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

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FOOD SECURITY FOR CLIENTS ON TB & ARV MEDICATION: MANDISA NOGAGA
(COMMUNITY HEALTH WORKER) ASSISTS WITH A FOOD GARDEN IN DU NOON
FINDING TB: A GENEXPERT MACHINE, ONE OF 4 FOR WHICH TB/HIV CARE MOBILISED RESOURCES, AT PHOLELA COMMUNITY HEALTH CENTRE
MEMBERS

EXECUTIVE COMMITTEE MEMBERS

Mr Lionel Janari  Chairman
Mr Patrick Chong  Treasurer
Ms Yvonne Galvin
Mr Lionel Ridderhof
Ms Stacie Stender
Dr Andrew Young

EX OFFICIO

Prof Harry Hausler  Chief Executive Officer
Ms Ria Grant  Senior Advisor

MEMBERS

Ashley Arosi
Dr Virginia Azevedo
Judy Caldwell
Ms Diane Fairhead  Honorary Life Member
Ms Pamela Geary  Honorary Life Member
Desmond Goliath
Ms Johanna Honeyman  Honorary Life Member
Dr Frederick Marais  Honorary Life Member
Ms Iris Mathinise  Honorary Life Member
Dr Michael Popkiss  Honorary Life Member
Prof Fraser Ross  Honorary Life Member
Dr Paul Spiller  Honorary Life Member
HIGHLIGHTS 2011-2012

CUTTING-EDGE GENEXPERT HELPS TO BOOST TB DIAGNOSIS: TB/HIV Care Association partnered with the KwaZulu-Natal Department of Health to find more TB cases using new technology.

The 27th September 2011 saw the beginning of a new era in TB diagnosis for Sisonke District in KwaZulu-Natal (KZN), when a GeneXpert machine funded by CDC PEPFAR was handed over to Pholela Community Health Centre in a vibrant ceremony hosted by TB/HIV Care Association and the Department of Health. TB/HIV Care Association was able to secure funding for three additional GeneXpert machines through its TB REACH project funded by the World Health Organization. The Department of Health (DOH) and the National Health Laboratory Service (NHLS) procured four more machines so that Sisonke was the first health district in South Africa to achieve district-wide coverage of the GeneXpert. This means that every TB suspect in the district is tested for TB using the advanced technology provided by the GeneXpert.

The KZN MEC for Health, Dr Sibongiseni Dhlomo, was present to cut the ribbon of the first GeneXpert in Sisonke and to perform its maiden TB test. These machines cut the time to get a TB test result from up to 6 weeks to less than 2 hours and to diagnose drug-resistant TB within the same period. This will greatly assist TB REACH’s aim of increasing TB case detection and ensuring early initiation of treatment while maintaining high TB cure rates.

The rate of co-infection of TB and HIV in Sisonke is high, and since it is notoriously difficult to diagnose TB in people living with HIV, previously many thousands of TB culture tests, taking at least 6 weeks per test, had to be performed in laboratories in these areas. Before the arrival of the GeneXpert machine, Pholela Health Clinic had to send its samples to a laboratory two hours drive away in a different district, prolonging the testing process even further.

Now, with the quicker diagnosis offered by the GeneXpert machines, it is estimated that within one year more than 1000 additional TB patients could be found and started on TB treatment by TB/HIV Care Association and the Department of Health than would otherwise have been diagnosed in the district.

TB/HIV Care Association collaborated with the National TB Control Programme to bring the ‘Kick TB’ campaign to Sisonke district for the event. THCA is a partner in the Kick TB campaign that educates learners, educators, families and communities using soccer balls that explain the symptoms of TB and promote HIV testing. A group of women, some in traditional dress, demonstrated their commitment to ‘kicking TB’ by playing a lively game of soccer at the GeneXpert hand over event. Some of these women are traditional healers who have received training on TB and HIV with THCA. In a country where many people’s first port of call when they are sick is a traditional healer rather than a GP, it is crucial that traditional healers know when to refer a symptomatic client for a TB test at a clinic. By including these traditional healers in the campaign, the potential to find many more people with TB symptoms is greatly increased.

The MEC for Health celebrated the hope that all these initiatives will improve TB case-finding in Sisonke by dancing on the Kick TB stage with Prof Harry Hausler, the CEO of TB/HIV Care Association.
TB/HIV CARE USES MASS MEDIA TO REACH WIDE AUDIENCE

THE ADVOCACY, COMMUNICATION AND SOCIAL MOBILISATION (ACSM) UNIT has worked hard to establish excellent working relationships with key contacts in the media. The results of providing reporters with relevant information timeously, providing experts to comment on new research and policy developments, and going the extra mile to help them deliver strong stories, are starting to show.

ETV news has covered a number of stories on TB/HIV Care Association since the ACSM unit was established and has therefore built up an archive of stock footage of TB/HIV Care’s activities. This is a resource that is often used by ETV News and its DSTV news channel for any story related to TB or HIV; promoting our organisation’s messages with each flighting. In addition, TB/HIV Care Association is top of mind for many television and print reporters when they need an expert perspective on topics as diverse as the accuracy of HIV testing to the latest TB drugs being developed.

In the year under review, TB/HIV Care Association has featured on SABC 3’s “The Power Within”, ETV’s “Prime Time News”, Cape Town Television’s “Open Studio” and on several radio stations such as Umhlobo Wenene, SAFM, Radio Gagasi, Radio Sonder Grense, KFM and Radio 2000.

Community newspapers have also proved an effective way of reaching targeted, local audiences. TB/HIV Care has been covered in the East Griqualand Fever, Eyethu Uthukela, the Kokstad Advertiser, Table Talk, the Tyberberger and Vukani among others.

All of this coverage makes it possible to deliver messages about TB and HIV to a much wider public. It could not have been achieved without the assistance of the entire TB/HIV Care team, who refer media contacts to the ACSM Unit and make themselves available for interviews.

TB/HIV CARE FIELD STAFF EXCEL AT CAPE TOWN HEALTH AWARDS

ON THE 23RD OF MARCH 2012, TB/HIV Care Association was one of several NGOs honored by the Metro District Health Services and the City of Cape Town Health Department for outstanding work in TB and HIV. It was a clean sweep for TB/HIV Care for the facilities with the best TB cure rates in 2010. The 3 clinics with the highest cure rates were all supported by TB/HIV Care’s treatment supporters. Langa won a Gold Award for the best cure rate (of 91%) for a high-burden facility, Hanover Park Clinic for the best cure rate (of 98%) for a medium-burden facility and Melkbosstrand for the best cure rate (of 100%) for a low-burden facility. A further 29 facilities in the Cape Metro that are supported by TB/HIV Care treatment supporters won awards for achieving TB cure rates of over 85%.

