VISION
AN ENVIRONMENT FREE OF TB AND HIV

MISSION
WE COMMIT OURSELVES TO EMPOWER COMMUNITIES BY FACILITATING AND PROVIDING TREATMENT SUPPORT AND PREVENTIVE, DIAGNOSTIC, AND REHABILITATIVE SERVICES FOR TB AND HIV CLIENTS

OBJECTIVES
• TO PREVENT NEW TB AND HIV INFECTIONS
• TO IMPROVE THE DIAGNOSIS, CARE AND ADHERENCE SUPPORT FOR TB PATIENTS AND PEOPLE AFFECTED BY HIV
• TO BUILD THE CAPACITY OF INDIVIDUALS AND ORGANISATIONS TO PROVIDE OPTIMAL TB AND HIV PREVENTION AND CARE
• TO PARTICIPATE IN RESEARCH AND DEVELOP MONITORING AND EVALUATION SYSTEMS TO IMPROVE TB AND HIV PREVENTION AND CARE
CREATING AWARENESS: The TB/HIV Care team in Port Elizabeth educate on the signs and symptoms of TB at a World TB Day commemoration in Port Alfred.
COMMITTED TO THE COMMUNITY: The Northern Cape TB/HIV Care team assist a family in need for Mandela Day.
MEMBERS
EXECUTIVE COMMITTEE MEMBERS
Mr Lionel Janari  Chairman
Mr Gregory Wesson  Treasurer
Ms Yvonne Galvin
Mr Lionel Ridderhof
Ms Stacie Stender
Dr Andrew Young

EX OFFICIO
Prof Harry Hausler  Chief Executive Officer
Mr Carlos Orte  Chief Operating Officer
Mrs Ria Grant  Senior Advisor

MEMBERS
Dr Virginia Azevedo  Honorary Life Member
Ms Judy Caldwell  Honorary Life Member
Ms Diane Fairhead  Honorary Life Member
Ms Pamela Geary  Honorary Life Member
Mr Desmond Goliath  Honorary Life Member
Ms Johanna Honeyman  Honorary Life Member
Dr Frederick Marais  Honorary Life Member
Ms Iris Mathinise  Honorary Life Member
Dr Michael Popkiss  Honorary Life Member
Dr Paul Spiller  Honorary Life Member
HIGHLIGHTS 2012-2013

TB/HIV CARE ASSOCIATION CONtributes to NEW GUIDELINES FOR MANAGING TB, HIV AND STIS IN CORRECTIONAL FACILITIES (PRISONS)

DEPUTY PRESIDENT, KGALEMA MOTLANTHE, presided over a ceremony held at Pollsmoor Correctional Services Centre to launch new guidelines for managing TB in prisons and to hand over six GeneXpert machines to the Department of Correctional Services as part of a World TB Day commemoration in March 2013.

Through funding from the Global Fund Against AIDS, TB and Malaria (Global Fund) administered by Right to Care, TB/HIV Care Association (TB/HIV Care) has provided HTC with TB/STI screening for inmates in correctional facilities in the Western Cape since October 2012. From March 2013, the Global Fund provided additional funding for THCA to install a GeneXpert instrument in Pollsmoor Correctional Centre. During the month of March, we screened 1176 inmates for TB, tested 257 inmates with TB symptoms by GeneXpert and diagnosed 27 TB cases, all of whom were started on TB treatment. In collaboration with the Department of Health (DOH), we also conducted contact tracing in the former households of these inmates.

On Sunday, 24 March 2013, a high level World TB Day event was held at Pollsmoor at which Prof Hauser (CEO of TB/HIV Care) briefed the Deputy President, Kgalema Motlanthe, the Ministers of Health and Correctional Services and the Deputy Minister of Justice on the importance of TB and HIV case finding and treatment in correctional services and the support provided by THCA in Pollsmoor. At the event, the Minister of Health launched national ‘Guidelines for the management of TB, HIV and STIs in correctional facilities’ that THCA helped to develop. The new guidelines recommend the screening of all inmates admitted to correctional facilities for symptoms of TB, and biannual screenings for inmates already incarcerated or in the event of an outbreak. These screening activities require additional manpower. At Pollsmoor, TB/HIV Care has provided 12 lay counsellors to screen and test for TB, and to counsel and test for HIV in order to handle the volume of inmates being admitted every day.

‘STOP AND GO’ ROADWORKS USED TO PROMOTE CONDOMS IN ALFRED NZO

According to the Health Calendar, the second week of February is ‘condom week’. In February 2013, the Alfred Nzo TB/HIV Care team joined the Alfred Nzo District AIDS Council to promote condoms in order to prevent sexually transmitted infections (STIs), which had been identified as a particular challenge in the district. Stakeholders wanted to do something unusual to raise awareness and to ensure that every individual passing through Alfred Nzo had access to both male and female condoms. The ‘stop and go’ sites at road constructions along the N2 were therefore targeted. Several partners including TB/HIV Care offered HIV counselling and testing linked to screening for TB and STIs, as well as condom demonstrations and distribution to motorists temporarily stopped by the roadworks. Over the course of three days, about 26 000 male condoms and 12 000 female condoms were distributed accompanied by key messages.
COMMUNITY-ORIENTED PRIMARY HEALTHCARE TO BE PILOTED IN SISONKE

TB/HIV CARE ASSOCIATION IS PARTNERING with the Sisonke District DOH to pilot a ‘community-orientated primary healthcare project’ in five subdistricts in Sisonke. This pilot is a groundbreaking initiative that was first conceived of by Emily and Dr Sydney Kark and further developed by district management during a study tour sponsored by TB/HIV Care Association to Brazil in March/April 2011, which reviewed the Brazilian model of primary health care. Since then the South African National DOH has announced the re-engineering of primary healthcare programme (R-PHC), which follows a similar model. This project will therefore implement some of the concepts envisaged in the new R-PHC programme. TB/HIV Care Association will support the sub-districts by transforming THCA mobile HCT teams into family outreach teams consisting of a professional nurse and 3 lay counsellors. These outreach teams will be assigned wards within particular subdistricts and will take prevention and health promotion services to the community. By building up long-term relationships with communities, these teams will be able to address all the health issues within particular households or refer serious cases to the next level of care. All children in the area will also be included in the programme through a community-based integrated management of childhood illnesses strategy. All children under five will be entered onto a web-based electronic register, set up in collaboration with a nongovernmental organization called Edzimkulu, which will monitor children and make early interventions possible where necessary.

