Tuberculosis in the Mining Sector in Southern Africa

End-term Review (Phase 3)

REPORT

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TIMS
TB IN MINING SECTOR IN SOUTHERN AFRICA

December 2024

The End Term Review (ETR) of the TB in the Mining Sector (TIMS) Project Phase III evaluated the project's impact from July 2021 to December 2024, focusing on addressing TB, HIV, and other occupational lung diseases among ex-miners and mineworkers in SADC Member States. This assessment examined the project's relevance, effectiveness, efficiency, networking, and sustainability, highlighting successes and challenges based on interventions implemented in Phase III. By capturing lessons learned and best practices, the review aimed to inform future initiatives and ensure access to quality TB prevention and treatment services while improving living and working conditions for key populations, aligning with the SDG 20230 targets and the 2012 SADC Declaration on TB in the Mines.

List of Acronyms/Abbreviations

ASM	Artisanal and Small-scale Mining
AU	African Union
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
CBRS	Cross Border Referral System
CCM	Country Coordinating Mechanism
CITAM+	Community Initiatives of TB, AIDS, Malaria and other Diseases
CLM	Community Led Monitoring
CoMs	Chamber of Mines
CRG	Community Right and Gender assessment
DHIS 2	District Health Information System 2
DRC	Democratic Republic of Congo
ECSA-HC	East, Central and Southern Africa Health Community
ETR	End Term Review
FGD	Focus Group Discussion
GF	Global Fund
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
IEC	Information, Education and Communication
IOM	International Organization for Migration
KII	Key Informant Interviews
KVP	Key and Vulnerable Populations
LFA	Local Fund Agent
MBOD	Medical Bureau of Occupational Diseases
MDR-TB -	Multidrug-resistant TB
MHSC	Mine Health and Safety Council
MoH	Ministry of Health
MS	Member States
NEPAD	New Partnership for Africa's Development
NTP	National TB Programs
OECD/DAC	Organization for Economic Cooperation and Development/Development Assistance Committee
OHS	Occupational Health and Safety
OHSC	Occupational Health Service Centre
OP	Operational Plan
PF	Performance Framework
PLHIV	People Living with HIV
PR	Principal Recipient
PUDR	Progress Update Disbursement Requests
PWTB	People With Tuberculosis
RCM	Regional Coordinating Mechanism
SADC	Southern African Development Community
SAMA	Southern African Miners Association
SATBHSS	Southern Africa Tuberculosis and Health Systems Support Project
SDG	Sustainable Development Goals
SETC	SADC End TB Committee
SOP	Standard Operating Procedure
TA	Technical assistance
TB	Tuberculosis
TEBA	The Employment Bureau of Africa
TIMS	TB in the Mining Sector in Southern Africa
ToC	Theory of Change
TOR	Terms of Reference
TWG	Technical Working Group
UNHLM	United Nations High Level Meeting
WHO	World Health Organization

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Acknowledgements

The Evaluation Team is most grateful to all those who extended assistance and shared their time and their thoughts and reflections in support of the Evaluation. Particular thanks are due to the Ministries of Health, Ministries of Labour, Key and Vulnerable populations under TB in the mines, the Regional Coordinating Mechanism and its secretariat as well as the Chambers of Mines, who assisted the Team, as well as to the management and staff of ECSA Health community who hosted the Team on the short field visits to the countries. Appreciation is also extended to representatives of the TIMS oversight committee who were unfailingly helpful.

The Team also appreciates the willingness of representatives of Key and Vulnerable populations' organizations and civil society organizations who dedicated time to share their reflections on implementation of the TIMS project.

The Evaluation Team also wishes to extend its particular thanks to the Global Fund for the generous amount that was used during TIMS III project, supporting mine workers, the ex-mine workers, the peri-mining communities and the mining industry.

We also thank Dr Patrick Lungu and Miss Nomsa Mulima for supporting the execution of this undertaking and Members of Parliament of Lesotho and Zambia respectively Honourable Mokhuthu Makhalanyane and Honourable Dr Chris Kalila who availed themselves to provide their insights to the Evaluation Team.

Finally, we are grateful to the Southern African Development Community (SADC) and New Partnership for Africa's Development (NEPAD) for supporting the evaluation in TIMS III.

Executive Summary

Background

The mining industry has significantly contributed to the economies of several SADC Member States, yet it has also caused diseases. One such disease is tuberculosis due to exposure to silica dust that weakens human lungs. HIV is another factor that increases the risk for TB. In response to this challenge, Heads of State of SADC made a TB in the mine's declaration in 2012, identifying TB, HIV and other lung diseases as priorities to be addressed. Global Fund supported this initiative through TB in the Mining Sector (TIMS) Project which has been implemented under Phase I, II and III. Phase III was implemented from July 2021 to December 2024. Phase III aimed at building on successes and lessons learned from phase I and phase II . Phase III also aimed at making sure that key population (ex-miners and mineworkers) have access to quality TB prevention, treatment services, improved working and living conditions. This End Term Review (ETR) aimed to assess the impact and outcomes of TIMS phase III. This forward-looking evaluation focuses on the relevance, effectiveness, efficiency, networking, and sustainability of the project. The review captures lessons learned, best practices, and provides recommendations for future project designs.

Methodology

This is a mixed design: qualitative and quantitative. Primary and secondary data collection sources have been used. We developed a semi-structured questionnaire that aimed at understanding the overall progress and achievements of the Global Fund TIMS III project against expected results, the extent that previous recommendations of the progress update disbursement requests' recommendations been implemented, the most effective component, the least effective component, the approach used in strengthening implementation, the governance mechanisms and the need for sustainability beyond Global Fund.

We conducted site visits with face-to-face interviews targeting key informants (as per attached annexure 3 of this report) including Focus Group Discussions (FGD), desktop research and review of existing documents to 4 countries which are South Africa, Botswana, Lesotho and Zambia. The remaining countries were reached through online questionnaires. Review of documentation and studies covered all countries.

Key informants were identified during a discussion with ECSA-HC colleagues, where NTP staff, other State departments or ministries, NGOs, Key Populations, RCM, CCM, officials from labour ministries, mineral affairs ministries, SADC, NEPAD and various Partner organizations were identified and interviewed. Secondary data sources relevant to the evaluation objectives were also reviewed. This review was conducted with the understanding that the RCM provided an oversight, but was not involved in the day-to-day project management.

Data collection tools were peer-reviewed for consistency with ECSA-HC's performance evaluation framework and were approved by the ECSA-HC technical team. The tool was piloted before the actual interviews.

In each country visited, permission to conduct the interviews was requested through a formal written communication from ECSA-HC directorate. Verbal informed consent was requested before each interview. The purpose of the interview was explained to respondents prior to interviews. All individuals interviewed consented to the interviews. The SA interviews were presided over by Dr Martin Enwerem to avoid bias and maintain balance, as lead consultant serves under the NTP of South Africa.

Findings

TIMS III had 15 interventions and 58 key activities. We found that the completion rate of activities was 97 %. The evaluation shows that the TIMS project was generally implemented as per the approved plan. TIMS III project was implemented in a differentiated fashion, and countries were actively involved in

shaping the implementation of the project with varying capacities and capabilities as different countries had different priorities under the same module. The review found that the governance structures were established, and the terms of reference clearly defined as planned. In addition, these structures were presented to the SADC Health Ministers' forum. SADC End TB Committee (SETC) was established as part of the sustainability plan of action. The review found that technical support was also provided to countries to develop their multi-sectoral action plans towards addressing their specific national priorities.

In view of the differentiated approach, 13 countries have mining activities, excluding Seychelles, Mauritius and Comoros. The review found that all the 13 countries have included TB in the mining sector in the TB Strategic Plans which is a major achievement for the project. This has paved the way for implementation of TB in the mining sector activities within the countries. The project has helped to mobilize resources domestically and internationally, bringing the ideology of sustainability as TB in the mining sector is no longer viewed as a project but is incorporated in existing programmes. Worth mentioning are the concerted collaborative efforts with the mining industries that contributed to an increase in finding the missing TB cases through mass TB screening organized by the mining authorities, working closely with the NTP programs.

Furthermore, Zambia has established a TB situation room and good reporting systems in addition to having a functional technical working group (TWG). Mozambique has strengthened community health services to improve TB screening, finding TB missing cases and retain them in treatment, in addition to a well functional occupational health clinic strategically located at the border between South Africa and Mozambique.

Under module 2, Mozambique, Lesotho, South Africa, and Zambia received technical assistance to develop and implement action plans for strengthening compensation system in line with regional and international best practices. The review noted that Zambia, Lesotho and South Africa, have revised their legal/regulatory frameworks, which now recognize TB and silicosis as compensable occupational diseases. We also noted that despite the fact that Eswatini was not part of the 4 targeted countries under this module, the country has also taken the initiative to review their regulatory frameworks to recognize that TB and Silicosis are compensable. This shows how effective the project has been in sensitizing decision makers and raising awareness on TB in the mines interventions as a response to the SADC declaration.

DRC and Angola on the other hand, have not made progress towards implementing the TB declaration due to funding issues. These 2 countries have not established labour unions, yet these are very critical for key vulnerable populations involved in small-scale mining.

Under Module 3, the review noted remarkable achievements, with the establishment of the one and only regional data repository, which now houses TB data for all SADC countries. We noted that this repository has enabled ease in preparation of the annual TB reports, another novel achievement through the project.

Under Modules 4 and 5, the review noted the support to conduct the CRG assessments in 6 countries, and the development of actions plans based on the findings, and that these action plans are currently being implemented in 5 of the 6 targeted countries. Outstanding, is that the action plans have pushed countries to address barriers in accessing TB services, and all other health care services in general, remarkably contributing to improved service delivery. The review also noted the establishment of multidisciplinary TWGs at district levels in Zimbabwe, Madagascar and Eswatini, who now convene regularly to monitor implementation of the action plans and address complaints/barriers reported through the Community led Monitoring systems.

TIMS project management was sound, ECSA-HC was found to have good governance and management mechanisms. The review noted the good working relationship with the Regional Coordinating Mechanism that provided project oversight.
Overall, the TIMS project enabled countries to network, communicate, share information among themselves. The review also found that the TIMS project provided a platform that linked countries through webinars which supported dissemination of WHO normative guidance.
Despite the significant progress in addressing the SADC Declaration within Member States through the TIMS project, the review also acknowledge the gaps that were visible. For instance, with the established SETC, the review could not ascertain how the structure will be sustained moving forward. This was much glaring with interviews conducted with the SADC secretariat. With the SOPs developed, countries' actions towards taking up these SOPs are snail-paced. With the ending of the GF support, follow up on uptake of the SOPs may be left hanging in the air for much longer. It was also unclear how SADC and MS envisioned continuation in implementation of the transcended CBRS. It is indeed a much-needed system in the region and beyond, however the system requires enormous capital. The ASM survey which was conducted through TIMS received high criticism, as results were viewed as underrepresenting the magnitude of ASM in the region. With the established CLM, we also foresaw challenges in its uptake, notably the fact that the project support covered mini-pockets (geographically) and not nationally, the fact that active data collection only happened during the project support, and the fact that the OneImpact platform comes with a price tag, sustainability of the whole CLM may be compromised moving forward.

The review also looked at the available Global Fund performance reports. We noted that the grant was allocated poor programmatic and poor financial performance for year1 and year 2. Based on views of beneficiaries on the ground, the rating did not represent the actual implementation on the ground. We did not see the year 3 performance report, thus conclusion based on the opinions of people interviewed is that the grant improved on performance in year 3. The late start of the project, late disbursement of funds was identified as challenges, which may have contributed to the poor performance alluded to in the GF Performance report Year 1 and 2.

Conclusion

TIMS phase III has been crucial to the region's response to the duo epidemic of TB and occupational lung diseases. The project excelled in bringing about a coordinated response by all SADC member states and characterised by multisectoral and multinational participation. The collaborative approach used helped bring stakeholders in-country and between countries together, this helped create best practices and lessons learned that were shared. Sustainability arrangements are in place in most Member States, with MS having included the TIMS initiatives in their local funding mechanism. TIMS III conducted various studies that have informed policy at service delivery, national and regional levels. The Project enhanced the participation of the private sector, the project has strengthened the programmatic approach to occupational health, enhanced cross border patient referral system alongside collaboration between SADC member states in the whole TB response. Additionally, TIMs III has been central to enhancing the role and participation of the key vulnerable population through formation of regional platforms. The SETC has been successfully established, hopefully the structure will secure sustainability of TIMS III interventions. Overall, the evaluation team found TIMS III to be relevant and effective as a response to the call by the Heads of State to collectively respond to ending TB in the mining sector, as well as ending TB in the general population.

Recommendations

With the aforementioned findings and gaps, the review recommends for consideration the following:

1. The SETC to be capacitated with a Secretariat within SADC to carry over the responsibilities previously allocated to ECSA-HC and the RCM in order to support implementation of the SADC

TB Strategic Plan. A deliberate effort through SADC and SETC in mobilizing resources should be high priority.

2. SADC, Member States and SETC Secretariat to support implementation of CBRS. Member States need to sign data sharing agreements to enable expansion of CBRS.
3. Member States to include TB in the mining sector activities in future Global Funds' funding requests.
4. Member States to implement Community Led Monitoring systems through funding from other sources.
5. Member States to conduct CRG's assessments periodically.
6. There is a need to conduct further surveys and mapping activities of the artisanal small-scale mining establishments.
7. Compensation systems to be strengthened in all Member states with mining activities.

Implementation of these recommendations will enhance sustainability of TIMS's project outputs.

1. Introduction

PROJECT DESCRIPTION

1. Background and Rationale for the Program

1.1 Background

Tuberculosis remains a major global health challenge with an estimated 10,8 million cases and 1.25 million deaths during the year 2023 (1). This is correct for the general population and more so for special populations like people working and living in the mining environment in high TB burden countries. Mining contributes significantly to the economies of southern African countries; however, this comes at a cost, with the region being highly burdened by TB (2). The issue of TB in the mining sector is intricate, and goes beyond just mine workers, extending to the communities around the mines and to communities in labour sending areas due to frequent movements of mineworkers to and from their homes. As a key and vulnerable population to TB, mineworkers also face numerous structural and systemic barriers, such as socio-economic inequalities which hinder their access to TB and occupational health services. These communities are often poor, have low incomes and therefore are not able to access comprehensive health care services due to their inability to negotiate health insurance from their employers. This barrier is most notable in artisanal and small-scale miners (ASM).
Ending TB requires a multi country collaborative response involving ministries of health, labour and mining; and between governments, private sector (mining companies) and mineworker organizations such as labour unions and ex-mineworker associations among others (3,4).

Recognizing the TB and TB/HIV burden in the mining sector, and the extent to which these and other occupational lung diseases, such as silicosis, have been eroding the potential contribution of the mining sector to the economic development of the region, at a summit held in August 2012 in Maputo, the Republic of Mozambique, Heads of State and Government of the Member States of SADC) adopted a Declaration on Tuberculosis (TB) in the Mining sector whose aim is to combat the high burden of TB, HIV infections and other occupational diseases, in the mining sector, and mitigate their negative impacts on the potential contribution of the mining sector to the economic development of the region(2).

The Southern Africa Regional Coordinating Mechanism (RCM) designed a multi-country response through a funding request that was submitted to Global Fund. This project was designed as a catalytic response towards ending TB in the mines. The project has been implemented through three project phases, TIMS I, TIMS II and TIMS III. Under TIMS Phase III, a grant of US$10.5 million was allocated to continue implementation of the project, from 1st July 2021 to December 2024. ECSA-HC was identified as the Principal Recipient, under the oversight of RCM. TIMS III aimed at strengthening coordination of TB care and prevention in the mining sector in Southern Africa, while promoting sustainability through country grants and other funding mechanisms through other donors, governments and additional GF grants. The target populations were mineworkers, ex-mineworkers, their families and communities in Southern Africa. TIMS phase III further supports the SADC TB Strategic Plan and an operational plan to implement the SADC declaration on TB in the mines (5).

1.2 TIMS Phase III- The Context

The SADC provided statutory commitment to the programme (2) and galvanized the Global Fund (GF) to support a regional TB response in the mining sector. With the inclusion of all SADC Member States, differentiated and multi-phased approaches were adopted, appreciating that countries had different needs and were at different stages in responding to the call from the SADC Heads of State to eliminate TB and other occupational lung diseases related to mining. This resolution was informed by the fact that all the 16 SADC Member States are implementing the SADC End TB Strategy 2020 – 2024. With the award of the grant to support Phase III implementation, the RCM appointed the East Central and Southern Africa Health Community (ECSA-HC) to be the Principal Recipient (PR) of the grant. The role of the PR was to manage the grant to maximize region-led efforts to address the high incidence of TB amongst mineworkers, ex-mineworkers, their families and communities around mines as well as in labour-sending areas in line with the SADC Declaration on TB in the Mining Sector.