The award ceremony, held in Goodwood Civic Centre, took place fittingly the day before World TB Day, and paid tribute to the often unacknowledged people behind the scenes at health care facilities. Patients on TB treatment must take medication for at least 6 months. A treatment supporter who lives in a patient’s community, understands the problems they may face, and can give them their medication from their own home, often makes a dramatic difference to whether patients complete their course of treatment.

Among the other awards TB/HIV Care helped win were a gold award for the subdistrict with the best TB cure rate (Mitchells Plain with 88%), a gold award for the subdistrict with the highest coverage of HIV counselling and testing (Mitchells Plain with 25.3%) and gold awards for 3 facilities (Albow Garden, Hout Bay, Lady Michaelis) with over 85% of patients on antiretrovirals remaining in care at 12 months.
MANAGEMENT COMMITTEE

1. Prof Harry Hausler  Chief Executive Officer
2. Carlos Orte  Chief Operating Officer
3. Ria Grant  Senior Advisor
4. Zolani Barnes  Advocacy Communication and Social Mobilisation Manager (ACSM)
5. Phebe Gribble  HIV Counseling & Testing (HCT) Manager
6. Dr Bomby Kabongo  Clinical Manager
7. Andrew Lambert  Key Populations Manager
8. Patrick Scheepers  Human Resources Manager
9. Vuyi Skiti  Monitoring & Evaluation Manager
10. Shahieda Solomons  Financial Manager
11. Patricia Sterling  Training Manager
TB/HIV CARE AREAS OF OPERATION

WEST COAST DISTRICT WESTERN CAPE

- TB & HIV Clinical Sites: 17
- ART Sites: 3
- Facility HCT Sites: 20
- Community HCT Sites: 4

TOTAL STAFF: 42

- Nurse Mentors: 2
- Professional Nurses: 5
- Enrolled Nurses: 1
- Lay Counsellors: 15
- Data Capturers: 19

CAPE TOWN METRO WESTERN CAPE

- TB & HIV Clinical Sites: 53
- ART Sites: 17
- Facility HCT Sites: 37
- Community HCT Sites: 4

TOTAL STAFF: 453

- District Coordinators: 4
- Community Team Leaders: 8
- Community Care Workers: 158
- Adherance Counsellors: 103
- Lay Counsellors: 59
- TB Assistants: 53
- TB Clerks: 31
- Area Treatment Supporters: 15
- Drivers: 6
- Peer Educators: 16

SIYANDA DISTRICT NORTHERN CAPE

- TB & HIV Clinical Sites: 4
- ART Sites: 3
- Facility HCT Sites: 4
- Community HCT Sites: 1

TOTAL STAFF: 10

- Nurse Mentors: 1
- Professional Nurses: 1
- Enrolled Nurses: 1
- Lay Counsellors: 3
- Community Team Leaders: 4

OR TAMBO DISTRICT EASTERN CAPE

- TB & HIV Clinical Sites: 17
- ART Sites: 17
- Facility HCT Sites: 17
- Community HCT Sites: 4

TOTAL STAFF: 52

- Nurse Mentors: 4
- Professional Nurses: 4
- Lay Counsellors: 12
- Data Capturers: 16
- Community Team Leaders: 16

ALFRED NZO DISTRICT EASTERN CAPE

- TB & HIV Clinical Sites: 13
- ART Sites: 13
- Facility HCT Sites: 13
- Community HCT Sites: 1

TOTAL STAFF: 26

- Nurse Mentors: 2
- Professional Nurses: 2
- Lay Counsellors: 6
- Data Capturers: 8
- Community Team Leaders: 8

ETHEKWENI DISTRICT KWAZULU-NATAL

- TB & HIV Clinical Sites: 26
- ART Sites: 11
- Facility HCT Sites: 26
- Community HCT Sites: 6

TOTAL STAFF: 97

- Nurse Mentors: 5
- Professional Nurses: 6
- Enrolled Nurses: 5
- Lay Counsellors: 29
- Data Capturers: 27
- Community Team Leaders: 25

SISONKE DISTRICT KWAZULU-NATAL

- TB & HIV Clinical Sites: 26
- ART Sites: 11
- Facility HCT Sites: 26
- Community HCT Sites: 6

TOTAL STAFF: 97

- Nurse Mentors: 5
- Professional Nurses: 6
- Enrolled Nurses: 5
- Lay Counsellors: 29
- Data Capturers: 27
- Community Team Leaders: 25
CHAIRMAN’S REPORT

OUR AIM IS TO IMPROVE TB AND HIV MANAGEMENT BY INCREASING ACCESS TO TB AND HIV PREVENTION, diagnosis, care, treatment and community-based treatment adherence support.

TB/HIV Care’s integrated approach to addressing both TB and HIV issues has made the organisation a pioneer in implementing a comprehensive system of support for TB and HIV clients.

On behalf of the executive committee, we convey our confidence in the management and staff of the organisation. We are ever cognisant of their dedicated commitment to the community at large. Our appreciation goes to the Chief Executive Officer, Prof Harry Hausler, and his senior team for their leadership and guidance.

TB/HIV Care has introduced its services to the Alfred Nzo district in the Eastern Cape. Another exciting addition is the introduction of the Key Populations Program (covering sex workers in the Cape Town and Durban metro areas). Expansion to new districts and programs is planned carefully and done responsibly to ensure that the highest quality of services are delivered with the required management and administrative support.

TB/HIV Care Association is respected both locally and internationally. Our staff members are part of strategic health committees in both provincial and national health structures. Here we have an opportunity to influence policy and share best practices.

Let me conclude by thanking my fellow members of the executive committee for their support and insight during the past year. Thank you to all the donors and partners who form an integral part of the funding and make the work we do possible. Again, thank you to the fulltime staff and community-based workers. You are what TB/HIV Care Association is all about. May you continue with the good work you do.

