

Overview - Humana People to People South Africa

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Local Partner Registration Details	NPO Registration #: 005-055 NPC/RF #: 1995/004741/08 Tax#: 9154460845; VAT #: 4570161978 BBBEE Status: Level 1
Overview in Numbers	(1) Number of Projects: 16 (2) Number of Funding Partners: 10 (3) Population Reached: 419,800 people per year (4) Annual Budget: US\$ 3.2 mln (ZAR 46 mln) (5) Number of Employees: 244
HPPSA Programs & Program Areas	(1) Socio-Economic & Community Development; (Child Aid) (2) Climate Change, Smart Agriculture & Food Security (Farmers' Clubs) (3) Early Childhood Development, (Preschools of the Future) (4) Health (HIV/AIDS, TB, NCD, & Malaria) (TCE & HOPE) (5) Youth & Skill Training and Development (KNEC)
Strategic Advantage/ Competence	(1) Community Mobilization: (People-centered and mass oriented) (2) Program Implementation (Esp. in hard-to-reach areas) (3) Innovation on Basic Community Level Technology / Methodologies (PES, TRIOs, HTS Modalities) (4) Community Capacity Enhancement (Community & social dialogues)
Current National Footprint	(1) Gauteng (City of Johannesburg) (2) Eastern Cape (OR Tambo) (3) KwaZulu Natal, (eThekweni, iLembe & Zululand) (4) Limpopo (Waterberg, Greater Sekhukhune, Capricorn, Vhembe & Mopani) (5) Mpumalanga (Ehlanzeni & Gert Sibande)
Current and previous Funding Partners	(1) Government of South Africa: [National (NDOH, NDSD) & Provincial (GP, EC, L)] (2) Other Governments: (USG - USAID through FHI360, FPD, URC); Govt of Monaco; KfW through FPD) (3) Global Fund: (Lebombo Spatial Development Initiative2, Elimination 8, AIDS Foundation of South Africa, Right to Care, NACOSA) (4) National Organizations: (NMCF, DG Murray Trust, Solidarity Fund, Ackermans Pick and Pay, HCI, ABSA) (5) International Organizations (Global Water Challenge, Southern Africa Trust, International HPP Federation)

B. Executive Summary:

1. Introduction

Over the last 20 years, **Humana People to People in South Africa** (HPPSA), with multiyear funding from USAID, Global Fund & the Government of South Africa, has gained experience & capacity in large scale community and facility based, demand creation responses to HIV, TB, and Malaria. HPPSA maps and strategizes to access hard-to-reach population groups. Throughout the years, HPPSA has used its Total Control of the Epidemic (TCE) program to educate, screen people for TB and refer them to TB diagnosis and treatment. HPPSA has also learnt from the Total Control of TB (TC-TB) concept, implemented by sister organisations in the region.¹ HPPSA is known for its work at the community level on comprehensive provision of HIV testing services. As part of that work, HPPSA collaborates with local health services to provide *a comprehensive package of TB services*. Among other services, this includes finding missing people with TB, facilitating timely access to quality diagnostics, and supporting adherence for improved treatment outcomes through a community health worker (Field Officer, or FO) carefully recruited for their passion to fighting TB and dedication to community health.

Based on these experiences, HPPSA would like to propose to that the Total Control of TB (TC-TB) program become a part of the response to the USAID TB call for proposals – ACCELERATE 1. HPPSA will use the TC-TB concept to map, reach out and mobilise communities and individuals to fight TB in their community. Working closely with TB Units, HPPSA has the capacity and experience to identify and support missing people with TB (PWTB) through:

- ✓ Enhanced community-based active case finding, including through door-to-door outreach and community screening drives in areas with high TB burden
- ✓ Sputum sample collection and transportation
- ✓ Ensured receipt of diagnostic results, treatment orientation and integrated services (i.e., HIV testing and counselling, referrals to mental health services or other TB co-morbidities)
- ✓ Mobilisation of community-based DOT and home-based treatment adherence support
- ✓ Systematic home-based contact investigation, including referrals to TB Preventive Treatment (TPT) for eligible groups
- ✓ Community-based treatment monitoring and support to attend medical check-ups
- ✓ Linkages to nutrition and social support for eligible groups

HPP-SA's TC-TB program fully aligns with the South African National Strategic Plan on HIV, TB and STIs 2017-2022, the End TB Strategy of the World Health Organization (WHO) and the United States Government's Global TB Strategy and Global Accelerator to End TB.

