VISION
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 HEALTH CARE 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 health care including TB and HIV services
• Participate in operational research, monitoring and evaluation to improve comprehensive primary health care

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REWARDS AND BENEFITS: The prize table at a TB/HIV Care soccer tournament raising awareness of medical male circumcision
Preparing the TB/HIV information table at a community outreach
MEMBERS

EXECUTIVE COMMITTEE MEMBERS

Mr Lionel Janari  (Chairman)
Ms Stacie Stender  (Vice – Chair)
Mr Greg Wesson  (Treasurer)
Ms Yvonne Galvin
Dr Andrew Young

EX OFFICIO

Prof Harry Hausler  (Chief Executive Officer)
Mrs Ria Grant  (Senior Advisor)

MEMBERS

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

HONORARY LIFE MEMBERS

Ms Diane Fairhead
Ms Pamela Geary
Ms Johanna Honeyman
Dr Michael Popkiss
HIGHLIGHTS 2014-2015

TB/HIV CARE PRAISED FOR ITS CONTRIBUTION TO MEDICAL MALE CIRCUMCISION IN THE WEST COAST

DURING A FORUM TO DISCUSS MEDICAL MALE CIRCUMCISION IN THE WEST COAST sub-district of the Western Cape, TB/HIV Care was singled out as a highly effective partner making a substantial difference to the roll-out of MMC services to the local community.

The gathering, held on the 12 and 13th of March 2015, explored the findings of research conducted by Broadreach into the progress of MMC in the sub-district. TB/HIV Care’s wellness centre was repeatedly mentioned as an asset to the West Coast’s programme as it provides a comprehensive service to the community, including services such as family planning as well as medical male circumcision.

Other factors that were mentioned as underlying TB/HIV Care’s success was the clear advertising of the next date MMCs would be provided in the window of the wellness centre, and the fact that transport is provided for clients.

The Broadreach researchers commented on the fact that TB/HIV Care was consistently mentioned during their study and the research report draft contained the following statement:

“This study shows that ...[TB/HIV Care] have demonstrated and have great potential to provide high volume services in the district. During a debriefing meeting of the field data collection team, one member remarked ‘every sub-district should have a TB/HIV Care’, after she noticed the large numbers of MMC that their sites were doing in comparison to public health facilities...”
IMPROVING PSYCHOSOCIAL SUPPORT FOR TB AND HIV

PSYCHOSOCIAL SUPPORT IS AN INTEGRAL PART OF THE HEALING PROCESS
which is often overlooked in the clinical environment in which health workers operate. The social development programme team seeks to address this as well as some of the complex factors which can cause clients to default on their treatment.

The social work programme team is made up of 4 social workers and 5 social auxiliary workers. Their role is to provide psychosocial support to TB and HIV clients in clinics, implement support groups and run awareness campaigns in the community. In the course of this work, the team deals with some extreme cases of family violence, stigma and clinical depression.

A separate arm of this programme is the support provided to the Brooklyn Chest Hospital (BCH).

The paediatric project at Brooklyn Chest Hospital has a dedicated social worker to attend to the needs of the children and their parents. Her role is to interview parents, do home assessments and guide the multidisciplinary team on the case management of children admitted to the hospital based on her findings. From April 2014 to March 2015, 198 children were admitted and 189 children were discharged and the average length of stay was 101 days. Since almost 50% of the children admitted are between 0 and 4 years, the paediatric project also provides educare facilities for those not yet ready for the hospital school. Under the leadership of Ncumisa Faku, the educare team ensures that the children are engaged in stimulating programmes during their stay in the hospital.

Two social auxiliary workers provide support to the adult patients admitted to the hospital with the focus on treatment adherence counselling, home assessments and group work in the hospital setting. The aim of these interventions is to ensure successful treatment of all TB patients whether they have drug-susceptible TB multidrug-resistant TB or extensively-drug-resistant TB cases. During the reporting period, 695 adults were admitted and 495 discharged from Brooklyn Chest Hospital.
TB/HIV CARE SHINES AT UNION WORLD CONFERENCE ON LUNG HEALTH

**THE 45th UNION WORLD CONFERENCE ON LUNG HEALTH WAS HELD IN BARCELONA**, Spain in October 2014. TB/HIV Care was featured in three different ways at the conference, gaining valuable international exposure.

Senior Adviser, Ria Grant, gave the inaugural lecture at the conference, sharing the stage with Dr Aaron Motsoaledi, South Africa’s Minister of Health and Dr Harsh Vardhan, the Indian Minister of Health. Ria’s presentation focused on the role of communities in the management and care of persons living with tuberculosis, HIV and other lung health diseases.

The points she raised in her lecture around the importance of communities in advocacy and working with health services were reiterated when Celestine Jaftha, a community care worker supervisor from Hout Bay, gave her own presentation at a panel debate entitled, ‘Supervision or support? Challenges around DOT and patient-centred care.’ Celestine was chosen by TB/HIV Care to travel to the conference through a competition in which community care workers and their supervisors were asked to submit their thoughts on providing health services in community settings.

The affirmation of TB/HIV Care’s focus on community-based care came when the organisation was nominated by the South African’ Department of Health’s TB Cluster and was a runner-up for the prestigious 2014 Kochon Prize awarded to organisations, institutions or people contributing to the fight against TB by working with TB communities to reach the 3 million people who are missed every year. This is a significant achievement as this was a global competition with other organisations working all over the world.
The key populations team and stakeholders celebrate the launch of a wellness centre tailored to the needs of sex workers and other key populations.
1. Harry Hausler, Chief Executive Officer
2. Jason Hinrichsen, Chief Financial Officer
3. Ria Grant, Senior Advisor
4. Raymond Chimtira, HIV Prevention Programme Manager
5. Andrew Lambert, Key Populations Programme Manager
6. Dr Gareth Lowndes, Correctional Services Programme Manager
7. Phebe Gribble, HIV/AIDS, STIs and TB Manager
8. Patricia Sterling, Training Manager
9. Zolani Barnes, Advocacy, Communication and Social Mobilisation Manager
10. Juliet Schreiber, Human Resources Manager
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CHAIRMAN’S REPORT

During the period that this report covers, the world was shaken by an outbreak of Ebola in West Africa, particularly in Sierra Leone, Liberia and Guinea, where more than 11,000 people lost their lives and, in 2013, 40,500 people died of TB in South Africa making it the number one cause of mortality.

