Graffiti artists decorated the Rufus Laverlott Drop-in Centre for people who use drugs in Woodstock, named after one of the Step Up Project’s first peers, who passed away tragically.
VISION

TO BE A LEADER IN EMPOWERING COMMUNITIES TO BE HEALTHY AND FREE OF TB AND HIV

MISSION

TO EMPOWER AND CARE FOR COMMUNITIES BY SUPPORTING PRIMARY HEALTHCARE SERVICES TO:

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

FRONT COVER: For Women’s Day 2018, THC honoured women who make a difference to the lives of others in the communities we serve. Here Thelma Yanta, who runs a creche in Joe Slovo, Du Noon, and takes in babies and pregnant girls shunned by their families, receives a gift package from Elizabeth Makonjo (CHW).

BACK COVER: The youth of Khayelitsha take to the streets for a march on World AIDS Day 2018 to take steps against HIV stigma and discrimination.
ABBREVIATIONS

ACTS  A model of counselling (Advise, Consent, Test and Support)
AGYW  Adolescent girls and young women
ANC  Antenatal Clinic
APC  Adult Primary Care
ART  Antiretroviral therapy
BMGF  Bill and Melinda Gates Foundation
BMSF  Bristol-Myers Squibb Foundation
CAG  Community Advisory Group
CBO  Community-based organisation
CDC  Centers for Disease Control and Prevention
CHW  Community health worker
CMT  Community Media Trust
COP  Country Operational Plan
COPC  Community Oriented Primary Care
CPP  Comprehensive Prevention Package
CSP  Correctional Services Programme
CRH  Chest X-ray
DCS  Department of Correctional Services
DOH  Department of Health
DSMB  Data Safety Monitoring Board
DSD  Department of Social Development
DSP  District Support Partner
DTP  Decentralised treatment provision
EC  Eastern Cape
ePUP  External pick up point
FSWs  Female sex workers
GF  The Global Fund to Fight AIDS, Tuberculosis and Malaria
GBV  Gender-based violence
HAST  HIV, AIDS, STIs and TB
HBV  Hepatitis B virus
HCBC  Home and community-based care
HCV  Hepatitis C virus
HIV-SS  HIV self-screening
HTC  HIV testing and counselling
HTS  HIV testing services
HWSETA  The Health and Welfare Sector Education and Training Authority
ICI  Ideal Clinic Initiative
ICM  Individualised care management
ICT  Index case testing
IEC  Information, Education and Communication
INSHU  International Network for Hepatitis in Substance Users
IS  Informal Settlements
KTU  Knowledge Translation Unit
KZN  KwaZulu-Natal
m2m  mothers2mothers
MA  Management Area
MM  Mentor Mother
MOH  Minister of Health
MSM  Men who have sex with men
NCD  Non-communicable diseases
NCE  No cost extension
NDOH  National Department of Health
NHLS  National Health Laboratory Service
NIH  National Institutes of Health (United States)
NPO  Non-profit organisation
NRASD  National Religious Association for Social Development
OI  Output indicator
OST  Opioid Substitution Therapy
PDC  People Development Centre
PDSA  Plan-Do-Study-Act Model
PEPFAR  US President’s Emergency Plan for AIDS Relief
PHC  Primary health care
PHDC  Provincial Health Data Centre
PHRU  Perinatal HIV Research Unit
PITC  Provider initiated testing and counselling
PLHIV  People living with HIV
PMTCT  Prevention of mother-to-child transmission
PMU  Programme Management Unit
POE  Portfolio of evidence
PPP  Public-private partnerships
PP Prev  Priority Populations Prevention
PSA  Public Service Announcement
PSP  Provincial Support Partner
PT  Proficiency testing
PTB  Pulmonary tuberculosis
PWID  People who inject drugs
PWUD  People who use drugs
QC  Quality Control
QCTO  Quality Council for Trades and Occupations
RMNCH  Reproductive, maternal, neonatal and child health care
Information on HIV and TB is distributed during an outreach in order to increase knowledge of the diseases.
BOARD MEMBERS

Mr Lionel Janari  Chairperson
Mr Greg Wesson  Treasurer, Chair of Audit, Risk & Compliance Committee
Ms Yvonne Galvin  Chair of Human Resources Committee
Dr Andrew Young
Mr Siraj Adams
Prof. Harry Hausler
Mr Kuben Pillay
Dr Memory Muturiki
Ms Phebe Gribble

HONORARY LIFE MEMBERS

Ms Diane Fairhead
Ms Pamela Geary
Ms Johanna Honeyman
Dr Michael Popkiss

An outreach team from the Step Up Project providing health services. The project works with people who use drugs, a population who face significant barriers to accessing healthcare through other avenues.
TB HIV CARE RECEIVES SKILLS DEVELOPMENT PROVIDER ACCREDITATION – AND LAUNCHES SOCIAL AUXILIARY WORKER COURSE

IN 2018, TB HIV CARE WAS ACCREDITED AS A SKILLS DEVELOPMENT PROVIDER WITH THE QUALITY COUNCIL FOR TRADES AND OCCUPATIONS (QCTO). This is a significant accomplishment for the training department, and represents years of hard work. It also moves TB HIV Care closer to its strategic vision of strengthening health systems to provide patient-centred care by equipping healthcare providers with the relevant clinical knowledge, skills and attitude through training, mentorship and sensitisation.

The QCTO is a statutory body, established in terms of the Skills Development Act, which oversees the implementation, assessment and certification of occupational qualifications.

The QCTO is replacing the Sector Education and Training Authority (SETA) system of accreditation. The SETA will remain involved in skills development and quality assurance.

TB HIV Care is now accredited to offer the following qualifications:

1. **Occupational Certificate: Health Promotion Officer (CHW)**

   This is a level 3 qualification, developed by the QCTO and the National Department of Health, to provide a standardised qualification for Community Health Workers (CHWs) in line with the current models of community-oriented primary care. In order to become an accredited provider for this qualification, TB HIV Care had to receive an endorsement from the Human Resource Development Directorate of the Department of Health, as well as the People Development Centre (the regional training centre in the Western Cape).

2. **Occupational Certificate: Social Auxiliary Work**

   This is a level 5 qualification, which enables a learner to be trained as a Social Auxiliary Worker (SAW) and attain recognition and registration with the South African Council for Social Services. These qualifications replace all prior qualifications in Community Health Work and Social Auxiliary Work.

The qualifications all involve three components:

- Knowledge subjects
- Practical skills training
- Workplace experience

The process of accreditation was lengthy and intensive. The HWSETA and QCTO scrutinised all aspects of the organisation, including THC’s financial and HR systems and policies; occupational health and safety; training competency; credentials of all proposed trainers and assessors, including their qualifications, experience and accreditation; training materials; training sites; workplace suitability for the practical component; training venues; equipment; and more.

A final site visit and evaluation took place on 26 February 2019. This included site visits to THC’s head office, the training site in Khayelitsha, the Michael Mapongwana Clinic and interviews with training coordinators, trainers and assessors. The evaluator was very impressed with the quality of the documentation, suitability of the training team, training sites, resources and working relationships with the Department of Health – which are critical for the workplace component. TB HIV Care was commended as a best practice site.

The hard work paid off and TB HIV Care’s first group of learners started their one-year Social Auxiliary Worker qualification (NQF level 5) on Monday, 11 March 2019.
THC’s Social Work Department being trained as workplace mentors for the candidates enrolled in THC’s first accredited social auxiliary worker course, by Tricia Sterling, Training Manager (middle).
TB HIV CARE HOSTS WORLD HEPATITIS DAY EVENTS AROUND SOUTH AFRICA

FUNDED BY THE BRISTOL-MYERS SQUIBB FOUNDATION, the viral hepatitis C initiative for key populations in South Africa was a cross-sectional study led by TB HIV Care, in partnership with Anova Health Institute, OUT Well-being, The National Institute for Communicable Diseases and the Division of Hepatology at the University of Cape Town.

The study aimed to: i) establish a hepatitis C (HCV), hepatitis B (HBV) and HIV surveillance system for men who have sex with men (MSM), sex workers (SWs) and people who use drugs (PWUD) in South Africa; ii) explore a range of HCV diagnostic options; iii) increase access to HBV and HCV prevention, screening and referral services for MSM, SWs and PWUD; and iv) advocate for improved access to HBV and HCV diagnosis, prevention and treatment.

TB HIV Care was invited to disseminate the study results at provincial World Hepatitis Day events in Durban, Cape Town, East London, Pretoria and Polokwane. World Hepatitis Day (28 July) aims to raise awareness of the global burden of viral hepatitis in order to influence real change, and these events gave the NDOH, in collaboration with TB HIV Care, the opportunity to:

• Share updates on the draft South African National Viral Hepatitis Guidelines and South African Hepatitis Action Plan
• Share study findings of the viral hepatitis initiative among key populations in South Africa: prevalence data and the utility of various HCV testing options
• Discuss experiences and challenges around HBV and HCV prevention and treatment in South Africa
• Discuss plans to move towards the elimination of viral hepatitis in South Africa

The events were well attended and the various presentations, including the study findings, were well received. Each event included a panel discussion with PWUD, which proved particularly impactful as it gave a very ‘human’ and emotional perspective from people living with hepatitis.
MANDELA DAY 2018: KHAYELITSHA & UMVEZO

MANDELA DAY, CELEBRATED EACH YEAR ON 18 JULY TO MARK NELSON MANDELA’S BIRTHDAY, has become a global call to action, one that encourages people to engage in 67 minutes of social service in order to change the world!

On Wednesday, 18 July 2018, TB HIV Care staff from head office and Khayelitsha spent Mandela Day making a difference in the community. Some teams spent their 67 minutes (and more!) painting house numbers in Harare. A lack of visible street numbers is a huge problem in Khayelitsha; as emergency services (paramedics, ambulances, police etc.) struggle to find addresses in emergency situations. TB HIV Care identified certain areas in and around Harare and spent time with residents painting much-needed house numbers.

This will also help CHWs and social workers who need to trace clients or visit clients at home.

In addition to ‘painting numbers’, a team from TB HIV Care assisted in the refurbishment of the Khayelitsha Youth Hub (a youth-friendly clinic) in Site B. This included painting the interior and exterior walls of the clinic - and adding a fantastic mural to brighten things up!

TB HIV Care’s social work team marked Mandela Day by hosting a health and wellness day (which focused on HIV and TB education) at our Khayelitsha office in Harare, and collaborated with Old Mutual to distribute food parcels to clients in need.

TB HIV Care teams around the country also got in on the action. Nelson Mandela Centenary Celebrations were held at Umvezo in the King Sabata Dalindyebo (KSD) Municipality. Distinguished guests included President Cyril Ramaphosa, and the Eastern Cape Premier. TB HIV Care’s three KSD teams were on hand to provide HIV testing services (HTS) and health education on the day.
OFFICIAL LAUNCH OF THE SOUTH AFRICAN TB CAUCUS

THE SOUTH AFRICAN TB CAUCUS IS THE LOCAL CHAPTER OF THE GLOBAL TB CAUCUS, WHICH CONSISTS OF OVER 2 300 PARLIAMENTARIANS FROM 130 COUNTRIES AROUND THE WORLD. The SA TB Caucus exists to raise awareness of the TB epidemic and support efforts to accelerate the elimination of TB by 2030 (which is in line with both the UN’s Sustainable Development Goals and South Africa’s National Development Plan’s vision of a long and healthy life for all South Africans).

TB HIV Care was appointed to act as the secretariat for the South African TB Caucus, which was officially launched on Tuesday, 04 September 2018.

Before the official launch in the evening, TB HIV Care spent time at Parliament where both houses, the National Assembly and the National Council of Provinces, resolved to establish the SA TB Caucus. Once MPs left the chamber, they were asked to sign a pledge - publicly declaring their commitment to ending TB in South Africa.

The Members of Parliament (MPs) who joined the SA TB Caucus have been asked to:

• Raise awareness of TB in their constituencies
• Engage with media to raise awareness of TB
• Monitor government funding for health and the performance of health programmes
• Pass legislation that creates an enabling environment for healthcare in general, and TB services in particular

The launch took place later that night at the Westin Hotel in Cape Town. It was a special evening, which brought together TB survivors, ambassadors and TB champions from all walks of life.

Miss South Africa, Tamaryn Green, and the Deputy Speaker of the National Assembly, Mr Lechesa Tsenoli, MP, both shared their own personal experiences with TB - as did programme director of the event, media personality Gerry Elsdon. The event hoped to ‘break the stigma’ often associated with TB, by bringing together a number of celebrity TB ambassadors (many of whom have also been affected by the disease). These included...
Prince Nhlanganiso Zulu, Lira, Kelly Khumalo, Thabo Pelesane, Zolelwa Sifumba, Basetsana Kumalo and Yvonne Chaka Chaka.

The event was hosted by Dr Aaron Motsoaledi (Minister of Health) together with Ms Baleka Mbete (Speaker of the National Assembly) and Ms Thandi Modise (Chairperson of the National Council of Provinces), who have agreed to act as patrons of the SA TB Caucus and signed the declaration on stage at the close of the evening.

In the words of Dr Aaron Motsoaledi:

“Members of parliament must be at the centre of challenges that face the citizens they represent. No other battle desperately requires the leadership, advocacy and guidance by parliamentarians than the battle against TB.”

The SA TB Caucus was well represented at the first-ever United Nations High Level Meeting (UNHLM) on TB in New York on 26 September 2018. At this meeting, UN member states made commitments to accelerate the efforts in ending TB. Prof. Harry Hausler (CEO) and Alison Best (Communications Manager) represented TB HIV Care at the UNHLM.
MINISTER OF HEALTH VISITS KZN DROP-IN CENTRE

TB HIV CARE’S DROP-IN CENTRE IN ETHEKWINI provides support, healthcare services and treatment to sex workers within the community.

Over the years, THC has worked hard to ensure that the centre is a safe space for sex workers, a place where their needs are met and their voices are heard. On Thursday, 10 January 2019, a delegation of government representatives visited the centre to hear first-hand the fears and daily challenges experienced by sex workers in KZN.

In attendance were the Minister of Health, Dr Aaron Motsoaledi, Deputy Minister of the South African Police Services (SAPS), Bongani Mkhongi, KZN Health MEC, Dr Sibongiseni Dhlomo, CEO of SANAC, Dr Sandile Buthelezi, police and Department of Health representatives, civil society and the sex worker community. Aiming to eliminate violence against women in general and sex workers in particular, this dialogue had our centre filled to capacity with sex workers who had come to engage with the government and SAPS about their grievances.

The pain and suffering of the community was visible as they took full advantage of the opportunity provided to voice their fears and discuss the hardships that they face on a daily basis (at times as a result of police brutality).

