Vision and Mission

To be a leader in empowering communities
To be healthy and free of TB and HIV

Mission

To empower and care for communities by supporting primary healthcare services to:

- Prevent TB, HIV and other major diseases
- Improve diagnosis, treatment, care and adherence support for people infected and affected by TB, HIV and other major diseases
- Build the capacity of individuals and organisations to provide optimal comprehensive primary healthcare, including TB and HIV services
- Participate in operational research, monitoring and evaluation to improve comprehensive primary healthcare

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To Be a Leader in Empowering Communities
To Be Healthy and Free of TB and HIV

Front Cover:

Back Cover:
Frontline staff members, such as HAST counselors, are the face of TB/HIV care. Here they welcome clients into a gazebo where they can test in privacy.
ACTS  A model of counselling ( Advice, Consent, Test & Support)
AGYW  adolescent girls and young women
ART  Antiretroviral therapy
ARVs  antiretroviral drugs
BMI  body mass index
CDC  Centers for Disease Control and Prevention
CHWs  Community health workers
CNMs  Clinical nurse mentors
CoAg  Cooperative agreement
CQI  Continuous quality improvement
CRR  Community radio
DCS  Department of Correctional Services
DoH  Department of Health
DRMUs  Data review and usage meetings
DSD  Direct service delivery
FA  Formative assessment
GBV  Gender-based violence
HAST  HIV and AIDS/STI/ TB Counsellor
HIV  Human immunodeficiency virus
HIV-P  HIV prevention programme
HSS  Health system strengthening
HTC  HIV testing and counselling
HTS  HIV testing services
IPC  Infection prevention and control
LC  Lay counselling
M&E  Monitoring and evaluation
MDR-TB  Multi-drug resistant Tuberculosis
MHM  Men who have sex with men
NCDs  Non-communicable diseases
NHLS  National Health Laboratory Services
NIMART  Nurse initiated and managed antiretroviral treatment
NSP  National Strategic Plan
OVC  Orphans and vulnerable children
PITC  Provider initiated testing and counselling
PHAC  National Department of Health
PITC  Provider initiated testing and counselling
PLHIV  People living with HIV/AIDS
PLMCT  Prevention of mother to child transmission
POC  Point-of-care
PP Prev  Priority Populations Prevention
PT  Psychotherapy testing
PWID  People who inject drugs
PWUD  People who use drugs
QA  Quality assurance
QC  Quality control
QI  Quality improvement
RAQA  Routine data quality assessments
RTHI  Responsive health information initiative
SOP  Standard operating procedure
SIP-I  Stop HIV initiative
STI  Sexually transmitted infections
TA  Technical assistance
TB  Tuberculosis
THC  TB/HIV Care
TROA  Total remaining on ART
UAT  Unenviroment and treat
VMMC  Voluntary Medical Male Circumcision
WHO  World Health Organization

ABBREVIATIONS

Community mobilisers are one of the most effective ways of promoting voluntary medical male circumcision. Here, four mobilisers eat a study at an outreach event.
MEMBERS

EXECUTIVE COMMITTEE MEMBERS

Mr Lionel Janari Chairman
Mr Stavis Steinder Vice-Chair
Mr Greg Weissen Treasurer
Ms Yvonne Galvin
Dr Andrew Young
Mr Siraaj Adams

EX OFFICIO

Prof Harry Hausler Chief Executive Officer

MEMBERS

Dr Harry Azevedo
Ms Judy Caldwell
Mr Desmond Goliath
Dr Frederick Marais
Dr Paul Spiller

HONORARY LIFE MEMBERS

Mr Diane Fairhead
Mr Kevin Gorry
Ms Johanna Honeyman
Dr Michael Popkiss

HIGHLIGHTS 2016 - 2017

WELLNESS CENTRE FOR MEN OPENED

HEALTHCARE GOT ONE STEP CLOSER for men in Wynberg and the surrounding communities in the Cape Flats when TB/HIV Care opened a men’s wellness centre in Wynberg on the 29th November 2016. The main purpose of the centre is to provide free medical male circumcision, but other services such as screening for tuberculosis, sexually transmitted infections, high blood pressure and diabetes, are also on offer.

Men are often reluctant to visit clinics or access healthcare, in part because clinics are perceived as female-centred environments and are only open during working hours. The new Wynberg centre, says Zolani Barnes, VMMC Programme Manager, offers a male-friendly environment and is open on certain Saturdays to accommodate working men. It’s all about making it easier for men and bringing health services to them so that we can all reach the goal of an AIDS-free generation.

‘What is interesting about the medical male circumcision services we have been offering since 2012, says Barnes, ‘is that not only are they helping men stay HIV negative, but they are also finding cases of hypertension or diabetes that would otherwise have gone undiagnosed and untreated since the man had no idea there was a problem. Medical male circumcision has become a window to reaching men with all sorts of preventative healthcare.’

True to the male-centred environment of the centre, the launch featured a music and performance competition, gumboot dancing, and food provided by partner organisation, Muslim Hands.

The site is staffed with two medical officers, four professional nurses, two enrolled nurses and four lay counsellors. Transport is provided to assist clients to get to their appointments and follow-up visits.

Based on the WCET study, men who undergo male circumcision such as the men at the Wynberg Men’s Wellness Centre, lower their risk of HIV infection by 60%, reduce their risk of HPV infection, and reduce their risk of the many health conditions that affect men. 
UPGRADED PHARMACY FOR INMATES LAUNCHED

On the 30th March 2017, an upgraded pharmacy at the Mthatha Correctional Centre was officially opened by the Deputy Minister of Correctional Services, Thabang Makwetla. The pharmacy is the product of a partnership between TB/HiV Care and the Department of Correctional Services (DCS).

The pharmacy is compliant with the requirements of the South African Pharmacy Council, as well as Good Pharmacy Practice but probably its most important feature is its location in the Mthatha management area. Before the upgrading of the Mthatha pharmacy, correctional services health officials from the areas were obliged to drive for up to six hours, each way, to the DCS pharmacy in East London to fetch medication for inmates in correctional centres. This took them out of their correctional centre clinics and meant they could not deliver health services during that period. Keeping supplies for the whole Mthatha area, as well as other close centres, also caused storage challenges for the East London pharmacy.

The pharmacy upgrade, which included refrigerated areas, air-conditioned storage, and lock-up storage for scheduled medication, was made possible through funding provided to TB/HiV Care through the Aurum Institute and Centers for Disease Control and Prevention (CDC) from the U.S. President’s Emergency Fund for AIDS Relief (PEPFAR).