The outbreak focused attention on the global threat communicable diseases pose in today’s highly mobile world. There is no longer any excuse for not believing infectious diseases are everyone’s problem, or that addressing them is everyone’s responsibility.

Responding to TB and HIV is therefore the duty of us all, and we fail to address them at all of our peril. TB/HIV Care is responding in a variety of ways. We are becoming recognised as leaders in providing health services tailored to the needs of people most at risk of these diseases; particularly sex workers, people who inject drugs and inmates in correctional centres. We are also working to prevent HIV infection by providing HIV counselling and testing to people where they are, by offering medical male circumcision to HIV negative males to reduce their risk of acquiring the infection by 60% and through structural interventions targeting gender norms which put women at risk.

But among the greatest lessons learned from the tragedy of the Ebola outbreak, was of the life-saving importance of strong health services that are accessible to all. Tailoring services to address particular groups of people or particular diseases can be highly effective, but in the long term, it is vital to integrate the lessons learned from these programmes into sustainable health services which reach the whole population.

It is in this respect that the community care workers, so long the backbone of our organisation, can be seen as the potential hands, feet, heart and soul of a new way of providing accessible, comprehensive health care for all. We applaud and support the re-engineering of primary health care spearheaded by our Minister of Health.

We look forward to joining our efforts to those of the international community to ensure that our health system is robust enough to withstand old and new threats.

LIONEL JANARI

CHAIRMAN

‘THERE IS NO LONGER ANY EXCUSE FOR NOT BELIEVING INFECTIOUS DISEASES ARE EVERYONE’S PROBLEM’
In the 'Chairman's Report', please remove 'commercial' before 'sex workers'. Additionally, after '11 000 people lost their lives', add 'and, in 2013, 40,500 people died of TB in South Africa making it the number one cause of mortality.'

UPLIGHTING: Balloons are released on Overdose Awareness Day to remember those who have passed away as a result of drug overdose.
Finding TB: Western Cape MEC for Health, Dr Nomafrench Mbombo, Prof Harry Hausler and Correctional Services Western Cape Regional Commissioner, Delekile Klaas, speak to the media at the launch of an on-site X-Ray machine at Pollsmoor.
CEO’S REPORT

TB/HIV CARE ASSOCIATION (TB/HIV CARE) HAS GROWN from a small organization called the Nelspoort After Care Committee in 1929 that provided social support to TB patients and their families in Cape Town to a national organization that prevents, finds and treats TB and HIV and strengthens primary health care services in 16 districts in 4 provinces in South Africa.

TB/HIV Care is a non-profit organization whose vision is to be a leader in empowering communities to be healthy and free of tuberculosis (TB) and the human immunodeficiency virus (HIV). I am honoured to lead a team of dedicated individuals who are empowering communities to be healthy. I thank all the management and staff of TB/HIV Care for their excellent work and remarkable achievements and the Executive Committee for their ongoing guidance and support.

TB/HIV Care advocates for social justice and the promotion of health as a human right in an array of structures and forums. I am able to advocate for these issues in my position as Chair of the NGO Sector in the Civil Society Forum (CSF) and as a member of the Programme Review Committee (PRC) of the South African National AIDS Council (SANAC), in the Western Cape Provincial Council on AIDS, PRC and CSF and as Chair of the Clinical Working Group of the ‘National task team for the implementation of TB and HIV services in the Department of Correctional Services facilities’.

South Africa is in the midst of a mid-term review of the ‘National Strategic Plan on HIV, Sexually Transmitted Infections (STIs) and TB 2012-2016’ (NSP). The vision of the NSP is zero new HIV and TB infections, zero new infections due to vertical transmission, zero preventable deaths associated with HIV and TB and zero discrimination associated with HIV and TB. While there has been remarkable progress made with an estimated 3 million people on antiretroviral treatment by the end of 2014, HIV prevention efforts need to be intensified because an estimated 469,000 South Africans were newly infected with HIV last year which is more than 1200 new HIV infections per day.

The new strategy that has been promoted by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and adopted by South Africa is the three 90’s – ensuring that at least 90% of all people living with HIV know their status, that 90% of people diagnosed with HIV infection will receive ART and 90% of people receiving ART will have viral suppression by 2020. This strategy recognizes the need for coverage of services and the importance of HIV treatment to prevent further transmission. TB/HIV Care is helping to implement the strategy by providing HIV testing and counseling, linking clients to treatment services and providing adherence support. While this strategy is necessary, it is not sufficient. A major concern is that behavioural and structural interventions related to prevention are not acknowledged and prioritised. We call for a fourth 90 on prevention to ensure that behavioural and structural interventions to prevent HIV and TB are delivered together with biomedical interventions.

TB/HIV Care is contributing to the three 90’s and is also a leading combination HIV prevention partner, delivering behavioural, biomedical and structural HIV prevention interventions. Since the beginning of a combination prevention cooperative agreement with the Centers for Disease Control and Prevention (CDC) through the Presidents Emergency Plan for AIDS Relief (PEPFAR), TB/HIV Care has provided HIV testing and counseling with screening for TB and STIs to more than 1.2 million people. We have achieved greater than 90% linkage to care for those clients referred from our community services to health facilities. TB/HIV Care has circumcised 19,493 men in South Africa in the past year, decreasing their risk of HIV infection by 60%. Our

“TB/HIV CARE IS COMMITTED TO WORKING IN PARTNERSHIP WITH GOVERNMENT AND CIVIL SOCIETY TO PROVIDE EQUITABLE ACCESS TO PREVENTION AND TREATMENT SERVICES TO ACHIEVE THE VISION OF A WORLD FREE OF TB AND HIV.”
structural HIV prevention efforts are working towards gender equity and prevention of gender-based violence. This includes implementation of the evidence-based Stepping Stones intervention. We are well placed to contribute to a new initiative called DREAMS that will create determined, resilient, empowered, AIDS-free, mentored and safe young women and girls.