In his address, Dr Motsoaledi highlighted that in eThekwini, the Department of Health is working closely with TB HIV Care, Global Fund and PEPFAR to provide services to the sex worker community, noting that “they are not only providing additional services through mobiles, but are also assisting the department to improve the services that we provide in public clinics.”

Dr Motsoaledi told the audience that “we are testing a fair number of sex workers, but are still not reaching everyone”. He also reiterated that those individuals that are testing negative and are being offered PrEP, are not accepting the service even though they know it will prevent the transmission of HIV.

The Minister of Health (MOH) acknowledged that sex workers experience much stigma and discrimination, both at the hands of health workers and some members of SAPS but said
that the Deputy Minister of SAPS and the MEC are working together to ensure that sex workers are not abused by the system. He encouraged sex workers to report any form of abuse.

In his conclusion, the MOH spoke about drug use. He stated that he understands that many sex workers use drugs to cope with their work and working conditions. However, this increases the chances of violence as well as HIV transmission and forgetting to take medication like ARVs and PrEP. In addition, some sex workers also inject drugs and the sharing of needles increases the risk of both HIV and hepatitis. He asked that “you don’t share needles if you are injecting drugs – rather come to TB HIV Care and request needles and ensure that used needles are disposed of safely, as this can be another major challenge if they are left lying around on the ground. I am sure that colleagues from TB HIV Care will say more about how to deal with these issues safely.”
SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION PROJECT

TB HIV CARE WAS INVITED TO PARTNER WITH THE NATIONAL DEPARTMENT OF HEALTH (NDOH) ON A SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC) GRANT. The three-month campaign, which ran from January – March 2019, was aimed at adolescent girls and young women (aged 15-24), men who have sex with men (MSM) and sex workers.

The campaign focused on TV and radio public service announcements (PSAs), community dialogues and health events and aimed to:

- Encourage clinic visits for all target populations, especially to youth zones and youth clubs
- Promote the prevention of STIs, teen pregnancy and HIV through combination prevention (including condom and contraception use)
- Call for an end to gender-based violence
- Encourage the initiation of and adherence to treatment for TB and HIV
- Encourage testing - know your status, know your power and whether positive or negative, play your part!

An important component of the SBCC project was community dialogue, and a real highlight of the programme was the opportunity to join Sisonke/SWEAT’s ‘Creative Spaces’ initiative to share SBCC project messages with sex workers. They, in turn, shared their stories of facing discrimination and stigma in clinics, both as sex workers and as people living with HIV. They also shared tried and tested condom negotiation tactics that they use with clients. Although the topic was serious, there was a jovial mood and happiness at being able to tell their stories and inspire others to live healthy lives while working in a high-risk industry.

Another highlight of the programme was the broadcast of six new PSAs. The PSAs were aired on all SABC TV channels and radio stations from Sunday, 10 March. The PSAs were linked to a dedicated WhatsApp line, which allowed people to ask further questions or seek help for any health concerns.
THE ‘BIG SWITCH’ TO LYNX-HCT

TB HIV Care’s Community-Based HAST Counsellors – Linked to the CDC HIV Prevention Programme – successfully transitioned from paper-based HIV Testing Services (HTS) forms to a mobile, digital HTS data collection platform called Lynx-HCT.

TB HIV Care began the shift to Lynx-HCT in early 2019 and by 01 March, all teams were using the new application.

Lynx-HCT is a data capturing solution that meets the needs of users in the field, as well as managers and those reporting to the funding partner.

HTS information is entered on a tablet with on and off-line functionality. Data analysis and operational planning becomes easier as dashboards display information per age and gender. Hot spots are identified through geographic information system (GIS) functionality. The new application allows for real-time reporting and analysis, allowing fieldworkers to identify hotspots, increase testing and case finding and ultimately improve linkage to care.

TB HIV Care ran a ‘Big Switch’ techno challenge for the HTS teams, which encouraged users to become familiar with the platform, supported the ‘switch’ to digital reporting (working closely with teams to answer any questions and address any challenges) and rewarded teams and individuals with fun prizes as they embraced the new technology.
SUCCESSFUL SIYENZA CAMPAIGN SEES COMPLETE OVERHAUL OF CLINICAL RECORDS

THE 2019 ‘SIYENZA SPRINT’ CAMPAIGN (building on the momentum of February Frenzy) aimed to increase testing ('Know Your Status'), strengthen linkage to care (universal test and treat) and support retention in care (to ensure viral suppression) in three districts in the Eastern Cape (Amathole, Chris Hani and OR Tambo).

There was unprecedented support for the Siyenza Sprint (including a provincial road show across all Siyenza districts) and TB HIV Care’s Care and Treatment and HTS teams worked extended hours to ensure that more people were reached with healthcare services.

A notable success from the campaign was the complete overhaul of the clinical records filing system at facilities across the Eastern Cape. Poor records management and inadequate filing infrastructure has negatively impacted on accurately accounting for clinical interventions, as well as on patient waiting times - given the administrative bottleneck at the start of each clinic visit. Many instances of patient file duplication, missing files and pronounced delays in retrieving records were noted, especially in high volume facilities.

TB HIV Care undertook an overhaul of the system and since February 2019 has implemented this key intervention at 35 facilities across the three districts.

Waiting times experienced by clients have reduced significantly and the standardised approach has led to more accurate reporting interventions, improving the TX_CURR indicator (number of adults and children currently receiving antiretroviral therapy) by up to 40% in some cases.

The aim is to rapidly scale the intervention to a further 70 facilities in due course as the new system has had a significant impact on clinic waiting times, accurate reporting and, ultimately, retention in care.
WORLD TB DAY 2019: IT’S TIME

THE STOP TB PARTNERSHIP’S THEME FOR WORLD TB DAY 2019 WAS ‘IT’S TIME’.
A simple but powerful theme, it was also a call to action. Following on from the first-ever UNHLM on TB in September 2018, The Stop TB Partnership declared it is time to build on the momentum of the UNHLM, harness political will and see the end of TB in our lifetime.

IT’S TIME:

• to keep the promises made at the UN HLM on TB
• for a world without TB
• to treat 40 million people affected by TB by 2022
• to know your TB status

South Africa adopted the theme, but adapted it to say:

It's time...for religious leaders, parliamentarians and legislators to lead the fight to end TB in South Africa

On World TB Day (Sunday, 24 March 2019), South Africa’s Minister of Health, Dr Aaron Motsoaledi, together with the National Assembly Speaker, Ms Baleka Mbete, Anglican Archbishop, Thabo Makgoba, our CEO, Prof. Harry Hausler, SANAC CEO, Dr Sandile Buthelezi, and other faith-based leaders, parliamentarians, civil society and TB ambassadors gathered at St George’s Cathedral in Cape Town for a special service to remember and honour those affected by TB.

TB HIV Care, in conjunction with the national and provincial Department of Health, SANAC and St George’s Cathedral, lit up the cathedral in red as a symbol of this year’s campaign – and in recognition of the role faith-based leaders can play in South Africa’s fight against TB.

TB HIV Care was also honoured to be involved in the national World TB Day commemoration, which took place in Mdantsane in the Eastern Cape on Thursday, 28 March. Simphiwe Sandlana (TB HIV Care’s Stakeholder Manager), Amanda Fononda (Acting Correctional Services Manager) and Luzuko Tosh (HIV Prevention Regional Manager) were involved in the planning, Prof Harry Hausler (CEO) and Sandile Prusente (Care & Treatment Manager) attended as VIPs, and TB HIV Care’s teams provided HTS on the day.

St Georges Cathedral in Cape Town is lit in red as part of the Stop TB Partnership's World TB Day campaign to light up the world to end TB and the national campaign to involve faith-based leaders and parliamentarians in the response to TB.
Luzuko Tosh (Regional Manager) and Harry Hausler (CEO) support the ‘It’s time’ theme at the national World TB Day event in Mdantsane, Eastern Cape.
**Western Cape**

1. **Cape Metro**
   - Support Services: 78
   - Correctional Services Programme: 26
   - Care and Treatment Programme: 2
   - HIV Counselling and Testing: 136
   - HIV Prevention: 386
   - Home and Community-Based Care: 85
   - Community-Oriented Primary Care: 21
   - Social Development Programme: 8
   - Research: 6
   - PWD Project: 16
   - Sex Worker Project: 15

2. **Cape Winelands**
   - Correctional Services Programme: 2

3. **Eden**
   - Correctional Services Programme: 1
   - VMMC (subcontracted to partners)

4. **Overberg**
   - VMMC (subcontracted to partners)

5. **Central Karoo**
   - VMMC (subcontracted to partners)

6. **West Coast**
   - HIV Prevention: 9
   - Staff Total: 791

**Eastern Cape**

7. **Alfred Nzo**
   - HIV Counselling and Testing: 15

8. **Amathole**
   - HIV Counselling and Testing: 28
   - Care and Treatment Programme: 152
   - Support Services: 2
   - Correctional Services Programme: 1

9. **Buffalo City**
   - HIV Counselling and Testing: 15
   - Care and Treatment Programme: 3
   - Support Services: 1
   - Correctional Services Programme: 1

10. **Chris Hani**
    - HIV Counselling and Testing: 23
    - Care and Treatment Programme: 101
    - Staff Total: 793

11. **Nelson Mandela Bay**
    - PWID Project: 5
    - VMMC (subcontracted to partners)

12. **Dr Kenneth Kaunda**
    - Sex Worker Project: 7

13. **Joe Gqabi**
    - Sex Worker Project: 9
    - Staff Total: 145

14. **Sarah Baartman**
    - VMMC (subcontracted to partners)

15. **Ehlanzeni**
    - Research: 17
    - PWID Project: 10
    - Sex Worker Project: 23

16. **Harry Gwala**
    - HIV Counselling and Testing: 3

17. **uMgungundlovu**
    - HIV Counselling and Testing: 8
    - HIV Prevention: 48
    - Sex Worker Project: 19
    - Correctional Services Programme: 11
    - Support Services: 2

18. **Uthukela**
    - HIV Prevention: 4
    - Staff Total: 145

**KwaZulu-Natal**

19. **Ehlanzeni**
    - Research: 2
    - Sex Worker Project: 2

20. **Gert Sibande**
    - Sex Worker Project: 6

21. **Nkangala**
    - Sex Worker Project: 5

22. **Dr Kenneth Kaunda**
    - Sex Worker Project: 7

23. **Ekurhuleni**
    - HIV Testing and Counselling: 17

24. **ZF Mgcawu**
    - HIV Counselling and Testing: 3

**North West**

- Staff Total: 1,558

**Northern Cape**

- Staff Total: 12

**Mpumalanga**

- Staff Total: 573
NINETY YEARS AGO, IN 1929, SOUTH AFRICA WAS A SELF-GOVERNING DOMINION OF THE BRITISH EMPIRE, watched films without sound, did not allow people to vote based on their race and sex, had never heard of HIV and had no cure for TB.

At that time, people relied on sunshine and confinement in sanatoria to treat TB. The Nelspoort Aftercare Committee (as TB HIV Care was then called) recognised that confining breadwinners for long periods was difficult for both them and their families. The committee supported families during the confinement and helped to find employment for TB patients after they were discharged.

This situation demonstrates two important aspects of addressing disease – the biomedical and the social. On the one hand, those admitted to sanatoria without any hope of a drug that could cure them would probably have been among the first to highlight the importance of biomedical solutions like drugs. We saw the havoc that can be wreaked by denying people access to treatment during the early 2000s when people living with HIV were refused access to antiretrovirals (ARVs). And we have seen the astonishing impact on South Africa, even resulting in an increase in overall life expectancy in the country, when ARVs were finally rolled out.

The impact of new TB drugs, such as Bedaquiline, is similar for people with drug-resistant TB. For them, the choice to take treatment or not was previously often a choice between deafness and death. Other biomedical solutions on the horizon, such as PrEP implants or long-acting injectable ARVs could likewise be game-changers for the HIV epidemic.

On the other hand, as the Nelspoort Aftercare Committee recognised 90 years ago, there are elements to care that go beyond the biomedical. If people need to earn money for food, or feel isolated from their families, taking treatment may be a low priority. Biomedical solutions can falter if they are not supported by a patient-centred model of care that accommodates the psychosocial reality and structural barriers facing people living with HIV or TB.

Many of these principles underpin the goal of universal health coverage (UHC) that was debated at a United Nations High Level Meeting on the 23rd September this year. UHC is the idea that all people have access to the healthcare they need, when they need it and without financial hardship. The South African version of UHC is National Health Insurance (NHI), which seeks to integrate the public and private healthcare systems in the country in order to provide access to health for all. With the NHI Bill having been tabled in parliament this year, we should see a lot of change in our healthcare landscape in the next few years.

The challenge for TB HIV Care in the next 90 years may well be how to handle this change. The challenge is to ensure that systems such as NHI provide all South Africans with access to critical, life-saving biomedical interventions while ensuring that we remain equally innovative in seeking new ways to deliver those interventions, including in terms of providing comprehensive social support and addressing structural barriers that keep people unhealthy. If we can meet those challenges, we will continue to be relevant in the future, we can continue to contribute to public health in our country, and TB HIV Care will continue to be a survivor.

LIONEL JANARI
CHAIRMAN OF THE BOARD
Marchers at the World AIDS Day event in Khayelitsha promote HIV prevention – which TB HIV Care supports through PREP, PEP, promoting and distributing condoms, VMMC, promoting adherence to ART, and structured programmes such as Stepping Stones, Man2Man, Families Matter and Healthy Choices.
Runners at the Red Lace Race—a fun run TB HIV Care aims to hold every year to promote positive, healthy living for World AIDS Day.

It is an honour to lead TB HIV Care as we complete our 90th year. I work with a team of people who are passionate, hard working, resilient and innovative.
allow plHiV to live a long and healthy life. that was the year i moved to south africa. in
we had a rapid test for HiV and highly active antretroviral therapy (ART) that would
diagnosis. it was a drug that prolonged but did not sustain life. Quite soon afterward,
only after their immune system was severely compromised to the point of an aids
the only medication for HiV was aZt, that was given to people living with HiV (plHiV)
and killing vibrant people in their youth. when i started practicing medicine in 1991,
the tb of the 21st century, accelerating the progression from tb infection to tb disease
immune systems and caused acquired immune deficiency syndrome (aids). HiV was
and 90% for these forms of tb, respectively. then came HiV that destroyed people's
better vaccine widely available, we have a molecular diagnostic test (genexpert) that
tb and it killed half of people who developed the disease. now, we still don't have a
put some killed bacilli into people to mount an immune response. and yet, the vaccine
there was a vaccine called bacille Calmette Guerin (bCG) named after the people who
and examining it under a light microscope with a stain that stuck to the fatty acids in
because there was no cure for it. There was a diagnostic that involved taking sputum
There was no human immunodeficiency virus (HiV) but tb was the HiV of the 20th century
we all strive to reach targets to prevent infections and ensure that people living with TB or HIV know if they are infected, have access to treatment and are successfully treated with anti-TB drugs or remain on antiretrovirals (ART) for life. These are not mechanical things. They allow us to empower communities to be healthy and free of HIV and TB. The response needs to be rooted in what individuals need with the support of families, households, friends, communities, society, civil society, the private sector and government, supported by the fact that health is a human right. It is a whole of society approach, leaving no one behind.