Deputy Minister Makwetla described the opening of the pharmacy as ‘a testimony to the department’s commitment to improving inmates’ health and it appropriately closes Human Rights Month’. He continued by saying, ‘TB related cases are high in correctional facilities, due to the restricted movement of inmates. Offenders may also be prone to other diseases in our facilities, with hypertension and diabetes among the 10 most common diseases. Therefore, pharmacies are a necessity in correctional centres in order to strengthen healthcare services and ensure proper rehabilitation and reintegration of inmates.’

HOLISTIC WELLNESS SERVICES FIND A HOME AT DROP-IN CENTRES

Preventing and treating HIV is not just a matter of providing prophylactics and treatment. Other psychosocial factors are at play for everyone, but perhaps especially so for key populations who are legally, and often socially, marginalized. To help address this, between October and December 2016, TB/HiV Care established two drop-in centres (Durban and Cape Town) for sex workers and people who use drugs.

These drop-in centres are fixed sites which offer the usual package of HIV prevention and treatment services (HIV counselling and testing, TB and sexually-transmitted infection screening, providing condoms and harm reduction packs including sterile injecting equipment). In addition, they provide services such as treatment for minor wounds, showers, a chill out area to relax, coffee and psychosocial support.

Correctional Services Programme Manager, Katherine Brittin (bottom) after he launches an upgraded pharmacy at Mthatha Correctional Centre.
STUDYING HEPATITIS AMONG HIGH- RISK POPULATIONS

HEPATITIS B IS ENDEMIC IN SOUTH AFRICA, but up until now, little has been known about the local prevalence of hepatitis C, especially in high-risk populations such as men who have sex with men, sex workers and people who use drugs. The Bristol-Myers Squibb Foundation (BMSF) Hepatitis Initiative aims to change this.

The study is being implemented by TB/HiV Care, the University of Cape Town, ANA Health Institute, OUT LGBT Well-being and the National Institute for Communicable Diseases with funding from the Bristol-Myers Squibb Foundation. Hepatitis B and hepatitis C are infectious diseases that affect the liver. Those who are infected can silently develop progressive liver damage and can unknowingly be infectious. A life-threatening disease, viral hepatitis is a particular concern in regions with a high HIV prevalence (like South Africa), because co-infection can result in more rapid progression of both diseases.

The World Health Organization (WHO) estimates that globally 150 million people are infected with hepatitis C and that the disease causes half a million deaths a year. Last year the WHO released the first global strategy for Viral Hepatitis. This aims to eliminate viral hepatitis as a public health threat by 2030. South Africa has adopted the same vision.

The early findings of the South African study conducted in seven cities (in Cape Town, Johannesburg, Pretoria, Mthatha, Pietermaritzburg, Port Elizabeth and Durban), put the overall prevalence of hepatitis C among the populations under study (sex workers, men who have sex with men and people who use drugs) at 15%, with the prevalence of hepatitis B at 4%. However, when considering the population of people who use drugs alone, the level of prevalence of hepatitis C was measured at 55%. Recruitment of study participants is still underway.

A PILL A DAY TO PREVENT HIV IN SEX WORKERS

PRE-EXPOSURE PROPHYLAXIS (OR PREP) IS A PILL THAT, IF TAKEN DAILY, PREVENTS A PERSON FROM CONTRACTING HIV. During the reporting period, TB/HiV Care provided PreP to sex workers as part of its combination HIV prevention package at three of its sites in eThekwini, uMgungundlovu and uMkhanyakude, all located in the province of KwaZulu-Natal. The eThekwini and uMkhanyakude sites commenced their PreP initiation projects on the 1st and 17th of June 2016, respectively, following the National Department of Health’s announcement of its PreP recommendations. In July 2016, the uMkhanyakude site became operational and the first clients were initiated on PreP in November 2016. The packages of HIV prevention services being provided at the three sites include HIV testing services, STI screening and treatment, TB screening, pop streams, male and female condoms and lubrication demonstration and provision, sexual reproductive health and rights, behavioural interventions, arrest at gender-based violence and gender norms, Universal Test and Treat (immediate provision of ART) and PreP. Young female sex workers aged 18–24 fall under the DREAMS demonstration projects while those above 24 years of age, access PreP as a service provided by the National Department of Health through TB/HiV Care.

Out of 3 024 sex workers that tested HIV negative, 692 have been initiated on PreP at all three sites in KZN in this period. PreP is still a new intervention amongst sex workers. More demand creation strategies need to be implemented to promote awareness and interest. Consultation meetings with sex workers are expected to improve our understanding of the barriers and challenges of accessing PreP and will inform messaging and adherence assessment before initiation.
MANAGEMENT COMMITTEE

1. Harry Hausler, Chief Executive Officer
2. Gareth Lowndes, Chief Operations Officer
3. Richard Foley, Chief Financial Officer
4. Philea Griffith, SRHR Research Programme Manager
5. Louise Breyten, Key Populations Programme Manager
6. Gendine Qina, Care & Treatment Programme Manager
7. Katherine Brittin, Correctional Services Programme Manager
8. Patricia Dangling, Training Manager
9. Zolani Barnes, VMMC Programme Manager
10. Antonette Batuule, Human Resources Manager
11. Alison Best, Communications Manager
12. Joe Rossouw, Monitoring Evaluation & Reporting Manager

WESTERN CAPE
1. West Coast
- Correctional Services, Proc. 6
- Group Support Services
- W城市管理, Proc. 14
- Staff Total: 41
2. Cape Winelands
- Correctional Services, Proc. 11
- Staff Total: 13
3. Cape Metropole
- Correctional Services, Proc. 13
- Staff Total: 13
4. Cape Town
- Correctional Services, Proc. 5
- Staff Total: 19