With funding from CDC, the Global Fund to Fight AIDS, TB and Malaria (Global Fund), Mainline and Johns Hopkins University, TB/HIV Care provides peer-led mobile outreach services to bring respectful, client-centred services to key populations including sex workers and people who inject drugs. Our HIV prevention in sex workers services have been recognized as a best practice model by CDC because they reach 80% of sex workers in identified sex work locations on a 3 monthly basis with HIV, TB and STI screening services and ensure that sex workers are linked to the clinical and social services that they need. In the past year, TB/HIV Care has provided health screening to 11 631 sex workers. TB/HIV Care is the first organization in South Africa to provide a comprehensive package of HIV prevention and harm reduction services to people who inject drugs as recommended by the United Nations Office on Drugs and Crime (UNODC). TB/HIV Care has established community advisory groups (CAG) to ensure that our services respond to the needs of key populations and actively engage them at every level of service delivery.

With funding from CDC and the Global Fund with the National Department of Health, TB/HIV Care is providing direct service delivery and technical support to prevent, find and treat TB and HIV in inmates in correctional services. TB/HIV Care supports all the Department of Correctional Services (DCS) management areas in the Eastern Cape and Western Cape as well as two management areas in KwaZulu-Natal. In the past year, TB/HIV Care has tested 54 142 inmates for HIV, diagnosed 2432 inmates with HIV and screened 113 991 inmates for TB, resulting in 838 inmates starting TB treatment. We have been able to double TB case finding as a result of our support. Through training and mentorship we are building the capacity of clinical staff in the Department of Correctional Services to provide improved TB and HIV clinical care.

TB/HIV Care is committed to working in partnership with government and civil society to provide equitable access to prevention and treatment services to achieve the vision of a world free of TB and HIV.

HARRY HAUSLER

CHIEF EXECUTIVE OFFICER

PARTNERSHIP: CEO, Prof Harry Hausler, and HAST Co-ordinator, Mrs Selele Ramokgadi, cut the ribbon at the official launch of TB/HIV Care's Vredenburg wellness centre which offers medical male circumcision, family planning, HTC and other health services.
SENIOR ADVISOR’S REPORT

MY MAIN FOCUS AREA WITHIN TB/HIV CARE IS TO MAKE THE CONNECTION BETWEEN INTERNATIONAL AND LOCAL POLICIES AND ACTIVITIES IN TB AND HIV.

I am active at an international level through my work co-ordinating the financial affairs of the Developing Country NGO Delegation to The Global Fund. At a local level, the paediatric project at Brooklyn Chest Hospital remains close to my heart and I have been involved in supporting the social work team as they address the often over-looked psychosocial aspects of disease.

During the year under review I was responsible for the logistical and financial management for the 31st Board meeting of the Global Fund in Jakarta, Indonesia in March, 2014; the 32nd Board meeting in Montreaux, Switzerland in November 2014 and a delegation retreat in Mexico City in February 2015.

In addition the delegation was requested by the Global Coalition of TB Activists to host a training of trainers workshop on the new funding model of the Global Fund and community systems strengthening in Cape Town in June 2014 and to manage the Global Fund Implementer’s Bloc meeting in Geneva in October 2014.

Submitting progress reports to HIVOS, the Global Fund and AIDS Health Foundation is also part of my portfolio. I would like to thank the finance department of TB/HIV Care and especially Hermanise Dryling for her support in managing this budget of just over R1 000 000.

Here at home, I serve on the Brooklyn Chest Hospital Facility Board as Chairperson and represent TB/HIV Care on the Provincial Advisory Board of NACOSA. It is gratifying to be able to share global trends and the experiences of different countries in my work here in South Africa, and to take some of our experiences back onto an international platform.

My involvement in the work of the Global Fund provides me with the opportunity to advocate for TB in an extremely HIV dominated environment, and to raise the profile of TB/HIV Care on a national and international level. A highlight of this work was being asked to present the inaugural lecture of the International Union of Lung Disease and Tuberculosis at its annual conference in Barcelona in October 2014 in my capacity as the Senior Advisor for TB/HIV Care Association.

RIA GRANT
SENIOR ADVISOR

‘MY INVOLVEMENT IN THE WORK OF THE GLOBAL FUND PROVIDES ME WITH THE OPPORTUNITY TO ADVOCATE FOR TB IN AN EXTREMELY HIV-DOMINATED ENVIRONMENT, AND TO RAISE THE PROFILE OF TB/HIV CARE ON A NATIONAL AND INTERNATIONAL LEVEL.’
TEAMWORK: The Green Point Clinic team celebrate achieving a 100% TB cure rate.
PROGRESS REPORT

TB/HIV CARE’S VISION OF BEING A LEADER IN EMPOWERING COMMUNITIES TO BE HEALTHY AND FREE OF TB AND HIV IS A COMPLEX TASK THAT REQUIRES A MULTIFACETED APPROACH. The organisation works on comprehensive interventions which support and strengthen the health system itself - such as community-based treatment support and combination HIV prevention - as well as targeted interventions which address specific populations at risk - such as sex workers, people who inject drugs and inmates and officials in correctional services.

1. COMMUNITY-BASED TREATMENT SUPPORT

COMMUNITY CARE WORKERS

TB/HIV CARE PROVIDES COMMUNITY-BASED TREATMENT SUPPORT TO CLIENTS ON TB TREATMENT and/or antiretroviral treatment (ART) in the Western, Southern, Klipfontein Mitchells Plain and Khayelitsha sub-districts in the Cape Metro of the Western Cape. This service is provided by up to 220 CCWs, members of the local community who have been trained on TB and HIV and act as a link between the clinic and the client. Once a client agrees to be supported at home, they are assigned a CCW by health workers at their facility. Each CCW supports from 6 to 50 clients, depending on the disease burden in the surrounding area. The CCWs perform home assessments to establish the living conditions and health of the entire household in which the client lives. Thereafter the CCW will visit the client at home to perform pill counts to check that the client is adhering to treatment, and to answer any questions they may have. It is estimated that the CCWs supported approximately 38 568 clients throughout the course of the year in review.

Should a client not attend a clinic appointment or not collect their medication, the CCW will go to the client’s home to recall them. During the reporting period from April 2014 to March 2015, the number of clients successfully recalled was 1 966 This means that it is likely that nearly 2000 clients would have been lost to follow up without the intervention of TB/HIV Care’s CCWs.

CCWs in different areas were trained in a variety of health issues to address the priorities of the communities they serve. These ranged from child immunization to breastfeeding, to the Zazi programme and the four seasons of health programme.