“What is the essence of life? To serve others and to do good.”
Aristotle (384-322 BC)

LIONEL JANARI
CHAIRMAN

IN PREPARATION FOR MY REPORT, I THOUGHT IT WOULD BE GOOD TO REVISIT WHAT TB/HIV CARE ASSOCIATION IS ALL ABOUT:

TB/HIV CARE ASSOCIATION IS A REGISTERED NON-PROFIT ORGANISATION THAT PUTS INTEGRATED CARE AT THE HEART OF RESPONDING TO TB AND HIV.
PARTNERSHIP IN ACTION: JENNY McLoughlin (TB/HIV Care, Site Manager), HARRY HAUSLER (TB/HIV Care, CEO), SIBONGISENI DLOMO (KZN MEC for Health), STELLA ANYANGWE (WHO Representative) AND HALONE SAVANT (PEPFAR, KZN Liaison) AT THE GENEXPERT HANDOVER IN KZN
SENIOR ADVISOR’S REPORT

IT HAS BEEN VERY REWARDING TO SEE HOW TB/HIV CARE ASSOCIATION IS EVOLVING and how visible it is these days. I could burst with pride when I see our outreach teams’ branded gazebos form the backdrop of news inserts to do with HIV on a national television network. We are providing an incredible service which is meeting the needs of the people in the community as well as uplifting community members through our training and support.

International Union Against Tuberculosis and Lung Disease (IUATLD) Conference
I was asked to do a presentation on community-based DOT at the conference held in Lille, France in October 2011. I acknowledge the support received from the Global Fund and the IUATLD to cover the cost of the trip. It was encouraging to see the move toward TB and HIV integration in most of the plenaries and presentations.

Brooklyn Chest Hospital Facility Board
Serving as the vice chairperson on the facility board of the Brooklyn Chest Hospital is another of my “extra mural” activities. My main responsibilities are making sure that the meetings happen, supporting the chairperson and doing the minutes. This is also essentially a civil society intervention to ensure that the services provided by the hospital are maintained at an acceptable standard.

NACOSA Advisory Committee
I represented TB/HIV Care Association on the NACOSA Advisory Committee body as a TB advocate in a very HIV focused grouping of people. The purpose of the advisory committee is to identify the needs of communities through the NACOSA network and to lobby on their behalf. The new strategy for managing community care workers within the Department of Health’s primary health care re-engineering programme has been one of the main areas of concern for this committee.

Global Fund to fight AIDS, TB and Malaria
I have been very involved in the Developing Country NGO Delegation Constituency during the year under review. I attended a board meeting in Geneva in May 2011 and another in Accra, Ghana in November 2011. My role on the delegation is that of TB advocate and I also attended a STOP TB Partnership Advocates workshop in Geneva in July 2011. In March 2012 this delegation held its annual retreat in Cape Town. I was responsible for the logistics of organising a venue, getting delegates from Belarus, Macedonia, Serbia, Bosnia, Hong Kong, Jamaica, Honduras, Uganda, Zimbabwe, Kenya, Senegal, Panama, United States and Australia to the Upper Eastside Hotel in Woodstock and back to their respective countries. This must have earned me some credibility as I was asked to step in as the delegation’s Acting Communications Focal Point for the 26th board meeting in Geneva in May 2012.

RIA GRANT

SENIOR ADVISOR

MY JOURNEY WITH TB/HIV CARE ASSOCIATION DURING THIS REPORTING YEAR HAS BEEN ANOTHER VERY INTERESTING AND FULFILLING ONE.

MY WEEKLY TIME SHEETS ARE A WONDERFUL REMINDER OF EVENTS AND TRIPS. MY ROLE AS SENIOR ADVISOR IS RATHER DIVERSE. IT RANGES FROM REPRESENTING TB/HIV CARE ASSOCIATION AT MEETINGS AND EVENTS EITHER WITH, OR DEPUTISING FOR, THE CHIEF EXECUTIVE OFFICER, ACTING AS THE ORGANISATION’S COMMISSIONER OF OATHS, ASSISTING WITH OPERATIONAL PLANS AND OFTEN JUST BEING AROUND TO LISTEN IF SOMEONE NEEDS AN EAR.
GLOBAL ADVOCACY: DELEGATES FROM THE GLOBAL FUND DEVELOPING COUNTRY NGO DELEGATION DISCUSS DRUG-RESISTANT TB AT A TB/HIV CARE ASSOCIATION – SANOFI HOSTED EVENT IN CAPE TOWN
I feel honoured to be leading the dynamic team of people who work for TB/HIV Care Association (THCA) and thank them for their efforts to improve the health of the communities we serve.

I am also grateful to the executive committee who provide excellent oversight, support and guidance.

CEO’s Report

TB/HIV Care Association (THCA) has continued to grow over the past year in both the scope of its activities and its geographic coverage. This year marks the end of a 5 year cooperative agreement from the Centers for Disease Control and Prevention (CDC) funded through the President’s Emergency Plan for AIDS Relief (PEPFAR) that focused on treatment, care and support. We also completed a one year contract with funding from the United States Agency for International Development (USAID) through URC to support TB/HIV activities in the KSD sub-district of OR Tambo District in the Eastern Cape and Siyanda District in the Northern Cape. Fortunately, THCA was successful in securing continued funding through CDC PEPFAR up to September 2016 through 2 new cooperative agreements for comprehensive HIV prevention. The first agreement covers HIV prevention in the general population and allows us to support the Cape Town Metro and West Coast districts in the Western Cape, Siyanda district in the Northern Cape, Alfred Nzo and OR Tambo districts in the Eastern Cape and Sisonke district in KwaZulu-Natal (KZN). The second agreement covers HIV prevention among sex workers in Cape Town and in eThekwini in KZN. Sex workers are considered a key population who require focused efforts to ensure that they receive prevention and treatment services to protect their health as well as the health of their clients and the broader community.

Comprehensive HIV prevention includes behavioral, biomedical and structural interventions. Behavioral interventions that we are implementing include HIV counseling and testing as well as counseling for people living with HIV to help them access care and treatment, stay healthy and prevent further HIV transmission. The biomedical interventions we implement include technical support and mentorship for medical male circumcision (MMC), prevention of mother to child transmission of HIV (PMTCT) and nurse initiated and managed antiretroviral treatment (NIMART). Structural interventions include working in partnership with Sisonke Gender Justice Network to train community team leaders and community health workers on the ‘One Man Can’ program to help change masculinity norms and prevent gender-based violence.