EASTERN CAPE
7. Sarah Barends
- Correctional Services, Proc. 7
- Staff Total: 7

TB/HIV CARE AREAS OF OPERATION

NORTHERN CAPE
14. David Krogen
- Correctional Services, Proc. 5
- Staff Total: 5

NORTH WEST
23. Kenneth Kaunda
- Correctional Services, Proc. 8
- Staff Total: 8

GAUTENG
24. Dr. Charles
- Correctional Services, Proc. 12
- Staff Total: 12

MPUMALANGA
20. Gert Gwanda
- Correctional Services, Proc. 8
- Staff Total: 8

KWAZULU-NATAL
13. Alfred Nzo
- Correctional Services, Proc. 7
- Staff Total: 7

STAFF TOTAL: 1,431

16. Ekurhuleni
- Correctional Services, Proc. 6
- Staff Total: 6

17. uMgungundlovu
- Correctional Services, Proc. 18
- Staff Total: 18

18. eThekwini
- Correctional Services, Proc. 33
- Staff Total: 33

19. uMkhanyakude
- Correctional Services, Proc. 2
- Staff Total: 2

20. Gert Sibande
- Correctional Services, Proc. 8
- Staff Total: 8

21. Ehlanzeni
- Correctional Services, Proc. 7
- Staff Total: 7

22. Nkangala
- Correctional Services, Proc. 6
- Staff Total: 6

23. Kenneth Kaunda
- Correctional Services, Proc. 12
- Staff Total: 12

24. Dr. Charles
- Correctional Services, Proc. 12
- Staff Total: 12
CHAIRMAN’S REPORT

AS THE CHAIRMAN OF TB/HIV CARE’S BOARD, I have been in the fortunate position of writing about the astonishing growth of the organisation every year. This year is no exception. Our new cooperative agreement with the Centers for Disease Control and Prevention (CDC) has meant that the organisation is leading a consortium of respected non-governmental organisations, the achievements of which are amply reflected in the rest of this document. This is above and beyond the programmes we are implementing with the support of other funders.

But instead of growth, I would like to focus on another idea which has been occupying the board over the last year – that of sustainability.

Pursuing the sustainability of the organisation seems like an obvious goal. We now comprise more than 1500 staff members, as well as the families they support through their incomes, our staff members impact on the health and well-being of hundreds of thousands more through the services they provide.

To improve our sustainability, we are diversifying our funding streams and looking at new ways of working with the private sector to pursue our work. We have also changed our status from a non-profit organisation to that of a non-profit company in order to further increase the accountability of our governance structures.

However, I would like to suggest that the sustainability we should be pursuing is slightly more complex than just that of the organisation itself. For example, it would be possible for us to become self-sustaining, without actually achieving our vision of empowered and healthy communities free of TB and HIV. We need to carefully weigh up securing the future of the organisation against the danger of concentrating on more ‘profitable’ services or markets at the expense of others which might have more impact.

The sustainability we need to pursue is rather one which works towards our vision. We need to be thinking about the sustainability of the systems we develop in order to deliver health services, and of sustaining the human rights which enable people to improve their own health.

Non-profit organisations work within a strange paradox. While we must be supremely accountable at all times, our goal is not defined by others. Unlike for-profits, our goal is not to accrue wealth or serve shareholders. We are always answerable to our multiple funders, to the people we work with and to the staff we employ, but as non-profits we should also define our own goals and working towards our own, sustainable, vision.

LIONEL JANARI
CHAIRMAN OF THE BOARD
The past year has seen TB/HIV Care grow from a nongovernmental organisation (NGO) working independently to deliver services, to the leader of a strong consortium of implementing partners. We have a common purpose to work with communities to prevent, find and treat HIV and TB to deliver for impact. We continue to be driven by our values, vision and mission to improve the health of the communities we serve.

This marks my tenth year with TB/HIV Care. Over the past decade the organisation has expanded from a small NGO providing directly observed TB treatment to a major partner providing technical assistance and direct service delivery for TB and HIV prevention, linkage to care, treatment and adherence support in 24 districts and eight provinces in South Africa. This was made possible through support from the President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) since 2007. Our current five-year cooperative agreement started in October 2016 and includes the following major programmes: voluntary medical male circumcision, HIV testing and linkage to care, prevention for priority populations, HIV prevention for key populations, and care and treatment services and support for orphans and vulnerable children. We are very grateful for the funding and technical guidance that we continue to receive from CDC.

TB/HIV Care is committed to providing services to populations that are particularly vulnerable and at risk for HIV and TB, including inmates in correctional facilities, sex workers, people who inject drugs (PWID) and those who have sex with men.

TB/HIV Care has been providing HIV and TB services to inmates in correctional facilities since 2013. We were awarded a new service level agreement with the National Department of Health last year to continue these services until 2019, through funding from the Global Fund to Fight AIDS, TB and Malaria (Global Fund). Additionally, we are providing health systems strengthening to the Department of Correctional Services with funding from CDC through the Aurum Institute.

We have been providing peer-led mobile outreach services with support from CDC for sex workers since 2011 and for people who inject drugs since 2013 and received additional Global Fund support (2016-2019) for sex workers (through NaCOSA) and PWID (through Right to Care). Peer navigators are employed from these key population communities to educate and mobilise clients to access services. Mobile clinics provide health screening and peer navigators assist clients to reach health facilities for ongoing care. We have established key populations clinics and drop-in centres in several urban areas including in Cape Town, ETHEKWINI and UMNGUNGDLOVU. We provide comprehensive HIV prevention and harm reduction services for people who inject drugs, including providing clean needles and syringes and offering spasmos substitution treatment. In collaboration with Out Wellington, we also support HIV prevention and treatment services for men who have sex with men.

I am humbled by the efforts of the team of people within the TB/HIV Care-led consortium. Shared purpose and meaning are important in realising our goals. Collectively we are creating safe and healthy spaces and contributing to ending the AIDS and TB epidemics in South Africa. I acknowledge and thank the staff and Board of TB/HIV Care, our consortium partners, our colleagues from the Departments of Health and Correctional Services and our funders.

HARRY HAUSLER
CHIEF EXECUTIVE OFFICER

Staff visit Brooklyn Chest Hospital where TB/HIV Care provides education activities for children under five hospitalised with TB.
COO’S REPORT

EACH PERSON READING THIS ANNUAL REPORT HAS A CONNECTION TO TB/HIV CARE.

The 2017 annual report offers each of us a chance to mark the seismic events that have shaped the organisation over the past year. There is cause for celebration, reflection and renewed commitment.

TB/HIV Care can celebrate a record year in terms of funding levels, together with an unparalleled scale up and national expansion. In October 2016, TB/HIV Care was awarded a five year PEPFAR/CDC co-operative agreement (2016-2021). Overnight, the organisation had to restructure swiftly. Service departments (Finance, Human Resources, M&E) were up-scaled. The pace of recruitment was accelerated to enable hundreds of job descriptions to be authored and graded, thousands of CVs to be reviewed, and scores of posts to be filled. Existing programmes (VMMC, HTS, PPPrep and Key Populations) were expanded and repurposed. Critical areas of work (Care & Treatment, Quality Assurance, Grants and Compliance, and Public-Private Partnerships) were activated. Automated systems (People, Sharepoint, Qode) were introduced.