TB HIV Care was founded 90 years ago by people who cared for other people around them who had TB, a deadly and incurable infectious disease at that time. Then, there was no human immunodeficiency virus (HIV) but TB was the HIV of the 20th century because there was no cure for it. There was a diagnostic that involved taking sputum and examining it under a light microscope with a stain that stuck to the fatty acids in the cell wall and would not be washed away by acid – the acid fast bacilli (AFB); and there was a vaccine called Bacille Calmette Guerin (BCG) named after the people who put some killed bacilli into people to mount an immune response. And yet, the vaccine only protected against childhood TB. There were many people who became sick with TB and it killed half of people who developed the disease. Now, we still don’t have a better vaccine widely available, we have a molecular diagnostic test (GeneXpert) that will diagnose both TB and drug-resistant TB (DR-TB) in less than 2 hours and we have treatment for both drug-sensitive and drug-resistant TB that can achieve over 80% and 90% for these forms of TB, respectively. Then came HIV that destroyed people’s immune systems and caused acquired immune deficiency syndrome (AIDS). HIV was the TB of the 21st century, accelerating the progression from TB infection to TB disease and killing vibrant people in their youth. When I started practicing medicine in 1991, the only medication for HIV was AZT, that was given to people living with HIV (PLHIV) only after their immune system was severely compromised to the point of an AIDS diagnosis. It was a drug that prolonged but did not sustain life. Quite soon afterward, we had a rapid test for HIV and highly active antiretroviral therapy (ART) that would allow PLHIV to live a long and healthy life. That was the year I moved to South Africa. In South Africa, ART was unaffordable and people were becoming infected and dying at a rate that caused deaths of loved ones every day, funerals every weekend and made the cemeteries full. It was structural violence on a global scale. It took Nkosi Johnson, an 11-year-old with AIDS, on the stage of the Durban AIDS Conference in 2000 to challenge President Mbeki to request the government to provide AZT to prevent mother to child transmission of HIV. He died in 2001, but the world listened. The United States created the President’s Emergency Plan for AIDS Relief (PEPFAR) and the nations of the world came together to create the Global Fund to Fight AIDS, TB and Malaria.

It was in this context that I joined TB Care (at the time) in 2007 to help in the fight to prevent, find and treat HIV and TB. TB Care was a small community-based organisation that was one of the first civil society organisations to provide directly observed treatment for TB, in line with international recommendations. We changed the name to ‘TB HIV Care’ in 2008, recognising that TB and HIV are deadly twins and that, in the words of Nelson Mandela (uTata Madiba) at the International AIDS Conference in Bangkok in 2004, “We are all here because of our commitment to fighting AIDS. But we cannot win the battle against AIDS if we do not also fight TB. TB is too often a death sentence for people with AIDS.” We now have the opportunity to end both TB and HIV in our lifetimes and these are the goals that TB HIV Care is working towards.

It is an honour to lead TB HIV Care as we complete our 90th year. I work with a team of people who are passionate, hard working, resilient and innovative.

This year we have put a lot of work into bringing our strategic plan to life. We have put targets in place to measure our progress towards 2022 and achieving our vision of being a leader in empowering communities to be healthy and free of TB and HIV. This strategy is aligned to the globally endorsed sustainable development goals and provides us with the freedom to contribute towards these goals in a resolute way that contributes to the public good without being subject to the vagaries of an unpredictable funding landscape.

Our strategic objectives are well aligned with our current programmes - covering prevention, diagnosis, linkage to care and adherence.

There are exciting developments in the field of prevention for both TB and HIV. During the reporting period, our teams have helped 4 258 adolescent girls and young women and 1 435 sex workers initiate pre-exposure prophylaxis (PrEP) – a pill which, if taken daily, prevents HIV. The prevention of TB is being revitalised as we explore new regimens, such as 3HP, to eliminate latent TB.
I serve as the Chair of the TB Prevention Task Team of the National TB Think Tank and in that position had the opportunity to chair a meeting to develop new TB preventive therapy guidelines in December 2018 that should be adopted this year.

Our HIV testing services teams are still the first point of contact for many people learning their HIV status. Our HIV and TB case-finding efforts have been refined through the use of innovative methods such as index case trailing for HIV and digital chest X-rays used to diagnose TB in correctional centres. Chest X-rays provided a TB case yield of 1% in correctional centres versus the 0.5% found through screening using questions about symptoms.

It is our belief as TB HIV Care that community health workers (CHWs) will be the cornerstone of adherence to ensure that people remain on treatment. This year saw the important announcement that CHWs will at last be recognised with a full-time position, although still only reimbursed with minimum wage.

Our Care and Treatment Programme is dedicated to this idea of keeping people in care and has grown to be our largest programme, operating in three districts in the Eastern Cape. Another important component of keeping people in care is ensuring that their human rights are protected. In 2018, the Stop TB Partnership gave TB HIV Care the opportunity to lead a country-wide assessment of the barriers to TB services in terms of the legal environment; gender; and with respect to certain TB key populations in South Africa. This process highlighted some of the gaps in the implementation of South Africa’s generally excellent human rights policies.

TB HIV Care’s investment in the idea of capacity-building and quality was recognised this year when the organisation was accredited by the Quality Council for Trades and Occupations to provide two health qualification courses. One of our most recently awarded grants will use quality improvement to strengthen the health system with respect to TB services.

Research has the capacity to transform our services with new insights. TB HIV Care has therefore prioritised it and is involved in several important studies exploring new service delivery models, for example, targeted universal TB testing and working with traditional healers to provide HIV self-screening to communities.

We can only be effective if we have a strong organisational culture supported by efficient systems. TB HIV Care has therefore invested in technologies, such as Sharepoint, which will both streamline our processes and foster collaboration among staff.

Lastly, we are concerned with ensuring the sustainability and impact of our services. We hope to expand our footprint so that our services can be provided beyond the borders of South Africa. We are well positioned to meet this objective with TB HIV Care’s increasing recognition on the international stage.

In 2018, I was selected to serve on the World Health Organization’s Civil Society Task Force on TB, a group whose mandate is to ensure that community voices and actions are meaningfully reflected in WHO’s End TB response. It is critical that these opportunities are used to ensure that the global targets set at the United Nations High Level Meeting on TB in September 2018 are kept high on the agenda, and ultimately met.

The world has set its goals through the UNHLM and in the Sustainable Development Goals. TB HIV Care will work towards ensuring South Africa meets its national share of the UNHLM goals and those in its National Strategic Plan for HIV, TB and STIs (2017-2022). I am confident that our own internal goals, set out by our strategic plan, will both bolster these global efforts as well as guide our organisation into the future, so that we can continue to connect communities with care for another 90 years.

PROF. HARRY HAUSLER
CHIEF EXECUTIVE OFFICER
Teamwork: Prof Harry Hausler, CEO, shares a moment of advocacy with some of the KwaZulu-Natal THC team.
WE ARE 90! HAPPY ANNIVERSARY TB HIV CARE! The Zulu phrase, “Umntu ngumntu ngabantu”, reminds us that a person is a person through other people. How true of this organisation, founded in 1929. The organisation is able to reflect on the contributions of courageous stalwarts of leadership, public health, advocacy, medicine and activism, and the fruits of their endeavours and aspirations are celebrated in the 2019 annual report.

I like to believe the vision, mission and values seeded in those earlier pioneers still resonate today. Many aspects of life in 2019 contrast sharply with 1929. Today, through the aegis of over 30 international and national funders, the organisation has developed a footprint that extends across seven provinces and 20 districts. Very different from the humble beginnings of the city-based “Nelspoort After Care Committee” of Cape Town!

Our current TB HIV Care mission statement describes four principles. The first principle is a declaration to prevent TB, HIV and other major diseases. In 1929, TB was common. HIV was an unknown. Viral hepatitis, an infectious disease linked to our current key population (PWUD) work, discovered three decades later, has become an urgent intervention. Alarmingly, South Africa still carries the sobriquet of the third highest TB burden in the world. The development of multiple drug-resistant and extremely drug resistant TB was unforeseen and further frustrated efforts to curb TB. South Africa is at the epicentre of a global HIV epidemic. The organisation is scaling up HIV clinical services, especially in areas where we have become a provincial (Eastern Cape) and district support partner (Amathole, Chris Hani, OR Tambo). We are proud to collaborate with the National Department of Health in one of the largest antiretroviral therapy (ART) roll-outs the world has seen.

The second principle describes improved diagnosis, treatment, care and adherence support. A TB diagnosis in 1929 was often a death sentence. While in 1929 scientific advances were glacial, today TB HIV Care screens for TB in correctional centres, communities and public health facilities. Drug regimens have evolved to offer child-friendly TB treatment (which we will hopefully see in South Africa soon), with increasingly rapid “genome” diagnosis and targeted universal TB testing (TUTT).

The entire lexicon around patient-centred care now shifts annually. Nowhere is this truer than the fast-paced developments linked to our HIV work. The initiatives currently underway include index case testing (ICT); proficiency testing (PT); retention in care via external pick-up-points (ePUPs); adherence clubs for patients on ART; reducing loss to follow up (uLTFU); improving total remaining on ART (TROA); HIV self-screening in the traditional sector; undetectable equals untransmittable (U=U), the Ideal Clinic Initiative (ICI), Treatment and Retention Activation Plan (TRAP), RT-CQI and the HIV self-testing Africa initiative (STAR).

The third principle underpinning THC’s mission statement is the commitment to build the capacity of individuals and organisations to provide optimal health care. In his speech circa 1929 President Roosevelt referred to a man in the arena:
Dr Gareth Lowndes addresses delegates at the SA Drug Policy Week 2018.
“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement”.

The success of 2019 is a direct correlation to the individuals who show an unwavering commitment to TB HIV Care. As part of our commitment to health system strengthening, TB HIV Care actively supports clinical and non-clinical training, learnerships, community training, interns, international visitors and over twenty community-based organisations.

TB HIV Care has adopted a renewed focus linked to the fourth principle, that of operational research, monitoring and evaluation (M&E) to improve health care. TB HIV Care has embraced the digital information era, while supporting health system strengthening and national priorities, for example, the synchronised national communication in health (SyNCH) and health management information systems (HMIS). TB HIV Care values data. CareView is a sophisticated in-house monitoring and evaluation dashboard where programme data can be visualised. This year, CareView is able to receive real-time data uploads from tablets used by our field based HAST counsellors. Based on this live data, programmes can optimise operations based on client demographics, geography, HIV yield, the number of tests performed per day and peak periods. PEPFAR would describe this approach as doing the right thing, in the right place and at the right time as a focus for impact.

TB HIV Care has stood the test of time. The challenges facing South Africa in 2019 appear as intractable as a cure for TB did in 1929. However, with the spirit of our founders, and the commitment of our staff who strive valiantly and dare greatly, we can and must prevail.

**DR GARETH LOWNDES**

CHIEF OPERATING OFFICER
Gareth Lowndes (COO) shows off the tools of his 'trade for the day' while working on the Site B Youth Hub, Khayelitsha, for Mandela Day.
World AIDS Day 2017, Cape Town Station.

Promoting PrEP – the pill that if taken daily, prevents the acquisition of HIV – at an outreach in Umgungundlovu District.
PROGRESS REPORT

FOUNDED IN CAPE TOWN IN 1929 TO PROVIDE TB PATIENTS AND THEIR FAMILIES WITH SOCIAL SUPPORT, TB HIV CARE CELEBRATES ITS 90TH BIRTHDAY IN 2019. It is a significant anniversary – and a reflection of both our growth and ongoing commitment to quality healthcare services in South Africa.

The past year (01 April 2018 – 31 March 2019) has been a busy one. There were new projects (for example, the informal settlements project in the Eastern Cape); grant close-outs (with the Correctional Services Programme drawing to an end in March 2019); exciting opportunities (such as The Eastern Cape Community Collaborative Cancer Initiative); massive efforts (including the Siyenza campaign); and milestone moments (both the establishment of the SA TB Caucus and TB HIV Care’s presence at the first-ever UN High Level Meeting on TB in New York).

Through it all, we have continued to ensure that healthcare services are as accessible as possible (taking prevention, testing and treatment right into people’s homes and communities); that we support at risk populations with empathetic, non-judgmental care; that we use research and evidence-based interventions to make a real impact; and that we continue to empower people and advocate for change. TB HIV Care’s diverse, committed and extraordinary team around the country has one goal: to connect communities to care.

1. HIV PREVENTION PROGRAMME

THE HIV PREVENTION PROGRAMME PROVIDES COMPREHENSIVE COMBINATION HIV PREVENTION SERVICES, including condom distribution and structural programmes aimed at changing high-risk sexual behaviour, in five provinces and nine districts across South Africa. During this reporting period, the HIV Prevention Programme also focused on initiatives such as index testing, HIV self-screening (HIV-ss) and the continued rollout of pre-exposure prophylaxis (PrEP).

1.1 HIV counselling & testing services – under the Centers for Disease Control and Prevention (CDC)

SINCE 2007, THC HAS PROVIDED INTEGRATED TB/HIV/STI PREVENTION AND SUPPORT SERVICES. Mobile teams offer HIV testing services (HTS) in a community setting, while other staff support public health facilities. The community package of services includes HTS, screening for TB, STIs and non-communicable diseases (hypertension and diabetes), as well as sexual and reproductive health support and condom distribution.

HTS is provided according to South Africa’s HTS policy guidelines and the national guidelines for assuring the accuracy and reliability of HIV rapid testing. All staff receive refresher training to ensure compliance with the
national guidelines. The HTS teams provide streamlined counselling using the ACTS model of counselling, i.e. ‘advise, consent, test and support’. All HTS services include age and sex appropriate pre-test information and counselling, post-test risk reduction counselling and linkage to prevention, care and treatment services based on sero-status.

TB HIV Care’s HTS teams continue to focus on densely populated areas and areas with a high prevalence of HIV. This is in response to the first 90-90-90 target which aims to find 90% of all people living with HIV (PLHIV). HTS teams move door-to-door offering HTS to communities in areas of high prevalence. This is in addition to provider initiated testing and counselling (PITC) in healthcare facilities.

There is an increased focus on the index testing modality, whereby clients who test positive are identified as index cases, and follow-up is done to offer counselling and testing to their sexual networks and biological children (under 15 years of age). During the reporting period, index testing was provided to 18 115 people of whom 3 359 (19%) were HIV positive, demonstrating that this modality can yield high rates of HIV positivity.