In designing Phase III of the project, the RCM considered several issues including lessons from previous phases of the project, need for sustainability of TIMS initiatives in the region and the variation amongst the SADC countries of the TB problem in the mines, among others. In terms of the scope, this phase included all SADC countries as all needed to implement the Declaration of TB in the Mines protocol which has hitherto been implemented in a fragmented manner.

1.2.1 Goal and Objective of the TIMS project

The overall goal of the project was to contribute to achievement of the SDG 2030 targets for TB in all Southern Africa countries through reduction of TB burden amongst key populations. Key populations being ex-mineworkers, mineworkers and their families and peri-mining communities.

1.2.2 Objective of the TIMS project

The main objective of the project was to ensure key populations in southern Africa have access to quality TB prevention and treatment services and improved working and living environment.

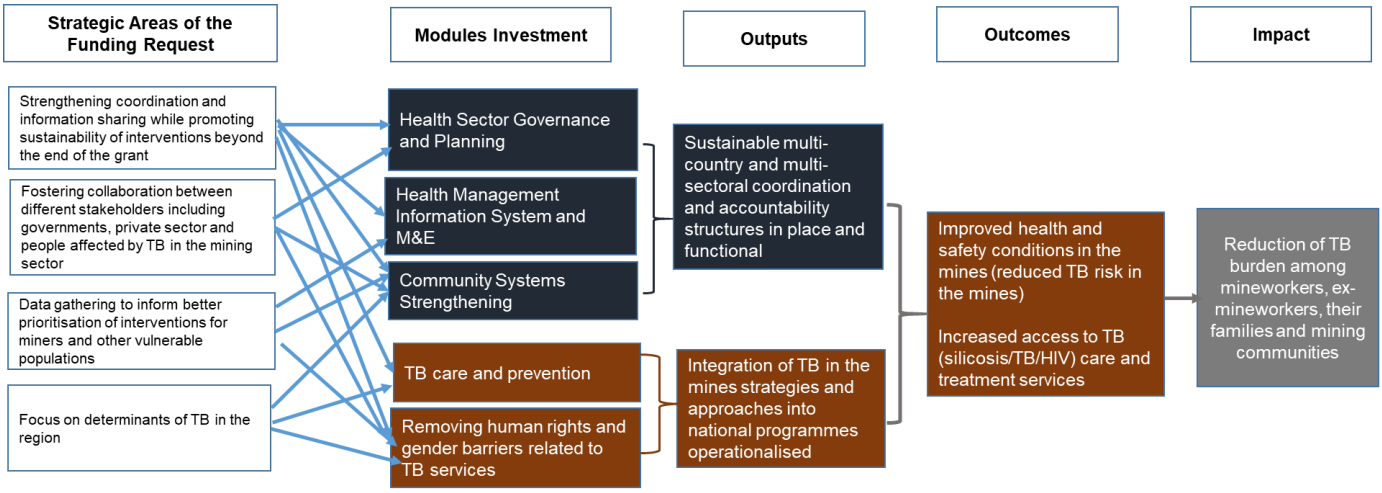
1.3. Expected outputs of TIMS Phase III

Overall, the grant was intended to:

Output 1	Strengthen multi-country collaboration amongst key stakeholders to ensure integration of project interventions in national programmes;
Output 2	Involve key national level stakeholders including TB programs, occupational health, mine health and safety and compensation stakeholders in the development of national programmes to ensure linkages and synergy to counter TB in the mines;
Output 3	Implement interventions that are tailored to country contexts cognizant of variations of capacity and scope of interventions from country to country

Output 4 Strengthen partnerships between public and private sector, including labour unions and chambers of mines, especially for countries where the public resources may be inadequate to sustain TB in the mines services.

Figure 1: Summary Expected outputs of the project(6).



1.4. The purpose of the assessment

As Phase III came to an end in December 2024, the project was due for an End-Term Review (ETR). The purpose of this report is to outline findings, identify gaps and make recommendations based on the findings of the review. This forward-looking evaluation focused on the relevance, effectiveness, efficiency, networking and sustainability of TIMS Phase III interventions. The review captured lessons learned, best practices, and recommendations for future project designs.

2. Methodology

2.1. Description of the assessment approach

The overview of the evaluation is highlighted on figure 2 below:

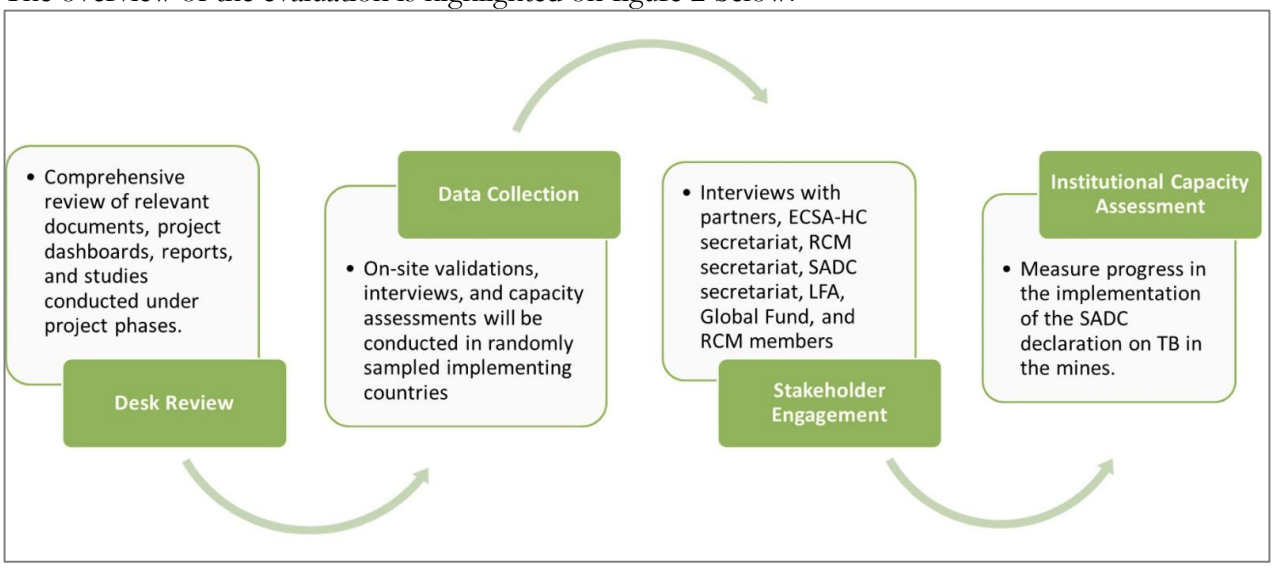


Figure 2: Information gathering process for TIMS Phase 3 ETR.

2.2. Methods used

The overall ETR covered the period 1st July 2021 to 30th December 2024, with the understanding that the grant received a no-cost extension of six months, from 1st July 2024 to 30th December 2024. The ETR conducted as Desktop review, looking at records and documents including the PUDRs submitted in year 1 (July 2021-June 2022); year 2 (July 2022-June 2023) and year 3 (July 2023 – June 2024); reports and slide presentations made to the GF and the project coordination structures (RCM and oversight committee) covering the same period were also reviewed.

Data collection tools were developed including a structured questionnaire which was sent to all 16 countries in google forms. Data collection tools were peer-reviewed for consistency with ECSA-HC's performance evaluation framework. The tool was piloted before interviews.
Face-to-face interviews were conducted in Lesotho, Botswana, Zambia and South Africa and remaining countries interviews were conducted virtually.
The funding request submitted to the Global fund, the Performance framework and the grant work plan were used as reference documents to measure grant performance during the ETR.

The ETR applied a mixed method, using both qualitative and quantitative approaches to establish relevance, effectiveness and efficiency of the project. Due to the nature and design of the project, responses from key informants were mainly qualitative. Considering that the grant outputs were structured as Workplan Tracking Measures in the performance framework, the evaluation processes leaned more towards qualitative methods and quantified outputs based on the milestones for completion of activities.

It is worth mentioning here that RCM only provided oversight, not project management, thus responses from RCM substantiate findings on grant oversight.

The table below gives an Overview of the evaluation methods

Table 1: ETR Evaluation Methods

Method	Data sources	Targeted sample
Desk Review	**Project documents:** Funding request, project implementation plan, annual workplans, Performance Framework, PUDRs, survey reports, Module activity reports, minutes of meetings **External documents**: SADC TB Strategic plan, SADC Declaration on TB in the mines, the End TB strategy	PR, RCM, SADC MS
Structured questionnaires	NTP Managers questionnaires KVP Questionnaire Civil society questionnaire	SADC MS, KVPs, civil society NTPs, Chambers of mines, labor ministries, mineral councils, mineral affairs ministries.
Key informant interviews	**Grant oversight:** RCM and secretariat, GF Country team, Grant management : ECSA-HC **Grant implementation :** SADC, KVPs, civil society	RCM and secretariat, PR (Module leads, finance, project coordinator) Civil society organizations, SETC representative, NTPs

As all 16 SADC countries were meant to benefit from the grant, thus the ETR considered all the SADC MS. However, due to time and financial constraints, only 4 countries (South Africa, Lesotho, Zambia and Botswana) were visited. The selection of the countries visited was predetermined by the PR, with consensus from the Global Fund Country team and the LFA. From the understanding of the evaluation team, these four countries were selected based on the following criteria:

Table 2: Country sample selection criteria

Country	Selection rationale
South Africa	The epicenter of TB in the mines in SADC region, with the other countries benefiting from SA compensation and it being the biggest employer in the mining industry
Lesotho	One of the labor sending countries in the mining industry and a country that has benefitted from the programme since the inception of the TIMS project
Zambia	A large mining community, benefitting from the TIMS project since inception and exuding a differentiated approach to South Africa in compensation systems and addressing issues of occupational health
Botswana	Ideal as SADC offices are in Botswana, a country that has demonstrated high impact in addressing TB in the mines and country that has also benefited since inception of the TIMS grant.

During the ETR, interviews were conducted with major stakeholders including the PR, the RCM Chair and secretariat, KVPs, NTPs, SETC representatives and Members of the Parliamentary TB Caucus groups. The following specific objectives of the End of Term Review (ETR) were considered:

- Assessment of the effectiveness of strategies and implementation of interventions,

- Evaluation of the relevance, effectiveness, and efficiency of TIMS strategies in achieving project outcomes,
- Assessment of the project implementation progress against stated outcomes and outputs,
- Review of progress in implementing recommendations from PUDRs,
- Evaluation of interstate collaborations in ending TB in the mines,
- Assessment of institutional performance of key entities involved in project implementation.

The information gathered was then summarized according to the project modules and interventions as per the table below to address each of the ETR objectives and identify priorities for primary data collection.

Table 3: Interventions by Module

Module	Interventions	No. of countries	Countries covered
1. Health sector governance and planning	Operational Plan for Declaration of the TB in the Mining Sector	16	All SADC Member States
	Establishing regional coordination governance structure for TIMS	16	All SADC Member States
	TIMS oversight (RCM)	16	All SADC Member States
2. TB care and prevention	Strengthening TB/Occupational Health compensation systems	4	Lesotho, Mozambique, South Africa, Zambia
	Strengthening private sector TIMS initiative	7	Botswana, Namibia, Tanzania, Zambia, Zimbabwe, DRC and South Africa
	Strengthening Mine Health and Safety SOPs	9	Botswana, Mozambique, Namibia, South Africa, Tanzania, Zambia, Zimbabwe, Angola and DRC
3. Health management information systems and M&E	Strengthening CBRS	10	Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe
	Regional TIMS dashboard	16	All SADC Member States
	Survey - TIMS survey in 3 additional countries	3	Angola, DRC and Madagascar
	Surveys- ASM mapping	8	Malawi, Mozambique, Namibia, Tanzania, Zambia, Zimbabwe, DRC and Madagascar
	Lessons and evidence sharing	16	All SADC Member States
4. Removing human rights and gender related barriers to TB services	CRG assessments	6	To be selected
5. Community systems strengthening	Community based monitoring	6	To be selected
6. Grant management	Grant management	16	All Member States

2.2.1. Evaluation Framework and Definitions

The evaluation was guided by the objectives/key questions laid out in the Terms of Reference (TOR). We used an **Evaluation Framework (Table 2)** as an overall practical approach to this evaluation to translate the proposed evaluation objectives/key questions in the TOR and the contextual issues into a programme of work. For each evaluation objective/key questions, the framework outlines data sources, tools for data collection, and assumptions to guide the evaluation.

The framework was finalised after consultations with the reference team at ECSA-HC and extensive review of documents describing the theory of change (ToC) of the project, including the project performance framework and mid-term review report.

The underlying assumptions that informed the ToC were critical in informing developing detailed evaluation questions, identification of indicators, relevant data sources, and developing data collection tools.

We adopted the (Organization for Economic Cooperation and Development/Development Assistance Committee) OECD/DAC definitions to articulate the key areas of the end-term evaluation as described in section below(7).

Table 2. Summary of Definitions of Criteria for End-term Evaluation of the Global Fund Tuberculosis in the Mining Sector Project
Relevance: The extent to which the project objectives and design respond to the need of countries and partner/institutions, local and international policies, and priorities.
Effectiveness: The extent to which the project achieved its objectives, and its results as per key deliverables of each module.
Efficiency: The extent to which the project delivers on the objectives, the right way meaning within time allocated, budget availed and utilizing resources available for the project; delivery of results in an economic and timely way.
Sustainability: The extent to which the net benefits of the project intervention continue or are likely to continue.
Networking/Linkages: Established mechanisms for sharing information, ideas between countries in the region. Development of mutually beneficial relationships among member states.
Lessons learned: Documented areas worth sharing during the performance of the project. The learning gained from the process of performing the project.

2.2.2 Data analysis, validation and reporting

We used a combination of quantitative and qualitative for data analysis. Quantitative data was collected using an excel sheet or google forms. Data collected through google forms was downloaded using excel. Qualitative data was analysed using comparison and triangulation. Key themes were identified and reported on. The themes were set out using the project modules as well as the OECD/DAC criteria for programme evaluations. Thematic analysis were performed after collecting data from various stakeholders.
The Draft Preliminary Findings Report was produced and submitted to the PR on 30th December 2024, following which the team continued to gather additional information from key informants as agreed with the PR and now the report is complete.

2.2.3 Ethical issues

Verbal informed consent was administered before each interview. The purpose of the interview was explained to respondents prior to interviews. Individuals who did not give consent were not interviewed. The SA investigation was presided over by Dr Martin Enwerem to mitigate the bias as lead consultant serve under NTP South Africa. In line with ethical issues, the body of the report has excluded person names and any other personal identifiers.

2.3 Limitations of the End Term Project Evaluation

Due to financial constraints, not all the project countries were interviewed face-to-face. Thus, the blended approach was executed. A structured questionnaire was developed and shared with NTP managers, unfortunately, 14 of the 16 countries responded to the questionnaires. Where interviews were conducted virtually, representation of KVPs was limited as questionnaires were directly administered through the

NTPs. The review team did not receive feedback from the Global fund, thus views of the GF are also missing in the report.

3. Findings

The initial TIMS III grant period was from 1st July 2021 to the 30th June 2024. However, a no-cost extension was given to the PR, supporting the grant until 31st December 2024. The TIMS III grant was premised on the following theory of change, according to the funding request:

1. **IF** the TB in the mines regional governance structure is functional and interventions for TB in the mines are integrated into country programmes, **THEN** countries will increase the coverage of TB and OH services for key populations and the services will be sustained beyond the grant period.
2. **IF** data on TB risk factors and TB treatment coverage is available and used to design interventions at regional level, **THEN** access to TB and OH services will be increased, and this will contribute to reduction of TB burden among the key populations.
3. **IF** countries improve OH and compensation systems and mine health and safety regulations, guidelines and SOPs, **THEN** working conditions in the mines will improve beyond the period of this grant and the decrease of TB incidence among mineworkers will be sustained.
4. **IF** human rights and gender barriers are identified and relevant interventions implemented, **THEN** access to OH and TB services by key populations will improve and TB incidence will decrease.

Therefore, to the understanding of the ETR, all activities implemented served to achieve the above theory of change.

A number of activities were implemented during the grant period, some of which yielded unprecedented results beyond the expected outcomes. Despite the late start of the project, the PR accelerated implementation in the 2nd and 3rd year of project implementation, resulting to achievement of most of the planned activities. Out of the 58 planned activities (according to the grant implementation plan), 97% of the activities were fully implemented. The ETR however noted that in as much as the PR achieved above 97% of planned activities, some interventions although completed were not satisfactory according to reactions from key informants.