The programme faces similar challenges to those faced by clients. Extreme weather such as flooding or fire means that people relocate to different areas or are preoccupied with securing shelter, and CCWs may struggle to find them. Protest action can make movement in the area difficult, again inhibiting the ability of CCWs to reach clients. Finally, gangsterism and crime make walking in the community dangerous, placing CCWs in danger when visiting clients.
PILL COUNT: A CCW Supervisor counts a client’s pills to check she is taking them as prescribed.
DRUG-RESISTANT TB COUNSELORS

Because of the specific challenges associated with drug-resistant TB (DR-TB) which requires up to 2 years of intensive treatment, a specialized support programme has been developed employing six trained DR-TB counsellors. These counsellors only handle DR-TB clients and offer counseling sessions, support groups and the recall of patients who interrupt their treatment. During the year under review, 530 DR-TB clients have been supported and more than 167 clients who interrupted treatment have been recalled back into treatment.

The DR-TB counselors face similar challenges to the CCWs in terms of locating the home addresses of clients, however they face additional challenges on top of this. The counselors support several facilities and therefore their clients are spread over greater distances. This interferes with the effectiveness of support groups, which have not proved popular with clients who prefer one-on-one sessions.

2. COMBINATION HIV PREVENTION

BEHAVIOURAL HIV PREVENTION INTERVENTIONS

a) HIV counselling and testing linked to TB, STI screening programme

SINCE 2007, TB/HIV CARE ASSOCIATION HAS PROVIDED INTEGRATED TB/HIV/STI PREVENTION and support services through its HIV testing and counseling (HTC) programme linked to screening for TB and sexually-transmitted infections (STIs). These services are offered as outreach services through mobile teams that travel to communities to provide services to people where they are, and through facility-based services in clinics and other public health facilities in support of the department of health. An expanded package of care offered by TB/HIV Care's staff includes not only HTC and screening for TB and STIs, but also screening for diabetes and hypertension and body mass index (BMI) assessments.

The HTC element of the combination HIV prevention programme has undergone major changes during October 2014 to March 2015. The organisation scaled down from 20 HTC mobile teams in 4 provinces to 15 HTC mobile teams to focus on the priority districts of Alfred Nzo, Cape Town Metro, Harry Gwala, OR Tambo, and Umgungundlovu.

In 2014, UNAIDS announced a new set of collective targets aimed at ending the AIDS epidemic. These goals are known as the 90-90-90 targets; and aim for ninety percent of those who are positive to know their status by 2020; for 90% of those eligible for ART to receive sustained treatment by 2020; and for those initiated, that 90% are virally suppressed by 2020.

To reach the first ‘90’, 90% of those who are HIV positive knowing their status, it has been necessary for the HTC teams to review the HIV prevalence in the various areas and spaces that they serve. In most districts, there is a marked difference in the proportion of people tested who are positive between those tested in facilities, and those tested in community settings since people who are HIV positive are more likely to be experiencing ill health and to seek care in facilities. This has meant that our mobile teams have had to refocus their efforts to ensure that their services can
diagnose more people living with HIV.

To reach the second ‘90’, to ensure that 90% of those eligible for ART receive treatment, it is necessary to ensure a seamless referral from diagnosis to care. This can be a challenge for mobile teams in community settings who must successfully refer clients who require further care to a health facility.

For this annual reporting period, the HTC community-based services focused on strengthening the linkage of clients into clinical care and treatment. Between April 2014 and March 2015, the community-based HTC teams tested 132,614 clients for HIV and screened them for TB and STIs. Of those tested, 2,646 (2%) tested HIV positive, of whom the majority were females. Of those testing HIV positive, 85% received CD4 results and WHO staging. Of these, 28% were eligible for (ART), and 94% of those eligible were successfully referred. Of those successfully referred, 80% were reported to have started on ART. TB/HIV Care depends on feedback from DOH facilities to confirm whether referred clients initiate ART so the proportion started on ART may be higher than reported.

The linkage to care for TB and STI symptomatic clients was similar. Of the 4% of clients who were TB symptomatic, 95% had sputum collected and 92% of these were successfully referred for further care. Of these, 2% were diagnosed with TB and 100% were subsequently started on TB treatment. Of the 1% of clients who were symptomatic for STIs, 99% were successfully referred and started on treatment. Figures 1, 2 and 3 below are summaries of the cascade of treatment for HIV, TB and STIs.

Several strategies have been developed to assist in strengthening the referral system between mobile teams. As well as using a referral register for tracking and recalling clients, using referral letters, referral cards, and verifying the client’s contact numbers, the team has concentrated on building relationships with the facilities in the communities in which they work. While planning an outreach the professional nurse who leads each mobile team meets with the local facility manager and provides a list of the service package. She or he also raises the possibility of an increase in referrals to the facility. After the outreach, CCWs attached to the facilities assist by undertaking follow up home visits to ensure clients reach a facility of their choice.

b) Sexual and other behavioural risk HIV prevention interventions

Both community-based and facility-based HAST counsellors play an important role in sexual and behavioural risk reduction interventions. Each counselling session involves prevention messaging tailored to the HIV status of the client. These messages include promoting condom use and mobilising males who are negative to undergo medical male circumcision.

Another way in which sexual and behavioural messages are disseminated is through the workplace programme. This programme developed in response to the need to deliver accessible health services to people where they are. The workplace programme provides a free on-site health service for workers who do not have the time to access health care during working hours and creates a confidential and safe environment to access HIV testing, and referral into care/treatment.

The TB/HIV Care package of care includes a 45-minute information session (which
companies often makes compulsory for all staff to attend. The session discusses TB/HIV/STI, post-exposure prophylaxis, emergency contraception, condom demonstrations, chronic diseases of lifestyle and medical male circumcision. Attendees are encouraged to access services provided by TB/HIV Care which includes: HCTC, TB and STI screening, sputa collected for TB symptomatics, blood pressure and blood glucose testing, point-of-care CD4 testing, WHO staging, referral and follow-up to care, if HIV positive or symptomatic for TB or STIs.

From April 2014 to March 2015, THCA’s workplace program reached 459 companies (146 large enterprises and 370 small or medium enterprises) reaching 49,439 individuals of whom 30,709 were reached in larger enterprises and 18,730 individuals were reached in small to medium enterprises.