This strategic mix of models is designed to reach different target groups (including people who know their status and need to be reintroduced to care) and ensure that individuals, couples/partners and families learn their HIV status, with a particular emphasis on identifying HIV-positive individuals and sero-discordant couples.

During this period, THC was the prime recipient for a PEPFAR grant, administered through the Centers for Disease Control and Prevention (CDC) with CareWorks, Society for Family Health (SFH) and Boithuto Lesedi as partners. The TB HIV Care-led Consortium reached 262 454 individuals with HTS (Figure 1).
<table>
<thead>
<tr>
<th>Districts</th>
<th>Tested</th>
<th>HIV+</th>
<th>% HIV+</th>
<th>Initiated on ART</th>
<th>% Initiated on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Nzo District Municipality</td>
<td>23 602</td>
<td>2 545</td>
<td>11%</td>
<td>1 810</td>
<td>71%</td>
</tr>
<tr>
<td>Amathole District Municipality</td>
<td>23 816</td>
<td>1 053</td>
<td>4%</td>
<td>630</td>
<td>60%</td>
</tr>
<tr>
<td>Chris Hani District Municipality</td>
<td>28 126</td>
<td>1 496</td>
<td>5%</td>
<td>1 054</td>
<td>70%</td>
</tr>
<tr>
<td>Oliver Tambo District Municipality</td>
<td>41 875</td>
<td>4 223</td>
<td>10%</td>
<td>2 815</td>
<td>67%</td>
</tr>
<tr>
<td>Lejweleputswa District Municipality</td>
<td>4 936</td>
<td>261</td>
<td>5%</td>
<td>178</td>
<td>68%</td>
</tr>
<tr>
<td>Thabo Mofutsanyane District Municipality</td>
<td>7 488</td>
<td>540</td>
<td>7%</td>
<td>440</td>
<td>81%</td>
</tr>
<tr>
<td>uMgungundlovu District Municipality</td>
<td>17 987</td>
<td>570</td>
<td>3%</td>
<td>507</td>
<td>89%</td>
</tr>
<tr>
<td>Uthukela District Municipality</td>
<td>7 718</td>
<td>460</td>
<td>6%</td>
<td>419</td>
<td>91%</td>
</tr>
<tr>
<td>Nkangala District Municipality</td>
<td>29 106</td>
<td>1 616</td>
<td>6%</td>
<td>1 073</td>
<td>66%</td>
</tr>
<tr>
<td>City of Cape Town Metropolitan Municipality</td>
<td>77 800</td>
<td>3 714</td>
<td>5%</td>
<td>3 011</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>262 454</strong></td>
<td><strong>16 478</strong></td>
<td><strong>6%</strong></td>
<td><strong>11 937</strong></td>
<td><strong>72%</strong></td>
</tr>
</tbody>
</table>
**HIV Self-Screening**

HIV self-screening (HIV-SS) is a modality whereby an individual can collect their own specimen (oral swab), perform an HIV test and interpret the results without the need for outside assistance. This creates an autonomous and more private route to knowing your status. In other words, HIV-SS provides an opportunity for individuals to screen themselves in their own time.

THC is working in partnership with SFH on the HIV Self-Testing Africa (STAR) initiative in three districts in the Eastern Cape. Approval for the project was received at both provincial and district level, and roll out began in November 2018.

The STAR project is being used as a demand creation strategy for the National Screening Campaign and it targets men and high-risk populations (e.g. adolescent girls and young women (AGYW)). Strategies are in place to involve facility-based clients in order to reach their networks. A total of 6 608 HIV-SS kits were distributed during this reporting period, with 11 results confirmed as positive through confirmatory testing.
A team in Ekurhuleni provides HIV testing services and information on PEP at an outreach.
Targeting men at their places of work is an important strategy to access this often hard-to-reach group.

Quality improvement helps teams, such as this one in East London, identify the root cause of particular challenges and brainstorm potential solutions.
1.2 Quality Assurance

TB HIV Care supports all staff conducting HIV rapid testing with refresher training and ongoing technical support (from mentors and nurses) to ensure they adhere to quality testing and accurate reporting.

Quality is monitored by performance of weekly HIV rapid test quality control (QC) processes conducted by each testing team, as well as enrolment onto the HIV rapid test proficiency testing (PT) scheme via the National Health Laboratory Service (NHLS). Outcomes are monitored and corrective action taken when necessary.

THC’s consortium partner, SEAD, supported all testing teams by conducting the stepwise process for improvement of rapid testing (SPI-RT) baseline and follow up assessments (including technical assistance), as a means of ongoing improvement of HIV rapid testing processes. This included training on rapid test quality improvement (RT-CQI) concepts.

All partners have adopted the RT-CQI concept as the basis for managing quality testing processes.

1.3 HIV Prevention in Priority Populations (PP Prev)

THC serves as the prime recipient for a CDC grant for the PP Prev programme, with Community Media Trust as grant partner. The indicators for the PP Prev programme include behavioural and structural interventions, which provide standardised information to both individuals and small groups on HIV prevention. Themes include risk reduction (of HIV transmission), delay of sexual debut for AGYW and young men, prevention of gender-based violence, and correct and consistent condom use. There are currently five structural programmes being implemented: Stepping Stones, Families Matter, Man2Man and Healthy Choices I and II.

The table below provides a breakdown by district and performance for the reporting period. A total of 68 257 individuals was reached. The tables below provide the performance per partner and district from 01 April 2018 to 31 March 2019.

**TABLE 2: PP PREV PROGRESS PER DISTRICT AND INTERVENTION TYPE (APRIL 2018 - MARCH 2019)**

<table>
<thead>
<tr>
<th>District</th>
<th>Stepping Stones</th>
<th>Family Matters</th>
<th>Man2Man</th>
<th>Healthy choices I</th>
<th>Healthy choices II</th>
<th>Risk reduction</th>
<th>Total reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Johannesburg</td>
<td>665</td>
<td>378</td>
<td>697</td>
<td>946</td>
<td>2 686</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Municipality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Tshwane</td>
<td>2 113</td>
<td>957</td>
<td>2 198</td>
<td>888</td>
<td>1 511</td>
<td>12 978</td>
<td>20 645</td>
</tr>
<tr>
<td>Metropolitan Municipality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uMgungundlovu District Municipality</td>
<td>3 151</td>
<td>1 573</td>
<td>3 286</td>
<td>1 641</td>
<td>1 751</td>
<td>12 430</td>
<td>23 832</td>
</tr>
<tr>
<td>City of Cape Town</td>
<td>3 459</td>
<td>1 146</td>
<td>2 751</td>
<td>2 021</td>
<td>977</td>
<td>10 740</td>
<td>21 094</td>
</tr>
<tr>
<td>Metropolitan Municipality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9 388</td>
<td>4 054</td>
<td>8 932</td>
<td>4 550</td>
<td>4 239</td>
<td>37 094</td>
<td>68 257</td>
</tr>
</tbody>
</table>
Below is an outline of the three structural programmes implemented by the THC-led Consortium during the reporting period.

**A. Families Matter:**

Families Matter is an evidence-based intervention which trains parents and guardians of pre-adolescents (aged 9-12) to develop proactive and protective parenting practices in order to reduce sexual risk among adolescents. This age group has been identified as a critical group to target with regards to education on sexual health and behaviour.

The programme empowers parents to create a platform for open communication around sexuality – and helps foster trust between parent/guardian and child. Parents who participate in the Families Matter workshops are required to attend five weekly sessions, as well as a follow-up session, which takes place 6-18 months after training in order to reinforce key messages and discuss experiences.

**B. Stepping Stones:**

Stepping Stones is an evidence-based intervention for behavioural change in adolescent girls and young women (AGYW) aged 12-24 years, and their male sexual partners of the same age group.

The workshop series is designed to promote sexual health, improve psychological well-being and improve relationships.
between young girls and young males. The programme consists of 11 sessions (approximately one hour long) and is conducted with groups of approximately 20 participants. The session topics cover communication, gender stereotypes, sex and love, conception and contraception, HIV, safer sex, gender violence and assertiveness.

C. Man 2 Man:

Man 2 Man is a four-session programme based on the Stepping Stones curriculum. It was developed in response to the need for a male-only structural programme and includes sessions on correct and consistent condom use, voluntary medical male circumcision (VMMC), HTS and gender-based violence.

D. Healthy Choices I and II

Healthy Choices is a community-based intervention to help adolescents with the skills, confidence and knowledge to reduce their risk of unplanned pregnancy and sexually transmitted infections (STIs), including HIV. The programme is delivered in two different packages:

- Healthy Choices I – aimed at school going adolescents aged 10 to 14
- Healthy Choices II - aimed at adolescents aged 13 to 17 years

Each package has seven modules, which take about one hour and focus on raising participants’ awareness about the sexual risks they face, improving their sexual safety by identifying risky settings and enhancing their communication and negotiation skills. Each group includes up to 20 children and is led by trained facilitators. The sessions are designed to be fun, interesting and encourage active participation.

1.4 Pre-exposure prophylaxis (PrEP)

Oral PrEP activities are implemented in three provinces: The Western Cape (Cape Town Metro), KZN (uMgungundlovu) and Gauteng (Ekurhuleni) – all high HIV prevalence areas for AGYW.

TB HIV Care is implementing a community-based, combination HIV prevention, mobile model that was developed in close collaboration with adolescent girls and young women.

TB HIV Care started with PrEP in May 2018 and 4 258 individuals were initiated on PrEP up to March 2019.

1.5 Facility-based HAST counsellors

TB HIV Care employs 96 HAST counsellors based at 51 facilities in five sub-structures in the City of Cape Town Metropolitan Municipality. Counsellors conduct health talks in waiting areas to encourage HIV testing and STI and TB screening, as well as adherence to treatment. Counsellors also work closely with health facility staff to start and run ART clubs. Some counsellors conduct outreaches to reach clients who do not attend healthcare facilities.

Counsellors provide condom demonstrations, as well as distributing condoms and emphasising the importance of correct and consistent condom use. At some facilities, counsellors have been conducting group counselling for teenagers around HIV, STIs, TB and family planning, as well as providing screening and testing. Counsellors also provide counselling sessions for clients starting on TB treatment and adherence counselling for those already on treatment.

A total of 142 267 clients were tested for HIV by THC facility-based counsellors in the Cape Metro during the April 2018 to March 2019 period. Four percent (5 799) of all clients tested positive for HIV, of which 5 264 (91%) were successfully initiated on ART. The following table represents the figures for the period:

<table>
<thead>
<tr>
<th>Districts</th>
<th>PrEP initiations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ekurhuleni Metropolitan Municipality</td>
<td>1 046</td>
</tr>
<tr>
<td>uMgungundlovu District Municipality</td>
<td>2 219</td>
</tr>
<tr>
<td>City of Cape Town Metropolitan Municipality</td>
<td>993</td>
</tr>
<tr>
<td>Total</td>
<td>4 258</td>
</tr>
</tbody>
</table>

TABLE 3: PREP PROGRESS PER DISTRICT (APRIL 2018 - MARCH 2019)
Socio-economic conditions such as extreme poverty, unemployment, migration and gang violence, as well as environmental factors such as cold, rainy and windy weather continue to affect both the work of the counsellors and clients’ adherence to treatment. Despite these challenges, the HAST counselling team remains a committed team who provide high quality, patient-centred services in the Cape Metro.

Under CDC, facility-based HIV counselling is also supported in the Eastern Cape. Amathole was supported for the duration of the reporting period whereas the support for Chris Hani and OR Tambo began in October 2018. This explains the greater number tested in Amathole, as per Table 4. In this province, 570,614 people were tested for HIV, with 26,482 (5%) testing positive and 24,497 (93%) successfully initiated on ART.

### 1.6 iKapa Cares Initiative

The iKapa Cares initiative is a public-private partnership between the Western Cape Department of Health Business Development Unit, CareWorks, CDC South Africa and select private sector retail pharmacies in the City of Cape Town.

iKapa Cares aims to expand the uptake of HIV testing services, by offering affordable, high-quality HTS at select private retail pharmacies in the Cape Metro Municipality (Cape Town), using DOH HIV test devices.

### 1.7 NDOH HTS

Through the National Department of Health (NDOH) NGO funding unit, THC aims to provide services that support the national goal to increase life expectancy and decrease the burden of TB and HIV by strengthening the health system and increasing access to TB and HIV prevention, diagnosis, treatment and care.

The objectives are:

1. To intensify social mobilisation to generate demand for and access to HIV testing and counselling (HTC) services linked with screening for TB and sexually transmitted infections (STIs), condom promotion and distribution and referrals for voluntary medical male circumcision (VMMC) and the expanded package of care, including screening for hypertension and diabetes.

2. Linkage to care for HIV positive individuals and clients with symptoms of TB or STIs.

The activities are implemented in ZF Mgcawu District (formerly Siyanda) in the Northern Cape and Harry Gwala District (formerly Sisonke) in KwaZulu-Natal.

<table>
<thead>
<tr>
<th>Sub-structure</th>
<th>Tested</th>
<th>HIV+</th>
<th>% Yield on ART</th>
<th>Initiated on ART</th>
<th>% Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>10,547</td>
<td>239</td>
<td>2%</td>
<td>206</td>
<td>86%</td>
</tr>
<tr>
<td>Western</td>
<td>31,848</td>
<td>1,212</td>
<td>4%</td>
<td>986</td>
<td>81%</td>
</tr>
<tr>
<td>Southern</td>
<td>41,344</td>
<td>720</td>
<td>2%</td>
<td>677</td>
<td>94%</td>
</tr>
<tr>
<td>Klipfontein/ Mitchells Plain</td>
<td>19,472</td>
<td>2,026</td>
<td>10%</td>
<td>1,878</td>
<td>93%</td>
</tr>
<tr>
<td>Khayelitsha</td>
<td>39,056</td>
<td>1,602</td>
<td>4%</td>
<td>1,517</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>142,267</td>
<td>5,799</td>
<td>4%</td>
<td>5,264</td>
<td>91%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-district</th>
<th>Tested</th>
<th>HIV+</th>
<th>% Yield</th>
<th>Initiated on ART</th>
<th>% Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amathole</td>
<td>350,746</td>
<td>10,951</td>
<td>3%</td>
<td>10,199</td>
<td>93%</td>
</tr>
<tr>
<td>Chris Hani</td>
<td>89,834</td>
<td>4,694</td>
<td>5%</td>
<td>4,627</td>
<td>96%</td>
</tr>
<tr>
<td>OR Tambo</td>
<td>130,034</td>
<td>10,837</td>
<td>8%</td>
<td>9,671</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>570,614</td>
<td>26,482</td>
<td>5%</td>
<td>24,497</td>
<td>93%</td>
</tr>
</tbody>
</table>

All data generated at these retail pharmacies is provided to the Western Cape DOH, to ensure that HTS statistics are included in the District Health Information System. During this period, 914 tests were conducted at 24 pharmacies. Nineteen clients tested positive, amounting to a 2% HIV+ yield.