For an elaborate understanding of the results, the ETR findings herewith are packaged according to the modules as outlined in table 3 above. The findings per module are presented in the following section as follows:

3.1 Module 1: Health Sector Governance and Planning

The module presented an opportunity to strengthen governance around implementation of the SADC TB in the mines Declaration. The interventions implemented to support governance were a) establishment of a regional Governance structure that will coordinate implementation of the SADC Declaration and the TB

in the Mines Protocol. This structure was expected further take over the roles and responsibilities of the RCM, including resource mobilization post the TIMS grant; b) The development of a guiding document, which countries would benchmark on as guidance in implementing the **"Asks"** by the SADC Heads of State; c) Under the GF support, the grant was expected to facilitate convening of the governance structure meetings, support tracking progress towards implementation of the declaration as well as reporting on progress to the Heads of State.

3.1.1 Domestication of the SADC Declaration on ending TB in the Mines:

Mindful that a number of Member States (MS) implemented the declaration sub-optimally, phase III took the approach to unpack the declaration, enabling identification of initiatives that MS could take up for implementation. An Operational Plan (OP) was developed. Findings also reveal that the operational plan was printed and circulated in Member States. Further to the dissemination, in-country meetings were convened to support sensitization and domestication of the operational plan. Country specific action plans were also developed. These country action plans have fostered prioritization of TB in the Mines activities in the current National TB strategic plans. Countries benefiting from the domestication were Angola, Botswana, DRC, Madagascar, Malawi, Mozambique, Lesotho, Namibia, Eswatini, South Africa, Tanzania, Zambia and Zimbabwe. ECSA-HC and SADC also supported monitoring the implementation of these action plans.

The ETR found that there was progress made in several areas, such as: all 13 countries have included TB in the Mines activities in their national TB strategic plans post the domestication of the OPs; Out of the 13 supported countries, seven (7) (54%) have made traction in implementation of their action plans, further including activities in their OPs in the Global Fund GC7 applications. Eswatini reported that they are revising their outdated regulatory framework for the mining sector as one of the activities on their in-country action plan, whilst Lesotho has introduced their new Occupational Safety and Health (OSH) Act 2024, and the MAF TB (Multi-Annual Framework for Tuberculosis) is in the approval processes. Mozambique has established Occupational Health and Safety centres across the country, which is far beyond the ones established in the early stages of TIMS under Phase 1&2. All these translate to the implementation of the in-country action plans responding to the SADC declaration on TB in the mines. Post the domestication, countries have established a standing agenda to discuss TB in the mines' issues in their in-country TB TWGs, which is something that was overlooked in the past. The table gives a highlight of MS status in inclusion of TB in the mines activities before and after domesticating the OP.

Table 4: Domestication of TIMS Operational plan

Country	TIMS initiatives included in NSP before TIMS III	Action plan developed and TIMS initiatives included in TB NSP
Angola	NO	YES
Botswana	NO	YES
DRC	NO	YES
Eswatini	NO	YES
Lesotho	YES	YES
Madagascar	NO	YES
Malawi	YES	YES
Mozambique	YES	YES
Namibia	YES	YES
South Africa	NO	YES
Tanzania	YES	YES
Zambia	YES	YES
Zimbabwe	YES	YES

The domestication of the OPs at country level further facilitated establishment of Multisectoral National Technical Working Groups (TWG), as countries comprehended the need for a multisectoral approach to

ending TB. TB in the mines is now a standing agenda for discussion during the TWG meetings, ensuring strong collaboration among TB programs and TIMS stakeholders. For instance, the review established that Eswatini and Namibia regularly convene the TWG meetings using their in-country funds, which also spoke to sustainability and guaranteed implementation of planned TIMS activities. The existence of the TIMS Technical Working Group (TWG) presents a significant opportunity to ensure that stakeholders are effectively engaged in supporting the implementation of activities related to TB in the mines.

Countries also implement TIMS activities under different stewardship, depending on the country context. For instance, in Lesotho, the activities are coordinated under the ministry of Labour.

> *"For us we took a different approach, the Ministry of Labour is the one spearheading TIMS initiatives. This was because the NTP is overburdened, and we tried to find another organ that would effectively support implementation. This came as a country resolution from the Heads of Ministries and we are fine with the arrangement, it works well for us as a country"* **Lesotho.**

> *Before TIMS III, we did not engage the civil society organizations in our meetings as Government, we never even thought of involving other entities such as the Chamber of Mines and the other ministries in our planning meetings. Now these parties are invited to our meetings. Of course, the project has contributed to the way we have aligned our TB in the mines initiatives"* **Botswana.**

Although this activity was reported as fully implemented, it was scored 7/10, in relation to the lack of monitoring tool to track where countries were in implementing their action plans and the fact that the grant did not provide funding to support the action plans. During the desk review, a regional progress report was reviewed, citing only 8 (Angola, DRC, Eswatini, Lesotho, Tanzania, Mozambique, Zambia and Zimbabwe) of the 13 country's progress reports.

Overall, we found that the uptake of the Declaration in TB in the Mines has improved in the MS where support to domesticate the operational plan was provided. This could have been further heightened by the high-level engagement/ sensitization meetings convened in the MS, involving the relevant stakeholders, such as Ministries of Labour, Ministry of Mines and KVPs, which preceded the development of the country action plans.

The ETR further noted that through the enhanced collaboration and improved networking, some of the occupational service centres established in Phase 1&2 are still functional and fully supported by either the Government, in the case of Botswana and or funded under other partnerships, for instance in Mozambique, where the OHSC are supported through IOM and Tanzania supported through in-country Global Fund funding mechanism. The table below shows the OHSC functionality in the different countries.

Country	OHSC Functionality
Botswana	
Eswatini	
Lesotho	
Malawi	
Mozambique	
Namibia	
South Africa	
Tanzania	
Zambia	
Zimbabwe	

Key

Functional	
Functional, however with limited services	

Not working	

In terms of relevance, this activity was scored 7/10, as it contributed to enhanced Multisectoral collaboration and coordination of TIMS activities. The fact that countries were able to identify activities that could be implemented as a response to the declaration was a plus. The technical support to develop the in-country action plans was also an asset as it provided simplicity in cementing activities to be included in GC7 funding mechanism.

One of the representatives of Zambia Women in the mining said that TIMS activities are embedded in their routine activities. They are working with artisanal mines on the improvement of TB case finding. They established a MEN's Clinic that operates even on Saturdays; this has turned out to be working well as working men only have weekends to seek health care services. The informant also shared that a mobile truck is being used for this activity. Global Fund under GC7 is now funding this activity that was initiated through the support of TIMS III.

The table below highlights the expected milestones throughout the 3 years of implementation.

Operation Plan for Declaration of TB in the Mining Sector developed	**Year**	**Year 1 (June 2022)**	**Year 2 (June 2023)**	**Year 3 (June 2024**
	Key deliverable	Final operation plan agreed to by countries completed	50% (8) SADC countries implement the Operation Plan for Declaration of TB in the Mining Sector	81.25% (13) SADC countries implement the Operational Plan for Declaration of TB in the Mining Sector
	Actual achievement	By the end of the 1st year, a draft OP was developed, however, due to the nature of the plan, it had to be submitted to SADC, vetted by MS prior to full approval. This process delayed during the first year and the activity was rated at 1=Started	By the end of year 2, the activity had progressed, with OP plan approved at SADC level, and 5 countries supported to domesticate the plan. The activity scored 2=advanced	By end of year 3, all the target countries had been supported, action plans developed and reports available on progress

Overall, although implementation of this activity started off a bit late, the Operational Plan was developed, all 13 countries supported to domesticate the OP and develop their won in-country action plans. Zimbabwe, Zambia, Madagascar, Botswana, Eswatini have received funding under GC7 to effectively implement interventions under this module. The intervention has also boosted multisectoral collaboration through the in-country TWG meetings, which were as a result of the TA provided towards domestication of the OP.

The evaluation however also noted gaps, including the lack of a resource mobilization strategy to support implementation of the action plans, cognizant that not all activities in the action plans have made it into the GC7 or any other in-country funding mechanisms. The lack of a monitoring framework to report on progress in implementing the action plans also remains a gap.

> *"We tried to include TIMS activities in our National Funding request under GC7, however we could not due to competing priorities. Nonetheless, we managed to include just one activity, which is convening the TWG meetings"* **Eswatini.**

Key lessons learned:

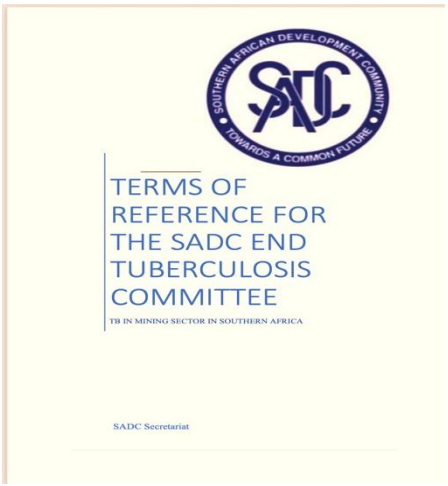
i. The Importance of unpacking political declarations. Declarations without an implementation framework are difficult to implement and monitor the progress towards achievements, as such, it also important to develop an M&E framework that will support monitoring and reporting on progress.
ii. The importance of establishing the Multisectoral TWGs, that currently ensure the implementation of the country action plans for the OP
iii. The importance of multi-stakeholder collaboration, which also ensures that other parties besides the Ministry of Health take accountability in implementing TIMS activities.

3.1.2 Establishing the SADC End TB Committee (SETC)

Since the existing coordination structure through the Regional Coordinating Mechanism is in line with the Global Fund catalytic funding, it was clear that the functions of the RCM would cease once the GF funding ends and acknowledging that the TB in the mining sector declaration was still relevant, requiring further programming for long-term sustainability, it was inevitable to ensure the establishment of a coordination mechanism within SADC governance structures that would transcend TIMS III and provide strategic and policy level leadership for all programmes under the "SADC Declaration of TB in the Mines". The coordination mechanism is expected to foster collaboration between countries and relevant sectors at regional and country level.

The evaluation team established that the Governance structure was founded, with representation from different ministries engaged in TB in the mines and representation from key and vulnerable populations. Terms of Reference (TORs) for the Governance structure were developed and approved by the SADC Health Ministers Forum in November 2022, in DRC. The SADC Secretariat was given the task to coordinate functions of the Governance structure. The structure came to life in July 2023 with members coming in as nominees from member states (Excluding Comoros-due to suspension by SADC), The objectives of the structure were agreed as follows:

1. Harmonize policies and standards on integrated tuberculosis prevention, care, treatment, surveillance, and reporting,
2. Expand and strengthen capabilities for supply chain management of tuberculosis health products,
3. Coordinate research and policy response for tuberculosis in the Region,
4. Facilitate the adoption of new tools (diagnostic, new medicines) and the use of digital technologies,
5. Coordinate resource mobilization for tuberculosis programmes in the Region; and
6. Monitor and evaluate regional TB programmes.



The evaluation established that the structure has convened 3 meetings over the project implementation period. The evaluation further noted that key stakeholders expressed the need for whole-inclusivity. Based on the expression from stakeholders, the structure was reviewed and now has representation from KVPs, Chambers of mines and civil society organizations. The current name given to the structure is: **SADC End TB Committee (SETC)** as the structure is expected to coordinate all multisectoral initiatives implemented towards ending TB in the region**.**

> *"SETC has a massive responsibility to ensure key activities implemented by ECSA-HC continue in the SADC Member States through monitoring of implementation of SADC Strategic TB Plan. SETC needs an adequately funded Secretariat to support its operations."* Zambia MP -TB Caucus group representative.

As envisaged, the structure now has a standing agenda at the SADC Health Ministers' Forum, where it presents a progress report on the status of TB in the SADC region. The sub-committees constituted are a) TIMS Sub-committee; b) Scientific and Research; c) Advocacy and Resource Mobilization; d) National TB Programme Managers Advisory Technical Committee.

> *"Establishing SETC was a landmark approach to help sustain the level of awareness about TB in the region, the engagement with parliamentarians and Civil Society members."* ECSA-HC. TB specialist.

During the interviews, the evaluation team could not ascertain the effectiveness of the SETC as its founding is still at infancy. According to a review of the SETC meeting minutes, it was prominent that preliminary discussions have cantered around the establishment of the structure and defining roles and responsibilities as well as ensuring that the structure is all-inclusive.

The SETC remains unfunded, at the time of the review, it was unclear how the structure will carry out its core functions as currently they were funded under the TIMS project. Discussions with the SADC secretariat also proved that countries have not dedicated any funds towards supporting the functions of the structure, despite the fact that all respondents attested to the relevance of the regional governance structure.

The project's late start and bureaucratic hurdles, such as delays in releasing funds and country buy-ins significantly hindered progress. Despite the establishment of the SETC, its work remains invisible due to the lack of funding and controversies surrounding its constitution, particularly the exclusion of Key Vulnerable Populations (KVPs) that necessitated restarting the process. This ultimately led to delays in mobilizing resources and transitioning the roles of the Regional Coordinating Mechanism (RCM) to the SETC. As a result, the evaluation team emphasizes the need for a well-defined transition plan to ensure a smooth handover and enable the SETC to effectively assume its role in promoting TIMS initiatives.

Major milestones for the activity have also been achieved. The activities according to the PF are shown in the table below:

Establishment of the Governance structure	**Year**	**Year 1 (June 2022)**	**Year 2 (June 2023)**	**Year 3 (June 2024**
	Key deliverable	Governance structure constituted	Annual meetings of the governance structure convened and there's evidence of minutes	Governance structure functional and structure has a standing agenda at the SADC health ministers' forum
	Actual achievement	The TORS were developed during the 1st year of implementation, unfortunately approval processes were linked to convening of Health Ministers forum, which only came in November 2022, post the set deadline of June 2022.	Since the approval processes took longer, it was impossible to have the structure in place on time. However, during the year letters were sent to MS for nomination of representatives to the Governance structure. To note is that the structure was later founded and called SETC	By the end of year 3, the SETC had met at least 3 times, reviewed their TORs and developed a draft report which was later presented to the SADC Health Ministers Forum and approval to have a standing agenda at the forum was granted

In summary, all planned activities were implemented, despite the snail-pace due to approval processes by the SADC structures and nominations from MS. Worth noting is that MS appreciate the existence of the structure. Member States affirm that the SETC is a necessary structure, if it is fully operationalized, to sustain gains and accelerate the implementation of TIMS initiatives. Findings further indicated that the SETC serves as a crucial structure to promote TIMS initiatives through a regional approach. The

governance structure has seemingly enhanced awareness of TB in the region and fostered engagement with parliamentarians and civil society organizations, reinforcing its importance in the fight against tuberculosis.

> *"On a scale of 1-10, I would score the relevance of the SETC at 8/10, given that the SADC Declaration is far from being achieved" …"* **TB ambassador**.

> *"At country level we may have the CCMs and the TWGs, however, we need a regional structure that will coordinate implementation of the declaration. Without the SETC, how then do we ensure regional coordination?". For me, SETC has been an eye-opener, before I became a member, I didn't know the magnitude to TB in the mines, and as someone working in the Ministry of Labour, I would not pay much attention to these issues of TB in the workplace"* **SETC representative**.

At the TIMS Closeout meeting held in Cape Town in November, participants and country representatives resounded that;

> *"TIMS project may come to an end, however, TIMS as a program has to continue".*

Key lessons learned:

1. The catchphrase "*Nothing for us without us"* by the KVPs, may have to some extent unpopularized the SETC. Positively, the catchphrase has necessitated the importance of engaging KVPs in decision-making, addressing one of the key End TB principles of ensuring Building of strong coalition with civil society and affected communities as well as promoting and protecting human rights issues.

3.1.3. Convening of TIMS Governing structures

The continued existence of the Regional Coordinating Mechanism (RCM) and its role in overseeing TIMS III is noted as being key in ensuring that the project was successfully implemented. The RCM encompasses essential technical expertise and sector representation to ensure alignment between regional and national TB in the mining sector responses. As the highest decision-making body of the TIMS grant, this regional committee of voluntary members is composed of representatives from government, the private sector, civil society, KVPs and CCM Representatives from all the SADC MS. In the context of the regional TIMS grant, the involvement of National TB programs in grant oversight is also key as they play a technical role in TB interventions and can also influence policies at national level. Engagements of the PR by the RCM are also key in ensuring that the PR complies to implementation arrangements and achievement of set target in a timely manner.