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 Town Metro and West Coast districts.

THCA was the only NGO in all of South Africa to be awarded a TB REACH grant (see highlights 2011-2012) from the Stop TB Partnership. The project aims to increase TB case finding through mobile teams, household screening and the use of GeneXpert machines for TB diagnosis in Sisonke district. Additional support from CDC PEPFAR and the national DOH in partnership with the National Health Laboratory Service (NHLS) resulted in Sisonke being the first district in South Africa to have district-wide coverage of GeneXpert such that every person with presumptive TB in the district now has sputum examined by GeneXpert. This cutting-edge technology uses nucleic acid amplification to diagnose TB and identify rifampicin resistance in sputum samples in less than 2 hours. The increased sensitivity of the test and its ability to rapidly detect drug-resistant TB will greatly assist with diagnosing TB, initiating patients on effective treatment and decreasing TB transmission. THCA has 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 has been recognized as a leading nongovernmental organization in TB and HIV advocacy, policy development and program implementation. I have given oral presentations on TB/HIV integration at the 5th SA AIDS Conference in Durban in June 2011 and at indabas in the Eastern Cape, KwaZulu-Natal and the Western Cape to advocate for accelerated implementation of integrated TB/HIV services, TB infection control, intensified TB case-finding and isoniazid preventive therapy (IPT). In September 2011, I was invited to attend a World Health Organization (WHO) expert consultation meeting in Geneva to develop operational guidance for effective engagement of NGOs and other civil society organizations in community-based TB prevention, diagnosis, treatment and care. I also advocated for enhanced NGO engagement in community-based TB activities at the Global Conference on Lung Health in Lille, France in October 2011.

THCA has been at the forefront of important national policy initiatives including the National Strategic Plan on HIV, STIs and TB 2012-2016 (NSP) and the re-engineering of primary health care (PHC).

THCA was actively involved in drafting the NSP through my involvement in the South African National AIDS Council (SANAC). Our advocacy for TB/HIV integration helped ensure that the new NSP addresses both HIV and TB. The plan’s long-term vision is ‘zero new HIV and TB infections, zero transmission of HIV from mothers to children, zero deaths from HIV and TB and zero stigma related to HIV or TB’. On 1 December 2011, the President of South Africa launched the NSP at a community event in Port Elizabeth. On that day, I was invited to speak about the plan at the Social Aspects of HIV and AIDS Research Alliance (SAHARA) Conference and to attend the launch. At the launch, THCA’s mobile HCT teams provided HIV testing and screening for TB and STIs to community members. THCA has contributed to the development of provincial strategic and operational plans to help implement the NSP. THCA is a member of the Western Cape Provincial AIDS Council which helps drive and monitor the implementation of the provincial strategic plan.

THCA has participated in consultations on PHC re-engineering to define the role of civil society and develop a model of service delivery in which community health workers are essential members of the ward-based health teams. Through support from the National Department of Health (DOH) and PEPFAR from 2008 to 2011, THCA successfully piloted integrated community-based adherence support for patients on TB treatment and antiretroviral treatment (ART). Since April 2011, the Western Cape Provincial DOH endorsed integrated TB/ART adherence support and provided funding for THCA to train CHWs and implement the model more widely throughout the Cape Town Metro. We have enthusiastically supported the DOH in implementing this model. THCA is implementing some of the lessons learned from the visit it sponsored to Brazil with the Sisonke District Manager, Gcina Radebe, last year by piloting the ward-based family health teams in the catchment area of Pholela Community Health Centre.

In summary, THCA continues to work in partnership with the Department of Health, the private sector and civil society to prevent, find and treat HIV and TB. Through partnerships and combined efforts we will be able to achieve the vision of zero HIV and TB infections, deaths and stigma in South Africa.

HARRY HAUSLER

CHIEF EXECUTIVE OFFICER
MOBILE HCT

TEAMWORK: TB/HIV CARE CEO, PROF HARRY HAUSLER, CELEBRATES WITH SOME OF THE STAFF WHO HELPED ACHIEVE OUTSTANDING HEALTH OUTCOMES AT THE FACILITIES SUPPORTED BY TB/HIV CARE
STRUCTURAL HIV PREVENTION: A WORKSHOP ON MASCULINITY NORMS AND CHANGING GENDER-BASED VIOLENCE AS PART OF A PARTNERSHIP BETWEEN TB/HIV CARE AND SONKE GENDER JUSTICE NETWORK
CHIEF OPERATING OFFICER’S REPORT

AS THE FUNDING FOR PROJECT INTEGRATE COMES TO AN END IN JUNE 2012, we will be using this report to look back at the results achieved within the last four years of funding. The majority of the funding received in the period 2007-2011 came from PEPFAR through CDC, but we would not have not have been able to achieve the results included in this report without funding from the Provincial Government of the Western Cape (PGWC) as well as other sources including the National Department of Health, the Stop TB Partnership, URC, Community Chest and South African Lotteries.

In the spirit of collaboration, TB/HIV Care Association has sought out strategic partnerships to increase the reach of our joint activities and to together make a greater impact in our response to TB and HIV. In the year that ends, we have worked in partnership with various universities (the University of the Western Cape, the University of Cape Town, and the University of KwaZulu-Natal) and a myriad of nongovernmental organisations NGOs such as Cell-Life, Community Media Trust, Edzimkulu, Lifeline Durban, NACOSA, the Nelson Mandela Foundation, the Sex Workers Education and Advocacy Taskforce (SWEAT), Sonke Gender Justice Network and WAMTechology.

As well as being a sub-recipient of funding through other organizations, in turn, TB/HIV Care Association has funded the work of various other NGOs to support both their objectives and ours.

Working with many donors and partners means that our systems have to be strong and robust, providing the donors the guarantees needed in order to continue their support. We are proud to have been able to demonstrate our accountability to our past donors as well as to some new ones.

For the next five years TB/HIV Care Association has received two other grants from CDC/PEPFAR to focus our efforts in preventing the spread of HIV and to continue the fight against TB. The provincial government of the Western Cape (PGWC) has once again funded us to go further than ever in the Western Cape, and for the first time we will be receiving funds from the Global Fund against TB, HIV/AIDS and Malaria through another NGO; Right to Care.

We will continue to work hard to secure further funding to continue doing what we do. We are proud of what we have achieved to date, and we look forward to being proud of what we will achieve in the future with the resources and trust placed in us by our funders.