<table>
<thead>
<tr>
<th>Sub-district</th>
<th>Tested</th>
<th>HIV+</th>
<th>% Yield</th>
<th>Initiated on ART</th>
<th>% Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amathole</td>
<td>350,746</td>
<td>10,951</td>
<td>3%</td>
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<td>93%</td>
</tr>
<tr>
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</tr>
<tr>
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<tr>
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<td>570,614</td>
<td>26,482</td>
<td>5%</td>
<td>24,497</td>
<td>93%</td>
</tr>
</tbody>
</table>
2. VOLUNTARY MEDICAL MALE CIRCUMCISION

DURING THIS PERIOD, THE CONSORTIUM VMMC PROGRAMME, LED BY THC SINCE 01 OCTOBER 2016, WAS DISSOLVED and three new primes (Right to Care, JHPIEGO and SFH) were appointed. Over the last six months (Q3 and Q4), THC carefully navigated an exit strategy linked to nine CDC districts. However a new VMMC programme, funded through the National Treasury started on 01 April 2018.

2.1 CDC-funded consortium VMMC programme

The CDC-funded VMMC programme was dismantled through a six-month phased approach. In Phase 1, April – June 2018, 85 VMMC sites were transitioned to the new primes. Change management conversations took place with all THC staff associated with the programme, as well as with district DOH representatives. During Phase 2, July – September 2018, THC provided a limited facility-based service, and supported some traditional male initiation camps via a no-cost extension.

During Phase 2, sub-partners (URC, JPSA, CHAPS) together with a THC team (Harry Gwala) were able to contribute towards the VMMC target. By 30 September 2018, THC had successfully completed a phased exit strategy and handed over assets. Despite the transition, THC achieved 77% (44 265 of 57 312) of the target 1. See Table 7 above.

---

Table 7: NDOH HTS
APRIL 2018 – MARCH 2019

<table>
<thead>
<tr>
<th>Districts</th>
<th>Tested</th>
<th>HIV+ target</th>
<th>% HIV+ on ART</th>
<th>Initiated on ART</th>
<th>% Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZF Mgawu</td>
<td>2 061</td>
<td>42</td>
<td>2%</td>
<td>42</td>
<td>100%</td>
</tr>
<tr>
<td>Harry Gwala</td>
<td>2 254</td>
<td>52</td>
<td>2%</td>
<td>35</td>
<td>67%</td>
</tr>
<tr>
<td>Total</td>
<td>4 315</td>
<td>94</td>
<td>2%</td>
<td>77</td>
<td>82%</td>
</tr>
</tbody>
</table>

---

Table 8: VMMC UNDER CDC PER PARTNER
(APRIL 2018 - SEPTEMBER 2018)

<table>
<thead>
<tr>
<th>Partner</th>
<th>Number circumcised</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAPS</td>
<td>1 474</td>
</tr>
<tr>
<td>TB HIV Care</td>
<td>22 206</td>
</tr>
<tr>
<td>Total</td>
<td>23 680</td>
</tr>
</tbody>
</table>

---

1. Table 8 reflects only a portion of the period related to the COP17 target
2. This is not the full COP17 period but the portion that relates to the financial year reflected in this annual report
Teams maintained a close relationship with the DOH and conducted procedures in DOH facilities through roving teams, as well as through fixed sites operated by partners.

### 2.2 RT-35 National Treasury VMMC

THC continues to offer VMMC, funded by The National Treasury (RT-35), as part of its HIV prevention package. THC implements the VMMC programme under the National Department of Health and covers six districts (see table below).

An additional district was added under the Aurum Institute (West Coast), where THC operates as a sub-partner.

In October 2018, TB HIV Care reviewed the funding

---

**Table 8: VMMC Under CDC Per District (April 2018 - September 2018)**

<table>
<thead>
<tr>
<th>District</th>
<th>Number circumcised</th>
<th>14 day follow up</th>
<th>% 14 day follow up</th>
<th># severe adverse events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Nzo District Municipality</td>
<td>2,690</td>
<td>2,502</td>
<td>93%</td>
<td>0</td>
</tr>
<tr>
<td>Amathole District Municipality</td>
<td>67</td>
<td>67</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>Buffalo City Metropolitan Municipality</td>
<td>346</td>
<td>346</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>Chris Hani District Municipality</td>
<td>115</td>
<td>115</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>Oliver Tambo District Municipality</td>
<td>1,474</td>
<td>631</td>
<td>43%</td>
<td>0</td>
</tr>
<tr>
<td>Thabo Mofutsanyana</td>
<td>1,474</td>
<td>631</td>
<td>43%</td>
<td>0</td>
</tr>
<tr>
<td>eThekwini Metropolitan Municipality</td>
<td>5,541</td>
<td>4,540</td>
<td>82%</td>
<td>0</td>
</tr>
<tr>
<td>Harry Gwala District Municipality</td>
<td>3,806</td>
<td>2,716</td>
<td>71%</td>
<td>0</td>
</tr>
<tr>
<td>City of Cape Town Metropolitan Municipality</td>
<td>1,183</td>
<td>848</td>
<td>72%</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>23,680</strong></td>
<td><strong>20,050</strong></td>
<td><strong>85%</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

---

**Table 9: VMMC Progress Under NDoH Per District (April 2018 - March 2019)**

<table>
<thead>
<tr>
<th>District</th>
<th>Number circumcised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden</td>
<td>1,353</td>
</tr>
<tr>
<td>Central Karoo</td>
<td>329</td>
</tr>
<tr>
<td>Overberg</td>
<td>1,034</td>
</tr>
<tr>
<td>West Coast</td>
<td>851</td>
</tr>
<tr>
<td>Joe Gqabi</td>
<td>954</td>
</tr>
<tr>
<td>Nelson Mandela Bay</td>
<td>2,899</td>
</tr>
<tr>
<td>Sarah Baartman</td>
<td>1,265</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,685</strong></td>
</tr>
</tbody>
</table>

---

3. This is not the full COP17 period but the portion that relates to the financial year reflected in this annual report.
model for VMMC service delivery. High travel costs and poor VMMC uptake made the previous model unsustainable. A revised fee-for-service model, with a prescribed reimbursement level was linked to staff levels. A consultation period with intensive ‘change management’ sessions was concluded by December 2018. The revised model was introduced in January 2019 and demonstrated greatly increased efficiency (Figure 5).

In February 2019, the Eastern Cape Department of Health issued a memorandum restricting VMMC services to DOH facilities. A moratorium was placed on circumcision and demand creation activities in schools and within communities historically associated with traditional male initiation (TMI). Initially this development negatively impacted the RT-35 programme, however, dialogue with local districts helped to augment demand creation.

### 3. NDOH GLOBAL FUND TB PROGRAMME

**THC IS A SUB-SUB-RECIPIENT (SSR) TO THE NATIONAL DEPARTMENT OF HEALTH (NDOH) PROGRAMME MANAGEMENT UNIT (PMU) AND GLOBAL FUND (GF) THROUGH A SERVICE LEVEL AGREEMENT.** Two (3-year) phases: October 2013 - March 2016 and April 2016 - March 2019 are included in this reporting period. The final year (2018-2019) included both the Correctional Services and Informal Settlements (IS) programmes.

#### 3.1 Correctional Services Programme

Within the Correctional Services Programme, THC was responsible for the following output indicators (OIs):

1. Percentage of inmates provided with a comprehensive TB/HIV and STI prevention package (CPP) in Correctional Centres
2. Percentage of inmates diagnosed with TB and started on TB treatment in Correctional Centres
3. Number of inmates screened for TB using X-rays (all MAs Y1/Y2; five priority MAs from Y3)

During year one and two (phase two), THC’s Correctional Services Programme operated in 95 correctional centres across 18 Management Areas (MAs) in the Western Cape, Eastern Cape and KwaZulu-Natal. In year three, THC reduced support to five priority MAs and provided a comprehensive prevention package to those MAs.

#### 3.2 Comprehensive Prevention Package in Correctional Services (Global Fund/NDOH)

During the past year (April 2018 - March 2019), THC successfully rolled out a comprehensive prevention package (CPP) across five priority management areas (Pollsmoor, Allandale, Mthatha, Pietermaritzburg and St. Albans). The introduction of the CPP tool in the Department of Correctional Services (DCS) has strengthened data recording and screening of inmates.

The programme delivered the CPP to 65,783 inmates, exceeding the target of 22,439. In order to count as having received a successful CPP intervention, an individual needed to be screened for HIV, TB and STIs. Since some individuals chose to be screened for only...
certain diseases, the numbers for screening are higher than the total number reached by CPP. Data was collected from all health service points; this included admissions, PHC, bi-annual screening and on release. The table below outlines the performance from April 2018 to March 2019.

<table>
<thead>
<tr>
<th>CPP Pillar</th>
<th>Data Element</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB</td>
<td>Number of clients screened for TB</td>
<td>155 984</td>
</tr>
<tr>
<td>TB</td>
<td>Number of clients with presumptive TB</td>
<td>9 494</td>
</tr>
<tr>
<td>TB</td>
<td>Number of clients tested TB positive</td>
<td>706</td>
</tr>
<tr>
<td>TB</td>
<td>Percentage TB positivity rate (# diagnosed/ GXP)</td>
<td>7%</td>
</tr>
<tr>
<td>TB</td>
<td>Number of TB diagnosed clients initiated on TB treatment</td>
<td>658</td>
</tr>
<tr>
<td>TB</td>
<td>Percentage clients diagnosed with TB who started on treatment</td>
<td>93%</td>
</tr>
<tr>
<td>TB</td>
<td>Percentage TB screening yield (# diagnosed/ screened)</td>
<td>0.5%</td>
</tr>
<tr>
<td>HIV</td>
<td>Number of clients given HIV pre-test information</td>
<td>76 176</td>
</tr>
<tr>
<td>HIV</td>
<td>Number of clients tested for HIV</td>
<td>31 049</td>
</tr>
<tr>
<td>HIV</td>
<td>Number of clients tested HIV positive</td>
<td>1 510</td>
</tr>
<tr>
<td>HIV</td>
<td>Percentage HIV positivity rate (diagnosed/tested)</td>
<td>5%</td>
</tr>
<tr>
<td>HIV</td>
<td>Number of HIV positive clients initiated on ART</td>
<td>901</td>
</tr>
<tr>
<td>HIV</td>
<td>Percentage initiated on ART</td>
<td>60%</td>
</tr>
<tr>
<td>HIV</td>
<td>Percentage HIV screening yield (positive/screened)</td>
<td>2%</td>
</tr>
<tr>
<td>STI</td>
<td>Number of clients screened for STI</td>
<td>87 344</td>
</tr>
<tr>
<td>STI</td>
<td>Number of clients STI symptomatic</td>
<td>585</td>
</tr>
<tr>
<td>STI</td>
<td>Number of clients referred for STI management</td>
<td>590</td>
</tr>
<tr>
<td>STI</td>
<td>Percentage STI screening yield</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

THC screened 155 984 inmates for TB and 9 494 were found to be presumptive for TB. Of the total, 706 tested positive for TB and 658 were initiated on treatment, which is 93% and in keeping with the UNAIDS 90-90-90 strategy.
TB case finding has improved using chest X-ray (CXR) mobile screening, most notably, where inmates are asymptomatic and present with a high CAD4TB score. These inmates may have been missed if they were not screened using CXR.

THC provided pre-test HIV information to 76 176 clients: 15 639 were known HIV positive clients, 31 049 were tested for HIV and 1 510 clients were identified as HIV positive (5% yield). 901 (60%) were initiated on HIV treatment. This is far short of UNAIDS’ 90-90-90 goals and has been identified as an urgent area for improvement. THC has engaged with DCS around involvement on NIMART training and certification for DCS nurses to provide universal test and treat for inmates.

THC screened 87 544 inmates for STIs; 585 clients were symptomatic and 590 clients (101%) were referred for STI management (the additional five inmates were from Pollsmoor MA and were treated for STIs at PHC).

THC hosted constructive and collaborative transition meetings with all the five PMAs. The platform created an ideal opportunity to summarise progress and identify avenues for the continuation of direct service delivery. The grant galvanised a solid working relationship between the DCS, DOH and TB HIV Care.
3.3 Comprehensive Prevention Package in Informal Settlements (Global Fund/NDOH)

In December 2017, THC received an additional grant for an Informal Settlements Programme. This grant was implemented on behalf of the National Religious Association for Social Development (NRASD). The programme, based in Buffalo City Metropolitan Municipality (BCMM), served three informal settlements: Duncan Village, Dimbaza and Reeston.

THC was responsible for two OIs for the IS Programme:

1. Percentage of clients provided with a comprehensive TB/HIV and STI prevention package in informal settlements (IS)
2. Percentage of clients diagnosed with TB and started on TB treatment in informal settlements

The project was scheduled to start in April 2019, but was delayed, in part, by community and facility negotiations. A comprehensive prevention package (TB/HIV/STI) of activities was rolled out within three BCMM informal settlements from July 2018. The project piloted the CPP tool by tracing close and household contacts of TB index cases in Dimbaza, Duncan Village and Reeston. The programme provided the CPP to 14305 clients.

### Table 13: Informal Settlement TB Cascade July 2018 – Mar 2019

<table>
<thead>
<tr>
<th>CPP Pillars</th>
<th>Service</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB</td>
<td>No. of clients already on TB treatment</td>
<td>230</td>
</tr>
<tr>
<td></td>
<td>No. of clients Screened for TB</td>
<td>15360</td>
</tr>
<tr>
<td></td>
<td>No. of Clients Presumptive of TB</td>
<td>1039</td>
</tr>
<tr>
<td></td>
<td>No. of Clients tested for TB with GXP</td>
<td>964</td>
</tr>
<tr>
<td></td>
<td>% of presumptive clients tested for TB</td>
<td>93%</td>
</tr>
<tr>
<td></td>
<td>No. of Clients Tested TB Positive</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>No. of Clients started on TB Treatment</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>TB positivity rate</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>TB screening yield</td>
<td>0.4%</td>
</tr>
<tr>
<td>TB Under S's</td>
<td>No. screened for TB</td>
<td>876</td>
</tr>
<tr>
<td></td>
<td>No. presumptive for TB</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>No. tested for TB</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>No. tested TB positive</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>No. started on TB treatment</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>TB positivity rate</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>TB screening yield</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

| HIV | Number of clients given HIV pre-test information | 11555 |
|     | Number of clients already on ART | 779 |
|     | Number of clients tested for HIV | 2169 |
|     | Number of clients tested HIV positive | 85 |
|     | Percentage HIV positivity rate (diagnosed/tested) | 4% |
|     | Number of HIV positive clients initiated on ART | 70 |
|     | Percentage initiated on ART | 82% |

| STI | Number of clients screened for STI | 10589 |
|     | Number of clients STI symptomatic | 71 |
|     | Number of clients referred for STI management | 71 |
|     | Number of STI screening for younger than 15 years | 3822 |

### Table 12: TB Yield for Contacts in Informal Settlements

<table>
<thead>
<tr>
<th>District</th>
<th>Household contacts</th>
<th>Community/Hot spots</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of index cases identified</td>
<td>Number of contacts screened</td>
</tr>
<tr>
<td>Duncan Village</td>
<td>162</td>
<td>205</td>
</tr>
<tr>
<td>Dimbaza</td>
<td>97</td>
<td>93</td>
</tr>
<tr>
<td>Reeston</td>
<td>38</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>679</td>
<td>711</td>
</tr>
</tbody>
</table>
Conducting door-to-door HIV counselling and testing along with screening for TB (as part of the comprehensive prevention package) in informal settlements makes services much more accessible, allowing for better case finding.