The evaluation established that, through the RCM secretariat, meetings of the RCM and the oversight committee were convened regularly, during which the performance of the grant was reviewed, guidance on improvement when needed was given to both the RCM secretariat and the PR. Additionally, through the RCM secretariat, the ETR further established that the Oversight Committee conducted oversight and monitoring visits to project countries. The oversight and monitoring visits provided a platform to engage with beneficiaries at country level to ascertain views on how the project was implemented, in form of "Client satisfaction approach".

When asked if the functions of the RCM and oversight structures were relevant, effective, and efficient, conclusions drawn from interviews with key informants indicated that the structures were very relevant, as they provided oversight and guidance in project implementation. However, there were mixed feelings regarding the effectiveness and efficiency of the structure. Respondents expressed that there were too many members, which may bring confusion to the coordination of the grant, as some members were not knowledgeable about GF grants or TB programming. Others raised concerns about how the appointment of members was conducted, holding countries accountable for their selections.

"I feel the whole thing with the RCM selection went wrong from nominations by countries. We keep confusing ourselves as members do not understand how GF grants are managed, sometimes I feel we do not even understand our role as RCM, yet at times members even think they can bring personal matters to the fore" RCM member.

"Through the PR, the ETR established that National TB program managers' meetings were convened annually to share best practices and review progress in the implementation of the SADC TB strategic plan. During TIMS Phase III, the NTP managers were supported in convening four meetings. Key achievements established through the NTP Managers' meetings include the review of the SADC M&E framework to incorporate TIMS indicators, the development of the SADC Annual TB reports for three consecutive years, and the sharing of country best practices. It is important to note that just toward the end of Phase III, the PR also facilitated support for the NTP managers to review and develop a new TB strategic plan (2025-2029), another milestone support. At the time of the ETR, the strategic plan was still under development."

The NTP managers interviewed demonstrated that the NTP managers' meetings are the only platform where NTP managers come together to discuss common issues prevailing in the SADC region, and where they commonly vet and develop a status of TB at a regional level. The added value noted is the improved collaboration among NTP managers. On a scale of 1 – 10, NTP managers allocated scores varying between 8/10 and 10/10. Of essence to point out is that this platform, supported through the TIMS project is the only existing forum where NTP managers have ever sat to create a regional report and also share best practices.

"I am allocating a score of 10/10 on relevance because there was no means to provide benefits to ex-miners before TIMS; Lesotho was number ONE labour-sending country to South Africa." Lesotho.

Key lessons learned:

1. Convening of regional meetings is fundamental at the SADC level, otherwise it may seem that this regional body does not prioritize TB. During the interviews, it was clear to note that HIV/AIDS, or even Malaria are given more prominence over TB, given the standing meetings that are supported through the SADC Organs. Therefore, there should concerted efforts towards resource mobilization at the SADC level to ensure that TB is also highly ranked in the SADC agenda.
2. The importance depicted in the existence of the RCM should not be undermined, this should be promulgated through the functions of the SETC organ.

3.2 Module 2- TB prevention and care

Module 2 Included sustainability measures such as strengthening selected mine health and safety SOPs and compensation systems and having chambers engaged in supporting TIMS initiatives. The grant was also intended to provide technical assistance for a deeper analysis of compensation systems and to identify solutions to bottlenecks in compensation for TB and other occupational lung diseases. Labour and KP organisations were to be engaged and sensitized on Occupational Health (OH) and compensation systems, enabling them to advocate and participate in efforts to improve these systems in their respective countries. Through this module key interventions implemented are outlined below.

3.2.1 Private sector engagement

Chambers of Mines are a critical body in coordination of national level private sector interests. Most mining companies and contractors are affiliates. Chambers of mines present a critical platform for reaching mining companies to advocate for and improve mine health and safety and provide OH and TB services.

As the South African Minerals Council was recognized for its advanced support of TIMS initiatives, the grant supported Chambers of Mines from the different countries on learning tours to the South African

Minerals Council to benchmark and devise their own strategies to respond to the TB in mines Declaration. Ten countries (Botswana, DRC, Madagascar, Malawi, Namibia, South Africa, Tanzania, Zambia, Zimbabwe, and Lesotho) were earmarked for the activities under the module, using the differentiated approach.

According to the desktop review, ECSA-HC engaged a consultant to support the learning tours and document the best practices that were picked up during the visit. The documented best practices then informed the development of a "***Best practice standards***", which ECSA-HC implemented to support capacity building of Chambers of mines. The best standards highlight 10 key areas which are minimum for any Chamber to consider, attached in table below:

Table 2: Chamber of Mines Workers' compensation based OHS Transition model/ minimum standards

a. National occupational health legal policy technical development services. b. Elimination of occupational health risks from the working environment services. c. Prevention of occupational health risks in the working environment services. d. Management and mitigation of occupational health risks in the working environment services. e. Occupational therapy and occupational rehabilitation of work-related injuries and disabilities services. f. Workers compensation benefit medical examinations, validations, and certifications services. g. Monitoring of occupational health risks in the working environment services. h. Evaluation of occupational health risks in the working environment services. I. Review of occupational health risks in the working environment services. j. Results driven and holistic continuous improvement of national occupational health services delivery based on the continuous improvement of all the 9 individual occupational health services listed above

Based on documents reviewed, ECSA-HC then supported Botswana, Namibia, Tanzania, Zambia and Zimbabwe were supported to benchmark in MCSA, where the chambers of mines learned on how SA was implementing the Masoyise program. Documents also reveal that the chambers of mines, including DRC, were further supported to build capacity on the minimum standards, of which after the training the chambers identified gaps through a needs assessment and further developed in-country specific action plans, which were expected to be implemented using budgets from the chambers.

The review established that Chambers of mines are now aware that TB is a compensable disease and as such, Chambers have enforced TB screening of miners and ex-miners. A good example is that of Botswana, where the Chamber of mines worked with the Ministry of Health to screen Ex-miners and over 3008 were diagnosed with occupational diseases, with 471 who received compensation. https://www.business-humanrights.org/en/latest-news/south-africa-471-batswana-ex-miners-compensated-for-occupational-lung-disease-by-gold-mining-cos-although-compensation-delays-remain-for-others/. Furthermore, the review also established that the Chambers of mines are now actively involved in supporting governments to enact policies that support compensation of mineworkers.

In March 2024, the Minerals' council of South Africa issued a press statement, themed "**SOUTH AFRICA'S MINING INDUSTRY TACKLES TB AND HAS SUSTAINABLY BEATEN ITS 2024 MILESTONE TARGET",** which according to the review responded to private sector engagement. https://www.mineralscouncil.org.za/component/jdownloads/?task=download.send&id=2237&catid=102&m=0.

Building on gains from TIMS I and the SATBHSS project, the review established that a technical team with representation from mine health and safety departments in SADC countries was also established to steer interventions on mine Occupational Health and safety, such as developing inspection toolkits (through SATBHSS). We also highly noted the engagement of KVPs in domesticating the in-country regulatory documents, which according to the reviews' observation ensured the regulations and guidelines are responsive to KVPs concerns.

Discussion with the representative from MIASA revealed that Chambers of mines were only involved in the project in Phase II, however the involvement in the TIMS project has cultivated the now standing agenda during their meetings to discuss TB.

> *"My involvement in the TIMS project has empowered my understanding of the SADC TB in the Mines declaration, thus, in our meetings, as the Chairperson of MIASA, it is my duty to report on progress made by chambers of mines in the different countries to support implementation of the declaration. Chambers now understand the need to support TIMS initiatives."* **MIASA**.

We also had an elaborate discussion with other representatives from the other country Chamber of Mines, such as Zambia, who highlighted the issue of annual examination conducted in Zambia, the advocacy for mineworkers the proposed amendments to the legal framework that are not yet approved. Nevertheless, action plans were developed, capacity building undertaken based on what is the current framework. He also remarked on the improved collaboration as something that is attributed to TIMS III project.

"Mining is investing in the health of employees, case finding and preventive activities are implemented. Sustainability of such activities is almost guaranteed" according to the Zambian Chamber of Mines' representative. Although he noted that occupational health centers established during TIMS II could not be sustained in Namibia, just like in South Africa.

Despite the work implemented under this activity area, the rate scored was 7/10, substantiated by the lack of documentation on implementation of the Chamber of Mines action plans. Even though the desktop review findings highlighted positive development in implementation of action plans, challenges resulting from bureaucratic bottlenecks, other competing Chambers of Mines priorities, lack of catalytic budgets delayed implementation.

In an interviews with the Minerals Council of South Africa, the importance of involving the Chambers was very obvious, with the council representative expressing their willingness to fund the TIMS initiatives through their own budget.

> *"All we need is a valid reason to fund the TIMS initiatives, thus we encourage the SETC to develop a sound funding request, and we shall see how to support"* SA Minerals Council representative.

Key lessons learned

- Private sector plays a critical role in the fight against TB. This has been apparent within the South Africa context, where the Chamber of mines, dubbed "The Minerals council" has been seen in the forefront in supporting TIMS initiatives, including intensified TB screening, recognising TB as a compensable disease to list a few.
- There is need to Further document the Masoyise initiatives as a best and promising practice which should then be replicated through the other chambers of mines within the region. This calls for collaborative efforts between the Ministries of mines, labour and Health.

3.2.2: Strengthening workers compensation systems for TB, pneumoconiosis (silicosis) and other occupational lung disease

According to the grant funding, ECSA-HC was expected to provided technical support to Lesotho, Mozambique, South Africa and Zambia to develop and implement action plans aimed at strengthening their workers compensation systems through in-country participatory processes which involved all national stakeholders. These national stakeholders included all relevant national government ministries and departments, workers, ex-workers, employers, non-governmental organizations and any other interested parties in those four project participating countries.

ECSA assisted Lesotho, Mozambique, South Africa and Zambia in improving their compensation systems. Several meetings were held to that effect. The Tshiamiso Trust has been put in place in South Africa and have paid 1.8 billion Rands for 20,000 claims during the last 3 years. While Tshiamiso Trust is not directly working with ECSA, it appears that ECSA has indirect positive effect on the work of Tshiamiso Trust through interactions with Member States, highlighting the importance of TB in the mining sector. Unfortunately, there are several unpaid claims (70,000) despite assessments done. These claims involve Eswatini, Botswana, Lesotho, Mozambique and South Africa.

Despite achievements under this activity; this is still work in progress. A lot need to be done. The report indicates that TIMS helped Lesotho strengthen compensation system. Several patients received their compensation in Lesotho, Mozambique, Botswana and South Africa. It should be noted however that these milestones are not purely attributable to the activities implemented under this project, however these are combined efforts through country initiatives and support from different partnerships.

Under this project the ETR also gathered that there were health care workers who were trained on Chest-X-ray reading, about 140 of the health care workers were taken to the Zambia Kitwe centre of excellence in Occupational health, where they were trained on A-reading and B-reading. The ETR also learned that this also became a consorted effort supported also under the SATBHSS project. At the country level, further training on Chest X-ray reading was facilitated through the project in Botswana.
It was unclear however during the ETR whether this has contributed to increased screening for mineworkers on the other occupational lung diseases, except TB, which has been highlighted as exemplary, being the case of Botswana. In an inquiry with Malawi, it was pointed out that within the OHS programme under the ministry of Health, they have intensified their OHS interventions in the Northern Region, post the trainings and through the SATBHSS project, recording 181 chest X-rays, of which 7 were positive to silicosis. Furthermore, the inquiry pointed out that an additional 2000 x-rays have been collected from ex-miners and results are yet to be finalised.

The ETR also made an attempt to gather information through web search, however we also noted that there was limited publication on the burden of Silicosis in the SADC region, which calls for countries to consider making data for silicosis screening available. A few recent were found on the web search, such as the World Bank blog on "Critical health screening for Mozambique miners crossing the border into South Africa" cited at https://blogs.worldbank.org/en/africacan/critical-health-screening-mozambique-miners-crossing-border-south-africa.

Key Lessons Learned

- Despite the achievements under TIMS, there is still a lot to be done. Only South Africa for instance recognises TB as a compensable disease, other countries have been capacitated and more knowledgeable, but have still not constituted this in their policies. To this end, effectively compensating for TB is the Tshiamiso Trust, which also supports mine workers who only worked in the South African mine.
- The limited availability on Screening for silicosis calls for countries to seriously consider improving patient record systems or establishment of systems that would track and support reporting on patients screened for Silicosis and other occupational lung diseases.

3.2.3 Strengthening Mine and Safety SOPs

ECSA-HC was supposed to develop MHS SOPs as part of interventions to strengthen capacity of mine health and safety structures and systems. As seen with the review findings, ECSA-HC through a multi-stakeholder collaboration developed 4 generic SOPs and M&E plans and therefore in place. The evaluation team noted that several workshops were organized in countries during interaction with Chamber of Mines.

The review also noted the substantial progress in domestication of the SOPs. For instance, Tanzania was able to successfully conduct TB screening for 1360 ASMs for TB and Silicosis for Mererani mining area.

In a meeting with a Representative of Zambia Chamber of Mines, the representative highlighted the slow pace in implementation of the SOPs by the chambers. As chambers understood the need for domestication of the SOPS, it was a struggle for these to be adopted at country level within Governments.

An informant from Namibia NTP also indicated that the Mine Health & Safety SOPs have become their official policy; the ministries of labor, mines and health endorsed the document.

Our assessment on the implementation of this activity was that despite the fact that the Mine SOPs were developed, there was limited evidence that these were implemented in the supported countries or attribute the interventions implemented to the Mine SOPs. The desktop review also revealed the challenges faced by some of the chambers of mine resulting from lack of funds to facilitate smooth adoption and implementation of the SOPs and M&E framework despite the practical guides and blueprint for provided by the SOPs developed.
The evaluation team recommends that concerted efforts must be made to fully domesticate these SOPs, integrate more of the small-scale mining communities in order to improve access to hard-to reach KVPs.

Another critical component that the review noted was the need for capacity building in screening for the other occupational lung diseases. We note from the review that ECSA-HC supported training of medical officers in A-reading of CXR, according to the desk review, over 41 medical officers were trained from the 13 project countries, with an additional in-country training supported in Botswana.
We could however not establish if these medical officers who were trained are actively involved to support screening of mineworkers. The team therefore recommends that the trained medical officers be engaged to work within the occupational health clinics to ensure value-for-money and improve the medical assessment of ex-miners and shorten the delays in addressing certificate for work assessment.

Module 3: Health Management Information Systems and M&E

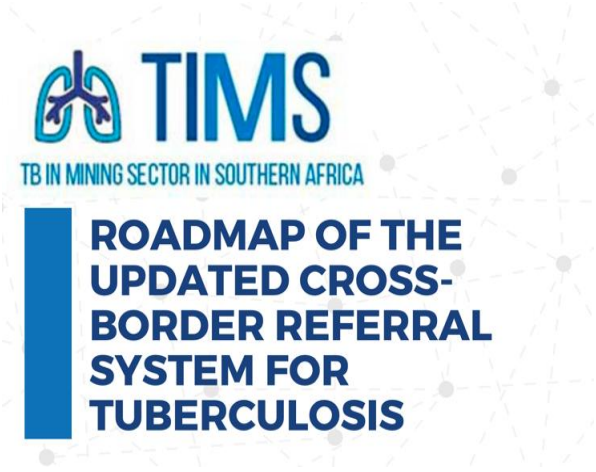
Module 3 Included establishment of M&E systems, such as the Regional TIMS dashboard, which was expected to provide data and results achieved through the TIMS project while continuously identifying gaps to be addressed as well as ensuring cross-border referral mechanism is strengthened. Within the design and development of the Regional dashboard, the grant was expected to support the development of a TIMS results framework with key identified indicators This module also aimed at collecting baseline information on Artisanal and Small-scale mining (ASM) and the new SADC countries to join the project under TIMS III. Targeted countries for the ASM mapping were Mozambique, Namibia, Malawi, Tanzania, Zambia, Zimbabwe, DRC and Madagascar and the new countries joining the project where baseline information needed to be collected were Angola, DRC and Madagascar.

3.1.1.1. Strengthening Cross Border Referral Systems (CBRS)

The Cross-Border referral system was established in Phase 1 and 2 of the TIMS project. The activity has been implemented in 10 of the SADC countries namely Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe. In each of these countries, except for South Africa, 10 sites were identified to implement the CBRS. The CBRS is a tool that was developed to support monitoring and tracking of ex-miners and miners who developed TB and were on treatment for continuum of care. This system was an attempt to address issues of lost-to-follow-up and unevaluated patients due to cross-border movements. ECSA-HC was expected to develop a data sharing agreement and also support implementation of the CBRS.