CARLOS ORTE

CHIEF OPERATING OFFICER
A NS WERING QUESTIONS ABOUT TB AND HIV IN KHAYELITSHA COMMUNITY-BASED HCT: A TB/HIV CARE TEAM AT A WEIGHBRIDGE WHERE MOTORISTS WERE TESTED FOR HIV AND SCREENED FOR TB AND STIS
PROGRESS REPORT (2007 – 2012)
HIV COUNSELLING AND TESTING (HCT) PROGRAMME.

TB/HIV CARE HAS BEEN RUNNING A COMMUNITY-BASED HIV COUNSELING AND TESTING (CBHCT) PROGRAMME since November 2007 when we started the programme with just one non-clinical HCT team. Over the past five years, the HCT programme has experienced exponential growth as the strategy of bringing HIV testing into community settings demonstrated its efficacy and received political backing from the National Minister of Health, Dr Aaron Motsoaledi, through his national HCT campaign which aimed to test 15 million South African adults.

To date we have established 26 community based HCT teams including 6 in the Eastern Cape (2 in Alfred Nzo and 4 in OR Tambo), 9 in KwaZulu-Natal (3 in eThekwini and 6 in Sisonke), 1 in Northern Cape (Siyanda), and 10 in the Western Cape (4 in West Coast and 6 in Cape Town Metro). In addition, the HCT programme has employed facility-based HCT counselors who work within 117 clinic and other health facility settings. In the Eastern Cape, we support 13 health facilities in Alfred Nzo District and 17 health care facilities in OR Tambo District. In Sisonke District in KwaZulu-Natal the project supports 26 health facilities and in Siyanda District in the Northern Cape we support 4 health facilities. We support 37 health facilities in the Cape Town Metro and 20 health facilities in the West Coast districts of the Western Cape.

Over the last five years, we have learned a lot and established a set of best practices. We learnt early on that mobile community-based teams worked better than those in fixed sites as they are able to reach new groups of people all the time instead of saturating a particular site with our service. We learned that community-based teams were able to reach more men than those in facility settings where women often predominate. We adopted the ACTS (Advise, obtain Consent, Test, Support) model of HIV counseling and testing which streamlined the process of testing and enabled more people to test in a shorter amount of time and with more relevant counseling. We revived the workplace programme, which operates hand-in-hand with the HCT programme. The HCT programme also made several advances as it kept pace with both national policy and technology. At the end of 2010, in line with new legislation, all our lay counselors were trained in obtaining blood samples by finger-prick and conducting and interpreting rapid HIV tests. This vastly increased their capacity to provide HCT as they no longer had to wait for the availability of a professional nurse to conduct a test. Since 2010, we were able to procure PIMA machines – new point-of-care technology that enabled nurses to test an HIV positive person’s CD4 count and provide a result within 20 minutes. This means that clients who test positive are informed whether they are eligible to start antiretroviral treatment (ART) at the same time, which speeds up the process of initiating them onto life-saving treatment. These improvements and innovations have led to an increase in the number of people tested for HIV and screened for TB and STIs.
COMMUNITY-BASED HCT

EACH COMMUNITY-BASED, MOBILE HCT TEAM consists of a professional nurse and three lay counselors. Lay counselors mobilise community members to test for HIV by educating them about the benefits of knowing their HIV status. Counsellors also provide HIV prevention education, demonstrate the use of male and female condoms and distribute free condoms. The mobile teams’ staff provides a comprehensive wellness package, which includes TB and STI screening, glucose testing and blood pressure measurements to all the clients who are counselled and tested for HIV. HIV negative men are counselled and referred for medical male circumcision. THCA has provided 20 Pima point-of-care portable machines that enable health care workers to do CD4 testing immediately for HIV positive clients. With access to CD4 measurement, we are now able to identify clients that qualify for ART and prepare them for ART initiation.

For the past four years of project implementation we have seen a remarkable increase in the number of people that were tested for HIV by community-based HCT teams. From October 2008 to March 2012, 189,881 individuals were counselled, tested and received their test results through THCA’s mobile, community-based HCT teams (Figure 1). The staff has conducted outstanding mobile community HCT services in urban, peri-urban and rural areas in low resource settings.
FACILITY-BASED HCT

THE NUMBER OF INDIVIDUALS COUNSELLED AND TESTED FOR HIV at facilities supported by TB/HIV Care Association has increased as the number of facilities supported by TB/HIV Care increased. Over the past four years, 612 825 people were counseled and tested for HIV in TB/HIV Care-supported facilities (Figure 2).

TOTAL NUMBER TESTED BY TB/HIV CARE ASSOCIATION

OVER THE LAST FOUR YEARS, the total number of clients who received counselling and testing for HIV, tested by both CBHCT and facilities supported by THCA clients, was 802 706 (Figure 3). Of those, 53% (425 434) were females and 47% (377 272) of them were males. The HIV prevalence among tested individuals was 13%. Among those who
tested HIV-positive 99% were screened for TB symptoms. Of those tested, 49.5% (393 326) were between the age of 15-24 years, an age group at high risk of HIV infection, and most of these were tested in tertiary institutions.

In all our programmes we have distributed 2 541 695 male condoms and 71 244 female condoms from the beginning of 2009 to March 2012.

WORKPLACE PROGRAMME

THE CORE FUNCTION OF THE WORKPLACE PROGRAMME is to raise awareness and knowledge about TB and HIV within the workplace. TB/HIV Care has formed a partnership with clinics in the Cape Town Metro District such that when a TB case is diagnosed at a clinic, and the client wishes to be supported on treatment at work, the clinic’s TB nurse will refer the client to TB/HIV Care’s workplace co-ordinator for follow up. Informing both employers and employees about the facts of TB and HIV helps to lessen anxiety and concerns that arise when a colleague is diagnosed with either TB or HIV. The workplace co-ordinator therefore often plays an important mediating role between fellow employees and between employer and employee. The workplace programme extends into business/commercial companies (small, medium and large), farms, secondary schools, institutions of higher learning, churches, sports clubs, communities, shopping malls and correctional services. The programme has gained good momentum and expanded within the Metro and West Coast districts of the Western Cape as well as spreading, on request, to the rest of the province to include the Cedarberg and Overberg regions. In collaboration with TB/HIV Care’s HCT teams, the scope of the workplace programme has also been extended to include a comprehensive wellness package which includes TB, HIV and STI information sessions, HCT, TB and STI screening, and blood pressure and blood glucose testing for all workplace clients. Many government departments such as the Departments of Water Affairs and Environmental Affairs and the South African Police Service are now requesting TB/HIV Care’s services for their staff.