During program implementation, HPPSA receives technical assistance and support from the Federation Humana People to People (FHPP). In addition to a long-standing relationship with TB expert consultants, FHPP members implement several TB programs across Southern Africa. These have included such projects as the Global Fund TB in the Mining Sector I Project in 8 countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Tanzania and Zimbabwe);

¹ HPPSA is a member of the International Federation Humana People to People Movement which developed and implemented similar programs throughout the SADC Region (except eSwatini and Lesotho) as well as in Asia and South America.

UKAID and Comic Relief UK-funded TB projects in Malawi and Zimbabwe; the USAID-funded Local TB Response Project in Mozambique; and the USAID TB Local Organisation Network (TB-LON) projects in DRC and Malawi.

2. Key Features of the TC-TB Model

Building on key experiences in HIV prevention and response, the TC-TB model provides a holistic, differentiated approach to supporting people and communities affected by TB in over 10 countries. TC-TB's high impact approaches include:

- ✓ *People-centered:* TC-TB centers people with TB as active participants in their own health journey. FOs support PWTB and their families with clear and accurate information on TB and how to adhere to treatment, address internalised and lived experiences of stigma, engage close friends and family for support (Trio system), and collaborate closely with health providers to provide ensure quality monitoring of treatment.
- ✓ *Entire cascade of care:* FOs support people affected by TB by providing community-based screening and diagnosis, support for treatment adherence and regular follow-up to ensure treatment completion. It has also proven effective to trace and reintegrate into care PWTB lost to follow-up, support initiation and completion of TPT for eligible contacts.
- ✓ *Integrated care:* PWTB are supported by a Field Officer who acts as a community-based case manager and point of contact throughout treatment. This provides key support to health providers to ensure that referrals for co-morbidities or integrated services are completed and appropriately managed, depending on each country's health system strategy. FOs keep detailed client records, which are triangulated with clinics to improve health system information systems and data quality for strategic decision-making.

2.1 HPPSA Field Officers

TC-TB recruits, trains, and deploys four FOs on average in a sub-district. The FOs deliver program activities and results through two entry points, namely the health facility and the community. Each Field Officer can support 20 - 30 PWTB throughout the duration of their project. Additional FOs may be appointed where the TB burden is higher, or to support referrals and linkages to other services where necessary.

2.2 TC-TB Facility Level Interventions: FOs collaborate closely with health facility staff to provide the service package to communities affected by TB. With appropriate authorisation, health facilities and HPPSA FOs exchange information of people who require evaluation and diagnostics for TB, people newly notified with TB, people eligible for nutrition support packages, household contacts who are eligible for TPT, and people to reintegrate into care.

2.3 TC-TB Community Level Interventions: At the community level the TC-TB Field Officer will reach about four households per day and each PWTB will receive two visits each month. During these visits to the household, the Field Officer screens other household members for TB, monitors any side effects of treatment, provides counselling and emotional support, as well as distributes the nutrition package where appropriate. This model further provides a key opportunity to provide referrals and support for expanded uptake of TPT among people at high risk of TB infection, such as young children and other priority groups.

HPPSA works with an initial assumption of a minimum of four contacts per person with TB. All contacts with TB-like symptoms will be referred for testing and all eligible child contacts under-5 years will be referred for TB preventive therapy (TPT). Depending on program and funding, FOs will also collect and transport sputum samples from clients who are unable to reach the facility due to health or other reasons.

To ensure effective treatment adherence support the TC-TB FOs will:

- ✓ Ensure PWTB remain on treatment and do not **run out of medicine**
- ✓ **Establish and orient a TRIO** (2 family members or a family member and a friend nominated by the patient supporting the patient on treatment) to ensure home-based DOT support
- ✓ **Establish or mobilize existing Support Groups** at the clinic and in the community so people on treatment can support each other
- ✓ Provide **nutritional support to eligible PWTB**
- ✓ Give **information on nutrition** (healthy diet, types of food, ways of cooking)
- ✓ Mobilize and support families to **establish gardens** for sustainable production of food.

For immediate impact, TC-TB targets high volume health facilities and municipal wards with a high TB burden first, as identified through an initial mapping exercise. Upon reaching 80% saturation in a municipal ward, the project will expand to other wards in the district.

3. Organization of TC-TB

3.1: The Field Officers: At the minimum, at the local municipality or sub district community level, HPPSA trains and deploys four FOs focused on community outreach activities, with one Field Officer responsible for collaboration and coordination of activities with health clinics and laboratory facilities. The Field Officers are equipped with appropriately branded uniforms, and rucksacks as well as masks and gloves.

3.2: The Project Support Unit at the District Level: In each sub district, HPPSA sets up a **Project Support Unit**. A District Coordinator/Project Manager is recruited along with a Program Officer for program support, as well as an M&E officer, Driver, and Cashier. The sub district officer will provide the leadership, training, and logistical support to the Field Officers.