The ETR noted that ECSA-HC had to understand where countries were in terms of implementing the CBRS as it was developed in Phase 1 and implementation continued in Phase 2. in 2022, ECSA-HC conducted a baseline assessment. findings from the baseline assessment were then used to inform implementation of the CBRS under phase 3. Key findings of the baseline assessment pointed out that the CBRS was not implemented in the countries, although equipment was received in phase 1 and personnel were trained. Another key driver for the lack of implementation of the CBRS was the absence of the "data sharing agreement". ECSA-HC therefore implemented the CBRS activities based on the recommendations:

The data sharing agreement: From the consultation with the countries, it transpired that countries are willing to share data for the benefit of the patient access to health care. At SADC level the countries were mindful of Article 28a of the Protocol on Health in the SADC (1999) that mandate member countries to cooperate and assist one another in the harmonization of policies, mechanisms, procedures and strategies with regard to tertiary care services including the establishment of appropriate clinical and administrative guidelines for referral, within and between State Parties. Countries were further aware of Article 7c of the Protocol on Health in the SADC (1999) that provides for establishment of mechanisms for information sharing. Considering the processes, the SADC secretariat agreed that the secretariat develop a standard operating procedure on the cross-border sharing of patient health information and records. This will guide countries to adopt their systems in line with the SOP to facilitate information sharing. This was also agreed on the strength that countries were already sharing patient information through patient request for cross border referral. In this regard, the SOP was developed and shared with countries.
It was unclear however of countries are implementing the SOPs. Furthermore, the review did not find any documentation on the use of the SOPs except that they were developed and remain in draft. There was also lack of feedback from SADC secretariat and ECSA-HC if these SOPs have been adopted at the SADC level.



Implementation of the CBRS: As observed from the Desk review and interviews conducted, the CBRS is not optimally in use. ECSA-HC engaged consultants who have supported review and redevelopment of a new system. The system has been piloted in the 10 countries, followed by in-country User acceptance testing and training. ECSA-HC developed a roadmap document that operationalizes how the CBRS will be rolled out in the countries. The system has been migrated and housed and hosted by the SADC secretariat. We also noted from the interviews that SADC ICT team is now fully involved in supporting countries to create usernames and giving access to the CBRS. The ETR also noted that countries user acceptance testing was successfully conducted with active engagement with country stakeholders.

Critical to note is that the way the CBRS is designed, it can be used as a TB register, it also covers the TB programme in its entirety, not just TB in the mines. Further the system is built to register patient information on their other occupational lung diseases. Another point that we noted is that the system is available not only in English, but can be translated into the other SADC official languages. Yet another innovation of the project.
In discussion with countries, the CBRS was relevant as it was meant to support patient follow up and address the challenges faced by countries in closing the gap in finding the missing cases. Stakeholders interviewed in Zambia, in Lesotho and Botswana were very satisfied about the introduction of CBRS; they regretted that this came late, it is still work in progress and needs to be sustained.

Functionality of the CBRS to the review team meant the system was used to capture patient information, monitor patient treatment outcomes and support referral within and across borders. During the country interactions, it was confirmed that the system is not yet functional. The review team found patient records in Botswana and Lesotho; however, it could not be established if these were captured during the training for system testing purposes, thus the conclusion that the system is not yet functional.
Also, worth noting was the importance and urgency to escalate the CBRS in other countries that share borders with the countries where the system will be implemented. This was expressed by the other countries where the system was not implemented, such as DRC and Angola.

3.1.1.2. Establishing the Regional Data Repository and Regional Dashboard

One of the critical components of the SADC TB in the mines declaration is the commitment to strengthening disease surveillance systems for TB, HIV, Silicosis and other occupational lung diseases. The TIMS approach to establishing a regional data repository was identified as a key innovation in responding to this resolution. In Phase III, the regional TB data repository was established, and hosts all the TB data, highlighted in the SADC TB Strategic Plan M&E framework. A user manual was developed to guide usage, and manual shared with countries. Usernames have been created for countries to access. SADC M&E framework was revised/updated to include TIMS indicators. The 16 SADC member states uploaded data retrospectively and quarterly updating data. The dashboard has supported data analysis and development of 3 SADC reports for 2022, 2023, and 2024 respectively.
Responses from the NTP managers all pointed to the relevance and importance of having such a platform. On the scale of 1-10, national TB programmes rated the relevance of the platform on 9/10, highlighting that before the establishment of the platform, SADC did not have such a platform.

> *"As countries, we have been able make use of the regional data repository and this has been very helpful as we can compare our performance with other countries. We have made comparison on some indicators and for instance realised that Namibia is performing so well, as such we are engaging with Namibia to go and benchmark to learn on how they have managed to close the gap on finding missing cases as we have seen the improvement on TB case notifications*" Botswana NTP.

This was further expressed as long-awaited by the SADC secretariat, citing that the data repository has enabled the SADC secretariat to have ease in accessing country data.

> "*The Regional data repository has enabled us to easily prepare the SADC TB annual reports. In the past, we had to send data collection tools to Member States, requesting for in-country data, which was a bit tedious. We have managed to prepare the annual reports timely and as you may have noted; the reports have been presented at the SADC Health Ministers forum. We do appreciate that the existence of the platform speaks to sustainability, as such, enabling us as the secretariat to continue preparing the regional TB reports seamlessly".* Directorate of Social and Human Development, SADC.

The review however could not pinpoint how the SADC secretariat intends to sustain the use of the Regional TB dashboard as data entry and country follow up was currently supported by the ECSA-HC staff.

Notable challenges still persist on implementation of the regional data repository. Not all member states are using the platform which could potentially limit planning and decision making at regional level on TIMS.
Key recommendation from review team is that Resource Mobilization must be pursued vigorously to ensure domestication of this platform and real time data generated at regional level.

3.1.1.3. Implementation of TIMS surveys

Under this intervention, ECSA-HC was expected to conduct 2 surveys (Artisanal and small-scale mining survey), a situation analysis for Angola, Madagascar and DRC (countries with large mining).
The Desktop review findings revealed that situation analysis in the 3 countries (Angola, DRC and Madagascar was successfully conducted. It appears that activity was fully implemented according to the reviewed reports however, the review team failed to identify in any of the reports how ECSA-HC supported implementation of the recommendations of the 3-country situation analysis. The limited support to member states such as Angola, DRC etc. suggests that most of the recommendations as these countries were newly joining the project were not implemented. Nonetheless, visible support was given to Madagascar in terms of CRG assessment, country engagements, domestication of the Operational plan as well as support to convene TWGs for TB in the mines.

The Review also noted that the ASM mapping and population size estimation survey was conducted in the 8 countries namely DRC, Malawi, Madagascar, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe. The review found the report, which we gathered also that it was validated by stakeholders. We further gathered that during the validation meeting, stakeholders did not react positively to the findings as they were deemed not true representation of the ASM situation in the countries where the survey was conducted. Thus, the entire exercise was rendered as poorly implemented, scoring the ASM survey 4/10. Stakeholders interviewed expressed the lack of consultations by consultant with key people who could have been key informants and the lack engagement of country focal points during data collection. The review further noted that stakeholders were also not happy with the method used to conduct/estimate the geospatial mapping.
In short, the ASM report was not welcome by stakeholders and countries proposed to conduct their own Mapping as the project failed to map the magnitude of ASM. Further to this, respondents also felt that the project failed to support ASM initiatives and even the recommendations from the ASM survey were not implemented. For instance, to cite a few findings, the ASM report highlighted low levels education, informal apprenticeship and training in artisanal & small-scale mining, issues with under-age miners (child labor practices) seen in most of the countries such as DRC, Tanzania amongst others. All these were not poorly addressed during the project implementation.

Whereas ASM desk review indicated that activity was fully implemented, with a report on sensitization of ASMs (Convened in Zambia in June 2024), we could not find any additional activities implemented to support ASM interventions. This may be due to the fact that the survey findings were shared quite close to the end of the project.
As a recommendation, the review proposes that countries find resources to commission ASM surveys, looking into geospatial mapping as well as population size estimation.

3.1.1.4. Lessons and evidence sharing

ECSA-HC was supposed to convene meetings to share lessons learned, and evidence generated through the project. During the desktop review, we found that lessons learned were shared to some extent and as well as the evidence generated during the project implementation was disseminated. This is demonstrated through:

1. World Lung conference TB satellite session in 2023 where ECSA-HC convened a satellite session to share best practice and progress made towards implementation of CBRS; The forum was also used to share other data systems used by different countries such as RSA-MBOD according to the desktop review. At this conference, brochures about the project as a whole were circulated, attracting readership far beyond the region;
2. The ECSA Health Ministers Conference (2024)- ECSA-HC convened a pre-conference to showcase findings from the CRG assessments and the CLM;
3. SADC Health Ministers' Forum- Where SADC presented progress on implementation of TIMS and the SADC TB annual report. Health ministers made resolutions directing SADC secretariat,

Members States and ECSA-HC to continue mobilizing resources to support CBRS and other TIMS initiatives.

4. Durban TB Conference (2024), where ECSA-HC convened a side session to showcase TIMS initiatives, engaging TB in the Mines stakeholders. sidelines of SA TB Conference 2024.

More could have been done on sharing of best practice experiences as ECSA-HC has numerous platforms - they could have shared.

> *"Through the implementation of TIMS III, in Lesotho we are liaising with practitioners in the region to discuss our challenges, this is really beneficial to us".* Registrar Occupational Health Centre in Maseru, Lesotho.

Key lessons learned

- **CBRS-** it was very clear that countries were in need of the system as it will address most of the challenges faced in terms of patient monitoring and care, therefore the ETR urges SADC and the MS to relook at alternatives to sustain the gains made on the CBRS
- **Regional Data repository-** This is one of a kind, no other program or disease has a regional data repository. The sustenance of the data repository is very key in the ensuring availability of data in the SADC region. Other programs may also take a leaf on this data repository or even considerations for expansion of the platform to host other program data.
- TIMS III project has created an opportunity for exchange among health care professionals. This is good for collaboration, networking and sustainability.

Module 4: Addressing Human rights and gender barriers in accessing TB service

This module Included support to countries to conduct the Community Rights and Gender (CRG) assessments, using the multisectoral approach and also support the development of in-country action plans. Six countries were to be identified for the CRG assessments. Through the grant countries were then to be convened to validate the results and recommendations to advocate for the implementation of the recommendations. Regional multi-stakeholder consultative meetings involving all stakeholders in TB in the Mines were to be convened to disseminate evidence from CRG Assessment and recommendations and action plan. KP organizations (ex-miners and labour unions were also to be engaged through this grant to support re-alignment with national programs to implement the CRG operational plan.

4.1 Conducting CRG assessments

The grant supported to conduct Community Rights and Gender (CRG) assessment in member states. According to the desktop review findings; ECSA successfully conducted the CRG assessment survey as expected. The assessment was conducted in 6 countries namely Botswana, Eswatini, Madagascar, Malawi, Angola, and Zimbabwe. Action plans were successfully developed and circulated to the countries. The 2nd & 3rd dissemination circulated at the side-lines of 8th SA TB Conference session in Durban (TIMS & BPF ECSA-HC Regional showcasing Conference) in June 2024. ECSA-HC supported tracking and implementation of the action plans.

According to desktop review findings, progress to has been made in implementation of the CRG action plans, for instance, in Zimbabwe, the action plan has been incorporated into the national TB strategy, a TWG was established as an oversight committee to oversee implementation of the action plan. The review also noted that Madagascar used the action plan to apply for their GC7 GF funding.

When speaking to key informants from countries, we noted that countries felt there was limited consultations when crafting the protocol for the CRG, as some countries had already conducted CRG assessment and the support through the TIMS project was deemed a repetition, leaving countries with 2 different reports that did not document similar findings.

Despite progress made in implementing the CRG action plans, the review noted a few gaps, including the highlighted snail-pace", the lack of political will to include the recommendations of the CRG assessments

in some countries, the snail-pace in addressing legislative and regulatory framework as well as asserting the rights of KVPs and women in small scale mining.

The review also noted how the project has been catalytic in supporting to conduct a situation analysis of capacity of women in mining, which informed the legal framework on establishment of the SADC women in mining consortium, and the development of the Women in Mining constitution, which was further presented at SADC. This was initially not planned at project design, however implemented in the course of the project, demonstrating efficiencies in programming.

Key lessons learned

- CRG activities gave a "VOICE" to Key and Vulnerable People (KVPs).

Module 5: Community Systems strengthening

Under this module, the grant was to support building of country Community Led Monitoring systems. Support was to convene CLM technical teams that will guide the selection and design of the CLM tool and develop its implementation approach, provide technical assistance to design the CLM tools and implementation guidelines. The tool to be adapted or developed will have to collect data for the selected CLM indicators. Support through this grant was also to build capacity of CLM implementers. Given that CLM is an independent process for beneficiaries or affected communities to monitor and report services, the training was to prioritize these communities and beneficiaries.

Furthermore, the findings from the assessments were to support development and packaging of "**Know your rights"** information packages.

ECSA was supposed to support member states develop CLM systems to close the data gap and impact availability of TB & OH services to key populations (including women).
Through the project, ECSA-HC Recruited and engaged an IT consultant (Dure Technologies) who are implementing the OneImpact tool. Community led monitoring tool successfully developed and circulated in 6 countries. The 6 countries have been sensitized and trained on the use of OneImpact. Of the 6 countries, 5 have shared their reports. All 6-country data is available on the OneImpact. Zambia was supported to migrate the App to ministry of health server and a refresher training was also conducted.
The review noted that national stakeholder meetings were convened in Tanzania, Mozambique and Zimbabwe to review the data and assess how it was impacting the national TB programme. Tanzania has reviewed the social protection plan to include TIMS KPs as beneficiaries of the national social protection programs, whereas Botswana and Zimbabwe have included OneImpact in the GC7 to ensure sustainability beyond TIMS project.
As highlighted in the desktop review findings, despite being the most advanced country within SADC, South Africa struggles to implement CLM tool due to bureaucratic bottlenecks amongst other challenges however, a national stakeholder meeting was conducted and concerted efforts to address the identified issues are ongoing. Part of our recommendations will be for countries to continue to integrate the tool in their program activities, mobilize more resources and ensure active community involvement especially KPs, create more advocacy and awareness. South Africa should leverage existing structures within National TB Programme to make progress with adopting the tool and actual implementation.
It was also noted that most achievements came towards the end of the TIMS project. Countries did not have a chance to adapt, consolidate results with the support of ECSA-HC. We shall explore further with individuals who are to be interviewed.
Point of note, is that despite the fact that countries supported the OneImpact application, some respondents felt that the Project should have sensitized countries on different platforms. The review further investigated and note that indeed there are other platforms used by different countries to implement CLM. We further note that the OneImpact was not implemented nation-wide through TIMS

support, thus the value added was bias in areas where the platform was implemented. Additionally, the review points out that the OneImpact platform is not a free application, thus countries may struggle to sustain it post the project. The fact that the system also requires support through designated data collectors, who may also require stipends, may also shoots down the implementation. Recommendations therefore, are based on the shortfalls of the OneImpact platform vs the CLM aspirations.

In terms of the "Know Your rights" information packages, the review did not find on whether these were developed. We further noted that at country level, available information packages do not contain information on TB in the mining sector. Thus, there should be concerted efforts to design a prototype package at regional level, which countries can adapt.

Under this module, the review further noted that through the TIMS project, Parliamentarians were convened and trained on human rights and gender issues as well as sensitised on TB in the mining sector; and that Journalist from across SADC countries were also trained on how to report on TB issues as well as elevation of the TB in the mines agenda.
We noted that with the 2 convenings, journalists felt they have improved the way they were reporting on TB issues post the capacity building exercise. A reporter from Lesotho for instance, expressed that she has also been given a platform during the ECSA Best Practices forum to present on how the training has transformed the way she now writes about TB in the national newspapers, whilst a South Africa Journalist now covers TB in the mines in

4. Overall Relevance and Effectiveness of the grant

A number of documents aligned to the TIMS program were reviewed, coupled with the country views through interviews to determine the relevance and effectiveness of the project and its alignment to country priorities. Firstly, the activities proposed in the GF funding request were found to be in line with the Global End TB strategy (7) and UNHLM recommendations on TB. TIMS activities anchored Pillar 1- Integrated, Patient centred care and prevention and Pillar 2-Intesified multisectoral collaboration among all major players including Government, private sector and affected communities. Furthermore, the activities intended for implementation were also in line with the National TB strategic plans, whose main goal was "Ending TB by 20230. Critically the evaluation also looked at the relevance of the SADC Declaration on Ending TB in the mining sector of 2012 as this was the declaration which expedited funding from the Global Fund. The key areas which Member States were urged to implement as a response to ending TB in the Mines were: (a) strengthening accountability and coordination and collaboration; b) promoting a supportive policy and legislative environment; c) strengthening programmatic interventions; d) strengthening disease surveillance systems and e) strengthening financing for TB, HIV silicosis and other occupational lung diseases.