A total of 9,074,780 male and 1,302,006 female condoms were distributed by the HIV prevention programme in combination with counselling on HIV risk reduction and...
condom demonstrations.

c) **Positive health, dignity and prevention (PHDP)**

TB/HIV Care continued providing HIV prevention services for persons living with HIV (PLHIV) as part of HIV prevention services. Nurses, lay counsellors, drug resistant TB counsellors and community health facilitators deliver these services in the community and health facilities to all PLHIV accessing TB/HIV Care’s services. The package includes the following set of services and messages: positive living, couple counselling, testing and support for disclosure if indicated, assessment of sexual and reproductive health/family planning needs including promotion of safer sex, provision of condoms and STI screening and treatment; assessment of adherence to (ART) and treatment for opportunistic infections (including TB). We provide PHDP interventions to 95% of people who test HIV-positive. During the reporting period from April 2014 to March 2015, 107 339 individuals were reached with PHDP interventions, including newly tested HIV positive individuals and known persons living with HIV (PLHIV).
TB/HIV Care has been providing medical male circumcisions, a procedure which confers a 60% reduction in risk of acquiring HIV, since October, 2012. During the reporting period, THCa provided MMC services in 127 sites in 9 districts: Alfred Nzo, Buffalo City Municipality, Nelson Mandela Bay Municipality and OR Tambo (Eastern Cape); Harry Gwala (KwaZulu-Natal); and City of Cape Town, Central Karoo, Eden, and West Coast (Western Cape). THCa has set up three fixed sites in East London, Port Elizabeth and Malmesbury. Over the course of the year, 19,473 males were circumcised.

The programme participated in various quality improvement initiatives spearheaded by CDC/PEPFAR. These included assessment of community-based HIV prevention activities in Harry Gwala and uMgungundlovu as part of the Site Improvement through Monitoring System (SIMS). This entailed the evaluation of MMC activities at seven facilities by Research Triangle International (RTI) as part of external quality assessment (EQA) and the assessment of a further 12 MMC facilities by URC as part of continuous quality improvement (CQI).

TB/HIV Care's MMC work was found to meet and exceed most national and international standards. We have been working with the teams to improve the areas that needed attention. URC is supporting all those facilities that needed intensive support and two staff members were trained on CQI.

TB/HIV Care has been involved in consultation meetings with the National Department of Health and the provincial Department of Health in the Eastern Cape and KwaZulu-Natal on how to support efforts to scale up MMC in districts. THCA shared experiences on demand creation for MMC and also supported the Eastern Cape Department of Health to award certificates to all the facilities performing well in providing MMC in the province.

**STRUCTURAL HIV PREVENTION INTERVENTIONS**

*a) Address gender equity and masculinity norms*

TB/HIV Care delivered individual, small-group and community level interventions addressing gender norms within the context of HIV prevention. During the reporting period, 23,418 individuals were reached with interventions focused on gender norms. The target is to reach 1% of the adult population with these interventions each year.

The target groups for the redesigned interventions are males aged 10 – 49 years targeted for MMC, young girls in and out of schools, clients undergoing HTC, as well
as PLHIV as part of PHDP interventions.

TB/HIV Care has capacity to roll-out evidence-based interventions such as Stepping Stones, Zazi and One Man Can in health care facilities and a variety of community settings including venues such as schools, workplaces and community organisations. The interventions are delivered through multiple sessions, using a participatory methodology, and address gender norms linked to HIV prevention, treatment, care and support. For youth in schools, TB/HIV Care collaborates with DOH, the department of education and school governing bodies to deliver HIV prevention services as part of the life orientation curriculum.

Stepping Stones is an evidence-based intervention which was developed to respond to gender inequality issues, which are fundamental to the spread of HIV. Stepping Stones is an innovative community approach to HIV and gender, and seeks to build bridges between genders and generations, to promote open communication, equal rights, shared values and healthy lifestyle choices. Stepping Stones has demonstrated positive changes on a number of outcomes, including gender norms, relationships between men and women, gender-based violence (GBV) and STIs. Stepping Stones is now recognized by the World Health Organization (WHO) as one of the few effective community tools available to engage men and boys in reducing GBV. Last year in collaboration with Edzimkulu, TB/HIV Care trained 106 Stepping Stones facilitators in Harry Gwala and Alfred Nzo districts. This year, in collaboration with Community Media Trust, TB/HIV Care ran the Stepping Stones programme in four secondary schools in uMgungundlovu district in which 63% of the participants were female and 38% were male.

The programme participants were appreciative of the experience. One girl wrote, “... You changed my life, my family’s life and the lives of my community.”

### 3. SEX WORKER HIV PREVENTION PROJECT

**TB/HIV CARE’S COMPREHENSIVE SEX WORKER PEER-LINKED MOBILE HIV PREVENTION** and wellness project provides an enhanced, safe and competent package of HIV prevention, health, wellness and human rights services to sex workers. This is achieved by fusing TB/HIV Care’s mobile HIV/AIDS/STI/TB (HAST) screening and linkage-to-care model with working with the Department of Health to improve pathways into local clinics and other support structures. TB/HIV Care is providing HIV prevention and wellness services in Cape Town in the Western Cape, Nelson Mandela Bay (NMB) and OR Tambo (ORT) in the Eastern Cape and uMgungundlovu
TB/HIV Care’s HIV prevention in sex workers project is doing well in terms of addressing the UNAIDS targets of ‘90-90-90’. The organisation has one of the strongest models in the field with one of the highest yields in terms of reaching the first 90 for sex workers, finding those who are positive, and the programme has made some impressive in-roads into the second 90, improving linkage to treatment. TB/HIV Care has seen the rapid expansion and implementation of its model through the work of new sites in NMB and ORT. A new site in its first year of set-up is referred to as an “infant” site as it needs time to build trusting relationships with local partners and the target population before it begins reaching high numbers. Yet the NMB and ORT teams are well on their way to reaching numbers of sex workers equivalent to more “mature” site like eThekwini and Cape Town, despite still being in their first year of operation.

The TB/HIV Care NMB teams provided 1433 health screens, 1143 HIV tests and reached 285 known HIV positives. The ORT Teams in the same time provided 1328 health screens, 958 HIV tests and reached 274 known HIV+ sex workers.

Across all our sites, including our mature Cape Town and eThekwini SW sites that have been operating since 2011, we have seen continued substantial increases in the number of sex workers who access our services and who are being linked to care and support. In year 2 of the project, from April 2012 to March 2013, THCA provided 1938 health screens to sex workers. 3340 health screens were reported in year three with year 4 more than tripling its numbers to 11631 health screens.