PROJECT INTEGRATE AWARDED AN IMPUMELELO PLATINUM AWARD

ON THURSDAY, THE 6TH OF SEPTEMBER 2012, TB/HIV Care was awarded a Platinum Impumelelo Award – the highest level - for its Project Integrate Nurse Mentor model. Jenny Mcloughlin, Site Manager for TB/HIV Care Sisonke, and Harry Hausler, CEO of TB/HIV Care, accepted the award on behalf of the staff who work on this project in KwaZulu-Natal.

The winning project employs experienced nurses with advanced clinical knowledge to provide structured supervision to facilities within an assigned area. By conducting regular reviews of patient registers, conducting training on clinical guidelines and ensuring that data is used to monitor progress, these nurse mentors have helped ensure that the TB, HIV, STIs and prevention-of-mother-to-child-transmission-of-HIV (PMTCT) services provided to patients are integrated. The project obtained the following results:

- The screening of HIV positive patients for TB increased from 48% to 97%
- Nurse mentorship increased the number of clients on antiretroviral therapy (ART) through enabling ‘nurse initiated and managed ART’ (NIMART) from 4365 to 16188
- Clients who started on ART were retained in care at a rate of 93% at 6 months and 89% at 1 year

The project’s contributions to alleviate poverty through improved integrated health care were the reason for its selection by the Impumelelo Awards, which seek to recognise excellence in public service. The funding from the award, sponsored by ApexHi Trust, will be used to promote the nurse mentorship model in Lesotho and Swaziland.
SERVICE DELIVERY FOR WORLD TB DAY: TB/HIV CARE RUNS DOOR-TO-DOOR TB SCREENING CAMPAIGNS ACROSS SOUTH AFRICA

INKANINI, KHAYELITSHA, WAS CHOSEN as the site for an intensified TB case-finding campaign by representatives from the National, Provincial and City Departments of Health and NGO partners as part of a focus on service delivery to commemorate World TB month in March 2013.

On the 4th March, representatives from TB/HIV Care Association, the Treatment Action Campaign, Cape Town City Health, the Western Cape Department of Health, USAID, Kick TB/HIV, and student nurses from the University of the Western Cape gathered at Kuyasa clinic and moved out into Inkanini to start the door-to-door campaign. Inkanini is an informal area of Khayelitsha consisting of about 17,000 households without a dedicated clinic. Over the course of three weeks, community care workers, lay counsellors and nurses went door-to-door in Inkanini offering HIV counselling and testing and screening and testing for TB.

Despite temperatures that soared into the high thirties, and downpours of rain, the door-to-door campaign continued. By the end of the campaign, 3241 people had been educated on TB and HIV and offered services, 77 HIV positive people had been diagnosed and 17 new cases of TB were found.

Similar campaigns took place throughout the country, including in Crossroads 2, Mzamomhle, Atlantis, Saldanha, St Helena Bay and Ebenezer in the Western Cape, Mhlontlo in the Eastern Cape, Ubulhlebezwe and Riverside in KwaZulu-Natal, and Kakamas and Upington in the Northern Cape.

BRINGING SERVICES TO THE PEOPLE: A door-to-door HCT and TB testing campaign in Inkanini, Khayelitsha.

THCA TEAM IN ZF MGCAWU (FORMERLY SIYANDA) TARGETS SCHOOLS WITH HEALTH PROMOTION MESSAGES FOR YOUTH

The TB/HIV Care team in the Northern Cape has been very active in engaging with learners at schools in order to ensure that youth receive messages about HIV prevention, condom use, STIs, pregnancy and TB. During condom week in February 2013, the team reached 805 high school learners and 17 educators with condom demonstrations and information on the prevention, care and treatment of HIV and STIs. The next month, the team again targeted schools while performing a large-scale screening operation for TB in commemoration of TB month. An astonishing 3510 learners were screened for TB and 306 were found to be symptomatic.

ISONIAZID PREVENTIVE THERAPY INDABA

Having noted that there was a very low use of isoniazid preventive therapy (IPT) to help prevent HIV positive people from developing TB in the OR Tambo District in the Eastern Cape, TB/HIV Care organised an IPT indaba in Mthatha on the 11th of May 2012. The indaba was attended by the provincial HIV, AIDS, STIs and Tuberculosis (HAST) manager, the district HAST manager and other managers from the TB/HIV directorate. Professor Hausler facilitated the training, which addressed the national IPT guidelines, intensified TB case-finding and infection control as important interventions to decrease the risk of TB in people living with HIV. The training also covered TB/HIV clinical management including issues to consider in the co-administration of TB treatment and antiretroviral treatment.

Since the indaba, the situation has improved, but challenges around isoniazid stock outs and staff shortages still exist in the district.
ON THE MOVE: TB/HIV Care staff providing TB/HIV education and distributing condoms at Cape Town Train Station
MANAGEMENT COMMITTEE

1. Prof Harry Hausler Chief Executive Officer
2. Carlos Orte Chief Operating Officer
3. Ria Grant Senior Advisor
4. Jason Hinrichsen Chief Financial Officer
5. Zolani Barnes Advocacy, Communication and Social Mobilisation Manager (ACSM)
6. Phebe Gribble HIV, AIDS, STIs and TB Manager
7. Andrew Lambert Key Populations Manager
8. Juliet Schreiber Human Resources Manager
9. Vuyi Skiti Monitoring & Evaluation Manager
10. Patricia Sterling Training Manager
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CHAIRMAN’S REPORT

TB/HIV CARE ASSOCIATION HAS STRENGTHENED ITS FOCUS ON THE PREVENTION OF TB AND HIV OVER THE COURSE OF THE YEAR by developing and implementing a comprehensive package of HIV prevention interventions. These include interventions aimed at behavioural change as well as biomedical interventions, such as medical male circumcision (MMC) and nurse-initiated and managed antiretroviral therapy (NIMART), as well as structural interventions aimed at addressing gender inequality.

TB/HIV Care has also remained responsive to new developments in the health field by continuing to support the National Department of Health’s re-engineering of primary healthcare.

In line with the new ‘Companies Act’, we are actively reviewing the organisation in line with the objectives set out by the act, especially those areas covering corporate governance.