All country TB strategic plans were also found to be in line with the overarching end-TB strategy and the SADC regional commitments on ending TB in the mines, thus emphasising the relevance and importance of the interventions implemented under the TIMS project. The differentiated approach implemented under Phase III recognised that countries were at different stages in implementing the declaration, and that countries had different needs, necessitating for the "***Not one size fits all approach"***, which ensured that activities implemented were specific to country needs. For instance, countries with large volumes of mining activities were awarded interventions that supported mitigating determinant of TB in the mining sector, which included factors emanating from working and living within mining surrounding and interventions that improve occupational health and compensation systems, mine health and safety legislation and regulations, whilst countries that did not have any mining activities were supported to strengthen surveillance and reporting systems holistically.

Overall, the interventions implemented in TIMS III were found to be relevant in and in line with the ambitious goal of ending TB by 2030, with all key interventions scoring highly, on an average of 8/10.

Several documents reviewed indicated that the project started slow, however, the speed of implementation improved over time. The evaluation team also found that collaboration between ECSA-HC and countries was very good to an extent that multisectoral collaboration was born within countries. Overall, the TIMS project has been relevant in raising awareness, strengthening collaboration and facilitated the introduction of multisectoral accountability framework. This may be regarded as an unintended consequence.

Discussions with respondents suggest that the main value added by the project was the raised awareness of TB in the mines. The awareness has further strengthened collaboration between the National TB programs and the key stakeholders and breaking down the silos, where in the past, for instance the mining industries were responding to enduing TB in the mines, however, with very minimal engagement of the National TB programs.

Output 1: Strengthening multicountry collaboration amongst key stakeholders to ensure integration of project interventions in national programmes

On a scale of 1-10, the TIMS project activities implemented under Phase III have contributed to the achievement of this output by 7/10. Working with SADC, ECSA-HC improved collaboration among key stakeholders. We noted that during interviews with countries, TIMS initiatives are now included in the country TB strategic plans. Countries reporting inclusion of TIMS initiatives are Lesotho, Eswatini, Madagascar, Tanzania, Botswana, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe. On the other hand, Angola has a gap in this area, DRC has a TB Working Group but does not have a labour association within the large mining companies and their NTP does not capture TB in the mines.
At regional level the formation of SADC END TB Committee (SETC) is evidence to the effectiveness. SETC has developed a workplan and has conducted a survey to understand how are TB case finding strategies in SADC, TB linkage to care, TB treatment and treatment follow up in the region. The SETC workplan has been submitted as input to the new TB Strategic Plan of SADC.
For instance, Eswatini now uses in-country funding mechanism to facilitate convening of multi-stakeholder meetings to deliberate on TB in the mines, whilst Lesotho and Namibia have formalised the multisectoral meetings, which are coordinated by either the ministry of health or ministry of labour.

Output 2: Involvement of key national level stakeholders including TB program, occupational health, mine health and safety and compensation stakeholders in the development of national programmes to ensure linkages and synergy to counter TB in the mines

The TIMS project has been very key in involving key stakeholders in the fight against TB in the mines. We note from the ETR findings the establishment of the Multisectoral TWGs on TB in the mines. These structures were not in place prior to the project. these structures have strengthened collaboration at country level as well as at the regional level. Looking at the constituent of the TWGs, we noted that there is representation of KVPs, Government (all sectors involved: health, labour and mining), private sector, including Chambers of Mines, Occupational health and safety as well as NGOs supporting TB.
In the Interview with MIASA representative, appreciation was given to the project, which according to them has further elevated clout of the TB in the Mines agenda. TB in the mines now stems out as an agenda even in discussions within the chambers of mines cross countries. On a scale of 1-10, we noted that countries rated this output at 8/10, being a strong agreement that TIMS has contributed to strengthening key stakeholder engagements.

Output 3: Implement interventions that are tailored to country contexts cognizant of variations of capacity and scope of interventions from country to country

The fact that the project in phase III took the differentiated approach, is evidence that activities considered country specific needs. To a larger extent, activities implemented focused on country tailored needs. For instance, under Module 2, countries with large mining activities were considered for strengthening private

sector initiatives, whilst those that are labour sending, only initiatives around strengthening compensation system were considered.
We are also mindful that not all activities were demand-driven by countries. For instance, at the onset of the project, Comoros according to the baseline assessment conducted felt they the entire program on TB in the Mines was not relevant to them, however, we also noted their involvement/engagement in the TIMS meetings. Other countries expressed that they were not involved in interventions which they felt might have been very pivotal in their respective countries. This was a case under Module 2, where Eswatini felt they may have benefitted from the compensation systems, and similarly, on under module 5- on the support to strengthen CLM systems. On the other hand, Zimbabwe mentioned that they had recently conducted CRG assessments, yet the project duplicated this activity by supporting on the same initiative. Overall, this output was scored 6 out 10.

Output 4: Strengthen partnerships between public and private sector, including labour unions and chambers of mines, especially for countries where the public resources may be inadequate to sustain TB in the mines services.

On a scale of 1-10, this output was scored 9 out of 10, as the project resonated in supporting to strengthen partnership, building a regional family that speaks with one voice when it comes to the response on the Declaration on ending TB in the mines. Partnerships were noted as established throughout the project.
The regional meetings that were convened, seemed to have strengthened partnerships, stemming from the collaborations through the RCM meetings, through to the benchmarking visits through chamber of mines initiatives to the national TWGs.

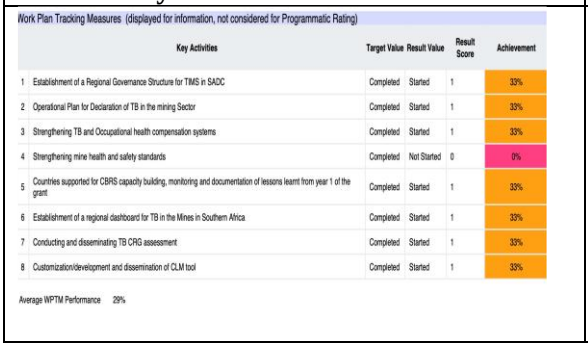
4.1 Efficiency

The extent to which the project delivers on the objectives, the right way meaning within time allocated, budget availed and utilizing resources available for the project; delivery of results in an economic and timely way.

We have noted that 97 % of activities planned have been achieved hence we are saying that the project was effective. TIMS project was designed to strengthen coordination and information sharing while promoting sustainability of interventions beyond the end of the grant, involve key national level stakeholders in the development of national programmes to ensure linkages and synergy to counter TB in the mines, to implement interventions that are tailored to the countries and strengthen partnerships between public and private sector, including labour unions and chambers of mines, especially for countries where public resources may be inadequate to sustain TB in the mines services. These strategic areas have been addressed by the various modules implemented.

In assessing efficiency, the review decided to consider three aspects including programmatic performance, grant management of the project and the financial analysis.
With regard to performance indicators the review found the following:

Year 1: July 2021- June 2022



Work Plan Tracking Measures (displayed for information, not considered for Programmatic Rating)

	Key Activities	Target Value	Result Value	Result Score	Achievement
1	Establishment of a Regional Governance Structure for TIMS in SADC	Completed	Started	1	33%
2	Operational Plan for Declaration of TB in the mining Sector	Completed	Started	1	33%
3	Strengthening TB and Occupational health compensation systems	Completed	Started	1	33%
4	Strengthening mine health and safety standards	Completed	Not Started	0	0%
5	Countries supported for CBRS capacity building, monitoring and documentation of lessons learnt from year 1 of the grant	Completed	Started	1	33%
6	Establishment of a regional dashboard for TB in the Mines in Southern Africa	Completed	Started	1	33%
7	Conducting and disseminating TB CRG assessment	Completed	Started	1	33%
8	Customization/development and dissemination of CLM tool	Completed	Started	1	33%

Average WPTM Performance 29%

Year 2: July 2022-June 2023

Work Plan Tracking Measures (displayed for information, not considered for Programmatic Rating)

	Key Activities	Target Value	Result Value	Result Score	Achievement
1	Establishment of a Regional Governance Structure for TIMS in SADC	Completed	Started	1	33%
2	Operational Plan for Declaration of TB in the mining Sector	Completed	Started	1	33%
3	Strengthening TB and Occupational health compensation systems	Completed	Started	1	33%
4	Strengthening mine health and safety standards	Completed	Started	1	33%
5	Countries supported for CBRS capacity building, monitoring and documentation of lessons learnt from year 1 of the grant	Completed	Started	1	33%
6	Establishment of a regional dashboard for TB in the Mines in Southern Africa	Completed	Completed	3	100%
7	Conducting and disseminating TB CRG assessment	Completed	Started	1	33%
8	Customization/development and dissemination of CLM tool	Completed	Started	1	33%

Average WPTM Performance 42%

According to the GF grant performance reports, the programmatic performance was at 29% in year 1 and improved to 42% in year 2, with both years rated as grant poorly performing. We count not establish how

the grant performed in the final year as the grant performance report was not yet issued at the time of the project review. From reactions in consultations with countries, the project efficiency was overall scored at 7.63/10 for the entire 3-year period. Participants regretted the fact that most achievements came towards the end of the project. Member States did not have enough time to adapt to project's achievements. It appears that year three helped to improve after 2 years of challenges as described earlier, as ECSA-HC got into the acceleration mode.

With regard to project management, we noted that TIMS III was implemented through ECSA-HC which was perceived to have good governance structures. ECSA-HC was guided by the RCM secretariat when the implementation began. ECSA-HC put in place stringent mechanisms to spend funds for activities. ECSA-HC responded to countries' calls as indicated in the countries' interviews. The project started in January 2022 instead of July 2021. ECSA-HC needed to get several issues clarified seeing that ECSA-HC was not part of compilation of the funding request. ECSA-HC had to report to Global Fund, to RCM and to the Oversight Committee. This tripartite reporting was strenuous as well as engagement with 14 SADC Member States during the actual implementation of the project. These factors contributed to delays in implementation. Several interventions were delayed such as CBRS, CLM.

> *"Nonetheless, we deployed pragmatic strategies to overcome these challenges and gained traction. The grant allocated to TIMS phase 3 was fine and we ensured value for money".* – Directorate ECSA-HC.

The evaluation team learned that ECSA-HC experienced delays in TIMS phase 3 project inception. The actual implementation started in January 2022, not July 2021; they were also many grey (unknown) areas as hence the need to get clarifications. Unfortunately, this caused further delays. There was no formal handover from the organizations that implemented TIMS phase 1 & 2. Tripartite reporting (to Global fund, RCM and the oversight committee) was also challenging. To add to all this, several members States took a while to warm up to ECSA-HC.

Throughout the project implementation, ECSA-HC received unqualified audit reports. Review gathered that within the ECSA-HC, the highest governance is the Health Ministers conference, supported by permanent secretaries from their Member States that the review aligned to the conformance to internal policies and that projects and workplans are approved by the health ministers conference. We also gathered that the bureaucratic nature of ECSA-HC facilitated the speed to which the PR adapted the acceleration of the TIMS project plan, despite the late disbursement of funds by the Global Fund.

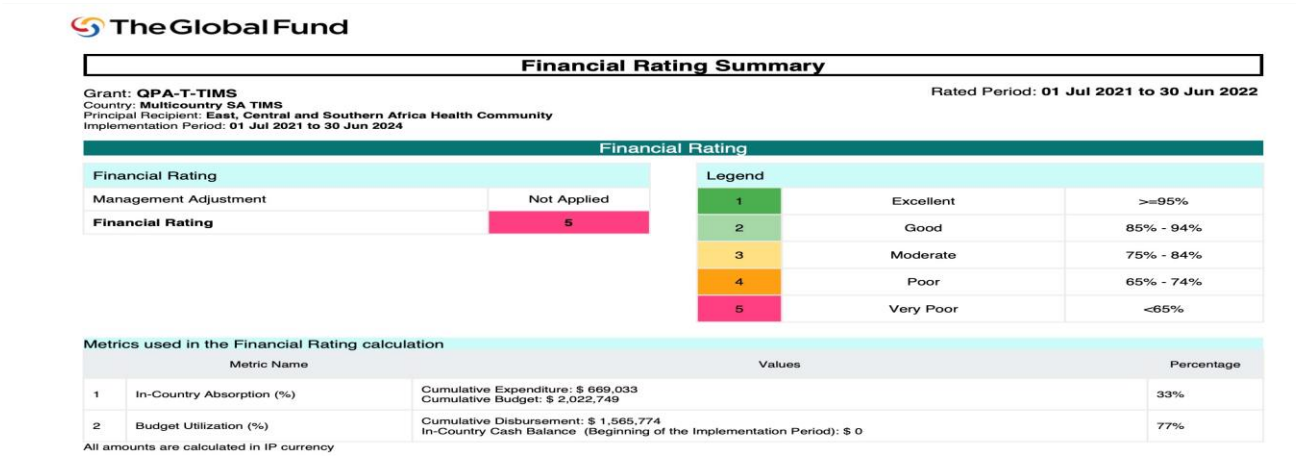
ECSA-HC generally adhered to Global Fund guidance on how to spend the funds. It was also noted that in order to improve efficiency, ECSA-HC moved several meetings to South Africa because of ease of travel to South Africa from various countries in the region. Flying to SA appeared to be most cost-effective and efficient. ECSA-HC had a lot of experience in several countries seeing that it is a regional organization. Various trip reports indicated that TIMS project allowed countries to state what they wished for and objectives of the project were communicated to the countries.

The establishment of SADC END TB Committee (SETC) is regarded as a "landmark approach to help sustain the level of TB awareness, engagement with parliamentarians, civil society and helping in establishing organizations that take care of key and vulnerable populations such as Southern African Mining Association (SAMA).

The SADC Secretariat, also played a role in guiding the implementation of the TIMS project in phase III. SADC Secretariat worked hard with ECSA-HC to make TIMS project a standing agenda on the SADC Ministers meeting so that they regularly discuss Tuberculosis each time they met. For example, SADC Secretariat ensured that a draft report (Status Update of TIMS Project) was submitted to the Health Ministers' Forum each time they met, and they responded to the report.

ECSA-HC experienced challenges in the Non-English-speaking countries. These difficulties were resolved during the execution of the project through good communication and effective networking.

In terms of **financial analysis**, the disbursements of funds were requested timeously. ECSA-HC had challenges getting VAT's exemption in several countries during year one and year two of the project hence ECSA-HC accumulated ineligible cost of approximately $ 30,000 in countries except Tanzania. This situation was resolved during year 3, however, not in all countries. The other measures taken in order to not exceed budget include determination of cost elements such as per diem, transportation, accommodation etc. before invitations are sent out for events. For consultancies terms of reference informed by the required outputs, consultation of Global Fund, RCM before advertisement of consultants. ECSA-HC has an accounting manual and makes use of the IPSAS which are International Public Sector Accounting Standards. Two budget's revisions were also done during the execution of TIMS III. The revisions helped in keeping expenditure within budget. Additionally, ECSA-HC made use of staff members from other projects to support TIMS III when there was a need. A summary of financial performance in year 1 & 2 is highlighted below:



The Global Fund

Financial Rating Summary

Grant: **QPA-T-TIMS**
Country: **Multicountry SA TIMS**
Principal Recipient: **East, Central and Southern Africa Health Community**
Implementation Period: **01 Jul 2021 to 30 Jun 2024**

Rated Period: **01 Jul 2021 to 30 Jun 2022**

Financial Rating

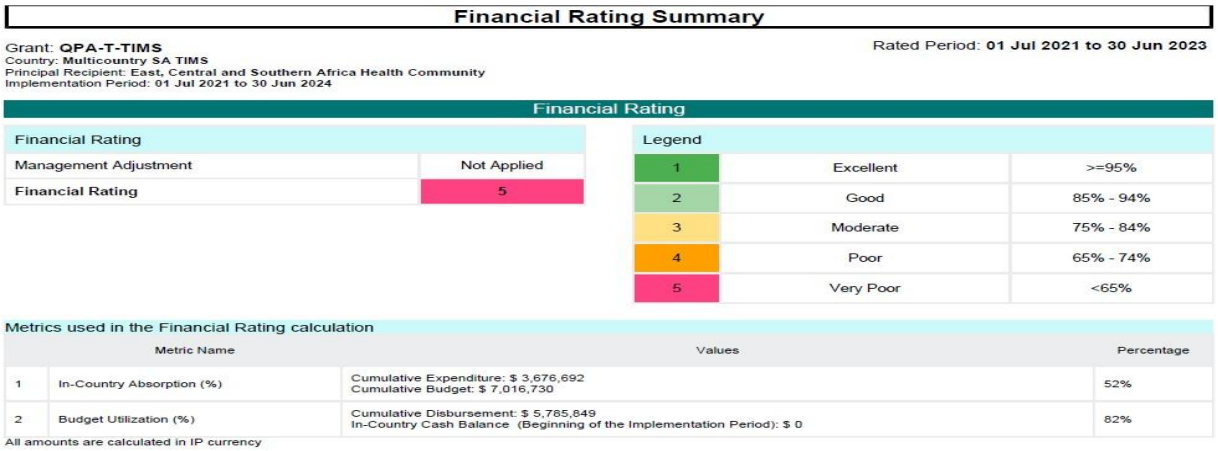
Financial Rating	
Management Adjustment	Not Applied
Financial Rating	5

Legend		
1	Excellent	>=95%
2	Good	85% - 94%
3	Moderate	75% - 84%
4	Poor	65% - 74%
5	Very Poor	<65%

Metrics used in the Financial Rating calculation

	Metric Name	Values	Percentage
1	In-Country Absorption (%)	Cumulative Expenditure: $ 669,033 Cumulative Budget: $ 2,022,749	33%
2	Budget Utilization (%)	Cumulative Disbursement: $ 1,565,774 In-Country Cash Balance (Beginning of the Implementation Period): $ 0	77%

All amounts are calculated in IP currency



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2	Good	85% - 94%
3	Moderate	75% - 84%
4	Poor	65% - 74%
5	Very Poor	<65%

Metrics used in the Financial Rating calculation

	Metric Name	Values	Percentage
1	In-Country Absorption (%)	Cumulative Expenditure: $ 3,676,692 Cumulative Budget: $ 7,016,730	52%
2	Budget Utilization (%)	Cumulative Disbursement: $ 5,785,849 In-Country Cash Balance (Beginning of the Implementation Period): $ 0	82%

All amounts are calculated in IP currency

Overall, financial performance was slow at project inception, which led to the grant financial absorption rate at 33% in year 1 and 52% in year 2. It should be noted again that at the time of the review, the performance report for year 3 was not yet out. The below table is a summary of the expenditure by module, highlighting the absorption rates per funds allocated. Overall, the absorption rate for the project stood at 98% as per funds disbursed.