3.3: The Project Support Unit at the National Level: A Program Director will be appointed to lead the program. The Program Director will oversee implementation of the project and will be responsible for all reporting in the project. S/he is supported by an M&E Officer and a nurse with TB experience. The program will receive technical support from the FHPP, as needed.

3.4: HPPSA Project Support: HPPSA will provide policy, technical and financial support for the program. A total of 12 HPPSA staff will support the program on a level of effort basis that is commensurate to the time they spend on the program and in relation to the size of the program to the rest of the HPPSA budget in the year of implementation. The Country Director provides top-level oversight and performance monitoring. The Finance and Administration unit of HPPSA will provide support on bookkeeping, accounting, financial management and reporting, procurement, and HR according to the financial, procurement and operational policies of HPPSA as well as the relevant laws and regulations of the government and the relevant donor.

4. HPPSA Organizational Background

ORGANIZATIONAL CAPACITY

HPPSA currently employs 244 people to implement 16 projects across 5 provinces (L, MP, GP, KZN & EC) with an annual operating budget of approximately 46 million ZAR. HPPSA is governed by a Board of Directors who are elected annually during an Annual General Meeting (AGM). The AGM is also responsible for approving the Directors/Chairperson's Report, approving the Audited Financial Statements, and appointing the Auditors. The board appoints a Country Director who oversees the day-to-day activities of the organization together with a senior management team of 12 people. HPPSA has a constitution, and it reports annually to the National Department of Social Development.

MANAGEMENT CAPACITY

At the national level, HPPSA functions from 3 offices, as follows: (1) National Head Quarters (NHQ): A Country Programs Manager leads a team of 11 National Head Quarters Officers. These are experienced program level support staff who have daily leadership of Projects Managers in the 5 provinces. The NHQ is responsible for program development and support. (2) Economy & Administration (E&A): A Country Finance Manager leads a team of 20 to 25 book-keeping, accounting, finance, procurement, HR & general administration people who provide corporate support services to HPPSA. (3) National Partnership Team (NPT): The unit has 15 people and is responsible for fundraising, grants administration, networking, public relations, and promotion. HPPSA has about 445 permanent staff made up of various subgroups including project leaders, co-project leaders, program managers, monitoring and evaluation officers, administrators, grant administrator, outreach officers/FOs to mention just a few.

FINANCIAL MANAGEMENT CAPACITY

HPPSA uses Sage Pastel as its accounting software. The financial accounting and reporting framework adopted is IFRS for Small and Medium Enterprises (SME). All HPPSA projects are fully compliant with national laws and donor requirements. The accounts are audited annually and currently by Nexia SAB&T. HPPSA opens separate bank accounts and Pastel Accounts for each donor or funder. Each funded project has a separate financial accounts, their own cost codes, reconciliation, and Trial Balances and General Ledgers. HPPSA prepares monthly status reports which show the budgeted year to date allocation versus actual spend per financial category for each donor. The Board meets quarterly to approve annual budgets, plans, policies and purchases of 100,000 ZAR. The Country Director approves purchases between 5,000 ZAR and below 100,000 ZAR on a 3-quotation basis. All purchases above 20,000 must be recommended by a procurement committee. All financial data is recorded, consolidated, and reported accurately, timely, and in compliance with donor and organizational, policies, systems, and procedures. HPPSA ensures that funds are disbursed only upon proper authorization as per HPPSA systems, policies, and procedures.

5. HPPSA Current Health Footprint and Agreements for Program Implementation in Limpopo Province.

HPPSA currently implements three health programs in Limpopo Province. It works as a sub-recipient in the SADC Elimination 8 grant for South Africa, coordinating two sub-sub-recipients. It is also a sub-recipient to Lubombo Spatial Development Initiative 2 for malaria elimination efforts. Implementation of these projects is in Vhembe, Capricorn and Mopani districts bordering

Zimbabwe and Mozambique, and HPPSA has offices in Phalaborwa, Musina, Mopani, and Musina.

In addition, HPPSA runs two long-term community development projects in the Greater Sekhukhune and Waterberg Districts. In Sekhukhune, HPPSA currently runs Child Aid Tubatse in Burgerfort. In the Waterberg District HPPSA currently runs Child Aid Bakenberg in Lyden. These two projects were established in the early 2000s, have community centres and mobilise communities on various programs including HIV testing services and screening for TB. It was through these two centres that HPPSA received USAID funding through the University Research Council to run a TB program between 2010 and 2014. (For more information, see the past performance section below.) HPPSA has letters of support for the implementation of all the programs in Limpopo Provinces and an outstanding MOU with Department of Health at the finalisation stage with the legal Department.