TB HIV Care, in partnership with the Pedal Power Association (PPA), piloted a bicycle project in Dimbaza Informal Settlement (Buffalo City Metropolitan Municipality) in February 2019. The PPA donated three bicycles to carry out the project, with hopes of expanding the programme should it prove to be a success. TB HIV Care hopes that the introduction of bicycles will make a significant difference in increasing the number of households reached and assist with the distance that HAST counsellors can cover (in order to reach far-flung households).

The idea was initiated when the IS Programme received funding from dhk thinkspace to allocate to a ‘limited services area’ - such as Dimbaza. TB HIV Care used these funds to purchase suitable walking shoes for the team (who often walk great distances), and will also support the bicycle project with accessories needed for safety.

The official ‘bike handover’ ceremony took place at Dimbaza Community Health Centre on Friday, 08 February. After the event, HAST counsellors cycled to homes in Polar Park – demonstrating exactly how they trace and follow-up with household and close contacts of TB index clients.
**Health Systems Strengthening (CDC/Aurum)**

THC also implemented the CDC PEPFAR/Aurum grant, which enhanced health systems strengthening and built capacity within all DCS centres. The grant supported improved health outcomes, notably of HIV and TB, in 62 High Burden Areas (HBAs), except DATIM reporting that still covered 95 correctional centres.

### HIGHLIGHTS AND ACCOMPLISHMENTS

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>133</td>
<td>DCS nurses and partner staff trained on data recording system</td>
</tr>
<tr>
<td>22</td>
<td>DCS nurses trained on clinical stationery</td>
</tr>
<tr>
<td>60</td>
<td>DCS nurses (EC and WC) were trained in rapid testing continuous quality improvement initiative</td>
</tr>
<tr>
<td>69</td>
<td>Quality improvement projects developed based on file audits and new/different change ideas were adopted and implemented</td>
</tr>
<tr>
<td>66%</td>
<td>Of centres were signed off on Tier.net Phase 6</td>
</tr>
<tr>
<td>All</td>
<td>Quarterly DATIM reports were successfully submitted for 95 centres</td>
</tr>
<tr>
<td>12</td>
<td>Mentees received management development programme certificates of completion</td>
</tr>
</tbody>
</table>

Community health workers are invaluable in following up on the contacts of TB index patients, especially for contacts under five years old, who are at particular risk of developing TB.
4. KEY POPULATIONS PROGRAMME

4.1 People who Inject Drugs Harm Reduction Project

THE STEP UP PROJECT ENTERED ITS THIRD AND FINAL YEAR OF THE GF GRANT (2016-2019). Sites performed exceptionally well in spite of political unrest and ongoing backlash around the needle and syringe component of the programme. The programme’s success can be attributed to a passionate team, dedicated to the health and well-being of their clients.

The needle and syringe component of the Durban Step Up project has been under a distribution ban from the eThekwini Mayor and Environmental Health department since May 2018. As a result, clients are reporting buying used needles, sharing needles with up to 10 people and reusing needles. The Durban site has also reported a drop-off of clients due to the ban, although a number of new clients have joined up to receive services from Step Up, and are being tested for HIV on a quarterly basis. In addition, women who use drugs have been given a female only space at the Drop-in Centre and attend adherence support groups.

The Cape Town Drop-in Centre moved premises in July 2018. Now located in Woodstock, the facility offers meals; one-on-one and group counselling (psychosocial support); skills development and opioid substitution therapy (OST). Service users also have access to a doctor and nurse. A partnership was formed with the Sex Work Project, for a brief period, allowing PWID clients to have access to PrEP and ART initiation in the communities where they reside - and this drastically increased adherence to medication, demonstrating the need for community-based ART initiation.

A hepatitis clinic was started in March 2019, in partnership with the liver clinic at the University of Cape Town. As the prevalence of viral hepatitis is high amongst injecting drug users, it is essential that all efforts are made to bring treatment to the places where PWID are found to ensure initiation of treatment and adherence to medication.

During the last three months of 2018, 10 deaths were reported in Cape Town - possibly linked to fentanyl-laced heroin. Information and education material were adapted to contain harm reduction information on fentanyl, and fentanyl testing strips were sourced to enable heroin testing.

By the end of year three, the OST and psychosocial components of the programme had produced notable positive life changes and a significant reduction in, or complete termination of, heroin use. One judge was so impressed with a client’s commitment to the programme that her seven-year sentence was reduced to two years’ house arrest. Clients have found meaningful employment, which included being employed as peer educators for the next round of funding.

In Nelson Mandela Bay, an overall needle return rate ranged between 75% and 90% in Year 3. This is in line with the international gold standard and is achieved through dedicated, ongoing education of clients by the peers in safe needle returns. A 72% successful linkage to care rate was achieved for those testing positive for HIV, through supportive escorting of clients to a clinic. A female only space was established during this period and regular community advisory groups (CAGS) were held with group education sessions. Feedback on Step Up services was set as an agenda item in order to ensure that a high standard of services was always being provided.

For the period 6 193 PWID were reached with HIV prevention programs. 1 402 individuals were tested for HIV, of whom 95 (7%) tested HIV positive and 42 were initiated on ART.

In the Tshwane Metropolitan Municipality, OUT Well-being provided services to PWID as a sub-recipient. Daily outreach activities were conducted and harm reduction commodities were distributed to clients. Behaviour change interventions and HTS were offered to clients. Basic wound care and overdose prevention were also provided. For the period, 548 PWID were provided with HTS of whom 159 tested HIV positive (29%) and 29 were initiated on ART.

At the end of March 2019, TB HIV Care received news that the PWID project had been successful in getting another three years’ worth of funding from the Global Fund, through NACOSA (as prime recipient). The new funding started in April 2019.

4.2 HIV Prevention in Sex Workers

Taking services to sex workers through a mobile outreach, peer-driven service delivery model that provides a comprehensive HIV prevention package of services (inclusive of community ART initiation and management) is proving to be successful in reaching sex workers with much needed HIV prevention interventions. PEPFAR (through the CDC) funded work in 13 districts across the country.

Targeted HIV prevention education and support was provided to 23 675 sex workers across all operational districts. A total of 15 614 sex workers accessed HIV testing services through mobile outreach services and 1 669 sex workers were newly diagnosed as HIV positive. The teams are continuously identifying new sex work locations in order to provide HIV prevention services to sex workers and this led to an HIV positivity yield of 12 per cent.
A total of 1 191 sex workers received ART treatment by THC. Structural challenges, linked to the full provision of community ART services in some districts, coupled with the mobility of sex workers, meant that 853 remained in treatment; and through adherence support, 84% of those in treatment were virally suppressed.

During the first half of the year, PrEP implementation only took place in four districts, which negatively affected performance; however, the structural delays were resolved leading to a steady increase in PrEP uptake. A total of 1 435 sex workers were initiated on PrEP and 51 per cent of them continued to remain on PrEP for the course of the year.

The implementation of QI projects continues to be an important component of the Sex Work Programme and the QI Coordinator for Key Populations attended a six-day QI training session in March 2019, after which she was able to transfer skills to 69 employees, across the eight sites over a period of three months.
TB HIV Care’s QI department has worked hard to ensure that all eight sites have QI projects in place in order to reduce the risk of HIV transmission and improve health outcomes (viral load suppression). QI teams are encouraged to meet on a weekly basis to discuss and analyse progress and improvement.

Current topics/challenges being addressed through QI interventions include:

- Improvement of HTS uptake
- Increase in same-day ART initiation
- Increase in PrEP initiation
- Improvement in HIV positivity yield
- Improvement in retention in ART

4.3 HIV Prevention in Men who have sex with Men (MSM)

OUT Well-being was the sub-recipient who provided services to MSM in the Tshwane Metropolitan Municipality. Daily outreach activities are conducted by MSM peer educators. Information tents at gay specific events are provided, MSM friendly shebeens and public venues such as shopping centres are also targeted. 2 670 clients were tested of whom 160 were diagnosed HIV positive (6%). Twenty-two clients were initiated on ART.

5. CARE AND TREATMENT PROGRAMME

THC’s CARE AND TREATMENT PROGRAMME IS IMPLEMENTED IN THE EASTERN CAPE by a TB HIV Care-led consortium of partners that includes Mothers2Mothers (m2m), SEAD, Community Media Trust (CMT) and the Knowledge Translation Unit (KLU). THC attained district support partner (DSP) and provincial support partner (PSP) status to assist Amathole, Chris Hani and OR Tambo Districts, as well as the province itself, in providing optimal TB and HIV diagnosis, linkage to care, clinical management and retention in care. THC and its consortium partners (m2m, SEAD and CMT) have provided support to Amathole since January 2017 and started providing support to Chris Hani and OR Tambo Districts in October 2018.

The programme aims to assist the province and operational districts to optimise the use of existing resources in reaching the 90-90-90 goals, largely through direct service delivery (DSD) support and some technical assistance (TA). The programme is following a four-pronged approach/strategy:

(i) Predominant DSD support in general at the top 60 facilities in each district and for PMTCT at the top 10 facilities in each district
(ii) Clinical training and mentorship, prioritising high burden facilities
(iii) District-level through to facility-level quality improvement projects, prioritising high burden facilities
(iv) TA through strategic information, clinical laboratory interface (CLI) and pharmaceutical supply chain support largely at district, sub-district and facility levels (inclusive of the top 20 high burden facilities in each district); and pharmaceutical logistics at Mthatha Central Depot (provincial support)

5.1 HIV Treatment

During the period 01 April 2018 to 31 March 2019, 336 100 HIV tests were performed which resulted in identifying 10 131 people living with HIV (PLHIV). Facility-based linkage officers, in collaboration with ward-based outreach teams, linked 10 139 PLHIV to facilities to commence antiretroviral treatment, culminating in over 100% linkage rate. The linkage rate is due to THC assisting historically diagnosed, but untreated PLHIV to access care, since the DoH’s Universal Test and Treat (UTT) policy no longer requires a CD4 count threshold to commence treatment.
5.2 Tuberculosis

In Amathole District, which was supported for the duration of the reporting period, TB screening is routinely conducted and a total of 2,161 601 clients were screened regardless of HIV status. Out of the total screened, 10 473 were newly diagnosed HIV positive and 51 174 already known PLHIV. Of the total number screened for TB, 48 404 (2.2%) individuals were reported as TB presumptive of which 3331 (6.8%) were confirmed as having a positive TB diagnosis. 3 242 (97%) individuals were linked to care and initiated on TB treatment, in close collaboration with the supported DOH facilities.

In accordance with the latest DOH guidelines, TB preventive treatment (TPT) is provided to PLHIV newly initiated on ART who do not have active TB, as well as eligible close contacts of individuals on TB treatment. A total of 8 051 (94.7%) individuals out of the eligible 8 493 were started on TPT over the course of the programme’s specified annual cycle.

5.3 Prevention of Mother to Child Transmission of HIV (PMTCT)

HIV screening, prevention and care services are offered to expectant mothers and mother-baby pairs following birth, through the PMTCT component of the programme. Mentor Mothers (MMs) are strategically placed at the end of the client flow, and ensure that expectant mothers have accessed all facility services, attended an antenatal clinic (ANC), access Hts and commence ART promptly. MMs provide adherence support, offer routine Hts for infants and support the strengthening of PMTCT in the top 10 high burden facilities across the three districts.

Peer-based education and psychosocial support services are offered, complementary to biomedical interventions, to enhance adherence uptake and retention in reproductive, maternal, neonatal and child healthcare (RMNCH) services.

5.4 Clinic Laboratory Interface (CLI) and Pharmaceutical Support

In FY19 Q1, SEAD technical support has been extended to two new districts (OR Tambo and Chris Hani), with additional staffing in each district and all staff under each supported component. SEAD’s data driven approach remained constant as they continue to provide oversight of district pharmaceutical and laboratory services functioning.

As part of laboratory technical assistance, SEAD has supported various elements, relevant to the appropriate collection of viral load tests, utilisation of viral load results and monitoring of rejection rates, in addition to related systems and processes management. Significant improvements were noted comparative to the previous financial year mid-term performance in Amathole and comparison of the two new districts to the annual reassessments is yet to be established. All 6 February Frenzy facilities in the OR Tambo District had a three-month back log of unsorted laboratory results and this negatively impacted on patients’ review visits, leading to clinicians taking another specimen that typically would be rejected due to electronic gatekeeping (EGK).

5.4.1 RTCQI implementation

SEAD’s laboratory advisors continue to provide support to all testers, including counsellors, during mentoring visits to ensure smooth running of HIV rapid testing procedures thus ensuring accurate, quality and correct results are provided to clients.
5.4.2 Independent Quality Control (IQC) and Proficiency Testing (PT) programmes

Monitoring implementation of IQC and PT for HIV rapid testing is done at facility support visits.

Similarly, SEAD monitors pharmaceutical stock supply management within the district using Stock Visibility Solutions (SVS) data. SEAD further assisted by supporting pick-up-points by lifting medications for patients who failed to collect their treatment and liaising with relevant facilities to initiate a follow up process.

5.4.3 Stock management, including stock outs and expired medicines

Facility and upstream interventions made by SEAD have resulted in improved stock management, particularly of expired medicine. These interventions included training on ordering and expiry date monitoring, training on bin card management (calculating minimum and maximum levels and re-order levels), advising on substituting stock out item(s) with equivalent available item(s), direct service delivery at Mthatha Depot, facilitating re-distribution of stock from one facility with enough stock to another facility that required stock, supporting the placing of emergency orders, and engaging with sub-district pharmacists and DoH facility personnel on re-distribution of stock. Interventions ensured that SEAD staff identified stock outs and shortages, and no patients left the facility without their required medicines.

5.4.4 Central Chronic Medicine Dispensing and Distribution (CCMDD)

In Amathole district, post basic pharmacist assistants pre-packed patient medicine parcels at high levels (2500 – 4500 per month) between April-September 2018 due to interruptions in deliveries by the new CCMDD service provider. This support was extended to OR Tambo and Chris Hani districts from January 2019.