Our profile keeps on being strengthened, as we are recognised and respected locally, nationally and internationally, for the various contributions made in our specialised field. Here we have an opportunity to influence policy and share some of our best practices.

TB/HIV Care’s work is dependent on partnerships. We must express our gratitude to all our partners: government departments, donors and the communities in which we work, for making it possible to carry out our mandate.

To the dedicated full-time staff and community-based workers, we continue to salute you. We are ever appreciative of the leadership of Prof Harry Hausler and his team.

Finally, thank you to the Executive Committee members (EXCO), for their contributions, expertise and insight in guiding the organisation during the past year.

LIONEL JANARI
CHAIRMAN

“The best way to not feel hopeless is to get up and do something. Don’t wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope.”

Barack Obama
TARGETED MESSAGES: The Alfred Nzo team targets a main road, an area often associated with high transmission rates of HIV, and the period around Valentine’s Day to promote condoms.
PARTNERSHIP IN ACTION: TB/HIV Care teams from OR Tambo and Alfred Nzo partner with Community Media Trust in community dialogues and service delivery in the Eastern Cape.
CEO’S REPORT

TB/HIV CARE ASSOCIATION (THCA) CONTINUES TO GROW TO MEET THE NEEDS OF THE COMMUNITIES THAT IT SERVES. We now provide integrated services to prevent, find and treat TB and HIV in eight districts in four provinces. I thank all of the THCA management and staff for their commitment and excellent work as well as the Executive Committee for their valued guidance and support.

THCA started providing HIV counselling and testing (HCT) linked with screening for tuberculosis (TB) and sexually transmitted infections (STIs) in January 2008. By March 2013, THCA helped provide HCT with TB/STI screening to more than one million people.

We have entered the second year of two projects funded by the President’s Emergency Fund for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC) on comprehensive HIV prevention in the general population and in key populations. Our combination HIV prevention services include behavioural (including HCT), biomedical and structural interventions to prevent HIV. In the 18 month period from October 2011 to March 2012 we tested 617,989 people for HIV, representing 42% of the catchment population aged 15-49 years in the areas we support. Medical male circumcision (MMC) is an important biomedical intervention that decreases the risk of HIV infection by 60%. Since receiving MMC funding in October 2012, we have recruited and trained roving teams to provide MMC services in six districts.

It is estimated that 20% of new HIV infections in South Africa occur in sex workers, their clients or their partners. Successfully addressing HIV prevention in this key population will therefore have a large impact on overall HIV transmission in the country. THCA has established mobile HCT services with TB/STI screening for sex workers in the Cape Metro and eThekwini. We have developed a referral tracking system to ensure that eligible clients are linked to treatment services at local facilities. THCA has contributed to the development of national guidelines for HIV prevention in key populations.

THCA has been recognized as a well performing PEPFAR partner. Our achievements were acknowledged by the Director of CDC, Dr Tom Frieden, and the South Africa Country Director of CDC, Dr Nancy Knight, during a visit in May 2012. This was followed by a visit from the Communications Unit from CDC Atlanta in September 2012. The same month, THCA received a Platinum Impumelelo Social Innovations Award for our mentorship programme in Sisonke district.

THCA’s strong track record of excellent service delivery has also been recognized by increased funding from the Provincial Government of the Western Cape (PGWC) to support TB/HIV activities in both the Cape Metro and West Coast districts.

The organisation is one of the pioneers in providing TB/HIV services in correctional facility settings in South Africa and this year saw several promising advances. In October 2012, TB/HIV Care employed counsellors to provide HCT with TB/STI screening for inmates in correctional facilities in the Western Cape, and in March 2013, THCA installed a GeneXpert instrument...
in Pollsmoor Correctional Centre. We have also been instrumental in developing “Guidelines for the management of TB, HIV and STIs in correctional facilities”, which was launched by the Deputy President, Kgalema Motlanthe on World TB Day (see ‘Highlights’ on page 2). THCA has received quality assurance from the Department of Correctional Services (DCS) to provide TB/HIV services in all of the six DCS regions in South Africa.

TB/HIV Care Association was the only NGO in South Africa to receive funding from the Stop TB Partnership in wave two of TB REACH and the success of the project resulted in us being awarded continuation funding for a second year. The project aims to increase TB case finding in Sisonke district in KwaZulu-Natal through mobile HCT services with TB screening, household TB screening by community health workers and implementation of GeneXpert testing.

The organisation participates in policy-making and governance structures at national, provincial and district levels. I am a member of the Treatment, Care and Support Technical Task Team of the South African National AIDS Council (SANAC) and was elected to be one of three representatives of the Nongovernmental Organisation (NGO) Sector in the Civil Society Forum of SANAC. I also represent THCA in the Western Cape Provincial AIDS Council. THCA staff participate in the District AIDS Councils in the districts that we support.

THCA is shifting its strategic focus from only TB and HIV to also include the prevention, diagnosis and treatment of other major causes of illness and death in the context of primary health care (PHC). We are supporting the re-engineering of PHC through clinical mentorship, transforming our mobile HCT teams to be PHC outreach teams, supporting community health workers to provide home based HCT and strengthening linkage to and retention in care. We are committed to continue our partnership with government, civil society and the private sector to increase coverage and quality of services and improve the health of the population.

HARRY HAUSLER

CHIEF EXECUTIVE OFFICER
CEO, Harry Hausler, chats to Taxi Radio about TB and HIV at Blakkiesdorp, Cape Town during a Mandela Day event.
to Be Advised

MOBILISING FOR MEDICAL MALE CIRCUMCISION: A group of men in Upington hear how an MMC can reduce the risk of acquiring HIV by 60%.
Chief Operating Officer’s Report

TB/HIV Care Association’s success continues to be based on a strong culture of focusing our energies where they are needed. We have delivered great results across all our programmes, whilst also strengthening our internal capacity to be able to better respond to the demands of a challenging funding environment.

In 2012/13 we have successfully implemented new programmes, including working in closer collaboration with the Department of Correctional Services through funding from the Global Fund. This required up-skilling of our staff and deploying staff to work in remote correctional services facilities across the Western Cape to assist in TB and HIV prevention, screening and care. We have started performing MMC, and have therefore invested significantly in the training of our staff and are working in even closer collaboration with the Department of Health (DOH).

Our internal systems have developed to keep pace with our expanding organisation.