SUMMARY OF EXPENDITURE BY MODULE Y1-Closure Period

Description	Total Budget:	Total Expenditure:	Total Budget Balance: Q1-to Q12	Absorption Capacity
Program management	1 752 783	1 735 002	17 781	99%
RSSH: Removing Human Right & Gender Related Barrier	1 071 697	1 073 278	(1 581)	100%
RSSH: Community systems strengthening	1 124 157	1 124 157	0	100%
RSSH: Health management information systems and M&E	2 099 692	2 059 338	40 354	98%
RSSH: Health sector governance and planning	2 275 755	2 181 216	94 539	96%
TB care and prevention	1 348 143	1 348 143	(0)	100%
TOTAL EXPENDITURE BY MODULE	**9 672 227**	**9 521 134**	**151 093**	**98%**

According to the review, the TIMS project was found to be efficient overall seeing that the all modules were implemented within the 3-year period, making use of human resources available within ECSA-HC and consultants when it was necessary was viewed as a positive strategy for project implementation. The engagement of additional ECSA-HC staff, at no additional cost, to support acceleration demonstrated good project management etiquette towards efficiencies.

Although we noted the snail pace at the onset of the project, there was progress made in the subsequent years. Interviews with the PR pointed the progress towards them establishing accelerations models to fast-track implementation of the activities. The table below gives an overview of expenditure by year, highlighting the accelerated mode in implementation post the inception period.

SUMMARY OF EXPENDITURE BY MODULE Y1-Y3

	Budget			Actual Expenditure			Budget Balance						-
Description	**Previous Period Budget: Q1 - Q8**	**Planned Budget: Q9-Q12**	**Total Budget: Q1- Q12**	**Previous Period Expenditure: Q1 - Q9**	**Current Period Expenditure : Q9-Q12**	**Total Expenditure: Q1-Q12**	**Previous Period Budget Balance: Q1 - Q8**	**Current Period Budget Balance: Q9-Q12**	**Total Budget Balance: Q1- to Q12**	**Q1-Q8 Absorption capacity**	**Q9-Q12 Absorption capacity**	**Q1-Q12 Absorption Capacity**	**Explanation of Variances (mandatory for all percentages below 95% & above 105%)**
Program management	1,034,354	836,068	1,870,422	846,228	677,996	1,524,225	188,126	158,071	346,197	82%	81%	81%	Refer to the detailed Expenditure by module
RSSH: Removing Human Right & Gender Related Barrier	907,477	382,697	1,290,174	626,809	224,051	850,861	280,668	158,646	439,314	69%	59%	66%	Refer to the detailed Expenditure by module
RSSH: Community systems strengthening	494,122	692,538	1,186,659	372,903	642,383	1,015,286	121,219	50,154	171,374	75%	93%	86%	Refer to the detailed Expenditure by module
RSSH: Health management information systems and M&E	1,303,891	825,554	2,129,445	619,014	1,225,044	1,844,058	684,876	(399,489)	285,387	47%	148%	87%	Refer to the detailed Expenditure by module
RSSH: Health sector governance and planning	1,247,611	1,140,858	2,388,468	765,510	986,760	1,752,270	482,101	154,098	636,198	61%	86%	73%	Refer to the detailed Expenditure by module
TB care and prevention	1,115,024	519,807	1,634,831	510,387	832,133	1,342,520	604,637	(312,326)	292,311	46%	160%	82%	Refer to the detailed Expenditure by module
TOTAL EXPENDITURE BY MODULE	**6,102,478**	**4,397,522**	**10,500,000**	**3,740,852**	**4,588,368**	**8,329,219**	**2,361,626**	**(190,846)**	**2,170,781**	**61%**	**104%**	**79%**	

4.2 Networking and Linkages

Established mechanisms for sharing information, ideas between countries in the region. Development of mutually beneficial relationships among member states.

According to the review, the TIMS project helped countries network and communicate among themselves. The project provided a large platform that linked countries through activities such as webinars. This helped disseminate the guidance and implementation of the overall the SADC TB in the mines protocol.

TIMS III helped the establishment of multisectoral accountability framework (MAF) in several countries. One good example is South Africa that activated this after interaction with TIMS III. Planning the implementation of MAF took long but following NTP and Civil Society's participation at TIMS III meeting the energy to finalize implementation was obvious..

The different governance meetings contributed to strengthened networking across partners and countries. For instance, the review noted that the different constituencies forming the RCM were provided with a platform to gather and discuss operationalization of the TB in the mines declaration. We noted from minutes the contributions from the different stakeholder, all culminating to shaping up and improving TIMS project implementation. The RCM provided a platform for such discussions, linking the various CCMs, from different countries, the KVP organizations as well as the NTP managers. This was an unintended positive consequence, friendships and partnerships were forged.

> *"We wanted to ensure that the political will at regional level is sustained to maintain traction in unpacking the SADC Heads of State and Government Declaration in 2012"*- **RCM Secretariat.**

The convening of the regional NTP managers provided another platform as highlighted in previous sections. The grant provided the one and only platform where NTP managers sat to deliberate on the SADC declaration, share country best and promising practices to end TB in the region. We noted the partnerships forged again under this consortium, where for instance South Africa invited other TB programme managers to learn on how South Africa is implementing BPaL TB regimen, the benchmarking visits to learn on how countries are responding to achieving TB global targets, such as Botswana reporting on benchmarking in Namibia.

The grant further facilitated benchmarking of Chambers of mines on the initiatives through the South Africa Minerals Council, through the Masoyise health programme. This has contributed to Chambers of mines taking a full-dive in supporting the response to ending TB and other occupational lung diseases, we have noted a number of initiatives, including the increased mass screening of miners and ex-miners in Tanzania, Lesotho, Botswana, Mozambique and Namibia. All these are attributed to the networks and linkages through the TIMS project.

At national level, the TIMS grant has catalyse the establishment of TWGs. Despite the fact that in some countries TB TWGs were already in place, we note that before the TIMS project the constitution of the TWGs had not considered TB in the mines, with the KVPs , the chamber of mines, occupational health, ministries of health and labour, not part of the TWG. Fast-forward, the TWGs have now roped in these other key players. The networks forged have enabled countries to include some of the TIMS activities in the GF country funding mechanism and also engage other partners to support TIMS implementation. For instance, IOM now fully supports TIMS initiatives in Mozambique, the Chamber of mines now supports TIMS in Zambia, Botswana and Namibia.

With regards to grant management, ECSA-HC, as highlighted experienced a number of challenges, including penetration into countries as there was no proper handover from previous implementation and the fact that some countries are non-English speaking. Nonetheless, with good communication and networking in several platforms through the project, ECSA-HC was able to grasp the baton and carryout the much need support at country level.

Overall, networking within the project has provided an opportunity to unlock funding to push forward implementation of TB in the mines interventions, which speaks to opportunities for sustaining some of the gains realised through the TIMS grant. Networking through the project has generally increased visibility of the SADC Declaration on TB in the mines. We noted also the coming up of the Parliamentary forum - TB caucus, who now through the TIMS grant have initiated discussions on how to revitalize the regional TB caucus parliamentary forum,

4.3 Lessons learned

Documented areas worth sharing during the performance of the project. The learning gained from the process of performing the project.
Through review of documentation, we found that there are several lessons learned from TIMS project.

Some of these include:

- The collaborative approach used in the execution of the project encourages member states and various stakeholders' active participation. This is the cornerstone of a regional project.
- The multisectoral approach to implementation of TB project is feasible at a regional level, learnt that various sectors, both public and private are able to mount a joint effort at a regional level.
- The establishment of the cross-border referral system has huge potential to enhance cross-border collaboration in TB and bring about improvement in the TB treatment success rates.
- The participation of KVP in the regions TB response is crucial in informing strategies and makes the interventions purposeful.
- The lack of funded TIMS interventions at country level may have affected the scale and impact of the TIMS interventions executed at a regional level.
- Stigma Reduction is Vital: Addressing stigma around TB within mining communities is essential for removing existing barriers encouraging.

Talking to several individuals in the Member States helped confirm the above. All people interviewed in Lesotho, Zambia, South Africa and Botswana indicated that TIMS managed to bring countries together to discuss TB. This was regarded as something that is phenomenal. The collaborative approach strengthened collaboration between Member States during a period where interestingly there were significantly fewer meetings organized by other major organizations. The added strength was the fact that various sectors were often brought together. Something that is rare even in the countries. Individuals interviewed virtually like the NTP Manager of Tanzania, Namibia and even Lesotho were unanimous and very thankful to TIMS for bringing NTPs together and bringing them closed to other stakeholders in their countries. The other lesson learned was the fact that some countries did not have electronic TB registers and CBRS became the first TB electronic register. The survey conducted regarding artisanal small-scale mining is another phenomenal activity. This investigation addressed a major gap in the area that is neglected. This intervention showed that there are gaps in the provision of services to ASM, the feasibility of multisectoral activities, multi-country response, importance of collaborative approach, the burden of TB and relationship with mining activities.

"The project has empowered the KPs Associations and helped expand the SAMA regional coverage to Angola and DRC. The project has strengthened KPs voice and relationship with national governments and other stakeholders. The project has empowered and voiced women in mining. The project has empowered and voiced the ASMs at national and regional levels. The project has committed governments (MOH) to take responsibility and interventions to the TIMS at country level.6. And many more!" – **Civil Society - Mozambique**.

5 Sustainability

Sustainability is a critical part when establishing current and future prospects in programming. The review measured sustainability by looking at the 3 pillars of sustainability: Environmental, social and economic.

- The project has managed to establish a regional governance structure, which has clear terms of reference and approved by the SADC Health Ministers Forum. The fact that the structure is coordinated at the SADC level, the structure embodies political embrace both at regional and country level. Unfortunately the review failed to ascertain how the structure will be operationalised, post the TIMS grant, bearing in mind that there is currently no budget at the SADC secretariat to fully operationalise the functions of the SETC. At country level, the establishment of the TWGs presents an opportunity to elevate the clout of the TIMS programme. We note that the TWGs have been established and or strengthened, and are multi-sectoral in nature, giving a platform for engagements with key stakeholders to move the TIMS agenda. As highlighted in previous sections, 13 of the countries have included TIMS programme initiatives within their strategic plans, and further included some components in the GC7, that have further received funding, speaks to sustainability of TIMS as a programme. All these prospects can contribute to environmental sustainability.
- The review further note that the existence of the KVP organizations, such as SAMA, the SADC women in mining as well as the coordinating bodies for chamber of mines, such as MIASA, play an important role in ensuring that the SADC declaration on TB in the mines and interventions identified are implemented.
- We note the traction in engaging partners, such as the Chambers of mines, civil society organizations and international organizations such as the World Bank, IOM in efforts to mobilise resources that are currently supporting some of the interventions birthed through the TIMS grant.

Overall, with the innovations, partnerships forged and establishment of solid structures, both regionally and in-country, to some extend sustainability has been built. Gaps and challenges still prevail, which need to be addressed. More glaring is the lack of a catalytic fund moving forward to ensure these newly established partnerships and governance structures are convened, and the fact that we need to appreciate that governments cannot absorb all the envisaged activities at a go.

6 Conclusion

Although the project in Phase III had a late start, the grant has been crucial to the region's response to the duo epidemic of TB and occupational lung diseases. The project excelled in bringing about a coordinated response SADC member states, characterised by multisectoral and multinational participation. What was planned at project inception has been realised, with implementation rated at 97%. What the region did not have, such as the Operational plan, supporting understanding of the call by Heads of State has been developed, countries have developed action plans, that could ultimately if funded respond to killing the "head of the snake". This document if implemented well will unlock partnerships and facilitate funding for what started as a project.
We noted, as the review team that all interventions implemented were relevant to ending TB in the mines. To conclude the evaluation, the team reflected on the theory of change, the "Ifs", then "What"?

1. **IF** the TB in the mines regional governance structure is functional and interventions for TB in the mines are integrated into country programmes, **THEN** countries will increase the coverage of TB and OH services for key populations and the services will be sustained beyond the grant period.

With the lag in establishment of the governance structure, what we noted is the improvement of the TB indicators across board for the SADC region. For instance, the notable decline in TB incidence which was estimated at 259 in 2021 and now estimated at 249. We also note the efforts to revitalize and strengthen Occupational health. An example being that of Malawi, where occupational health has now been prioritized, leading to extensive screening for occupational lung diseases. Noteworthy is that these are consequential ripples attributed to the grant.

2. **IF** data on TB risk factors and TB treatment coverage is available and used to design interventions at regional level, **THEN** access to TB and OH services will be increased, and this will contribute to reduction of TB burden among the key populations.

The grant has supported design and development of the regional data repository, CBRS and CLM, which countries are now implementing. Such initiatives have enabled availability of data for decision making,

upon which if implemented optimally, will further support monitoring of progress towards reduction of TB burden among KVPs.

3. **IF** countries improve OH and compensation systems and mine health and safety regulations, guidelines and SOPs, **THEN** working conditions in the mines will improve beyond the period of this grant and the decrease of TB incidence among mineworkers will be sustained.

Through the grant, prototype mine SOPs were developed, subsequently countries have adapted these SOPs, which will ultimately improve working conditions in the mines. Noteworthy are the major strides taken by the Chambers of mines in enforcing regulations that improve working conditions. Countries have benchmarked on South Africa, and we note the health initiatives that the chambers are jointly implementing with the Ministries of health, yet another achievement attributed to the project.

4. **IF** human rights and gender barriers are identified and relevant interventions implemented, **THEN** access to OH and TB services by key populations will improve and TB incidence will decrease.

Human rights and gender barriers were inadequately addressed by Governments, we note the strides through the project to sensitise policy makers, media houses, the different state parties on barriers related gender and human rights in accessing health services. The fact that the project made an effort to build systems that promote community reporting vs government reporting, we are confident that these will contribute to governments and civil society organizations responding to the outcries by the people.

Regardless of the 97% reported implementation success, the review also noted the fact that this is not the time for Global Fund to drop the ball, just when the grant is taking an upswing, with structures just established and systems established.
The review also noted that some activities were sub-optimally implemented. These include limited consultations with beneficiaries when conducting surveys, with the Artisanal and Small-scale Mining (ASM) mapping and the Community rights and Gender (CRG) assessment vented as average, yet rated as very key interventions in the grant, to cite a few.

TIMS III did not have a chance to evaluate some of these deliverables. However, the collaborative approach used helped bring stakeholders in-country and between countries together, helped create best practices and lessons learned that were shared. Sustainability arrangements are in place in most Member States. TIMS III conducted various studies that have informed policy at service delivery, national and regional levels.