The accomplishments of the last 12 months remind me of the lessons shared in the book Pressure is a Privilege by Billy Jean King. The opportunity to perform under pressure, in the face of adversity, and to meet (and often exceed) expectations is a hallmark of a successful organisation. New programme managers were appointed or existing managers promoted. TB/HIV Care employed 11 programme managers of which nine (88%) were either new or have taken on new portfolios since the last annual report. Internal transfer hit an all-time high. I must acknowledge the staff and coworkers who have journeyed with me through the past year, risen to the challenges and prevailed. You are the success. You are a cause for celebration!

To implement the daily operations under the TB/HIV Care-led Consortium, five workstream themes were established. Each workstream represented a major deliverable under the grant. The workstream that attracted the majority of funding, and consequently the most frequent audits, was voluntary medical male circumcision (VMMC). The team pursued a VMMC target in excess of 160,000 circumcisions. Because of the scale of the programme, scrutiny by PEPFAR/CDC, DoH and USAID has been rigorous. The high targets and scrutiny have naturally pushed many staff out of their comfort zone and forced each to grow, leveraging unique skills and insights in the process. In response, TB/HIV Care initiated a robust compliance strategy to safeguard both financial and data integrity through regular subpartner audits. Ultimately, the VMMC team triumphed, meeting the VMMC targets and navigating the challenges through a principled approach. It is important to note that despite the pressure to deliver targets, all TB/HIV Care activities remain anchored on integrity, principles and our values.

As a leading NGO organisation in South Africa, there is a need to be cognisant of the ebbs and flows of funding cycles. The first year as a prime recipient has not made us complacent. The public health space in which we work is volatile and competition for funding is intensifying. Despite this, the achievements and growth experienced over the last year places TB/HIV Care in a prominent position to attract further domestic and international funding and to become an employer of choice. The organisation is enthusiastic about the journey ahead.

The annual report is a distillation of the hard work, dedication and commitment of our staff. With thanks to a great team!

DR GARETH LOWANCES
CHIEF OPERATING OFFICER
TB/HIV CARE’S VISION REMAINS CLEAR: TO BE A LEADER IN EMPOWERING COMMUNITIES TO BE HEALTHY AND FREE OF TB AND HIV.

The hard work over the last year is a reflection of this vision, but also of our passion and determination to reach all communities, even the most vulnerable and marginalized among us.

All our programmes have formidable targets based on the collective 90-90-90 targets set by UNAIDS in 2014. All our programmes are to establish and implement a system of monitoring, measuring and reporting their achievements — whether in the general population or in key populations (inmates and officials in correctional facilities, people who use drugs, sex workers). But most importantly, all our programmes answer the call of goal three of South Africa’s National Strategic Plan on HIV, STI and TB 2017-2022 — that nobody is left behind.

1. HIV PREVENTION PROGRAMME

The HIV Prevention Programme consists of several different activities, including HIV counselling and testing (HCT), condom distribution, and specific workshop programmes which aim to change social norms. Voluntary medical male circumcision is also an HIV prevention activity, but as a standalone programme, is reported on separately.

During the reporting period, the HIV Prevention Programme underwent significant changes as it moved from one funding mechanism to another, and changed from including only TB/HIV Care teams to also involving partner organisations working through a consortium led by TB/HIV Care. Therefore results have been reported for the period April 2016 to September 2016 for the initial grant agreement, and from October 2016 to March 2017 for the following one.

1.1 Results from April to September 2016

1.1.1 HIV Testing and Counselling

Since 2007, TB/HIV Care (THC) has provided integrated TB/HIV/sti prevention and support services through its HIV Testing and Counselling (HCT) programme. This programme is linked to screening for TB and sexually-transmitted infections (STIs).

These services are offered in a community setting through mobile teams who travel into communities in order to provide services to people where they are, as well as through facility-based services in clinics and other public health facilities in support of the Department of Health’s TB/HIV Care. THC’s Grinder outreach teams also deliver TB/HIV Care services in the 27 Districts.
A client has been identified as having priority status due to the National Department of Health because of the number of people living with HIV in these districts.

TB/HIV Care's expanded package of care includes not only HTS and screening for TB and STIs, but also point-of-care CD4 testing, diabetes screening and hypertension and body mass index (BMI) assessments.

Between April 2015 and September 2016, the HTS teams have adjusted their methods in order to meet the ambitious targets of UNAIDS' 90-90-90 treatment strategy.

The individual HTS teams have had to revise the HIV prevalence in the areas and spaces that they serve and focus on areas where HIV prevalence is high (hotspots). This is in response to the first 90-90-90 target which aims to find 90% of all people living with HIV so that they will know their status. The HTS target for the reporting period (Q3 and Q4) was 75 728. TB/HIV Care reached a total of 127 594 individuals with HTS (172%). The community-based HTS teams tested 42 436 clients for HIV and screened them for TB and STIs.

To reach the second 90-90-90 target, i.e. to ensure all clients eligible for antiretroviral treatment (ART) receive treatment, it’s important to ensure seamless referral from diagnosis to care. This can be a challenge for mobile teams in community settings who must successfully refer clients requiring further care onto a health facility.

1.2 Results from October 2016 to March 2017

1.3.1 HIV Testing Services (HTS)

TB/HIV Care and its consortium partners, the Society for Family Health (SFH), and Careworks, provide HTS services using different modalities to reach various age groups, genders and high-risk populations in 11 districts in six provinces. These services are the same as the HTS services provided in the previous grant.

a) HTS modalities

The consortium partners adopted a number of HTS service delivery models to reach entry points to HTS testing. These include provider initiated testing and counselling (PTC) in healthcare facilities, stand-alone community-based HTS sites, mobile and home-based HTS sites.

Home-based testing is provided in two ways: door-to-door and through the index client model. Door-to-door refers to when the staff of a mobile team visits the home of a newly diagnosed HIV+ adult to test the other household members. Index client models involve the referral of eligible individuals when a client has a named contact who can assist with the referral.

Various strategies are being implemented to increase progress towards the HTS targets. The aims of the HTS programme are to provide comprehensive care to clients, improve linkage to care, referral and treatment, and ensure that HTS services are expanded.