We have continued to invest in our information technology (IT) systems to enable both our human resources and finance units to have better information at hand, as well as to satisfy the requirements of our funders and partners. We have updated many of our policies and procedures, and because we value our staff, we have also strengthened our employee assistance programme with more staff to support the wellbeing of our field staff.

Whilst HIV continues to be a key area of what we do, we have not forgotten our roots in TB, and are now starting a programme supporting paediatric care for children with TB. We continue to work to further integrate a variety of services in all that we do. We are strong advocates for the re-engineering of primary health care, as this model allows for more efficiencies and a more comprehensive service to clients.

The good feedback that we receive from our clients makes us believe that there is more we can do. Our strategic planning workshop outlined a few ideas that we as an organization want to pursue. To accomplish these, more changes are needed to strengthen our position. We plan to reinforce our dedication to key populations, young women and all vulnerable clients, as well as to further our collaboration with other partners and NGOs, so that we continue to provide a comprehensive service to the populations we serve.

Increasing our impact and geographical presence and projects in a difficult and competitive funding environment that requires more efficiencies and synergistic collaboration is a challenging task, but the enthusiasm of our teams, clients and partners is allowing us to do so.

Carlos Orte
Chief Operating Officer
SENIOR ADVISOR’S REPORT

LOOKING BACK OVER THE ACHIEVEMENTS DURING THE YEAR UNDER REVIEW, it is hard to think that there was a time when we were cautioned about growing too big, too fast lest we lose the reputation of being a caring organisation. Because of our growth, we are in fact caring for more people than we did before. We are caring for vulnerable people through our sex worker programmes and our work in prisons, farms, in the paediatric ward of Brooklyn Chest Hospital and in the general community. It is so rewarding to see how we are filling the gaps.

For me personally it has been another eventful year, especially with my work on the Developing Country NGO Delegation. Having the opportunity of speaking about our work with people from all over the world always excites me. In May 2012 I was appointed as the Lead Communications Focal Point for the delegation. It was another enormous learning curve for me, just when I thought that I had reached the end of my learning years. It has become almost a full-time job and I must thank Harry and Carlos for all their support to enable me to fulfil this role. The delegation is now in the process of employing a full-time person for this function.

During the year I attended 3 board meetings of the Global Fund in Geneva, Switzerland and our annual retreat in Ohrid, Macedonia. I also travelled to Nairobi to attend a workshop on the new funding model which is the process by which future Global Fund grants will be awarded to countries. We at TB/HIV Care are a sub-recipient of a Global Fund grant for the work which we are doing at Pollsmoor Correctional Services Centre. I make sure that I use every opportunity to highlight our successes there at the very highest levels of decision-making at the Global Fund. The use of GeneXpert for rapid diagnosis of tuberculosis is also top of the agenda at all the international meetings and I am proud that we were awarded a grant from the Stop TB Partnership to pilot a project in the Sisonke district. At the Geneva meetings I also had the opportunity of meeting with those funders face-to-face.

In my role as the vice-chairperson of the Brooklyn Chest Hospital and DP Marais Hospital Facility Board I maintain a link between the hospital, the community and TB/HIV Care and ensure that patients receive the best care. I would like to thank Dr Spiller and Mr Burzelman who, through the very efficient way in which the hospitals and their staff are managed, make this a very easy task. I have also continued to represent TB/HIV Care and advocate for tuberculosis at the NACOSA Provincial Advisory Board meetings.

So, in addition to certifying hundreds of documents for TB/HIV Care and assisting with report writing, I feel privileged that the senior management and the Executive Committee still engage me in the decision-making processes in this big, proud-to-be-a-part-of organisation.

RIA GRANT

SENIOR ADVISOR
THINKING GLOBALLY, ACTING LOCALLY: Ria Grant with some of the Global Fund’s Developing Country NGO Delegation from (left to right): Hong Kong, Bosnia, Ukraine, Macedonia, China, India, and Senegal
PEER EDUCATION: A condom demonstration taking place in a taxi
PROGRESS REPORT

TB/HIV CARE IS ONE OF THE LEADING ORGANIZATIONS in the field of combination HIV prevention (Figure 1).

BEHAVIOURAL HIV PREVENTION INTERVENTIONS

HIV COUNSELLING AND TESTING (HCT) TEAMS, community team leaders (CTLs), community health workers (CHWs), social auxiliary workers and social workers implement a comprehensive package of HIV prevention interventions for adults. These include promoting correct and consistent condom use, promoting the reduction in number of sexual partners and concurrent sexual partnerships, promoting medical male circumcision (MMC) for HIV-negative men, promoting and providing HCT including partner testing and disclosure, and referring for post-exposure prophylaxis (PEP) and prevention of mother-to-child transmission of HIV (PMTCT) services.

THCA partnered with other NGOs such as Community Media Trust, loveLife and Soul City to promote HIV prevention interventions through community dialogues. Community dialogues are a process of engaging with communities in an interactive and participatory manner. The process includes building relationships within the community, and identifying and exploring concerns that affect that particular community. Participants receive HIV education and then have the opportunity...
to discuss and mobilise local action on HIV prevention related topics. Community dialogues have been held in Khayelitsha and Victoria Park in the Cape Metro, and in the Eastern Cape.

The behavioural programmes reached 466,799 individuals with activities that are aimed at altering behaviors that predispose individuals to acquiring HIV. The number reached was 60% above our target of 292,636 for the set period of 2012-2013 in the areas that we support. Figure 2

**POSITIVE HEALTH, DIGNITY AND PREVENTION’ INTERVENTIONS**

**INCLUDING PEOPLE LIVING WITH HIV** is a critical part of HIV prevention programmes. The package of prevention and care services for people living with HIV is now referred to as ‘positive health, dignity and prevention’ (PHDP). TB/HIV Care Association provides HIV prevention messages and services through clinical services for people living with HIV as well as through community-based programmes. These services included HIV counselling and testing linked to screening for TB and STIs (in the home, the community and the health facility) for sex partners and family members of people living with HIV; counselling and support for HIV discordant couples; support for the disclosure of HIV status to sex partners and family members; and the promotion of safer sex (consistent condom use, reduction in number of sexual partners and concurrent partners). Community health workers (CHWs) and lay counsellors assist with retaining HIV positive clients in care by recalling clients not yet eligible for ART for 6 monthly CD4 counts and providing adherence support for TB patients and clients on ART.