From January 2009 to March 2012, the workplace coordinator conducted 586 workplace visits and educated 31 723 workers on HIV, TB and STI’s. The majority (60%) of the clients reached by the workplace programme were male.

PARTNERSHIP WITH THE DEPARTMENT OF CORRECTIONAL SERVICES

IN MID 2009, TB/HIV CARE ASSOCIATION received quality assurance and entered into an operational agreement with the Department of Correctional Services to provide services in its facilities throughout the Western Cape. Services rendered by TB/HIV Care at these facilities include TB/HIV health talks and HCT linked with screening for TB and STI provided to both offenders and members. In Pollsmoor prison over the past three years, TB/HIV awareness sessions were delivered to 29 064 offenders. Sputum was collected from 2012 offenders as part of ‘sputum blitz’ mass TB testing programmes.

The HCT teams and Training Coordinator offer services at two Correctional Services Centres (Pollsmoor Correctional Centre and Goodwood Correctional Centre) in the Cape Town Metro while four HCT teams provide services at 13 correctional facilities within the West Coast District (Allandale, Brandvlei, Ceres, Drakenstein, Dwarssrivier, Helderstroom, Haweka, Malmsbury, Obiqua, Paardeberg, Riebeek West, Robertson, and Voorberg). In the Sisonke District of KwaZulu-Natal, TB/HIV Care has also provided services at three correctional service centres (Kokstad, Ixopo and Umzimkulu).

At the request of the Western Cape HIV and TB Regional Director of Correctional Services, TB/HIV Care spent one week per quarter providing HCT services to 7 correctional facilities.
HIV PREVENTION FOR SEX WORKERS: Mobile teams with caravans to counsel and test for HIV; screen for TB and STIs; and test CD4 counts; provide friendly, non-judgmental services to populations most at risk.

in the Eden District (Knysna, George, Ladysmith, Mossel Bay, Oudtshoorn, Prince Albert and Uniondale).

SEX WORKER HIV PREVENTION PROJECT

TB/HIV CARE ASSOCIATION has recently embarked upon a five year CDC/PEPFAR-funded HIV prevention project with sex workers and the sex work community in both the Cape Town Metro and eThekwini Municipality. The project started in September 2011 and is run in collaboration with the Sex Workers’ Education and Advocacy Taskforce (SWEAT) in Cape Town and with LifeLine Durban in the eThekwini Municipality.

HIV PREVENTION IS IMPORTANT for sex workers because they experience higher rates of HIV infection than most other population groups. It is estimated that 20% of new HIV infections in South Africa are among sex workers, their partners and their clients so HIV prevention in sex workers will also help prevent HIV transmission in the general population. The new National Strategic Plan on HIV, STIs and TB 2012-2016 identifies sex workers as a key population requiring targeted services. Sex workers face substantial obstacles to accessing HIV prevention, treatment care and support, particularly where sex work is criminalised. Less than 50% of sex workers have access to a package of prevention services, and if prevention services have limited reach, they will have limited impact in averting new HIV infections. This is largely due to the high rates of stigma, discrimination and abuse of sex workers by health care service providers, the police and the community at large.

THE HIV PREVENTION IN SEX WORKER PROJECT aims to: expand individual and group-level, evidence-based HIV prevention interventions in sex workers; create a robust tracking referral system for sex workers for prevention, treatment, care and support into existing clinic based facilities; and promote structural interventions to improve the quality of clinical, social and legal services for sex workers.

The activities that are planned to achieve this include working with peer educators to mobilise sex workers for HCT and TB/STI screening, refer them to HIV and TB prevention and treatment services and ensure linkages to services and retention in care.

TB/HIV CARE ASSOCIATION, together with their partners, SWEAT and LifeLine Durban, were able to perform thousands of educational and HIV awareness/prevention sessions with sex workers in the first year of operation (2011-12). The project distributed over 300,000 condoms, identified and mapped over 100 sex work areas collectively between Cape Town and Durban, and provided HCT to over 800 sex workers. TB/HIV Care is planning to collaborate with the University of California, San Francisco to estimate the size of the sex worker population that we are targeting through a mapping and estimates project.
CLINICAL SERVICES

TB/HIV CARE ASSOCIATION provides technical assistance to the Department of Health (DOH) to improve the quality of TB and HIV (including PMTCT) clinical care. TB/HIV Care’s nurse mentors train clinical staff on the latest DOH guidelines, help solve difficult clinical cases, assist with infection control assessments and plans, review registers and folders and help develop action plans to improve programme performance. TB/HIV Care employs data capturers to ensure that laboratory data is properly filed in patients’ folders, registers are updated, data is entered into electronic registers such as the TIER.net and that monthly reports are submitted. TB/HIV Care Association employs community teams leaders who provide supervisory support to community health workers and help ensure that TB and HIV patients are retained in care.

PMTCT

ANTENATAL CARE IS VITAL for all pregnant women. In the facilities that TB/HIV Care supports we explain the benefits of antenatal HIV testing and motivate that all pregnant women should know their HIV status. For all the 40 626 women that attended their first ANC in our facilities between January 2010 and March 2012, 36 471 (90%) were not aware of their HIV status, 98% were tested for HIV and of those 6404 (18%) tested HIV positive (Figure 4). The HIV positive women were then provided with CD4 testing during antenatal care to determine if they were eligible for the PMTCT regimen or should be initiated on lifelong ART to prevent transmission to the child. There were 8784 women HIV-positive who were not on ART and 8268 (94%) women were provided with ART (PMTCT regimen or lifelong ART). We also offer education to the mother on family planning, prevention of transmission to others, safe infant feeding options to prevent transmission through breastfeeding, and testing of other family members.

TB/HIV Care provides clinical mentorship to ensure that infants exposed to HIV receive nevirapine prophylaxis within 72 hours after birth, daily for at least 6 weeks and during breastfeeding. From January 2010 to March 2012, 7081 babies were provided with nevirapine within 72 hours after birth.
ENROLLED IN HIV CARE

THE CLIENTS WHO TEST POSITIVE FOR HIV are enrolled in HIV care (Figure 5). Our facility-based counseling services focus on behavioural change interventions which include education and awareness activities to help clients understand how to prevent the spread of the virus, and how to prevent reinfection as well as how and why to use condoms. Clinical mentorship ensures that HIV-infected clients receive clinical monitoring, prophylaxis and management of opportunistic infections.