TB/HIV Care depends on feedback from third-party facilities to confirm whether referred clients initiate ART, as the percentage started on ART may be higher than reported.

Various strategies are being implemented to increase progress towards the HTS targets. The aims of the HTS programme are to provide comprehensive care to clients, improve linkage to care, referral and treatment, and ensure that HTS services are expanded.

There are various ways that clients access the ART programme, for example, the mobile HTS teams that have a nurse as the head of the team provide clients with a referral letter to their nearest health facility. A referral register is completed with the client's name and contact details (physical address and telephone number), the name of the health facility referred and the reason referred. Clients who do not arrive at the referral point are contacted by the care counsellors a minimum of three times. Alternatively they are referred to the Careworks Bridge System - a call centre dedicated to linking clients to care. The Bridge continues to follow up with clients for up to a month afterwards.

A client has her blood pressure checked at “Open Streets Cape Town”. Screening for certain conditions is part of the package of HTS testing services.
that are a high priority for receiving HIV prevention initiatives, also called ‘priority populations’. The aim of this intervention
week. Adolescent girls and young women (aged 15-24) and their sexual partners are therefore regarded as populations

1.2.2 Condom distribution and education

Data quality assessments (rdQ a).

in performance and develop programme quality improvement plans. Data quality is assessed monthly through routine

programme implementation staff are provided with line and bar charts on performance which they use to identify gaps

the geographical area covered. regular data review and usage meetings (druM s) are hosted within each district. After the review of the data, a teleconference is immediately set-up to provide guidance on the modality used and

• linkage to art care.

• number and percentage of HIV positive

it is estimated that there are almost 2000 new HIV infections in adolescent girls and young women in South Africa every

• Female: 879,498

Male: 4,072,079

the number of condoms distributed (1 and 2) were as follows:

• distributed in Q1 and Q2 were as follows:

the target is to provide two male condoms per adult male per week in the supported areas. The number of condoms

supplies of female condoms than male condoms. All the mobile Hts teams with individual or small-group interventions

The Hts partners are dependent on the DoH for male and female condoms. All the mobile Hts teams with individual or small-group interventions

ensure that condoms are accessible to those who need them through distribution at all Hts service delivery points, structural interventions such as the stepping stones and families Matters programmes.

• structural interventions such as the stepping stones and families Matters programmes.

the consortium provided services to 18,448 individuals from October 2016 to March 2017 which represents 76% of the semi-annual target (23,630) and 39% of the annual target (47,260).

1.2.3 Priority Populations Prevention (PP Pre):

It is estimated that there are almost 2000 new HIV infections in adolescent girls and young women in South Africa every week. Adolescent girls and young women (aged 10-24) and their sexual partners. The DoH has much lower targets for,

demonstration, distribution, negotiation skills and STI screening and treatment experiences.

takes place 6-18 months after training in order to reinforce key messages and discuss

are required to attend five weekly sessions, as well as a follow-up session, which

the programme is a workshop series aimed at girls, young women and young men aged 12–24 years. It is designed to promote sexual health, improve psychological well-being and improve relationships between young girls and young men. The programme consists of 11 sessions, (approximately one hour long) and is conducted with groups of approximately 20 participants. The sessions cover communication, gender stereotypes, sex and love, contraception and prevention, HIV, safer sex, gender violence, assertiveness and many more.

1.2.4 DREAMS Project:

The DREAMS project is a partnership to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Johnson & Johnson, Gilead Sciences, and WHO. The goal of DREAMS is to help girls develop into Determined, Resilient, Empowered, Adaptable and Fit (D.R.E.A.M.S) safe women (DREAMS).

TB/HIV Care began implementing the DREAMS Project in the uMgungundlovu district in October 2015. This report covers the reporting period April 2016 to March 2017.

The core intervention TB/HIV Care provides for the project is Hts, which is viewed as an entry point to the whole package of services. Hts enables adolescent girls and young women to know their HIV status, and early diagnosis can link them to care and treatment of ART and/or HIV prevention interventions.

TB/HIV Care’s DREAMS teams provide services for girls who are attending school, as well as those who are not attending school. The numbers reached in each category, and age category, can be seen in Table 1 overleaf. 4,402 male sex partners, 10% of the target of 44,012, were tested and counselled.

**2. VOLUNTARY MEDICAL MALE CIRCUMCISION**

**THE OFFERS VMMC,** a procedure which reduces a man’s chance of contracting HIV by up to 60%, as part of its HIV prevention package. Demand creation strategies are used to promote the service and increase its uptake. Demand creation is focused on males in the 15-49 age group. Strategies include targeting high school sporting events and workplaces with a high number of male employees. By providing VMMC services on a Saturday, the teams also ensure that services are accessible to men outside of normal working/office hours.

TB/HiV Care's clinicians have been trained on both the PrePex (device) method of circumcision and on the dorsal slit method of circumcision. In this reporting period, TB/HiV Care placed 410 devices and circumcised 17,376 males altogether.

TB/HiV Care's VMMC work was assessed by University Research Co., Ltd (URC) and was found to meet and exceed most national and international standards. These assessments are geared towards improving the quality of our circumcisions. An internal continuous quality improvement (CQI) manager supports all our VMMC teams.

From 1 October 2016, TB/HiV Care started implementing the VMMC programme under the new CDC cooperative agreement. Under this structure, the VMMC programme is implemented by a variety of partners working within the TB/HiV Care-led Consortium.

TB/HiV Care, SA CTA worker Health Programme (swHp), JSFAfrica and Society for Family Health (SFH) form a consortium for direct service delivery of VMMC services whilst URC is tasked with ensuring continuous quality improvement (CQI). JSFAfrica also provides technical assistance in the form of training for other partners. Community Media Trust (CMT) and Catholicos are tasked with creating demand for the VMMC services through the Demand Creation Hub.

The consortium partners use both fixed sites and roving teams to provide VMMC. Men in the 15-34 age group are targeted in priority districts. Figure 5 above provides a summary of VMMCs performed per partner:

**3. CORRECTIONAL SERVICES PROGRAMME**

**The updated South African national strategic plan for HIV, STIs and TB 2017-2022 highlights inmates as a ‘key population’. This means they are at a higher risk of being infected with TB and HIV than the general population. In response, TB/HiV Care (THC) supports TB and HIV services in partnership with the Department of Correctional Services (DCS) via direct service delivery (DSD), technical assistance (TA) and health system strengthening (HSS).**

This support is provided to 95 correctional centres located in 18 management areas across three regions: the Western Cape, Eastern Cape and KwaZulu-Natal. The
programme is backed by a South African government-led consortium that includes the Department of Correctional Services (DCS), Department of Health (DoH), the National Health Laboratory Services (NHLS) and other nongovernmental organisations.