From April 2012 to March 2013, 60,641 individuals who tested HIV positive or who were known to be HIV-positive were offered PHDP services.

Sixteen of TB/HIV Care’s staff in the Metro including lay counsellors, community team leaders and social auxiliary workers and one lay counsellor in eThekwini were trained on the integrated access to care and treatment (I ACT) model of facilitating support groups for people living with HIV.

<table>
<thead>
<tr>
<th>District (Behavioural interventions)</th>
<th>Population (15-49)</th>
<th>Planned Target (20%)</th>
<th>Total reached (April 2012-March 2013)</th>
<th>% Total target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Coast</td>
<td>155616</td>
<td>31123</td>
<td>28888</td>
<td>93</td>
</tr>
<tr>
<td>Metro</td>
<td>626167</td>
<td>125233</td>
<td>232023</td>
<td>185</td>
</tr>
<tr>
<td>Siyanda</td>
<td>18890</td>
<td>3778</td>
<td>10559</td>
<td>279</td>
</tr>
<tr>
<td>OR Tambo</td>
<td>217765</td>
<td>43553</td>
<td>108922</td>
<td>250</td>
</tr>
<tr>
<td>Alfred Nzo</td>
<td>162956</td>
<td>32591</td>
<td>50468</td>
<td>155</td>
</tr>
<tr>
<td>Sisonke</td>
<td>281786</td>
<td>56357</td>
<td>35939</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>1463180</td>
<td>292536</td>
<td>466799</td>
<td>160</td>
</tr>
</tbody>
</table>
STRUCTURAL HIV PREVENTION INTERVENTIONS ADDRESSING GENDER EQUITY AND MASCULINITY NORMS

TB/HIV CARE IMPLEMENTS INTERVENTIONS that address gender equity, masculinity norms and the reduction of gender-based violence to contribute to a reduction in HIV transmission. This is achieved through a sub-contract with Sonke Gender Justice Network to train master trainers including community health facilitators (CHFs) and CHWs on the gender intervention ‘One Man Can’ and with Edzimkhulu through their ‘Stepping Stones’ programme. There were 76 facilitators trained on both programmes by March 2013.

All men undergoing MMC were targeted for gender training facilitated by CHFs and CHWs in the ‘Stepping Stones’ model. The CHFs and CHWs carried out activities that addressed men’s norms and behaviors and promoted strategies to reduce gender-based violence and coercion. As a result, 14 440 individuals were reached through this intervention.

There were 13 804 individuals reached in Sisonke and OR Tambo districts with activities addressing barriers facing women and girls. This included working with health providers, other institutions and communities to provide support services for abuse survivors, including referral for post-exposure prophylaxis (PEP) and encouraging the survivor to seek legal help and counselling.

MEDICAL MALE CIRCUMCISION (MMC) AS A BIOMEDICAL HIV PREVENTION INTERVENTION

AS PART OF ITS BIOMEDICAL INTERVENTIONS to prevent HIV, TB/HIV Care started a medical male circumcision (MMC) programme in the second half of 2012. Roving MMC teams have been set up to offer this procedure, which reduces the risk of an HIV negative man acquiring HIV by 60%, in OR Tambo, Alfred Nzo, Cape Town Metro, West Coast, Sisonke and the Nelson Mandela Bay Metro districts. These teams are each made up of a medical officer, 3 professional nurses, 2 lay counsellors and a data capturer.

The MMC programme is implemented in partnership with the DOH which, in many cases, provides consumables and venues for the procedures. All TB/HIV Care’s MMC clinicians are provided with MMC training from the Centre for HIV and AIDS Prevention Studies (CHAPS).

The number of MMCs performed during the first six months of the programme has grown steadily despite the challenges of setting up new sites and teams (Figure 3, see overleaf). Although the Eastern Cape has long been regarded as a ‘no-go’ area for MMC because of a perceived conflict with traditional circumcision, prolonged efforts at engaging traditional leaders have started to bear fruit. The last few months of the year in review have shown an encouraging growth in the number of men seeking MMC in this province.
**MEDICAL MALE CIRCUMCISIONS PERFORMED PER MONTH AND DISTRICT**  
*Figure 3*

<table>
<thead>
<tr>
<th></th>
<th>Oct - Dec 12</th>
<th>Jan - March 13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cape Metro</td>
<td>68</td>
<td>138</td>
<td>206</td>
</tr>
<tr>
<td>West Coast</td>
<td>146</td>
<td>189</td>
<td>335</td>
</tr>
<tr>
<td>Port Elizabeth</td>
<td>6</td>
<td>400</td>
<td>406</td>
</tr>
<tr>
<td>Sisonke</td>
<td>478</td>
<td>704</td>
<td>1182</td>
</tr>
<tr>
<td>OR Tambo</td>
<td>34</td>
<td>95</td>
<td>129</td>
</tr>
</tbody>
</table>

**WORKPLACE IMPLEMENTATION OF TB/HIV/STI PREVENTION, CARE AND TREATMENT**

**TB/HIV CARE ASSOCIATION’S WORKPLACE PROGRAMME** provides an on-site health service for workers who cannot access public healthcare during office hours, and who do not have medical insurance to access private healthcare. The programme provides HIV and TB prevention, care and treatment services to corporations and farms.

**NUMBER AND TYPE OF WORKPLACES REACHED WITH TB/HIV INTERVENTIONS**  
*Figure 4*  

<table>
<thead>
<tr>
<th></th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of companies reached</td>
<td>267</td>
</tr>
<tr>
<td>Large enterprises reached</td>
<td>141</td>
</tr>
<tr>
<td>Small and medium enterprises reached</td>
<td>126</td>
</tr>
<tr>
<td>Total number individuals reached</td>
<td>11 316</td>
</tr>
<tr>
<td>% male</td>
<td>52.7%</td>
</tr>
<tr>
<td>% female</td>
<td>47.3%</td>
</tr>
<tr>
<td>Number of male condoms distributed</td>
<td>257 860</td>
</tr>
<tr>
<td>Number of female condoms distributed</td>
<td>15 034</td>
</tr>
</tbody>
</table>
A COMPREHENSIVE PACKAGE OF CARE: HCT teams offer clients education, screening, testing and referral to care

Workplace information sessions include messages about behavioural and biomedical interventions to prevent HIV. Figure 4.