Through funding from the Department of Social Development, we employ 3 social workers in the Cape Town Metro who help establish support groups for people living with HIV to provide psycho-social support and positive prevention services.

ENROLLED ON ART

TB/HIV CARE PROVIDES TECHNICAL ASSISTANCE TO ART SITES with clinical mentorship for NIMART and ART data management. The number of patients on ART continues to increase rapidly. At the end of March 2012, a total of 40,964 clients were on antiretroviral treatment (ART) at THCA-supported public health sites (Figure 6).

(Figure 5)

(Figure 6)
TB HIV INTEGRATION

TB/HIV CARE ASSOCIATION is providing clinical mentorship to help integrate TB-HIV services in all the sites that we support, as endorsed by the World Health Organisation (WHO) and the South African Department of Health. From January 2010 to March 2012, there were 94871 registered TB patients of whom 90% had their HIV results recorded on the TB register and 53% were infected with HIV (Figure 7). Of the TB/HIV co-infected 85% were provided with cotrimoxazole. In the same time period, 33% of the TB/HIV co-infected clients were initiated on ART.

Infection control is crucial to preventing TB transmission to HIV-positive and HIV-negative patients and staff. In collaboration with Department of Health staff, our nurse mentors conduct infection control assessments in our supported sites and develop infection control plans with recommendations, which include modification of waiting areas and consulting rooms and the installation of extractor fans and coughing booths.

TB/HIV Care Association has advocated for accelerated implementation of the national IPT guidelines and has provided mentorship to ensure that IPT is part of the package of care offered to HIV positive clients. From April 2010 to March 2012, 12 592 HIV positive clients received IPT.
COMMUNITY-BASED SERVICES

TRAINING OF COMMUNITY HEALTH WORKERS

TB/HIV CARE ASSOCIATION is assisting the Department of Health in implementing re-engineered primary health care (PHC) services. Community health workers (CHWs) is a term used for community members who are trained to assist with health services in communities. CHWs are also called community care workers in the Western Cape and community care givers in KZN. TB/HIV Care Association receives funding from the Western Cape government to employ CHWs in the Cape Town Metro to provide community-based integrated TB and ART adherence support. The CHWs provide an essential link between the facility and patients receiving treatment in the community. Their responsibilities include conducting home assessments, TB contact tracing, providing initial support to newly diagnosed patients, providing on-going adherence support to patients on treatment, identifying and referring others at risk in the household, and educating patients with regard to HIV and TB.

CHWs need to be well informed about TB, HIV, TB treatment regimens, antiretroviral treatment, treatment adherence, healthy living, HIV prevention, as well as the skills to carry out their duties supporting patients in the community. TB/HIV Care Association began assisting the Department of Health with the training of CHWs during 2011, and in March 2012 we were awarded a contract to develop learning materials and to train CHWs in this programme. TB/HIV Care trained 138 CHWs from July 2011 to March 2012.

Here are some of the things the CHWs had to say about the training

“I was a carer before, now I am a Community Health Worker and proud of it”

“It was so challenging, but facilitators made sure every CHW could understand before moving to the next day”

“Getting to learn about TB, HIV, treatment and different medication. Learning about actual pill counts helped us to learn about the realities of the job”
MONITORING AND EVALUATION

SIGNIFICANT STEPS WERE TAKEN to improve monitoring and evaluation processes at TB/HIV Care Association during 2011-12 and this has resulted in improved clinical data in all provinces. We have recognized that accurate and timely data collection is necessary to inform decisions, influence policy as well as to reflect on the progress of the programs that are being implemented. Improving monitoring and evaluation systems is part of health system strengthening.

The steps taken by TB/HIV Care included regular support visits, register audits and quarterly data review meetings as well as continuous training of all data capturers and team leaders in the facilities that we support. We also strengthened the community-based monitoring and evaluation system. All our existing community health workers have been trained on relevant data collection tools which include forms for baseline home assessments, outreach activities (education, screening, referral and condom distribution), referral tracking and adherence. In selected sites we are linking CHW data with TB and HIV treatment outcomes. The collaboration between the Health System Research Unit (HSRU) of the Medical Research Council and TB/HIV Care has resulted in the development of a comprehensive quality assurance programme to routinely collect data on the quality of the services provided by the CHWs of TB/HIV Care. This intensified supervision has improved the services that CHWs are delivering to TB, HIV and co-infected clients. TB/HIV Care, the City of Cape Town, Metro District Health Services and other NGOs are in the process of consolidating and standardizing the community-based monitoring and evaluation data collecting tools. We are currently in the process of developing a data warehouse that will allow easy capturing of data, secured access, improved data analysis and the generation of standardized reports.

The monitoring and evaluation department is particularly proud of the improvements made in information technology infrastructure (computers, printers and data cards) and the development of data collection tools, which were later adopted by provinces that we support. These tools are now used in health facilities across the country in their current form or similar systems have been developed and standardized in order to facilitate accurate collation and comparison of data on a regional and national level. TB/HIV Care is pleased to have supported the rollout of the TIER.net monitoring and evaluation system for ART in the West Coast and Sisonke districts. We have successfully implemented electronic data collection at all ART sites within the last year.
***ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION***

**TB/HIV CARE HAS RECEIVED EXTENSIVE MEDIA COVERAGE** in the year 2011-12, much of which has been facilitated by the ACSM unit. This included television coverage on ETV news, and a variety of newspaper articles and radio interviews. We have also received publicity through publications such as the NACOSA newsletter, which reported on TB/HIV Care’s HCT process and its mechanisms of TB and HIV integration, and the Treatment Action Campaign’s publication, Equal Treatment, which printed a free back page cover featuring TB/HIV Care.

On the 6th of August 2011, TB/HIV Care’s ACSM manager hosted Open Studio, a television show on Cape Town Television, and interviewed TB/HIV Care’s CEO, Prof Harry Hausler, on TB/HIV Care’s work as well as the basics of tuberculosis (TB).