3.1 HIV support services

TB/HiV Care tested 91,555 (98%) of those who were offered counselling for HIV, resulting in a 5% positivity rate from April 2016 – March 2017. During the reporting period, a total of 3,500 HiV patients were initiated on treatment (Table 6). The low treatment initiation can be attributed to inmates being released prior to ART initiation. TB/HiV Care supports several projects to improve ART initiation. These include training nurses to initiate and manage ART to alleviate the backlogs caused by a scarcity of doctors.

3.2 TB support services

Inmates are screened for pulmonary tuberculosis at three points during incarceration, including screening on admission, bi-annually and on release. During the reporting period 465,398 screenings were completed by TB/HiV Care counsellors with 31,361 having symptoms of TB. Genexpert testing was conducted on those who were symptomatic with 4.7% testing positive for TB, 5% of whom were rifampicin resistant. A total of 1,366 (92%) TB positive inmates were initiated onto TB treatment.

TB/HiV Care also provides TB screening using digital chest X-ray (CXR) and computer assisted diagnosis (CAD4TB) software. TB/HiV Care supports three CXR mobile units to service all 95 centres in 18 management areas.

In the past year, 29,425 chest X-rays were performed for inmates and DCS officials, of which 7,454 (25%) were identified as abnormal. The radiologists report abnormal results in real time which results in faster X-ray reporting turnaround times.

To raise awareness, an animated infomercial exploring transmission, risk and screening of TB in correctional centres was produced and distributed via DVD to correctional centres. The DVD is available in Xhosa, Zulu, Afrikaans and with subtitles.

3.3 Health system strengthening

TB/HiV Care implements the following Health System Strengthening initiatives:

3.3.1 Monitoring and Data Management

The Monitoring and Data Management teams’ primary focus is on capacitating DCS health staff on the collection of HIV/TB data via TIER.net (the electronic monitoring system for HIV and TB). Further support is provided to DCS health managers on data use for operational improvements. TIER.net has provided 70 computers and 40 printers to support the use of TIER.net, with 34% of centres now reporting electronically. The Data Management Team provide technical assistance to the DoH and DCS on the development of reporting tools and clinical stationery.

3.3.2 Management Development Programme (MDP)

To date 52 health service managers employed by DCS have been enrolled on the programme, which is aimed at improving health service management practices, in order to improve health outcomes. The curriculum combines training and on-site mentoring for the seven modules:

- Leadership and management
- Operational planning
- Human resource
- Health information management
- Quality improvement
- Quality assurance
- Infrastructure management.

Promotion of mentees into managerial posts has ensured the direct application of their skills and the sustainability of the programme as a whole.

3.3.3 Pharmacy Support

TB/HiV Care has conducted several workshops on pharmacy service management, pharmaceutical therapeutic committees, and systems for improved access to pharmaceuticals and services.

TB/HiV Care provides a pharmacy technical advisor and three pharmacy assistants to support activities in the DCS. This includes providing technical support using assessment tools to assist in identifying gaps in the service.

In response to a need, TB/HiV Care completed an upgrade of the pharmacy at the Mthatha correctional centre. This significantly reduced waiting times for medications. (See highlights section).
and toured the centres (below).

An international delegation to the United States test and treat’ (utt). tb/HiV Care, together with the Aurum Institute and the Centre for Infectious Diseases Research in Zambia (CidrZ) have implemented a pilot study to assess the feasibility of offering utt within correctional centres.

3.3.4 Clinical Training and Mentoring

Drug ward stock management and dispensing medication. This allows inmates to access medication on the same day. In addition, drop-in centres offer service users support groups and psychosocial services.

3.3.5 Quality Improvement

Infection prevention and control is critical in a correctional setting, especially because situations of extreme overcrowding and poor ventilation are common and tb is an airborne disease. An awareness campaign, training and technical support from tb/HiV Care has ensured that 100% of centres were assessed for IPc and action plans developed to improve IPc practices.

3.4 Evidence for HIV Prevention in Southern Africa (EHPSA) Research Project

The EHPSA project aims to evaluate and document the impact of utt in different settings. One method of utt being researched is to start inmates who test HIV-positive on treatment immediately. This is referred to as Universal Test and Treat (Utt). Utt has been implemented in several correctional centres in South Africa, and in Zimbambwe (ZIDN) have implemented a pilot study to assess the feasibility of offering UTT within correctional centres.

The EHPSA programme has been running for 16 months within two correctional centres - with provisional approval by DCs for the implementation of UTT projects within the centres with regular mentoring visits.

3.5 Evidence for Hepatitis in Southern Africa

The project aims to evaluate and document the impact of hepatitis screening under the Bristol-Myers Squibb Foundation Hepatitis initiative, this with an enlarging scope of services, including opiate substitution therapy and Hepatitis C testing in correctional settings.

3.6 Key populations programme

3.6.1 People Who Inject Drugs Harm Reduction Project

PEOPLE WHO INJECT DRUGS (PWID) ARE AT HIGH RISK FOR HIV AND OTHER HEALTH ISSUES. This population is not only highly stigmatised, but also criminalised, impacting significantly on their ability to access healthcare and other services. Evidence-based HiV prevention services, recommended by the World Health Organisation (WHO) and other international bodies, have not been widely available for the PWID population.

TB/HIV Care delivers peer-led health and wellness services to PWIDs primarily through their drop-in centres. tb/HIV Care has also expanded the system in which problem debt - and out and away projects - are offered, using project funding from a number of sources, including the Global Fund, to reach PWID in rural and urban areas. The organisation has reached 60% enrolment of PWID and is expected to reach full capacity in the next cycle of the same duration, under Pepfar funding. The project scope has expanded to cover 10 districts, located within five provinces: Western Cape, Eastern Cape, KwaZulu-Natal, Mpumalanga and North West. Furthermore, The PWID population is representative of PWID across South Africa.

Collectively Called the ‘step up’ project, the initiative utilises an outreach model, thereby ensuring hepatitis C and b prevalence amongst key populations (see project scope).