6. HPPSA Past Performance

The impact of HPPSA's projects has been far-reaching and helped to reduce mortality and morbidity from HIV and related co-infections. For example, HPPSA's Total Control of the Epidemic (TCE) work was evaluated in 2010 and 2013 with outstanding results in the GTM [Greater Tubatse Municipality] area. Approximately 92.9% of respondents in the GTM area said TCE had made lasting changes in their lives in relation to HIV/AIDS. 93.8% said TCE increased their resolve to know their HIV status. And 90.2% said TCE had positive impacts on their sexual behaviours and practices. These results are an overwhelming endorsement of the impact of HPPSA's approach. Below we provide some other examples of the kinds of programs HPPSA has implemented with various partners, highlighting the key results

1. USAID funded FPD led Community Based Counselling and Testing

Under the Community Based Counselling and Testing (CBCT) program (2015 to 2018), HPPSA's approach was to focus on the districts where the program was mostly likely to reach people who were HIV positive. With a budget of 98 million ZAR, HPPSA employed 35 Field Officers in each of the selected districts and each one covered a population of about 3,500 people. The Field Officers provided home-based HIV testing and counselling (HTC) to 8 people each per day for 4 days a week. The 5th day was used for providing support to those with a positive result to access clinics and ART initiation. Between March and September 2015 under an FPD-funded CBCT program implemented in Nelson Mandela Bay (EC), Gert Sibande (MP), and Mopani (LP), HPPSA provided HCT to 510,526 individuals (or 129.9% of 392,716 people targeted) using Systematic Home-Based Testing, Index Patient, Mobile and Twilight modalities. 99.3% of people who received HTC were also screened for TB and 99.3% were screened for STIs, with 25,512 referrals to further diagnosis. All the people who referred and successful linked for treatment were supported to complete the treatment through the TRIO's systems and through regular follow ups.

2. NDOH-funded HPPSA-led "Expanding Services and Strengthening Systems for the Implementation of the comprehensive plan for HIV and AIDS in South Africa" program

Under the NDOH program (2008-2012), HPPSA implemented its TCE door-to-door model in 4 districts - Westrand (GP), Sekhukhune (LP), Amathole (EC) and iLembe (KZN). HPPSA reached 1.1 million people with educational messages, 58,000 students through school programs, 40,000 children through community-based clubs and distributed 11 million condoms by the end of the program. The program also trained 7,500 local leaders, formed 3,150 personal support groups (TRIOS), and helped establish 900 vegetable gardens to supplement the nutrition of PLHIV. As

part of the comprehensive provision of HIV testing services, all people reached were educated and screened for TB, those with TB like symptoms referred for diagnosis, and those diagnosed with TB received treatment adherence support from FOs and TRIO members.

3. USAID-funded/URC-led “Strengthening TB Services in TCE” program

From 2010-2011 and 2013-2014, HPPSA was contracted by the University Research Company under a USAID project in the Waterberg and Sekhukhune districts (LP) and conducted community-based door to door TB screening and referrals for diagnostics. The HPPSA team further provided home visits and treatment adherence support to people notified with TB, and traced people with TB lost to follow-up to support reintegration into care in collaboration with clinics. By the end of the project, 670,000 people received TB education, 239,791 people were screened for TB, 4,040 individuals were referred for further TB diagnosis, 891 PWTB lost to follow up were traced and returned to treatment, and 1,982 TRIOs were formed to support TB client’s adherence to treatment.

4. KfW-funded/FPD-led “Community Based HIV Counselling and Testing” program

Under the KfW-funded/FPD-led CBCT program, with a budget of 58.7 million ZAR HPPSA employed 70 Field Officers in the Eastern Cape (Nelson Mandela Metro – Port Elizabeth). Between January 2017 and March 2020, HPPSA reached 516,110 people and educated them on HIV, TB and NCDs. As part of the program, all adults 15 years and over were screened and referred for various services. 513,094 people were screened for TB and 325,502 for NCDs. 29,976 people with TB-like symptoms were referred for diagnostic services. Moreover, Field Officers tested 48,766 people for hypertension with 1,061 recording abnormal readings. 31,987 people were tested for diabetes and 272 recording abnormal readings were referred for further management.

5. USAID-funded/FHI360-led “DREAMS” program

Under the USAID funded/FH360-led DREAMS program (October 2016 to September 2017), HPPSA provided HIV testing services to adolescent girls and young women and their male sex partners in the eThekweni and uMkhanyakude Districts of KwaZulu Natal. In total, HPPSA reached 172,261 male sex partners, 61,852 adolescent girls and young women and distributed 2,236,490 condoms. The program budget was 45.7 million ZAR.