5.5 Project SHA’P

Project Stop HIV Action Plan (SHA’P), an intensive HTS campaign launched in Amathole in February 2018, was expanded to the two new districts in October 2018. The campaign includes a strong call to action (Get tested, get treated SHA’P SHA’P) and aims to ensure that people who are HIV positive but do not know their status are identified, linked to treatment, and retained in care. It also encourages people who are HIV-positive to access care for ART through a ‘welcome back’ campaign. The SHA’P campaign was supported by a strong regional radio and social media campaign – as well as IEC material (English and Xhosa). CMT, a consortium partner within the HIV prevention portfolio, created and launched a public relations campaign that included the following:

- Live interviews on community radio stations
- Radio spots/public service announcements (English and isiXhosa)
- A WhatsApp number for lead generation
- Social media posts (incl. Facebook and Twitter)
- Focus group discussions

5.6 Quality improvement (QI) activities:

In November 2018, the programme embarked on robust QI strategies and trainings to build capacity of both DoH and THC staff and provide technical assistance in the interest of sustainability. Best practices are identified and disseminated using QI methods and the active use of data for decision making is supported at all levels, ensuring that QI methodology is embedded within all programmatic activities.

Some of the key focal areas identified for improvement include:

- Increasing the HIV testing rate
- Reducing the number of unconfirmed lost-to-follow-up patients
- Improving linkage to ART
- Management of HIV-positive clients with high viral load results
- Improvement of clients’ retention in care
5.7 February Frenzy and Siyenza Campaigns

The aim of the 2019 February Frenzy campaign was to increase the number of adults and children currently receiving ART by more than 5% month-on-month in the six identified facilities, compared to the Q1 baseline figure, by providing intensive and full-time managerial support to facilities, in addition to optimal human and material resource allocation. THC was able to achieve 103% of the February Frenzy target.

Key areas of focus during the intervention included identifying M&E-related and clinical service-related best practices as well as addressing issues such as intermittent connectivity, power outages and infrastructure. ‘Siyenza Sprint’ (building on the successes and momentum of February Frenzy) expanded the campaign to 20 sites across two districts over the course of March 2019.

5.8 Capacitation Efforts

The training activities carried out in this reporting period are a culmination of a sustained engagement between THC and district DoH counterparts. The consortium works collaboratively with the District Human Resources Development Unit and the Eastern Cape Regional Training Centre (supported by KTU) and both structures have a common function of coordinating training at district and provincial level, respectively. KTU facilitates the implementation of the clinical decision support package called Adult Primary Care (APC), along with an associated training programme of nurse authorisation in support of the three 90s.
5.9 Health Information Systems Strengthening

THC provides data analytical support to assist the ECDOH in the establishment of a provincial health data centre (PHDC), which will align reporting systems in order to have a single and reliable web system (Bonakonke). The system will include the ability to map linkages to care, and measure the success of treatment, using viral suppression as a proxy marker. Exports will be developed to provide indicator data, and business intelligence dashboards will provide users with an agile tool to view summaries of this data. Data sources have been analysed and most crucial sources from the Department of Health can be integrated with the provincial data centre. Data from the National Health Laboratory Service, Health Patient Registration System and pharmacy will be incorporated at a later stage.

6. SOCIAL DEVELOPMENT PROGRAMME

6.1 Social work support

THE SOCIAL WORK TEAM AT TB HIV CARE IS FUNDED BY THE DEPARTMENT OF SOCIAL DEVELOPMENT (DSD) to focus on TB prevention and early interventions for TB. The programme’s core activities include community education, targeted psychosocial support and one-on-one counselling in the Cape Metro. THC’s team of three social workers and five social auxiliary workers provide services in the community and at TB hospitals in the Cape Metro.

The social work team receives referrals from the medical staff at health facilities, from community health workers and the HIV Prevention Programme, as well as from community-based organisations. Referrals include patients who have experienced trauma, who have mental health conditions affecting acceptance of their diagnosis, and clients with adherence challenges or psychosocial problems affecting their treatment.

The team also assists clients with the correct processes to get identity documents and make grant applications, if they qualify, as well as assisting families experiencing distress, trauma and loss. Prevention activities include community education and training related to TB and HIV, peer education, training for Early Childhood Development teachers with regards to childhood TB and community outreach.

While the core focus of TB HIV Care’s social work team is on TB (prevention, support and adherence to treatment), our social workers work within communities facing a multitude of social problems, including substance use disorders, domestic violence, poverty and high levels of unemployment. Many of the families are completely destitute. Others are child-headed households, where young people have taken on the responsibility of their younger siblings or cousins after the death of a parent. The programme plays an important role in supporting adults and children to accept their status and adhere to their treatment.

6.2 DP Marais and the Brooklyn Chest Hospital

The social work support provided during the year includes adherence counselling and psychosocial support for patients at Brooklyn Chest Hospital and at DP Marais, both TB Hospitals. The team also provide paediatric social work services at Brooklyn Chest Hospital paediatric ward, including counselling services and a support group for children under 13 who are admitted to the hospital, usually for lengthy stays. The

**Figure 10**

<table>
<thead>
<tr>
<th>Month</th>
<th>Number on ART</th>
<th>Target number on ART</th>
<th>% Target achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/1</td>
<td>19094</td>
<td>20436</td>
<td>93%</td>
</tr>
<tr>
<td>2/22</td>
<td>20436</td>
<td>20436</td>
<td>100%</td>
</tr>
<tr>
<td>3/1</td>
<td>20991</td>
<td>20436</td>
<td>103%</td>
</tr>
</tbody>
</table>

- 93% Target achieved
- 100% Target achieved
- 103% Target achieved
social worker ensures parental contact is maintained over the period of treatment and supports family reintegration on their release. There are also one-on-one sessions with the parents or caregivers of these children, as well as counselling and preparation for discharge.

TB HIV Care runs an early childhood development (ECD) centre at the Brooklyn Chest Hospital which provides educational and enrichment activities for children not yet of school-going age. The ECD centre, which is supported by an ECD facilitator and an ECD assistant, provides much-needed stimulation and interaction while developing the children’s confidence and social skills.

7. TRAINING

TB HIV CARE’S TRAINING UNIT PROVIDES SERVICES TO STAFF MEMBERS AND PARTNERS IN THE HEALTH SECTOR, INCLUDING CBOS, NPOS AND GOVERNMENT. The unit supports the THC programmes to ensure that staff member’s skills are up to date and they are competent to carry out their duties. The organisation also works closely with training partners, the Department of Health, Regional Training Centres and the Health and Welfare SETA (HWSETA) to ensure relevant training and skills development support is provided.

7.1 Learnerships and Internships

The HWSETA has once again supported the implementation of learnerships, and ten CHWs were enrolled on a Health Promotion Officer qualification in 2018. This qualification is comprised of knowledge modules, practical skills and workplace learning. The learners have all completed the learnership and have written the External Integrated Summative Assessment, which is a national external exam hosted by the Quality Council for Trades and Occupations (QCTO). The learning component and practicals exposed them to the knowledge and skills required to implement Community Oriented Primary Care (COPC). During their year of study, the CHWs also had regular and ongoing assessments and workplace mentoring.

Two management assistant interns, currently completing their studies, have been placed on a structured, eighteen-month internship programme in THC’s head office and receive ongoing mentorship and support.

7.2 Community Health Worker Training

THC is passionate about the community health worker programme and continues to provide training support to CHWs in the Cape Metro. The Department of Health has implemented a Community Oriented Primary Care (COPC) model and THC implemented pilot sites in both Mamre and Hout Bay.

This model of health care requires that CHW training includes community engagement, health promotion, screening, adherence support, home-based care, as well as health conditions including TB, HIV, and non-communicable diseases, and regular training has been provided to CHWs throughout the year:

<table>
<thead>
<tr>
<th>Core Indicators</th>
<th>Annual Target</th>
<th>Total</th>
<th>% of target reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of psychosocial support (individual and group)</td>
<td>3600</td>
<td>2695</td>
<td>75%</td>
</tr>
<tr>
<td>Training and workshops on TB in children and DR TB (parents, carers, NPO and community members) 2 per year</td>
<td>60</td>
<td>193</td>
<td>322%</td>
</tr>
<tr>
<td>Parent support programme (parents and caregivers of children with TB and meningitis)</td>
<td>100</td>
<td>80</td>
<td>80%</td>
</tr>
<tr>
<td>Support group - hospitalised children</td>
<td>60</td>
<td>152</td>
<td>253%</td>
</tr>
<tr>
<td>Individual counselling sessions – parents/caregivers</td>
<td>150</td>
<td>139</td>
<td>93%</td>
</tr>
<tr>
<td>Individual counselling sessions – hospitalised adult patients</td>
<td>300</td>
<td>1499</td>
<td>500%</td>
</tr>
</tbody>
</table>
Master trainers at the completion of a workshop on how to train caregivers to work with children to handle issues such as HIV disclosure and adherence to treatment.
7.3 Supervisory training

The Training Unit have partnered with the People Development Centre (the DOH training centre in the Western Cape) to provide Supervisory Training for Health Workers. This has been offered to 24 enrolled and professional nurses from other non-profit organisations as well as THC staff.

7.4 Training in HIV Prevention and HIV Testing Services (HTS)

TB HIV Care provides training on HIV Rapid Testing, including a competency assessment process and certification for a two-year period. Counsellors receive training around pre and post-test counselling as well as around the national guidelines for HIV Rapid Testing (the finger prick test).

7.5 Clinical Training

The Rapid Test Continuous Quality Improvement (RTCQI) programme has been implemented in all THC programmes to ensure that quality testing services are provided. This training is provided to nursing staff as well as lay counsellors and managers and covers every aspect of HIV testing (including lab testing and stock control) in line with national HTS guidelines and policy. Counsellors were trained on HIV testing services, and completed written and practical competency assessments as follows:

- RTCQI and HTS Training: ................................................................. 212
- Index Case Testing: ........................................................................... 203
- Mental Health: .................................................................................. 89
- PrEP Training: .................................................................................. 24
- HIV Management (Clinical): ......................................................... 31
- HIV Self Screening: .......................................................................... 30
- PACK Training: ................................................................................. 12
7.6 **NIMART Training and Mentorship**

In the past year, two professional nurse counsellors in the Cape Metro, were trained, mentored and successfully completed their portfolio of evidence (POE), were assessed by our clinical trainer, deemed competent by the sub-district HAST medical officer (DOH) and are now able to initiate patients independently. In addition, a clinical nurse was supported through the process of completing her NIMART mentorship and assessment with the Western Cape People Development Centre (PDC).

Towards the end of the Correctional Services Programme's grant, THC's clinical trainer provided RTCQI training to all the nurses at Pollsmoor and Goodwood correctional centres to enable them to provide a quality HTS service on their own and continue to meet their internal targets. With the support of KTU in the Eastern Cape, 165 healthcare workers were deemed eligible for clinical assessment. Of those, 61 started their clinical assessments and to date 29 have been signed off and completed portfolios of evidence and are now initiating ART.
8. HOME AND COMMUNITY-BASED CARE

TB HIV CARE’S HOME AND COMMUNITY-BASED CARE (HCBC) SERVICES provide social support to TB and HIV patients and their families in four sub-structures of the Cape Town Metropolitan Municipality. Community health workers (CHWs), supported by non-clinical supervisors, provide health care services within the client’s home and in community settings in line with the Western Cape’s Healthcare 2030 strategy of person-centred, integrated care. The project aims to promote health and prevent illnesses; to mobilise around community needs; to identify household members’ health needs by completing a standard assessment; to provide psychosocial support where needed; to provide education and advice on minor health problems; to support health promotion programmes in schools and ECD centres; and to ensure that patients are supported through their treatment journeys.

8.1 Services provided between 01 April 2018 and 31 March 2019:

Total number of household assessments conducted by CHWs: 100 885

Total headcount of clients: 701 829

The CHWs conducted 269 community outreach and mobilisation drives in partnership with PHC facilities.

A professional nurse forms the link between the CHWs and facility staff. Home-based referrals from hospitals are allocated to CHWs, who provide the required services at home. After a home-based assessment, cases may be referred to other service providers (for example, the Department of Social Development) to ensure the referred client receives all the support they require.

8.2 Staff complement for the HCBC services:

- 12 community supervisors
- 300 CHWs
- 13 professional nurses
- 7 enrolled nurses
- 6 district coordinators
- 4 rehabilitation care workers
- 2 dieticians

8.3 Drug-resistant TB Counselling

Drug-resistant tuberculosis (DR-TB) is an ever-growing concern globally and in South Africa. Previous treatment regimens required up to two years of medication to combat DR-TB; however, a shortened regimen of nine to 11 months is now being prescribed for eligible clients. The role of DR-TB counsellors is to address the specific challenges clients diagnosed with DR-TB face. Many DR-TB clients live in informal settlements and don’t have permanent employment or earn a fixed income. This results in a migratory lifestyle as they move around to secure work and/or a place to stay, making the job of the DR-TB counsellors more challenging.

A total of five DR-TB counsellors are currently employed by TB HIV Care to assist facility staff support the needs of DR-TB clients in the Cape Town Metropolitan Municipality. The primary responsibilities of a DR-TB counsellor are to:

- Offer counselling sessions to newly diagnosed DR-TB clients and those who interrupt treatment, at clinics and in their homes
- Track and recall those clients who have stopped taking their medication and get them back on treatment
- Conduct support groups for DR-TB clients within the community
- Identify and trace contacts less than five years old and those at risk of exposure to DR-TB
- Educate and support families affected by DR-TB, including implementing infection control measures at home

The following table represents services provided to support newly diagnosed DR-TB clients, as well as those who interrupted their treatment.
### Table 15: Community Activities (April 2018 – March 2019)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Khayelitsha</th>
<th>Klipfontein/ Mitchell’s Plain</th>
<th>Southern</th>
<th>Western</th>
<th>Eastern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of household assessments conducted by CHWs</td>
<td>40 416</td>
<td>15 975</td>
<td>3 562</td>
<td>37 572</td>
<td>3 360</td>
<td>100 885</td>
</tr>
<tr>
<td>Number of household allocation as part of geographical care alignment</td>
<td>25 920</td>
<td>12 150</td>
<td>7 020</td>
<td>27 270</td>
<td>8 640</td>
<td>81 000</td>
</tr>
<tr>
<td>Total headcount</td>
<td>126 240</td>
<td>41 580</td>
<td>32 110</td>
<td>373 195</td>
<td>128 704</td>
<td>701 829</td>
</tr>
<tr>
<td>Number of community outreach and mobilization drives in partnership with PHC facilities</td>
<td>16</td>
<td>179</td>
<td>12</td>
<td>28</td>
<td>34</td>
<td>269</td>
</tr>
</tbody>
</table>

### Table 16: DR TB Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Khayelitsha</th>
<th>Klipfontein/ Mitchell’s Plain</th>
<th>Southern</th>
<th>Western</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling sessions for newly diagnosed clients</td>
<td>731</td>
<td>76</td>
<td>18</td>
<td>14</td>
<td>839</td>
</tr>
<tr>
<td>Supports Groups</td>
<td>77</td>
<td>60</td>
<td>16</td>
<td>48</td>
<td>201</td>
</tr>
</tbody>
</table>

Community health workers provide a critical link between clinics and people who may not be able to reach facilities by themselves.
9. QUALITY ASSURANCE AND QUALITY IMPROVEMENT

TB HIV CARE'S QUALITY ASSURANCE (QA) AND QUALITY IMPROVEMENT (QI) DEPARTMENT FULFILS TWO IMPORTANT ROLES WITHIN THE ORGANISATION. The QA arm focuses on the implementation of standardised practices and policies across the organisation (via SOPs), as well as ensuring adherence to quality standards relating to point-of-care testing and VMMC procedures. The QI team provides support to programme staff applying QI methodology in their daily responsibilities.