From April 2012 to March 2013, THCA’s workplace programme reached 267 companies, reaching 11,316 individuals, of whom 52.7% were male. A total of 257,860 male and 15,034 female condoms were distributed, and 105 employees were referred to the workplace TB adherence support programme.

TB/HIV Care’s workplace programme has grown significantly in 2012 and is an integral part of the services offered by the organization. The program is sought after by human resource managers, employers and occupational health nurses and is now registered on the South African Business Coalition for Health and AIDS (SABCOHA) website as well as on other websites targeting employee assistance programmes. To expand the workplace programme beyond the borders of the Western Cape, the workplace co-ordinator has trained TB/HIV Care staff in Sisonke and ZF Mgcawu (formerly Siyanda), and has assisted the eThekwini office with creating a model of entry into sex work workplaces (i.e. brothels).

Linkages with health facilities in the Cape Metro were strengthened to enable TB patients who are working to take their treatment at their workplace if they wish to do so. The workplace co-ordinator has refined a system whereby TB nurses at clinics can refer interested TB patients to TB/HIV Care. There has been an increase in referrals to TB/HIV Care as a result of this enhanced system.

HIV COUNSELLING AND TESTING LINKED TO TB, STI SCREENING PROGRAMME

TB/HIV CARE ASSOCIATION PROVIDES INTEGRATED TB/HIV/STI prevention and support services through its HCT programme which also includes screening for TB and STIs. These services were offered in all the districts in which TB/HIV Care worked in 2012-2013. Since 2008, more than million people (1,167,715) have been tested for HIV in sites supported by TB/HIV Care Association (Figure 5).
The HCT programme employs 21 community-based teams, each consisting of a professional nurse counsellor and three lay counsellors/community mobilisers, as well as lay counsellors based within health facilities. Both community- and facility-based lay counsellors play an important role in communicating health promotion messages, including performing condom demonstrations and mobilising for MMC. In the Western Cape, these messages also adhere to the ‘four seasons’ health calendar promoted by the Western Cape Provincial Department of Health.

The HCT programme uses the ‘advise, consent, test, support (ACTS)’ model of counselling which tailors counselling to the client’s HIV test result. The HCT programme’s package of care has evolved to provide clients who test HIV positive with a CD4 result at the point of care through the use of the Pima™ machine. All HIV positive clients also receive WHO staging. Clients who are STI symptomatic are referred to a health facility of their choice, and the sputa of TB symptomatic clients are collected to be sent for testing. The HCT programme’s extended wellness package consists of blood pressure checks, glucose checks and body mass index measurements, advice on emergency contraception and post exposure prophylaxis.

The focus of the HCT programme over the past year has been in strengthening the linkage of clients from our community HCT sites into healthcare facilities. Between April 2012 and March 2013, referral data was collected for 90,307 HCT clients tested by the community-based HCT teams (Figure 6).

Of the 2018 clients who tested HIV positive, 1755 (84%) had a CD4 count and were WHO staged. There were 636 (36.2%) clients eligible for antiretroviral treatment (ART). Of these 414 (65.1%) were successfully referred and 394 (95.1%) were started on ART. A total of 90,307 people were screened for TB and 1709 (2%) were symptomatic. Of these, 1226 (72%) had sputa collected and all were successfully referred for further care. Of 1226 referred presumptive TB clients, 84 (6.8%) were diagnosed with TB and 81 (96%) were started on TB treatment. Finally, out of the 90,307 clients screened for STIs, 825 (1%) were symptomatic and 667 (81%) were successfully referred and started on treatment.

Several strategies have been developed to further strengthen these referral systems. These include plans to standardize the referral system between community-based sites and health facilities as well as between non-governmental organisations; and to include health facility managers and staff in planning and monitoring these referral systems. It is also recommended that counsellors spend more time in the support phase of the ACTS counselling model, and send a missed call to clients to establish their correct phone number and provide the client with the contact number of the professional nurse. THC is in the process of enabling professional nurses to provide syndromic management of STIs which would reduce the possibility of clients being lost to care during the process of referral. Figure 6.
Mentoring to provide antiretroviral therapy (ART) through nurse initiated and managed ART enables patients to be started on ART without the presence of a doctor. Through experienced nurse mentors, TB/HIV Care has mentored and enabled many nurses to provide NIMART. This up-skilling of nurses has helped more clients to access ARVs at more facilities; 16,149 new clients were initiated on ART from April 2012 to March 2013 and the cumulative number on ART by March 2013 was 261,559.

Increasing TB case-finding and decreasing time-to-treatment through TB REACH

TB/HIV CARE ASSOCIATION RECEIVED A TB REACH grant to increase TB case finding and treatment in Sisonke district in KwaZulu-Natal (KZN) through TB symptom screening and sputum collection by mobile HIV counselling and testing (HCT) teams and CHWs, and the implementation of GeneXpert testing.

When a TB case is diagnosed, the patient receives counselling from a community health facilitator (CHF) who links the patient with a community health worker (CHW). The CHW visits their house to offer HCT and screens their contacts for TB. CHWs collect sputum from symptomatic contacts and refer children less than 5 years for initiation on isoniazid preventive therapy. All TB tests are performed by a GeneXpert instrument, that allows diagnosis of drug susceptible and rifampicin resistant TB in 2 hours. This was

**REFERRAL OF HCT CLIENTS**

<table>
<thead>
<tr>
<th>4 Provinces 6 Sites</th>
<th>HCT</th>
<th>HIV +ve</th>
<th>CD4 done</th>
<th>Eligible for ART</th>
<th>Successfully Referred</th>
<th>Started on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 HCT Teams</td>
<td>90307</td>
<td>2081 (2.3%)</td>
<td>1755 (84%)</td>
<td>636 (36.2%)</td>
<td>414 (65.1%)</td>
<td>394 (95.1%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TB SUSPECTS SUCCESSFULLY REFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 HCT Teams</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1709</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STI SYMPTOMATIC SUCCESSFULLY REFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 HCT teams</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>825</td>
</tr>
</tbody>
</table>
made possible through a collaboration between THCA, DOH and the National Health Laboratory Service (NHLS) which resulted in Sisonke becoming the first district in South Africa to have district wide coverage of GeneXpert. The CHFs inform the facilities when there are positive results and recall clients with positive results to start treatment. Sub district data capturers capture these TB cases into the electronic TB register. TB/HIV Care’s nurse mentor and CHFs act as a safety net, ensuring that all clients diagnosed as TB positive are followed up and started on treatment. This initiative improved TB case-finding and linkage to care.