The ACSM team continued to expand its advocacy and mobilization efforts into the arena of new media. TB/HIV Care was awarded a free mobile marketing campaign by Graphicmail, a digital marketing company, which helped us to develop a mobile campaign on TB symptoms that reached more than 189 cellphone users. The unit then capitalized on this learning experience to produce another mobile campaign for condom week, which was timed to coincide with Valentine’s Day. This mobile campaign was also integrated with the organisation’s growing social media presence to build even more awareness around condom use.

TB/HIV Care’s website was given a fresh new look during the year under review, which has doubled traffic to the site.

TB/HIV Care made its voice heard at the 5th biennial SA AIDS Conference in June 2011. As well as presenting 2 papers and 2 posters, TB/HIV Care was also represented at a conference booth sponsored by the conference organisers, which saw a constant stream of visitors. The ACSM team was also involved in advocating for more inclusion of TB in the conference programme and in attempting to boost the uptake of IPT for people living with HIV.

ACSM manager, Zolani Barnes, was invited to be part of the Western Cape Department of Health’s Medical Male Circumcision Task Team and played a critical role in developing the task team’s communication strategy. Barnes was also invited to attend the 16th International Conference on HIV/AIDS and Sexually-transmitted Infections in Africa (ICASA) in Ethiopia from 4 to 8 December 2011. This proved to be a valuable networking opportunity as contact was made with international advocates such as Stop Partnership Technical Officer, Jennifer Dietrich.

TB/HIV Care Association decided to get active on Mandela Day 2011 by helping to develop plots at a community vegetable garden at Du Noon. TB/HIV Care office and field staff and volunteers from companies and other non-profits joined CHWs and community gardeners for the morning of the 18th of July to clear the ground and plant seeds and seedlings to honour the 93rd birthday of Nelson Mandela. In the spirit of Mandela Day, each of the TB/HIV Care CHWs who are based at the Du Noon clinic, decided to clear a plot of land in this area and to be responsible for growing vegetables in it. The CHWs support patients who must take the long and often difficult treatment journey of six months or more to cure TB, or the lifetime journey of treatment to manage HIV, and sometimes both. In too many cases, patients do not have enough to eat and have to take medication on an empty stomach. The vegetables grown by the CHWs in their plots can now be given to their patients to assist with food security.
## FINANCIAL REPORT

### TB HIV CARE ASSOCIATION - SUMMARISED ANNUAL FINANCIAL STATEMENTS 31 MARCH 2012

#### INCOME STATEMENT FOR THE YEAR ENDED 31 MARCH 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>11 666 950</td>
<td>8 659 188</td>
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<tr>
<td>Programme Funding</td>
<td>8 640 456</td>
<td>7 738 795</td>
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<tr>
<td>Grants</td>
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<tr>
<td>Donations</td>
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<td>Other Income</td>
<td>2 167 547</td>
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<tr>
<td><strong>Expenditure</strong></td>
<td>11 342 470</td>
<td>9 182 142</td>
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<tr>
<td>Project Expenses</td>
<td>9 154 176</td>
<td>7 005 376</td>
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<tr>
<td>Client Services</td>
<td>892 407</td>
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<tr>
<td>General Administration</td>
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<tr>
<td><strong>Net Profit/ (deficit) for the year</strong></td>
<td>324 480</td>
<td>(522 955)</td>
</tr>
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#### BALANCE SHEET FOR THE YEAR ENDED 31 MARCH 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<tr>
<td>Non Current Assets</td>
<td>75 722</td>
<td>90 813</td>
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<tr>
<td>Investments</td>
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<td>5 411</td>
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<tr>
<td>Plant and Equipment</td>
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<td>85 402</td>
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<td><strong>Current Assets</strong></td>
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<td>Trade and Other Receivables</td>
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<td>1 461 872</td>
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<tr>
<td>Cash and Cash Equivalents</td>
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<td><strong>Total Assets</strong></td>
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<td>1 552 883</td>
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<tr>
<td><strong>Funds and Liabilities</strong></td>
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<tr>
<td>Capital and Reserves</td>
<td>75 757</td>
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<td>Accumulated Funds</td>
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<td>(373 722)</td>
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<td>Contingency Reserve</td>
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<td><strong>Current Liabilities</strong></td>
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<td>Trade and Other Creditors</td>
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<td>Borrowing</td>
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<tr>
<td><strong>Total Equity and Liabilities</strong></td>
<td>1 150 189</td>
<td>1 552 883</td>
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## Summary of the Project Integrate costs funded by PEPFAR

<table>
<thead>
<tr>
<th></th>
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<th>2011</th>
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<tr>
<td>Staff expenses</td>
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<tr>
<td>Subcontractors</td>
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<td>3 644 517</td>
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<tr>
<td>Motor Vehicles and Equipment</td>
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<td>2 379 673</td>
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<tr>
<td>Supplies</td>
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<tr>
<td>Travel</td>
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<td>1 628 488</td>
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<tr>
<td>Other costs</td>
<td>8 123 437</td>
<td>8 483 313</td>
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<tr>
<td><strong>Total Funded by PEPFAR</strong></td>
<td><strong>49 943 430</strong></td>
<td><strong>34 710 157</strong></td>
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## Summary of the Vulindlela Project funded by the National Department of Health

<table>
<thead>
<tr>
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</thead>
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<tr>
<td>Salaries and Recruitment</td>
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<td>1 179 372</td>
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<tr>
<td>Other costs</td>
<td>-</td>
<td>468 550</td>
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<tr>
<td><strong>Total Funded by National Dept of Health</strong></td>
<td><strong>-</strong></td>
<td><strong>1 647 922</strong></td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

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

- Alan and Gill Gray
- BOE
  The L & S Chiappini Charitable Trust
  The C & E Harding Trust
  The E Pilliner Trust
- Centers for Disease Control and Prevention (CDC)
- City of Cape Town
- Community Chest of Western Cape
- Jet Lee Will Trust
- National Department of Health
- National Lottery
- Orbis Security
- Presidents Emergency Plan for AIDS Relief (PEPFAR)
- Provincial Government of KwaZulu- Natal
  Department of Health
  Department of Social Development
- Provincial Government of the Western Cape
  Department of Health
  Department of Social Development
- Stop TB Partnership
- Corporate Donations
  AMS Group
  Ackermans
  ANIX
  Legacy
  Metrofile
- SANLAM
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Fever/ Night Sweats
Weight Loss

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