This year has seen significant progress in terms of training programme teams on QI methodology – and then overseeing the implementation of this methodology within the programmes. Through this process, we have created greater awareness of the advantages of adopting the plan-do-study-act (PDSA) model for improvement in every-day activities.

QI projects are underway, with great successes demonstrated in some programmes (see Sex Worker Programme and Care & Treatment Programme), while other programmes are showing early signs of improvement after completing the training.

10. STRATEGIC INFORMATION AND RESEARCH

TB HIV CARE IS ENGAGED IN A NUMBER OF RESEARCH ACTIVITIES, including epidemiological studies, implementation science projects and clinical trials. These studies provide valuable information to guide the future implementation of targeted interventions and demonstrate best practices.

10.1 Key Populations

Several studies involving sex workers have been active over the past year, most of which were through collaborations with the Johns Hopkins Bloomberg School of Public Health. A large, US National Institutes of Health (NIH) funded project is currently ongoing in eThekwini, linked to the sex work programme.

The adaptive randomised evaluation of nurse-led HIV treatment retention interventions for women living with HIV study is a sequential multiple assignment randomised trial (SMART) comparing standard of care (SOC) to two differentiated care models designed to support ART adherence by targeting different structural barriers.

Mobile nurse-led decentralised treatment provision (DTP) essentially brings treatment to the client thus removing barriers associated with having to attend a clinic. Individualised case management (ICM) provides personalised care and support delivered by an assigned peer case manager. The ICM intervention focuses on developing self-management skills and targets psychosocial support needs to facilitate ART uptake and retention.

An estimated 1 200 HIV positive, adult FSWs who consent to participate will be enrolled. Those who are virally suppressed (VS) at baseline are assumed to be coping with the existing SOC and will be continued on SOC. Those who are non-virally suppressed (NVS) are randomised to one of the two intervention arms. As part of the SMART trial design, a secondary randomisation occurs at six months of study participation. FSWs, who have achieved VS, are randomised to continue on current intervention or return to SOC; those who remain NVS are randomised either to remain on the current intervention for longer duration or to receive both interventions. ART resistance testing is also done on those who remain NVS.

By end of Q1 2019, 602 FSWs had been enrolled on the study, with 217 VS, remaining on SOC and 309 randomised to either DTP (154) or ICM (155). Thirty-two participants had undergone secondary randomisation with roughly one third having achieved VS by
The first Data Safety Monitoring Board (DSMB) meeting was held in January 2019 and despite the many challenges experienced around contacting and locating FSWs to deliver the interventions, the DSMB were happy with the progress of the study. Full enrolment is anticipated by December 2019 with a final report being available by early 2022. Two publications have come out of this study to date. One detailing the study protocol, with the second presenting qualitative findings through engagement with the FSWs.

The Key populations and HIV epidemics in Sub-Saharan Africa study, funded by USAID through the FHI360 LINKAGES programme enrolled approximately 600 male clients and non-paying partners of female sex workers (FSWs) in Port Elizabeth. The study is part of a larger body of work using HIV phylogenetic profiling to model the contribution of sex work and men who have sex with men (MSM) to HIV epidemics in four sub-Saharan African countries with low and high HIV prevalence. Data collection and laboratory assays were completed in late 2018 in South Africa. Data analysis and modelling activities are ongoing.

10.2 HIV Self-Screening

THC was successful during the first round of the National HIV Think Tank’s Innovation Challenge and has been awarded funding to pilot a project in the Eastern Cape engaging traditional health practitioners (THP) to promote and distribute HIV self-screening kits among hard to reach clients who do not access health facilities or existing HIV testing services.

THPs are trusted members of the community and are often the first port of call if an individual has health concerns. This project leverages this relationship and combines it with the novelty of HIV self-screening, a modality which enables individuals or couples to test in privacy and at their own convenience. Ultimately, the pilot hopes to take some initial steps in bridging the gap between THP and allopathic health practitioners in support of improved patient outcomes and the national HIV 90-90-90 goals.

10.3 Tuberculosis

TB is increasingly in the spotlight as South Africa continues to have one of the highest global TB burdens. The Targeted Universal Testing for TB (TUTT) study is a Bill and Melinda Gates Foundation (BMGF) funded project conceived and overseen by the Perinatal HIV Research Unit (PHRU). This cluster randomised study aims to determine whether targeted universal testing for TB will increase case finding by 25% or more in healthcare facilities. Twenty six facilities across the Western Cape have been randomised to either the intervention (TUTT) or SOC. Intervention facilities will have a fieldworker placed who will identify patients who meet any of the following criteria: i) HIV infected; ii) treatment for TB in the past 2 years; or iii) close contact with a TB patient in the past 12 months.

These clients are invited to join the study and offered a sputum test for TB, irrespective of symptoms. At SOC facilities, routine TB symptom screening will continue with only clients who report symptoms being offered sputum testing. Recruitment for the study commenced in April 2019 and will continue for 12-14 months. This study is being supported by both the National and Provincial Departments of Health and outcomes will help support the national TB testing guidelines.

10.4 Publications and Knowledge Products

TB HIV Care’s Strategic Information team has also been involved in the publication and development of a number of papers and presentations in the last year, including:

- The publication of a series of papers around the BMsf ‘Viral Hepatitis C Initiative for Key Populations in South Africa’ study in the Harm Reduction Journal
- Presentation of BMsf hepatitis data at the 2018 International Network for Hepatitis in Substance Users (INHSU) Conference in Portugal
- Presentation of work done around harm reduction and viral hepatitis at the Southern African HIV Clinicians Society Conference
- The development of a fact sheet around findings from the BMsf study for distribution to stakeholders at a series of World Hepatitis Day events (see Highlights section at the beginning of the report)

The team also provides invaluable support to THC staff hoping to develop and submit papers for peer reviewed publications.

10.5 Strategic Information and Results Dissemination

THC has provided support and data to a range of global bodies around harm reduction coverage, including the United Nations Office on Drugs and Crime and Harm Reduction International.

Data from THC’s Sex Worker Programme was also included into the SANAC HIV Key Populations Cascades process and size estimation report process.
10.6 Policy Development

THC continues to contribute to policy development in South Africa, including involvement in:

- The World Health Organisation’s Hepatitis and Harm Reduction Working Group to highlight progress in South Africa
- The National Department of Health’s National Hepatitis Technical Working Group, to ensure that the NDOH’s Hepatitis Guidelines and Action Plan include the data from the projects completed around hepatitis and key populations

THC has also shared data from completed and ongoing OST projects with the Adult Hospital Expert Advisory Committee for the Essential Medicines list, in order to advocate for the inclusion of methadone on the South African List of Essential Medicines for Use at the Primary level (February 2019).

THC was also involved in the development of SANAC’s South African National HIV Plan for People Who Use Drugs (terms of reference and processes).

11. BUSINESS DEVELOPMENT UNIT: PUBLIC-PRIVATE PARTNERSHIPS

TB HIV CARE’S BUSINESS DEVELOPMENT UNIT WAS ESTABLISHED IN ORDER TO SUPPORT THE ORGANISATION’S SUSTAINABILITY AGENDA. This includes seeking alternative funding sources and opportunities, as well as building partnerships with the private sector to enhance service delivery within programmes and unlock local South African funding.

THC believes that the private sector has an important role to play in finding (and funding) solutions to South Africa’s health and social challenges.

With the hope of tapping into this potential, TB HIV Care hosted a social innovations network event in April 2018 that aimed to bring industries, businesses, thinkers, entrepreneurs, government, innovators and passionate individuals together to share ideas, collaborate and explore opportunities for synergy, sustainable solutions and social change.

The business development unit was also largely responsible for the establishment of the GP network (i.e. a network of GP partners) to provide VMMC services on THC’s behalf under the CDC grant.

Broad-Based Black Economic Empowerment (B-BBEE) has become an important part of the organisation’s strategy. As the transformation agenda within South Africa is increasingly prioritised, so is the need to shift the way we do business. TB HIV Care has taken significant steps to achieve our current level two B-BBEE status, while ensuring that true transformation is embedded in all aspects of our work. The business development unit played a prominent role in achieving level two B-BBEE status, and will continue to champion this process going forward.

Nailing It! is a pilot project introduced by the business development unit to empower previously disadvantaged and marginalised women by giving them the necessary skills to provide nail treatment services in their communities. Seven young women were enrolled in the Nailing It! programme and are also trained to provide HIV prevention and behavioural change messages in their community, as well as facilitating appropriate linkages to health services. The pilot project was made possible by our funders, dhk thinkspace, H-Factor and London Speaker Bureau.
BOARD AND GOVERNANCE ACTIVITIES

THE BOARD OF DIRECTORS PROVIDES INDEPENDENT, EXPERT, IMPARTIAL GUIDANCE and oversight through a diverse body of individuals carefully chosen for their varying backgrounds and unique skill sets. The board meets regularly and provides critical input on all aspects of governance, financial management, strategy development, policy and compliance.

<table>
<thead>
<tr>
<th>Meeting Purpose</th>
<th>April</th>
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<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
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<th>November</th>
<th>December</th>
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The team from the Targeted Universal Testing for TB (TUTT) research study pose outside one of their study sites.
Nailing It! is one of TB HIV Care’s business unit’s ventures which seeks to train young women on HIV prevention while giving them the skills to earn a living providing nail treatments.
Financial Report

TB HIV Care - Annual Financial Statements for the Year Ended 31 March 2019

**Statement of Comprehensive Income**

<table>
<thead>
<tr>
<th>Figures in Rands</th>
<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td>Revenue</td>
<td>456 005 262</td>
<td>649 077 019</td>
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<tr>
<td>Other income</td>
<td>1 481 248</td>
<td>1 531 282</td>
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<tr>
<td>Operating expenses</td>
<td>(458 279 128)</td>
<td>(642 398 501)</td>
</tr>
</tbody>
</table>

Operating surplus: (792 618) 8 209 800

Investment revenue: 265 715 613 496

Finance costs: (1 638)

Surplus for the year: (526 903) 8 821 658

Other comprehensive income: (526 903) 8 821 658

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TB/HIV Care Association transitioned from an Association to a Non-Profit Company (NPC) on 1 October 2017. The organisation is now operating as TB HIV Care NPC and the Association is now dormant. All operations and assets were transferred into the Non-Profit Company and there was therefore no impact on operations nor the nature of the organisation.

The deficit for the period ended March 2019 is attributable to statutory adjustments for leave pay provisions, capitalisation of property, plant and equipment, recognition of depreciation on property, plant and equipment, and fee-for-service activities.

The surplus presented for the period ended March 2018 is for the 12 month period 1 April 2017 to 31 March 2018, which is the consolidated profit for the Association and NPC. The surplus is mainly attributable to the capitalisation of property, plant and equipment, which is an accounting entry in order to comply with the International Financial Reporting Standard for Small and Medium-sized Entities.

**Statement of Financial Position**

<table>
<thead>
<tr>
<th>Figures in Rands</th>
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<th>2018</th>
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<tbody>
<tr>
<td>Assets</td>
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<tr>
<td>Non-Current Assets</td>
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<tr>
<td>Property plant and equipment</td>
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<td>8 037 550</td>
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<td>Current Assets</td>
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<tr>
<td>Trade and other receivables</td>
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<td>20 221 526</td>
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<td>Cash and cash equivalents</td>
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<td>29 882 471</td>
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<td>Equity and Liabilities</td>
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<td>Retained Surplus</td>
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<td>Liabilities</td>
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<td>Current Liabilities</td>
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<td>Deferred income</td>
<td>31 515 604</td>
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<td>Provisions</td>
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<td>8 803 049</td>
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<tr>
<td>Total Equity and Liabilities</td>
<td>59 442 839</td>
<td>58 141 547</td>
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</table>

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FINANCIAL REPORT 2019
ACKNOWLEDGEMENTS

THE MANAGEMENT AND STAFF OF TB HIV CARE WISH TO RECORD OUR THANKS TO THE FOLLOWING INDIVIDUALS AND ORGANISATIONS FOR THEIR SUPPORT DURING THE YEAR:

- AIDS Rights Alliance for Southern Africa (ARASA)
- Bristol-Myers Squibb Foundation (BMSF)
- Cape Peninsula University of Technology
- Centers for Disease Control and Prevention (CDC)
- Department of Correctional Services
- dhk thinkspace
- Dr Jeff Swartzberg
- FHI360
- Flightscope (Pty) Ltd
- Foundation for Professional Development (National HIV Think Tank)
- H-Factor
- Health and Welfare Sector Education and Training Authority (HWSETA)
- IES Abroad Cape Town
- International Network of People who use Drugs (INPUD)
- Johns Hopkins University (JHU)
- London Speaker Bureau
- Mainline
- MLB Marketing Services
- NACOSA
- National Department of Health
- National Lotteries Commission
- New Venture Fund
- Open Society Foundations (OSF)
- Pedal Power Association
- President’s Emergency Plan for AIDS Relief (PEPFAR)
- Provincial Government Western Cape: Community Service
- Provincial Government Western Cape: Department of Health
- Provincial Government Western Cape: Department of Social Development
- Provincial Treasury: Eastern Cape
- Provincial Treasury: Western Cape
- Quantzmed Personal Health (Pty) Ltd
- Right to Care
- SMI (Pty) Ltd
- Stop TB Partnership
- The Aurum Institute
- The Building and Construction Industry Medical Aid Fund (BCIMA)
- The Cape Town Central City Improvement District (CCID)
- The Charles Harding Trust
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- United Nations Population Fund (UNPF)
- United Nations Office for Project Services (UNOPS)
- Witman Information Technology (WIT)
- WITS Health – Perinatal HIV Research Unit (PHRU)
Staff from the Sex Worker Programme distributing health information during an outreach in central Cape Town.