THCA has been able to decrease the time from sputum collection to initiation of TB treatment from 9 days in 2011 to 4 days in 2013 for drug susceptible TB and from 4.5 months to 1 week for drug resistant TB. This rapid initiation of TB treatment is expected to result in decreased TB transmission. THCA also supported the decentralized management of drug resistant TB in Sisonke so that patients can be initiated on treatment in the district and receive treatment in their homes by outreach injection teams. THCA’s TB REACH project was presented at the 43rd Union World Conference on Lung Health in November 2012 in Kuala Lumpur, Malaysia.

TRAINING

THE TRAINING DEPARTMENT IS CRITICAL in supporting TB/HIV Care’s operations as it ensures that staff are updated on new clinical developments and can rapidly respond to the changing landscape of the HIV and TB epidemic.

In 2012, TB/HIV Care Association was contracted by the Department of Health to provide a ten-day TB/ART adherence support training course for community health workers (CHWs) in the Cape Town Metro District. Over the course of the year, 253 CHWs were trained on this programme, representing 100 days of training for this project alone. In addition, TB/HIV Care’s CHWs in the Metro were all trained on the ‘Four Seasons’ model for disease prevention and health promotion; a comprehensive programme that incorporates child and youth health, women’s health, mental health, substance abuse, community based services, HAST, diarrhoea disease and chronic diseases of lifestyle. In Sisonke district, 852 CHWs were trained on TB screening and sputum collection.

An interesting joint training initiative between TB/HIV Care, the Provincial Government of the Western Cape Department of Health and Local Government resulted in 171 community development workers (CDWs) participating in a two-day HIV prevention course in 6 districts in the Western Cape. These CDWs will now be able to support the National Strategic Plan for HIV, STIs and TB (NSP) by building HIV prevention into their local community programmes.

In order to support the medical male circumcision (MMC) campaign that THCA began in 2012, it has been necessary to equip our qualified clinical staff with the necessary skills to perform medical circumcisions. This training was provided by the Centre for HIV/AIDS Prevention Studies (CHAPS). A total of 22 staff were trained in the past financial year including the CEO, 3 medical officers, 6 site managers, 12 nurse mentors and 16 professional nurses.

A need was also identified to provide basic training on MMC to enable TB/HIV Care adherence and lay counsellors and CHWs to provide information on MMC and mobilise males to take up this service. The training department developed a ten-hour training to meet this need. During the year, 326 health workers were trained in seven districts.
MONITORING AND EVALUATION

ACCURATE, HIGH-QUALITY AND TIMELY HEALTH INFORMATION is crucial for successful management of health services. Both on its own and through partnerships, TB/HIV Care is intricately involved in the effort to improve the country’s health management information system; collecting, processing and disseminating information to facilitate evidenced-informed management of healthcare.

With an estimated 6.4 million South Africans living with HIV, keeping track of the epidemic is challenging. Not all clinics use the same monitoring and recording systems and a great deal of reporting is still paper-based. TB/HIV Care has been responding to the need to develop and implement one universally-applied electronic system for keeping track of HIV patients, and has made considerable headway in supporting the implementation of a national monitoring and evaluation system.

TB/HIV Care has employed monitoring and evaluation officers in KZN to host training sessions for monitoring and evaluation staff at healthcare facilities as well as to provide them with ongoing support. By the end of March 2013, over 480 staff and partners were trained on the implementation of TIER.net; the National Department of Health’s electronic register for HIV patients. This training has been complemented with data quality audits in health facilities to improve record keeping. This support has also enabled 372 health facilities in KZN to move from paper-based to electronic data.

In KZN, TB/HIV Care piloted using mobile phones to collect and transmit information about the number of people screened for TB by CHWs and how the relevant clients were linked to care.

TB/HIV Care Association identified a need to improve the quality of data originating at the community level. This led to the collaboration of TB/HIV Care and the DOH at a provincial and district level to develop and pilot an electronic system for data collected at a household and patient level. Community health workers used a mobile health application to capture clients’ information and to create a database of patients visited and enrolled into care. SMS notifications of TB results were sent to the relevant clinic and to the CHW supporting the client, which enabled them to follow up with clients and link them to care. SMSs or calls also reminded the client about their follow-up visits to the clinic and measured the clients’ compliance to treatment. Lastly, the system monitored the activities of CHWs using global positioning system (GPS) functionality and generated a CHW report. The findings of the pilot were encouraging with some evidence that using cell phones improved recording of TB screening and sputum collection and improved the linkage of patients to care.
CONTINUOUS QUALITY IMPROVEMENT IN A COMMUNITY HEALTH SETTING

UNIVERSITY OF THE WESTERN CAPE (UWC) RESEARCHERS and independent quality improvement advisors collaborated with TB/HIV Care Association nurse mentors in a quality improvement approach to support health facilities. Over a nine month period 7 facilities in Ingwe sub-district participated in a continuous quality improvement (CQI) project. This study showed that the CQI project had the potential to improve the management and integration of TB/HIV and maternal and child health services. Facility teams were able to identify gaps and work together to develop and test solutions to improve the integration of programmes at facilities and at community level through CHWs.

ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION

TB/HIV CARE RECEIVED MEDIA COVERAGE with a market value of over 3,4 million Rand in the year 2012-13. This included television coverage on ETV and SABC news, and a variety of newspaper articles and radio interviews. A significant amount of coverage was generated around the use of the new TB diagnostic machine, the GeneXpert. The ACSM unit arranged a media tour in April 2012 to publicize TB/HIV Care's role in ensuring that the Sisonke District was the first district in South Africa to have district-wide coverage of the GeneXpert. Media coverage around the impact of TB in prisons and the role of the GeneXpert was also generated when the Department of Health handed over several GeneXperts to the Department of Correctional Services to commemorate World TB Day on the 24th March 2013.

