of 10 NGO's and government departments join us in educating and raising awareness about TB. Some of the relevant role players who joined us were TADSA, Triangle Project, SAPS, TB Free, Positive Muslims, PGWC Nutrition to mention a few. Foot traffic of between 15,000 to 20,000 people meant that the exhibitors were constantly busy as they measured body mass index, and informed interested passers-by about a variety of health issues – from nutrition and sensible drinking to epilepsy.

The focus of the health expo was to create awareness on TB, HIV and relevant health issues and offering HIV testing to the broader community. TB/HIV Care Association had their HIV teams at the event where the

## LET'S KICK TB OUT OF SOUTH AFRICA



public was mobilised to know their HIV status, and be screened for TB and STI's. During this event, 165 people were tested for HIV in Golden Acre. We also had our HCT teams in and around Cape Town and for the week of the 24 March 2010, 365 people were tested for HIV.

On the same day, we also had about 300 of our CCW's at a rally on Thibault Square where we handed over a joint memorandum with Treatment Action Campaign to the Western Cape Province MEC of Health, Theuns Botha. It was during this event where the MEC invited TB/HIV Care Association for a meeting to discuss the memorandum. One of the issues highlighted on the memorandum was the call for civil society to be seen as true partners with government by establishing a forum for NGO's involved in TB and HIV services. Civil society needs to be engaged as a partner and be included at policy making level.

The commemoration of World TB Day 2010 has seen civil society collaborate in a number of activities. TB/ HIV Care Association, together with other NGOs joined the South African National TB Association (SANTA) in a march to raise awareness about TB. More than a 1000 people took part in this march, where a memorandum addressed to the National Minister of

Health, Aaron Motsoaledi was handed over.

There was extensive media coverage of World TB Day activities in local and national print media, radio (SA fm, Metro fm, Bush radio) and television (SABC news). The estimated number of people reached on the SABC television news bulletin alone is estimated to have reached about 1,254,412 people, and the interview on SAFM about 303,000.

### *Kick TB 2010 Campaign*

In December 2009, South Africa announced the Kick TB 2010 Campaign at the 40th Global Conference on Lung Health in Cancun, Mexico. Kick TB 2010 is driven by the Department of Health in partnership with TB/HIV Care Association, other NGOs, academic institutions, donors and the private sector. The campaign harnesses the energy and enthusiasm generated by the 2010 FIFA World Cup in South Africa to educate the public about TB and mobilise them to action. It will visit primary schools targeting Health Promoting Schools in the government's 18 priority health districts to educate 125,000 learners about TB and HIV and distribute soccer balls printed with TB symptoms and encouraging HIV testing. This is a powerful mechanism to involve communities in the fight against TB and HIV.

### Summary and Way Forward

In summary, TB/HIV Care Association has had a very successful year working in partnership with government, other NGO's, researchers, the private sector and communities to prevent, test and treat TB and HIV.

The next financial year will provide opportunities for both consolidation and growth.

We will be expanding our services to support new districts in the Eastern and Northern Cape provinces. Our HCT services will expand to support government's HCT campaign and to assist with assessing eligibility for and referral for ART. Our clinical mentorship programme will assist government services to integrate TB/HIV services, (infection control, intensified TB case finding, isoniazid preventive therapy, nurse initiated and managed ART) and our community based services will assist in implementing a comprehensive package of prevention, care and support.

We look forward to strengthen partnerships to fight TB and HIV and to kick TB out of South Africa!

# TB HIV CARE ASSOCIATION

## SUMMARISED ANNUAL FINANCIAL STATEMENTS 31 MARCH 2010

### INCOME STATEMENT FOR THE YEAR ENDED 31 MARCH 2010

Income	2010 R	2009 R
<b>Income</b>	<b>7,340,527</b>	<b>6,948,630</b>
Programme Funding	5,384,214	5,316,653
Grants	1,484,992	1,173,684
Donations	97,817	95,697
Other Income	373,504	362,596
<b>Expenditure</b>	<b>7,295,960</b>	<b>6,684,240</b>
Project Expenses	5,223,078	4,798,076
Client Services	982,366	995,020
General Administration	1,090,516	891,144
<b>Net Surplus for the Year</b>	<b>44,567</b>	<b>264,390</b>

### BALANCE SHEET AS AT 31 MARCH 2010

	2010 R	2009 R
<b>Assets</b>		
<b>Non Current Assets</b>	<b>146,903</b>	<b>397,937</b>
Investments	35,411	300,000
Plant and Equipment	111,492	97,937
<b>Current Assets</b>	<b>948,056</b>	<b>876,085</b>
Trade and Other Receivables	730,639	606,345
Cash and Cash Equivalents	217,417	269,740
<b>Total Assets</b>	<b>1,094,959</b>	<b>1,274,022</b>
<b>Funds and Liabilities</b>		
<b>Capital and Reserves</b>	<b>274,234</b>	<b>229,667</b>
Accumulated Funds	149,234	104,667
Contingency Reserve	125,000	125,000
<b>Current Liabilities</b>	<b>820,725</b>	<b>1,044,355</b>
Trade and Other Creditors	159,314	138,719
Grants in Advance	607,990	864,589
Provision for Leave Pay	53,421	41,047
<b>Total Equity and Liabilities</b>	<b>1,094,959</b>	<b>1,274,022</b>



### SUMMARY OF THE PROJECT INTEGRATE COSTS FUNDED BY PEPFAR

	<b>2010</b>	<b>2009</b>
	<b>R</b>	<b>R</b>
Salaries and Recruitment	17,274,560	5,911,839
Subcontractors	2,193,875	1,187,028
Motor Vehicles and Equipment	1,080,636	2,509,262
Supplies	1,862,725	1,736,546
Travel	2,086,506	714,370
Other costs	3,632,525	1,460,449
<b>Total Funded by PEPFAR</b>	<b>28,130,827</b>	<b>13,519,494</b>

### SUMMARY OF THE VULINDLELA PROJECT FUNDED BY THE NATIONAL DEPARTMENT OF HEALTH

	<b>2010</b>	<b>2009</b>
	<b>R</b>	<b>R</b>
Salaries and Recruitment	845,000	733,025
Other costs	87,296	40,308
<b>Total Funded by National Dept of Health</b>	<b>932,296</b>	<b>773,333</b>





**HEAD OFFICE**

25 St Georges Mall • 8th Floor  
 ABSA House • Thibault Square  
 Cape Town 8001  
 WESTERN CAPE  
 Tel: 021 425 0050

**HANOVER PARK**

Cheshire Homes Complex  
 Cnr Turfhall & Bellmore Roads  
 Hanover Park 7764  
 WESTERN CAPE  
 Tel: 021 692 3027

**IXOPO**

1st Floor • ABSA Bank/Fairdeal Building  
 Margaret Street  
 Ixopo 3276  
 KWA-ZULU NATAL  
 Tel: 039 834 0087

[info@tbhivcare.org](mailto:info@tbhivcare.org)    [www.tbhivcare.org](http://www.tbhivcare.org)