This increase was due in part to the additional sites in the Eastern Cape and uMgungundlovu (Pietermaritzburg), however we have also seen steady increases in numbers reached at our mature sites. Last year Cape Town and eThekwini provided 2149 and 2082 full health screens respectively, and from April 2014 to March 2015 have increased their numbers to 2577 and 3233, a 37% increase in numbers of sex workers reached compared to the previous year.

The overall successful linkage to care rates for HIV positive sex workers across all our five sex work sites increased between the same time periods from years one, two and three from 31% (236/746) to 38% (309/804) to 57% in this last year (1453/2546). Moreover with our ability to provide point of care CD4 tests to HIV positive individuals together with our novel peer navigation system to local health facilities, we were able to link more HIV positive individuals eligible to begin ART.

This year, TB/HIV Care began to work on the third 90 (viral suppression). TB/HIV Care currently receives ART drugs from the Department of Health in KwaZulu-Natal and has established two new chronic dispensing units in this province. Clients are initiated on treatment on the mobile wellness vehicles, and ART refills are available to sex workers as an option at TB/HIV Care’s wellness centres in Durban and Pietermaritzburg.

Between April 2014 and March 2015, a total of 44 sex workers were initiated on ART by THCA and monthly pick-ups of ART at the THCA wellness centres is on-going. THCA
is working to strengthen tracking systems of ART initiation and viral suppression of our sex work population between our outreach and local DOH clinics. We are excited to be able to provide on site ART drugs, adherence support and tracking and counseling on viral suppression to improved health outcomes of those sex workers that choose to come to our mobile units and drop in centres.

4. PEOPLE WHO INJECT DRUGS (PWID) HARM REDUCTION PROJECT

THE STEP-UP PROJECT

PEOPLE WHO INJECT DRUGS (PWID) IN SOUTH AFRICA ARE AT HIGH RISK FOR HIV due to unsafe injecting and risky sexual practices. TB/HIV Care, in partnership with OUT LGBT Well-being (OUT), have begun implementing a demonstration project to provide the WHO, and United Nations Office on Drugs and Crime (UNODC) recommended comprehensive package of essential HIV and other wellness services to this marginalized and hard to reach segment of society in Cape Town, Durban, and Pretoria. To date, TB/HIV Care is the first organization to provide this package of services in South Africa. The project has been named the “Step Up Project”.

The Step Up Project aims to develop recommendations for the South African context and elsewhere in the Southern African region for the scale-up of PWID HIV prevention and other health and wellness services. Services are currently being provided through peer-linked mobile outreach teams, using a similar model to THCA’s sex work project. Along with the enhanced package of HAST and other wellness services, the PWID project includes the provision of harm reduction packs, hygiene commodities and behavior change interventions tailored to injecting, overdose prevention and the sexual risks of PWID. The project’s mobile outreach teams are attached to fixed wellness centres in both Durban and Cape Town and to a novel integrated key populations clinic at OUT in Pretoria.

The PWID outreach teams are actively engaged in helping ‘clean up’ the areas where services are provided of used injecting equipment and are working with service users to increase the return of used injecting equipment for proper disposal by TB/HIV Care’s experienced teams. The return of used equipment is being monitored and a steadily improving return rate is being noted from week to week at all the sites.

Extensive engagement with relevant stakeholders (eg. the Department of Health and law enforcement) and community members has been happening since the start of programme and is ongoing locally, provincially and nationally.

The national PWID core team has been writing proposals to find complementary funding for essential items such as the provision of opioid substitution therapy, hepatitis B/C screening and referrals.

On a national level, with support from the Open Society Foundation (OSF), a number of high-level policy workshops are being designed to build a cohesive voice around harm reduction in South Africa to be included in United Nations General Assembly Special Session (UNGASS) 2016, which will focus on global drug policy.
5. TB AND HIV SUPPORT FOR CORRECTIONAL SERVICES

THE SOUTH AFRICAN PRESIDENT’S ‘STATE OF THE NATION’ ADDRESS IN FEBRUARY 2015 announced the launch of a massive programme to turn the tide against tuberculosis (TB) which would include a specific focus on inmates and officials in correctional centres.

TB/HIV Care has been awarded three grants to support TB and HIV services in correctional facilities to support activities that offer direct service delivery and to focus on systems strengthening and technical assistance. TB/HIV Care supports 90 correctional facilities in 17 correctional services management areas within three regions. This figure represents service delivery to approximately 46% of all South African inmates.

The programme is supported through a South African government led consortium that includes the Department of Correctional Services (DCS), Department of Health, the National Health Laboratory Services (NHLS) and other non-governemental organisations. TB/HIV Care participates in the National Task Team for the Implementation of TB and HIV Services in DCS Facilities’ (NTT). Prof Harry Hausler, CEO, chairs the ‘Clinical Working Group’ and TB/HIV Care has representatives who participate in the three other National Task Team and working groups (Laboratories and Infection Control, Monitoring, Evaluation and Research, Human Rights, Advocacy and Communication).

Kick TB/HIV programme: The Kick TB/HIV programme began in March 2014 and provides information on TB and HIV to inmates during interactive, one-hour activations. From April 2014 to March 2015, the campaign reached 42,240 inmates. A
A dedicated co-ordinator worked with four Kick TB/HIV teams to schedule activations in 15 of the 18 management areas. The achievement is noteworthy when contrasted with the challenges faced. These include: lock down scenarios where access to centres is denied; on-the-day cancellations; a lack of security to accompany the teams and low percentage attendance figures. These challenges were being met head on through an improved dialogue with centre managers.

**Peer educator training:** Peer education training was rolled out from January 2015. The first correctional centres selected were Breede River and Goodwood. In the first quarter of 2015 TB/HIV Care trained 379 Peer Educators.

**System strengthening and technical assistance:** Most staff linked to technical assistance and system strengthening portfolios were recruited from January 2015. Quality improvement (QI) mentoring was provided to 22 TB/HIV Care staff representing twelve management areas.

**Continuous quality improvement (CQI):** CQI tools were adopted to identify gaps in care and implement change ideas. Continuous quality improvement (CQI) training for THCA staff in twelve management area has enabled TB/HIV Care to improve the quality and continuity of care for offenders. CQI has been implemented within 60 facilities (100% of target).