The PWID population is estimated at 655,000 in South Africa. It is estimated that 55% of the PWID population are currently living with HiV. This project aims to improve HIV prevention and testing amongst PWID. The pilot phase of the project took place in June 2016, and the project is expected to reach full capacity in the next cycle of the same duration, under Pepfar funding.

Since the roll out in June 2016, up to April 2017, the organisation has initiated 490 individuals on this model of care.

4. HIV Prevention in sex workers

Amongst a handful of service providers, to offer pre-exposure prophylaxis (prep) funded to the PWID population. The National Strategic Plan 2017 - 2022 reflects individual goals specific to both populations and a human rights approach. In close alignment, TB/HIV Care has become a leading advocate for drug user reform and drug user rights in South Africa, launching the annual South African Drug Policy Week Conference in 2016, becoming the South African member of the International Drug Policy Consortium (IDPC) and forming the South-African Network of People Who Use Drugs (SANPUD) as the national affiliate of the International Network of People Who Use Drugs (INPUD).

4.2 HIV Prevention in sex workers

TB/HIV Care has embarked on a number of important research partnerships with Johns Hopkins University, and the World-Myers Squibb Foundation (WMSF). WMSF has funded the IDPC to investigate Hepatitis C and B prevalence amongst key populations, specifically PWID. The research will utilise a mixed-methods study, with roll out in June 2016, up to April 2017. The organisation has initiated 665 individuals on the model of care.
most successful approach to ensure viral suppression in sex worker communities, in support of the final step of the 90-90-90 cascade.

5. CARE AND TREATMENT PROGRAMME

The Care and Treatment programme in Amathole District is part of the activities of the TB/HIV Care-led consortium which includes Mothers2Mothers (m2m), SEAD, Southern African Roberts Bishop Conference (SACBC), the Knowledge Translation Unit (KTU) and Spark Health.

The programme supports 128 facilities based in the Amathole district, in the Eastern Cape Province. It is active in all four subdistricts, namely Mthatha, Mqondwana, Orange River and Amathole.

The programme aims to assist the district in reaching the 90-90-90 targets through clinical training and mentorship, supporting patients through linkage to care (thereby ensuring ART initiation), and sustaining adherence to ART, viral load suppression and retention in care.

The programme also focuses, with the expertise of our consortium partners, on the prevention of mother to child transmission of HIV (PMTCT), care, health system strengthening (through laboratory and pharmacy technical support), strategic information and leadership programmes. We also support orphans and vulnerable children, directly, and by providing technical assistance.

5.1 Stakeholder engagement

An excellent partnership with the Department of Health is critical to the success of this programme. Great care could explain the project objectives.

The local subdistrict management team was able to define the support needed through this engagement and TB/HiV Care could explain the project objectives.

A rapid HIV recruitment process, in collaboration with the Amathole district management team and the Regional Training Centre, was implemented to ensure a seamless transition and to allow staff employed by NGOs transitioning out of the district to apply for available posts in order to retain skills in the district. Job adverts were developed in collaboration with the DoH, and placed in the local media by the October 2016. On the 3rd and 4th January, after the shortlisting and interviews process was completed, all newly-recruited staff signed contracts and attended orientation and induction.

5.2 Planning and quality improvement

In collaboration with the Amathole District and all consortium partners, human resources were allocated to high-facility facilities based on the total number of patients currently on ART at each facility or ‘total remaining on ART (TROA)’.

In January and February 2017 implementation models and workshops were developed, with targets for all staff categories, to enable a coordinated approach to meeting the targets set.

Clinical staff skills were assessed using the Dall integrated clinical mentorship guidelines and a plan was developed to provide capacity building.

A number of QI tools were developed, tested, adapted and implemented. Quality improvement projects have been implemented as a district, subdistrict and facility level across the care pathway to redesign the patient pathway. For example, a TB and HiV cohort tool with a recall sheet was developed and given to linkage officers to track patients. A client adherence procedure for the recall sheet was put in place. This tool enabled the patients linked to TB care after diagnosis to improve from 86% in December 2016 to 100% from January 2017.

6. SOCIAL DEVELOPMENT PROGRAMME

The social work team at TB/HIV Care is funded by the Department of Social Development (DSD) and is made up of three social workers and five social auxiliary workers based in the Cape Metro.

Each subdistrict has either a social worker or a social auxiliary worker providing psychosocial support in health clinics supported by TB/HIV Care, or at the hospitals.

In Quarter 4 (Jan – March 2017) 900 723 (80) clients were seen compared to 900 861 (96) in Quarter 3 (Oct – Dec 2016) and 900 1080 (120) in Quarter 2 (July-Sept 2016).

6.1 Training Community Health Workers

One of the highlights of the work of the training unit is the training of community health workers (CHWs) in the Cape Metro. During the past year, 160 CHWs in the Cape Metro were trained on the ten-day TB/ART adherence programme. CHW supervisors have also received monthly mentoring and training on a range of topics throughout the year. The QI training unit are also providing regular ‘Supervisory Training for Health Workers’ in the Cape Metro, in conjunction with the Department of Health’s People Development Centre (PDC).

A number of our community health workers are selected each year to attend HIV/AIDS, STI and TB (HAST) counsellor training, and if successful, are appointed into these positions.

7. TRAINING

The TB/HIV Care training unit provides services to staff as well as to partners in the health sector. The unit works closely with the THD programme to ensure that training needs are met, and staff’s knowledge remains current and up to date.

7.1 Training Community Health Workers

One of the highlights of the work of the training unit is the training of community health workers (CHWs) in the Cape Metro. During the past year, 160 CHWs in the Cape Metro were trained on the ten-day TB/HIV adherence programme. CHW supervisors have also received monthly mentoring and training on a range of topics throughout the year. The QI training unit are also providing regular ‘Supervisory Training for Health Workers’ in the Cape Metro, in conjunction with the Department of Health’s People Development Centre (PDC).

A number of our community health workers are selected each year to attend HIV/AIDS, STI and TB (HAST) counsellor training, and if successful, are appointed into these positions.