ACSM continues to be a critical element in mobilizing males to go for medical male circumcision. TB/HIV Care recruited an ACSM community mobilization coordinator dedicated specifically to educating communities about MMC and recruiting eligible and interested males to take up the service. Local and national radio interviews, radio public service announcements, posters, flyers, and door-to-door campaigns were also used to raise awareness about MMC. The ACSM unit has designed a standard questionnaire to monitor which of these mobilisation activities is most effective. Pamphlets and flyers appear to be the most persuasive media, with 36% of men who underwent MMC saying they were an influential factor, followed by encouragement from a doctor or nurse, with 19% saying that this was an influential factor. The most important reason given for the procedure was as protection against HIV (69%), followed by protection from STIs (51%), followed by the wish to make their penis easier to clean (36%).

GETTING THE WORD OUT: Using radio, public art and association with personalities like [Gerry Elsdon](https://www.gerryalsdon.com), TB Goodwill Ambassador for the International Federation of Red Cross and Red Crescent Societies, to convey health promotion messages.
During the year under review, the ACSM unit used a variety of methods to strengthen TB/HIV Care’s visibility. As well as presenting papers and posters at the 3rd SA TB Conference in June 2012, TB/HIV Care also manned a conference booth sponsored by the conference organisers, which saw a constant stream of visitors. The ACSM team took this opportunity to boost its social media following on Facebook through an online competition. 2012 has seen a large growth in TB/HIV Care’s social media community. The organisation’s Facebook page has grown by 258% and the website has seen similar increases in hits and unique visitors; 256% and 228%, respectively.

The ACSM team is concentrating on developing campaigns that can be rolled out and supported across the different sites in which TB/HIV Care operates and integrated with a variety of traditional and new media. The flagship campaigns are those centred around World AIDS Day and World TB Day, but other campaigns to promote specific messages are being introduced.

World TB Day 2013 saw a variety of initiatives across TB/HIV Care’s sites to help boost service delivery. Door-to-door campaigns to screen and test for TB and to counsel and test for HIV were conducted in the Western Cape, Eastern Cape, KZN and Northern Cape and resulted in many new cases of TB being identified. High-profile events to raise awareness were also conducted in most districts including an event in the ZF Mgcawu (formerly Siyanda) District, Northern Cape which was attended by the acting Premier of the Northern Cape, and all provincial cabinet ministers; an innovative roadside event at a weighbridge in Saldanha where motorists were offered HIV counselling and testing linked to screening for TB and STIs; and a march to parliament in Cape Town in support of ‘stopping TB in our lifetime’ which was attended by the provincial minister of health, Mr Theuns Botha. A unique campaign in Cape Town raised awareness about TB through dressing selected public sculptures in central Cape Town in the masks worn by TB patients in clinics. Each statue also carried an individual message about TB.

To raise awareness about condom use TB/HIV Care ran a campaign called Love=Condom to support safe sex for Valentine’s Day and beyond. Social media users supported this campaign through the adoption of a ‘twibbon’ on their Facebook or Twitter profile pictures. On Valentine’s Day, and in the week leading up to it, THCA handed out ‘Love’ condoms, courtesy of the AIDS Healthcare Foundation, as well as Choice condoms and female condoms across the country. Valentine’s Day cards containing a message “Let’s Test for HIV Together” were distributed that encouraged couples to test for HIV together.

UNCONVENTIONAL MEDIA: Artwork, promotional items like tissues, social media sites and even soccer balls were used to inform about the signs and symptoms of TB for World TB Day.
TARGETING KEY POPULATIONS: SEX WORKER HIV PREVENTION PROJECT

SEX WORKERS (SWS) FACE A BARRAGE OF INTERNAL AND EXTERNAL BARRIERS that lead to poor health or “help” seeking behaviours. Yet sex workers and their clients have been identified as a ‘key population’ by the National Strategic Plan on HIV, STIs and TB 2012-2016 as they are believed to be at particular risk of contracting HIV. Funders, researchers and government health departments alike are therefore searching for ways to connect with this hard-to-reach population to provide targeted health services and linkages to general public health services.

TB/HIV Care, in collaboration with the Sex Worker Education and Advocacy Task Force (SWEAT) in Cape Town and LifeLine in Durban, developed a comprehensive peer-linked mobile HIV prevention project for sex workers. The model provides an enhanced package of HIV prevention, health, wellness and human rights services to sex workers where they work by fusing TB/HIV Care’s mobile HIV/AIDS/STI/TB (HAST) screening and linkage-to-care model with their collaborative partners’ peer mobilization and outreach programmes.

From project inception in October 2011 to March 2013, TB/HIV Care developed a model to map, monitor and evaluate project success against project objectives. The Cape Town team identified 139 SW locations with an estimated 2000 SWS, and Durban identified 132 locations with 4000 SWS. In this 18 month period, the integrated mobile teams in Cape Town and Durban, respectively, provided 4614 and 8221 behaviour change interventions sessions; screened 1903 and 1691 sex workers for HIV; and identified 173 and 779 HIV-positive clients, measuring an HIV positivity rate of 9% in Cape Town and 46% in Durban among SWs who tested. Successful referral linkage to care tools were created in October 2012 and baseline estimates of successful referrals were identified in year one up to September 2012. With the new tools added in October 2012, successful linkage to care rates improved for HIV and TB in Cape Town (HIV - 10% to 38%, TB – 51% to 86%) and Durban (HIV - 10% to 35%, TB from 36% to 40%). Unfortunately, successful referral to STI treatment improved only slightly in Cape Town (63% to 65%) and decreased slightly in Durban (37% to 34%). To address this, TB/HIV Care is planning to provide STI treatment from its mobile wellness clinics.

In the future, the project will move towards obtaining a better understanding of health seeking barriers faced by SWs and create better interventions related to real time findings in the field. The integrated peer-linked health and human rights model provides a new approach to accessing and empowering this hard-to-reach population. The ultimate goal is to ensure that peer-linked mobile health models are integrated into local health services as a way to reintegrate hard-to-reach populations back into the local health system.
The key populations team from eThekwini take healthcare to sex workers where they work at all hours of day and night.
Note: In prior years we reported funding from other countries in the notes to the Annual Financial Statements. We believe that including all funding sources in an integrated financial statement gives a better reflection of the activities of TB/HIV Care Association. As a result of this change in reporting, we have decided not to include the 2012 comparative figures.
FACE-TO-FACE: Interpersonal interactions like this, as well as informational material like pamphlets and community mobilisation both play a role in health promotion.
EXCELLENCE: Some of the Metro TB/HIV Care team display their certificates after being recognized by the City of Cape Town for the outstanding health outcomes they have helped their clinics reach.
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