**Infection, prevention and control (IPC):** Two concurrent IPC assessment processes have been implemented through TB/HIV Care and the NTT. The first is a comprehensive three day assessment targeted at specific centres within the six regions and the second is an abridged IPC assessment aimed at all other centres within the region. In March 2015, Pollsmoor was assessed using the comprehensive tool by the NTT. A shorter, abridged IPC tool enabled TB/HIV Care to survey all the other centres. Feedback is planned at the continuum of care meetings in each management area.

**Training:** The appointment of nurse mentors, CQI advisors, clinical and non-clinical
trainers has enhanced training and mentoring. A training calendar was developed in conjunction with DCS and TB/HIV Care staff. Examples include training on nurse initiated and managed ART (NIMART) and (CQI) training. The successful roll out of NIMART to 15 DCS nurses in the Western Cape was supported by doctors within the the Provincial Department of Health.

**Monitoring and evaluation (M&E):** There has been a focus on staff development with ETR.net and TIER.net training offered to all M&E senior staff. The training has been complemented with the purchase of fifteen desktop computers to enhance reporting across HIV and TB related indicators.

**HIV support services:** TB/HIV Care conducted 54 142 tests for HIV. Of those 2 432 (4.5%) tested positive and 2 261 (93%) were referred for a CD4 test. Blood was drawn from 2 074 (92%) inmates and 1 756 (85%) received a CD4 count result. Approximately 46% of inmates (809) who received their results were eligible to commence ART and 398 (49%) were initiated (Figure 1). The broader eligibility criteria for the initiation of ART (500) and shortage of NIMART skilled nurses have contributed to the delay in ART initiation among eligible inmates. In response, TB/HIV Care has launched the NIMART training programme mentioned above.

**TB support services:** Screening for TB is routinely conducted on new admissions, during mass biannual blitzes and on release. Of those screened (113 991) there were 15 458 (14%) with TB symptoms. GeneXpert testing on 14 538 (94%) provided 14 434 (99%) results. Of these 1 038 (7.2%) inmates were TB positive and 41 (3.9%) were TB resistant to rifampicin. Of the inmates diagnosed with TB, 833 (80%) were initiated on treatment (Figure 2).

The shortfall (20%) was linked to the release of inmates. Shortening the time taken to link an inmate to TB treatment has recently been improved. The NHLS has distributed SMS printers to correctional facilities. This has enabled staff to access results faster. The TB service delivery within DCS is relatively strong and well established. The areas that currently require strengthening are the continuum of care for TB patients released into the community and their linkage to a reliable primary health facility on release.

A GeneXpert machine was installed on-site at Pollsmoor (March 2013). Subsequently, TB management at Pollsmoor was vastly improved. Using data from Pollsmoor, TB/ HIV Care motivated to install a similar GeneXpert service at St Albans (March 2014). Within Pollsmoor and St Albans, TB sputa samples are tested by GeneXpert machines that are located on-site. All other DCS centres send sputa to external (NHLS) labs.

THCA exceeded targets for both HCTC testing and TB screening of inmates.

**Digital radiography:** THCA has partnered with Bergman Ross and Delft-DI to roll out digital x-ray screening and provide (Computer Assisted Diagnosis for TB (CAD4TB) software. Screening at Pollsmoor for inmates and DCS staff was started in December 2014. THCA currently operates four X-ray units and has screened 5 842 inmates. X-rays suggestive of TB (4%) and other abnormal X-rays (13%) are confirmed using GeneXpert and inmates initiated on TB treatment. Two additional X-ray mobile units have been commissioned in order to meet our targets. To improve the current daily screening rates, a road show diary together with DCS senior management briefings has been implemented.
Over the last 12 months, TB/HIV Care's activities in correctional services have been scaled up from three centres to 94 centres. Testing and screening data has improved with double the HIV tests conducted compared to the previous period, and with three times more inmates receiving a CD4 count. In terms of TB, screening figures have tripled and TB case finding doubled. The introduction of digital X-ray screening through the Global Fund and enhanced Genexpert diagnosis through the NHLS is welcome.

6. ADVOCACY, COMMUNICATION AND SOCIAL MOBILISATION

ADVOCACY EFFORTS

TB/HIV CARE HAS BEEN ACTIVE IN THE CAMPAIGN, headed by Sonke Gender Justice, aimed at lobbying the Ministry of Women to design, fund and implement a national strategic plan (NSP) to combat gender-based violence, similar to the plan that has been devised to respond to the HIV and TB epidemics. TB/HIV Care assisted in the organisation of a local rally to raise awareness of the issue and participated in working groups aimed at formalizing both the campaign and a suggested NSP.

TB/HIV Care's CEO continues to represent the organization on the South African National AIDS Council’s (SANAC) Civil Society Forum (CSF), the Nongovernmental Organization (NGO) Sector and Programme Review Committee (PRC) as well as the Western Cape Provincial AIDS Council, CSF and PRC where he advocates for issues relating to NGOs, key populations and community health workers.

BEHAVIOUR CHANGE COMMUNICATION

BEHAVIOUR CHANGE COMMUNICATION IS ONE OF THE CORE ASPECTS of TB/HIV Care's services and spans all programme areas. To reinforce the messages of counselling and group sessions, information and educational communication material such as pamphlets and flyers are provided to clients. A MMC comic book was developed to convey basic information on circumcision. A guide on how to care for one's circumcision wound after MMC was developed in Afrikaans, English and isiXhosa.

SOCIAL MOBILISATION FOR MMC, WORLD TB DAY AND WORLD AIDS DAY

ONE OF THE RESPONSIBILITIES THAT THE ACSM UNIT IS TASKED WITH is to increase the demand for MMC. TB/HIV Care reached and exceeded its target of circumcision 14 000 males from October 2013 to September 2014 (the donor budget year) by an additional 2580 males. Community mobilisers played a big part in exceeding this target through various events that were hosted to generate demand. There were 76 215 males mobilized in order to reach the target.

Every year TB/HIV Care supports and hosts TB related events in commemoration of World TB Day, 24 March. This year TB/HIV Care supported Brooklyn Chest Hospital by hosting a puppet show about the importance of adhering to TB treatment for the children that are attending school there. TB/HIV Care helped coordinate a World TB Day event and official opening of the Delft fixed site X-ray unit at Pollsmoor,
Western Cape. The event attracted the media and speakers included the Regional Commissioner (Mr Delekile Klaas), the MEC for Health (Dr NomaFrench Mbombo) and Prof Harry Hausler.