7.2 Rapid HIV Test and refresher training

The Rapid Test Quality Improvement Initiative (RTQII), which aims to ensure that high quality standards are employed during HIV testing so that test results are reliable and

CLIENTS REACHED WITH SOCIAL SUPPORT

Table #

Target: Clients reached, Actual: Clients reached, % Target

Quarter 1 (April-June 2016) 900 1241 (138)

Quarter 2 (July-Sept 2016) 900 1080 (120)

Quarter 3 (Oct-Dec 2016) 900 861 (96)

Quarter 4 (Jan-March 2017) 900 723 (80)

Total 3600 2787 (79)

As a final point, please remember that the Stop the PoP programme is very important for the future success of our organisation and our lives.
7.3 Leadership

In Khayelitsha, 14 CHWs have been enrolled in a community health leadership which will be completed in 2018. In addition, two community health worker supervisors and one unemployable social work client have been enrolled in a social auxiliary work leadership. Both leaderships are funded by the MHSET and will result in NQF qualifications.

7.4 Voluntary Medical Male Circumcision

In order to provide quality services, clinical staff have received the necessary training and ongoing development provided by JPS Africa. Training has been provided on the forceps guided and dorsal slit surgical methods as well as use of Prepex, and clinical-quality improvement. Training has also been provided to counsellors, in order to improve referrals, and to mobilisers, to standardise messaging and provide guidance in order to make referrals.

7.5 Key Populations Programme

Training is essential part of the key populations programme. Training in the past year has included ongoing training with peer educators working with people who inject drugs and sex workers to ensure that they are well informed and able to provide relevant health education with beneficiaries and service users. In service training also takes place at each site in a monthly basis, and is provided to community advisory group. Topics for training include sensitisation training on HIV and TB, hepatitis B, Prepex, sexual and reproductive health, condom use, and referral. In-service training also takes place at each site on a monthly basis, and is provided to community advisory group. Topics for training include sensitisation training on HIV and TB, hepatitis B, Prepex, sexual and reproductive health, condom use, and referral.

8. HOME- AND COMMUNITY-BASED SERVICES

8.1 Community-based treatment support

TB/HIV Care provides community-based treatment support to clients on TB treatment and/or antiretroviral treatment in the Western, Southern, Klipfontein, Mitchells Plain and Khayelitsha subdistricts in the Cape Metropole. Members of the local community who have been trained on TB and HIV, home-based care and health promotion provide this service by acting as a link between the clinic and the client. They are called community health workers. For the year under review, a list of restructuring at a substructure level happened to promote integration of services provided by community health workers. In the Southern-Western substructure, geographical area allocation per NPO took place mainly in the Western suburbs. TB/HIV Care was allocated the Du Toitskloof area from Paarden Eiland stretching into the Atlantis area. In the Khayelitsha subdistrict, the organisation was allocated the Eilandvlei/Kapsie areas in which to provide services. The programme also expanded within the Khayelitsha and Klipfontein/Mitchells Plain substructures. Nurse Coordinators were employed to support and supervise CHWs with patient care plans and support. The nurse also channel referrals and act as a liaison between the local facilities and the field teams. A total of eight HSW Coordinators were employed for the Cape Metro District.

In addition, 15 CHW supervisors provided non-clinical mentoring and coaching to the community health workers. They ensure that the adherence support programmes including both ART support groups in the community.

An average of 264 CHWs were employed in the City of Cape Town during the period under review. The CHWs provided services ranging from home care to chronic disease clients, household assessments, adherence support, community ART clubs and the distribution units (CDU) within the community. During the period under review, CDUs completed a total of 36 446 household assessments, averaging up to 12 582 household assessments per CHW per month. They also provided an average of 84 monitoring visits per month for chronically ill clients registered in the HSC programme. Each CHW managed on average 12 clients per month.

A total of 34 CDUs’ clients were from Khayelitsha. 13 866 packs were distributed to chronic clients between September 2016 and March 2017, alleviating the pressure at Woodford pharmacy. In Hout Bay, two CDU clubs were started and distributed on average 60 packs per month. Khayelitsha substructure conducted community ART clubs. A total of 20 clubs were registered under the CHWs of TB/HIV Care. The 20 clubs ran on a bi-monthly basis and also ensured that clients returned to the facility for scheduled clinical follow up and for the monitoring of clients. The teams also ensured that clients who miss the monitoring visit contact the client’s household or hold return as discussed. The teams refer the clients back to the facility for further recall and management in the facility.

8.2 Drug-resistant TB counselling

Drug-resistant TB (DR-TB) requires up to two years of intensive treatment. A specialised support programme has been developed to address the specific challenges associated with it. Six trained DR-TB counsellors are employed to support only DR-TB clients. They offer counselling services in clinics and at home, run support groups, identify contacts less than five years old and those at risk for TB, educate the family on infection control measures at home and recall patients who stop taking their treatment. The majority of clients supported by the DR-TB counsellors are aged between 25 – 49 years. During the year under review, a total of 525 new clients were registered with the programme, 761 counselling sessions were conducted, and 1 229 recalls were completed, 63% of which were related to treatment interruption. A total of 226 support groups were held mainly in the Klipfontein/Mitchells Plain area.
## STATEMENT OF COMPREHENSIVE INCOME

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<td>Other income</td>
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<td>Surplus for the year</td>
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## STATEMENT OF FINANCIAL POSITION

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<td>Assets</td>
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<tr>
<td>Total Assets</td>
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## FINANCIAL REPORT

**TB HIV CARE ASSOCIATION - ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2017**

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*Prof. Harry Hausler (CEO) and Mole Shebi-Magadla (Western Cape Regional Manager) hand out flyers on TB and HIV.*
ACKNOWLEDGEMENTS

The management and staff of TB/HIV care wish to record our thanks to the following for the support received during the year:

- Afrika Tikkun
- Alan & Gill Gray Charitable Trust
- Aurum Institute
- ANIC
- Bophela Holdings
- Bristol-Myers Squibb Foundation Inc
- Building Industries Medical Aid Fund
- Centers for Disease Control and Prevention (CDC)
- Emerging Markets Payments South Africa
- Developing Country NGO Delegation to the Global Fund
- Ikamva Labantu
- International Network of People who Use Drugs (INPUD)
- Jet Lee Will Trust Distribution
- Johns Hopkins University
- Martin
- Mott McDonald
- NACOSA
- National Department of Health
- President’s Emergency Plan for AIDS Relief (PEPFAR)
- Right to Care
- S & C Agencies CC
- Sunstays Cape Town Beach Hotel
- The Foundation for AIDS Research (AMFAR)
- The Foundation to Promote Open Society
- The Global Fund to Fight AIDS, TB and Malaria
- The Metland Group
- Visulink
- Western Cape Department of Health
- Western Cape Department of Social Development

Celebrating the Step Up Project and the harm reduction services the mobile van brings to people who use drugs, during an outreach.