Activists often say, “Every day is World AIDS Day for me.” This may be the case for TB/HIV Care too, but World AIDS Day does provide us with an opportunity to focus on and scale up HTC service delivery. During December 2014, TB/HIV Care participated in 44 events (in both a hosting and supporting capacity) in the four provinces in which we operate (Western Cape, Eastern Cape, KwaZulu-Natal and Northern Cape). At these events, 8,119 people accessed HIV/TB/sTIs behaviour change interventions, 4,217 were provided with HTC (44 of whom tested positive for HIV), 4,196 were screened for TB and sTIs and over 69,065 condoms were distributed.

7. TRAINING

THE TB/HIV CARE TRAINING UNIT PROVIDES SERVICES TO BOTH INTERNAL STAFF as well as to partners in the health sector. The unit has actively contributed to every programme of the organisation.

Community care worker training: TB/HIV Care has partnered with the Western Cape Department of Health since 2013 to provide TB/ART adherence support training for CCWs. During the past year, 151 CCWs in the Cape Metro were trained in 6 ten-day courses, amounting to 60 training days. Since TB/HIV Care began providing adherence training, 28 courses and 280 days of training have been completed and a total of 767 CCWs have been trained. In addition, during 2014, 72 CCWs were trained in the West Coast.

ART/TB initiation counselling: TB/HIV Care provided training to 17 counsellors in Khayelitsha on the ART/TB initiation counselling model. This model allows patients to be started on ART more quickly and assists them to develop a meaningful adherence plan. Training focuses on the counselling model and its tools through exercises and role-plays, and is followed up with on-site mentoring.

Key populations (KP): Training is an essential part of the key populations programme. Training in the past year has included developing and training peer educators working with people who inject drugs and sex workers, to ensure that they are well informed and able to provide health education and promote wellness with beneficiaries. Training for peers and KP staff has included behaviour change interventions, health education, HIV and TB. A highlight for this year has been compiling a customized gender based violence (GBV) training based on the Stepping Stones programme, and 77 people have been trained on this programme in three provinces. In eThekwini and Umngungundlovu, TB/HIV Care has provided fifteen sensitization trainings to health workers. The training sensitizes participants to the health needs of sex workers and other key populations, and also addresses stigma, attitudes, and HIV prevention. In the past year, TB/HIV Care has reached 147 health workers in this programme, as well as training 16 staff members in the OR Tambo district.
Medical male circumcision (MMC): In order to provide MMC services, clinical staff have received the necessary training and ongoing development from the Centre for HIV/AIDS Prevention Studies (CHAPS). CHAPS has provided surgical training to 3 medical officers and 8 nursing staff, and has also provided emergency training to 48 clinical staff in three provinces. JHPIEGO has also provided training on the dorsal slit MMC procedure for fifteen clinical staff, including three who have been trained as trainers.

Family planning: Twelve professional nurses and clinical nurse mentors were trained on family planning, and twelve lay counselors and peers were also trained to provide accurate information and education.

Provider Initiated Counselling and Testing: TB/HIV Care contracted ACTS SA to conduct training in the Harry Gwala district on Provider Initiated Counselling and Testing (PICT) to 100 professional nurses.

Training primary health care ward based outreach team leaders: Community Media Trust (CMT) was contracted by Broadreach Health Care to provide primary health care training in all provinces. TB/HIV Care partnered with CMT to implement this training, beginning in October 2014. By the end of the project, 941 outreach team leaders (OTLs) had completed a five-day training package. The training team traveled to health districts in eight provinces, providing training of OTLs as well as training trainers to ensure sustainability of this programme.

Refresher training: Refresher training was provided to all counselors working in both health facilities and correctional centres. An additional 42 counsellors were provided with training on rapid HIV testing. Basic HIV/AIDS, STIs and TB (HAST) training was also provided for 62 staff including mobilisers, Kick TB/HIV staff, social workers and other NPOs.
**FINANCIAL REPORT**

**TB HIV CARE ASSOCIATION ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2014**

### STATEMENT OF COMPREHENSIVE INCOME

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<th>2014</th>
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<td>Operating loss/surplus</td>
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<td>Investment revenue</td>
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<tr>
<td>Loss/Surplus for the year</td>
<td>*=1,047,942</td>
<td>540,826</td>
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*The deficit is as a result of a mandatory accounting entry to the value of R2 247 884 for the provision of leave pay as at 31 March 2015 and is not a reflection of the cash flow situation of the organisation. If not for the accounting entry raised, the organisation would be in a surplus position on the statement of comprehensive income for the period ended 31 March 2015.*

### STATEMENT OF FINANCIAL POSITION

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<tr>
<th>Figures in Rand</th>
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<tr>
<td><strong>Assets</strong></td>
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<td>Current Assets</td>
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<td><strong>Equity and Liabilities</strong></td>
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<td>Equity</td>
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<td>Current Liabilities</td>
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<td><strong>Total Equity and Liabilities</strong></td>
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<td>7,396,868</td>
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</tbody>
</table>
CONDOM DEMONSTRATION: Explaining how a female condom is used to protect women and men from being infected with HIV
ON STANDBY: Taking a break while counselling sessions are in progress inside the customized wellness caravan.
ACKNOWLEDGEMENTS

THE MANAGEMENT AND STAFF OF TB/HIV CARE ASSOCIATION WISH TO RECORD OUR THANKS TO THE FOLLOWING FOR THE SUPPORT RECEIVED DURING THE YEAR:

- Alan and Gill Gray Charitable Trust
- Aurum Institute
- BBI Enzymes SA
- Bonitas Medical Fund
- BroadReach
- Building Industry Medical Aid Fund
- CBS Manuafacturing
- Centers and for Disease Control and Prevention (CDC)
- Colcacchio Tokai
- Community Media Trust
- E Pilliner Trust
- Foschini Group
- Glaxo Smith Kline
- Iziko Museum
- Jet Lee Will Trust
- Johns Hopkins University
- MAC AIDS Fund
- Mainline
- Medi Clinic
- Minuteman Press
- Mothers 2 Mothers
- NACOSA
- National Department of Health
- National Lottery Foundation
- President’s Emergency Plan for AIDS Relief (PEPFAR)
- Right to Care
- TB REACH, Stop TB Partnership
- The Boviac Trust
- The Global Fund to Fight AIDS, TB and Malaria
- Waste-Mart
- Western Cape Department of Health
- Western Cape Department of Social Development