The Project enhanced the participation of the private sector, the project has strengthened the programmatic approach to occupational health, enhanced cross border patient referral system alongside collaboration between SADC member states in the whole TB response. Additionally, TIMs III has been central to enhancing the role and participation of the key vulnerable population through formation of regional platforms.
The SETC has been successfully established to secure sustainability of TIMS III interventions at regional level. SETC needs a funded Secretariat under SADC in order to continue functioning and implementing its workplan that is aligned with the SADC Strategic TB Plan. Overall, the evaluation team found TIMS to be relevant, effective and efficient to the Member States and collectively to the regions TB.

7 Recommendations

- **The SETC to be capacitated with a Secretariat within SADC to carry over some of the responsibilities previously allocated to ECSA-HC in order to support implementation of the SADC TB Strategic Plan.**

The SADC (Southern African Development Community) END TB Committee known as SETC plays a crucial role in coordinating and supporting the efforts of SADC member states to end tuberculosis (TB) in the region. This structure needs to be capacitated with a fully funded secretariat to work with Member States to fulfill its mandate. The main functions of the SETC include Strategic Planning and Coordination, Technical Assistance and Support, Advocacy and Resource Mobilization, Monitoring and Evaluation as well as Collaboration and Partnerships. SETC could help develop and implement regional strategies to combat TB, coordinate TB control efforts among SADC member states and facilitate sharing of best practices, experiences, and lessons learned. This structure has an EXCO and various sub-committees made of Government officials from ministries of health, labor and mineral affairs. Representatives of Civil Society and mining industry have been included.
SETC has finalized a survey on harmonization of TB case finding strategies, diagnostic, and treatment within SADC. SETC was functioning with support from ECSA-HC through TIMS III project. It is important that resources be given to SETC to disseminate the findings of this important work and also review its operational plan now that SADC has a new TB Strategic Plan which was supported by SETC. The Advocacy and Resource Mobilization sub-committee has to be given resources to continue advocacy work, ensure increase in political commitment and fund-raising activities.

- **SADC needs to adequately fund SETC Secretariat to support implementation of CBRS.**

The SADC END TB Committee can support the functioning of a cross-border referral system in several ways, mainly by facilitating Collaboration and Coordination, Enhancing Communication and Information Sharing, Building Capacity and Providing Technical Assistance, Advocating for Policy and Legislative Support, and Monitoring and Evaluating Cross-Border Referral Systems.
Facilitating Collaboration and Coordination may be achieved by standardizing referral protocols, developing and promoting standardized referral protocols and guidelines for TB care and treatment across SADC member states. Policies harmonization and regulations are critical as well. Enhancing Communication and Information Sharing will go a long way. There is a need for creation of platform for real-time communication and information sharing among healthcare providers, NTPs and other key stakeholders. The system put in place needs to expand in order to become a cross-border patient tracking system. That is possible if all Member States continue with efforts that are already on the ground as presented in this report. Building Capacity and Providing Technical Assistance will help achieve these objectives through various training for healthcare providers on technical topics, advocacy and more.

Advocating for Policy and Legislative Support in this context means advocating for policy and legislative reforms that facilitate cross-border referrals and ensure continuity of care. It is also about promoting regional cooperation and agreements to support the functioning of cross-border referral systems.
Monitoring and Evaluating Cross-Border Referral Systems is about developing monitoring and evaluation frameworks to track the performance of cross-border referral systems and conduct regular assessments and evaluations of cross-border referral systems to identify areas for improvement and optimize their functioning.
The progress made has to be presented during the annual SADC Ministerial meeting to sustain political commitment.

- **Member States to include TB in the mining sector activities in future Global Funds' funding requests.**

The Global Fund's funding cycles have specific steps for submitting funding requests. Key phases in country dialogue in eligible countries such as most SADC countries, funding request development, submission, review, approval and implementation. SADC countries that are eligible should involve Civil Society during the dialogue led by the Country Coordinating Mechanism (CCM). This is the phase during which national priorities, gaps, and needs are identified. TB in the mining sector must be included during this phase so that all stakeholders understand why this has to be included in the country's proposal. That will facilitate the inclusion of this important activity in the funding request that may eventually get submitted, reviewed and approved before implementation. Stakeholders need to understand that implementation has to be well monitored to the finish line which is the grant closure. The good thing is that TB in the mining sector is included in the TB Strategic Plans of Member States. It is therefore important to ensure that this item stays in the plan, it does not have an expiry date because TB in the mining sector is no longer a project, it is part of the National Tuberculosis Programme.

- **Member States to implement Community Led Monitoring systems through funding from other funders.**

OneImpact is a digital platform designed to facilitate collaboration, knowledge sharing, and resource mobilization among stakeholders working on global health and development initiatives. OneImpact aims to address the challenges of fragmented efforts, limited resources, and inadequate coordination in global health by providing a secure, cloud-based platform for: partnership building and collaboration; knowledge sharing and best practices; resource mobilization and funding opportunities and project management and monitoring. The platform is intended for use by various stakeholders, including: Non-governmental organizations (NGOs), Governments, Private sector companies, Academic institutions and International organizations. By leveraging OneImpact, stakeholders can work together more effectively, share resources, and amplify their impact on global health and development initiatives.
OneImpact has been implemented in over 35 countries, including:
- **Africa**: Benin, Burkina Faso, Cameroon, Central African Republic, Cote d'Ivoire, **Democratic Republic of the Congo**, Ethiopia, Ghana, Kenya, **Malawi**, **Mozambique**, Niger, Nigeria, Sierra Leone, **South Africa**, **Tanzania**, Uganda, **Zambia**, and **Zimbabwe**.
- **Asia**: Bangladesh, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Tajikistan, Uzbekistan, and Vietnam.
- **Latin America**: Brazil and Peru.
- **Eastern Europe**: Ukraine.

These countries have adapted and implemented the OneImpact platform to support their tuberculosis (TB) responses, with a focus on community-led monitoring and empowerment.
Member States should raise funding from partners and donate some of the domestic funds to identify areas where this system must be implemented in various places. Start small and grow big overtime. Involvement of civil society is imperative in implementing this initiative. However the review team also recommends that countries could also explore other CLM tools as we noted there is quite an number of other platforms that are as effective as OneImpact, looking at the fact that the OneImpact tools has cost implications.

- **Member States to conduct CRG's assessments periodically.**

There is a need to scale up CRG's assessments, SADC countries can consider the following strategies: Institutional Strengthening by appointing a Focal Point for this activity within the SETC secretariat to coordinate these activities, build capacity, standardize and harmonize frameworks.

Institutional Strengthening will help create a centralized unit to coordinate CRG assessments, provide technical support, and facilitate knowledge sharing. It will also ensure that each SADC country (under NTP or Civil Society) has a functional CRG with clear roles, responsibilities, and resources. Capacity Building will help provide regular training and capacity-building programs for countries, focusing on assessment methodologies, data analysis, and report writing. Mentorship programs could help pair experienced CRG members with newer members to facilitate knowledge transfer and skills development.
Standardization and Harmonization is critical to help develop a regional CRG assessment framework, standardize the assessment framework, tools, and methodologies to ensure consistency across SADC countries. Data collection tools must be harmonized as well as reporting system to facilitate comparison and aggregation of data across countries.
Foster regional collaboration through experiences sharing, best practices and lessons learned from CRG assessments. Engagement with international partners will help access technical assistance, funding, and expertise. Although it is critical to mobilize domestic resources before exploring external funding opportunities.
By implementing these strategies, SADC countries can strengthen their CRG assessment processes and reduce stigma, improve access to quality care.

- **Conduct further surveys and mapping activities of the artisanal small-scale mining establishments.**

Conducting surveys and mapping activities of artisanal small-scale mining (ASM) establishments could be done through pre-survey planning, data collection, data analysis and mapping, reporting and dissemination and follow-up and monitoring.
Pre-Survey Planning includes clearly outline the purpose, scope, and goals of the survey and mapping activity. Determination of the geographic areas where ASM activities are known or suspected to occur before collaborating with local authorities, communities, and other stakeholders to facilitate access and gathering of information. Gathering information will be effective if a suitable survey methodology (e.g., questionnaire, interview, observation) and sampling strategy are crafted.
Data Collection needs to gather information on mining activities and practices, production levels and sales, environmental and social impacts, health and safety conditions. It is also important to get the maps of the ASM sites through geo-mapping or global positioning systems (GPS).
Data analysis and mapping will entail examining the collected data to identify trends, patterns, and correlations. It is also important to use a software that will help to visualize the location and distribution of ASM sites, analyze spatial relationships between ASM sites and environmental or social features. Combination of survey data with spatial analysis will help gain a comprehensive understanding of ASM activities.
Reporting and Dissemination is important. What is not reported on is not done. Use maps, charts, and graphs to illustrate key findings and trends before sharing results.
Follow-up and Monitoring is necessary to validate findings, monitor changes in order to adjust policies and interventions. Regular meetings are critical to track progress in such project. In the end the findings will inform policy decisions and interventions that will aim at improving the environmental, social, and health outcomes of ASM activities.

- **Compensation systems to be strengthened in all Member states with mining activities.**

Strengthening compensation systems for ex-mine workers in SADC countries requires a multi-faceted approach. This approach should include Improving Access to Compensation, Integrated Compensation Systems, Portability of Social Security Benefits, and Effective Governance and Coordination.

Improving Access to Compensation is crucial, and this can be achieved by tracking and tracing ex-mineworkers and their beneficiaries to ensure they receive compensation. For example, access to TB registry to identify potential individuals who may benefit. NTP should be involved in creating awareness with public health facilities in countries. It is also important to streamline claims processes to reduce delays and inefficiencies. There is also a need to enhance awareness among ex-mineworkers and their families about available compensation benefits. Tshiamiso Trust should work more closely with NTPs to improve access to compensation. The media is also useful for awareness creation.

Integrated Compensation Systems can also play a vital role. Governments can establish integrated systems to ensure that ex-mine workers receive market-related compensation benefits. This can involve coordinating efforts between governments, mining companies, and social security institutions. The laws and policies need to be harmonized across SADC countries to ensure consistency and fairness. Further capacity building is required for officials responsible for administering compensation systems.

Portability of Social Security Benefits is another important aspect. SADC countries can work towards allowing ex-mine workers to access social security benefits across borders, ensuring they receive compensation regardless of their location. It is supposed to be like this but it appears that this is not the situation on the ground.

Effective Governance and Coordination are essential for strengthening compensation systems. This can be achieved by establishing clear policies and procedures for compensation, ensuring transparency and accountability in the administration of compensation systems and fostering collaboration between governments (health ministries including NTPs, labor ministries and mineral affairs ministries), mining companies, and civil society organizations to address challenges and share best practices.

- **Member States need to enhance TB financing.**

Enhancing TB financing in the SADC region will be critical to achieve the recommendations of this report. It requires a multi-faceted approach in order to increase domestic funding while attracting international funding. Regarding domestic funding members of parliament need to form, reactive or strengthen TB Caucuses in national assemblies in order to allocate health funding in accordance with the Abuja declaration and augment TB budget in national budgets. Secondly, mobilize domestic resources by exploring innovative financing mechanisms, such as taxes, levies, or public-private partnerships. Such additional allocation must be efficiently used through effective financial management and accountability.

Various organizations may be approached such as Global Fund, Bill & Melinda Gates Foundation, UNITAID just to name a few.

Last but not least, private sector in each member state must be encouraged to support TB Control, to commit, invest and deliver through corporate social responsibility initiatives.

Some innovative financing mechanisms to be considered include results-based-financing, social impact bonds or health insurance. Results-Based Financing (RBF)is about implementing programs that reward healthcare providers for achieving specific TB-related results. Social Impact Bonds aim to attract private investors to fund TB control initiatives. One such example is the introduction of 6-month multidrug-resistant tuberculosis. A disease that is costly to treat and remains a threat to tuberculosis control globally. There have been social impact bonds on HIV but this is not yet done on tuberculosis despite several applications made by researchers who have interest in this matter i.e. SA Medical Research Council. Implementation of some forms of health insurance may go a long way in improving TB outcomes through

reduction of TB catastrophic cost which is above 50 % in countries that conducted patient costs surveys in the region.

Implementing these strategies can help enhance TB financing in the SADC region, ultimately contributing to improved TB control and reduced morbidity and

- Ensure sustainability of activities implemented through TIMS project

To ensure sustainability of TB control in the mining sector it is important to strengthen the network that has been formed with the support of ECSA-HC, enhance health systems, enhance TB funding as discussed above, promote research, engage communities, update policies and legal framework while implementing the existing and continue capacity building.

Regarding network strengthening it may be necessary to establish a regional platform of NTP Managers that includes TB in the mining sector as a standing item on the meeting agenda, mining companies may be invited from time to time to participate, to share best practices, coordinate efforts, and leverage resources. This forum needs to ensure implementation of harmonized/standardized TB control policies, guidelines, and protocols across the region. The survey on harmonization of TB diagnostic and treatment as been conducted by SETC.

Secondly, improving health systems by supporting mining company health services through supervision and clinical audits regarding implementation on national TB guidelines on TB diagnosis, treatment, and care. Such activities could enhance public-private partnerships between mining companies, governments, and health organizations to improve TB control and health services.

Funding is critical hence the need to increase TB financing as discussed in the paragraph above to enhance sustainability. Innovative financing models have been discussed such as social impact bonds or public-private partnerships, to support TB control.

Conduct research on TB in mining sector regarding TB transmission, diagnosis, and treatment in the mining sector to inform evidence-based interventions. One important issue is the use of artificial intelligence in detecting silicosis or the use of point of care diagnostic for TB or RR-TB.

Ensuring Community Engagement and Participation will go a long way in improving TB prevention, diagnosis, and treatment to promote awareness and behavior change.

Develop, enforce TB policies legislation that support TB control in the mining sector, including regulations on occupational health and safety. Strengthen labor laws and regulations to protect the rights of mineworkers, including their right to health and safety.

Finally, provide training for healthcare workers on TB diagnosis, treatment, and care, including occupational health and safety. Capacity is also required for data management and analysis to support evidence-based decision-making and TB control efforts.

By implementing these strategies, SADC countries can ensure sustainability of TB control in the mining sector, ultimately reducing the burden of TB in the region.

8 References

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4. Osewe PL, Kistnasamy B. Context of TB in the Mining Sector of Southern Africa. In: Tuberculosis Must Fall!: A Multisector Partnership to Address TB in Southern Africa's Mining Sector. 2018.
5. SADC. OPERATIONAL PLAN FOR THE IMPLEMENTATION OF THE SADC HEADS OF STATE AND GOVERNMENT DECLARATION ON TB IN THE MINING SECTOR IN SOUTHERN AFRICA. Gaborone; 2023.
6. Regional Coordinating Mechanism. Funding Request FR939-MCTIMS-FR Form 23 Feb 2021_Clean. 2021.
7. OECD. Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use OECD/DAC Network on Development Evaluation. 2019.

9 Annexures

Annexure 1. Country/Field visits Schedule

1. ECSA-HC : 29/11/2024
2. South Africa: December 2nd to 4th, 2024
3. Botswana: December 9th and 10th, 2024
4. Lesotho: December 16th to 18th, 2024
5. Zambia: December 18th to 21st, 2024
6. Google forms sent to other countries
7. Follow up interviews conducted for Tanzania and Zambia.

Annexure 2. List of individuals interviewed (physical meetings)

No.	Name and Surname	Role/Organization/Department	Venue/Country	E-mail
1	Dr Lineo Raselimo	Medical Officer (Registrar) at Occupational Health Centre, Maseru, MoH-Lesotho	Headquarters, MoH, Maseru, Lesotho	raselimolineoanicia@yahoo.com
2	Ms Mamphuto Jessie	Representative, Lesotho Women in Mining Association	Headquarters, MoH, Maseru, Lesotho	jmamphuto@gmail.com
3	Mr Mokhuthu Makhalanyane	Member of Parliament, National Assembly	Maseru, Lesotho	Mokhuthu.Makhalanyane@gov.ls
4	Ms Lerato Nkhetse	Representative of Migrant Worker's Association	Maseru, Lesotho	NkhetseL@gmail.com
5	Mr Rantso Maretsi	Ex-Miner	Maseru, Lesotho	lenyathelimaretsi@gmail.com
6	Ms Limpho Mokhochane	Member of RCM – Oversight	Maseru, Lesotho	Mokhochanelimpho@gmail.com
7	Dr Mayema A. Mayema	Deputy NTP Manager – Lesotho	Headquarters, MoH, Maseru, Lesotho	Mayema02@gmail.com
8	Hon. Dr Chris Kalila	Legislator, Parliament of Zambia	Lusaka, Zambia	CKalila@yahoo.com
9	Dr Mubanga	NTP Manager – Zambia	Lusaka, Zambia	Mubangaangel17@yahoo.com
10	Dr Mulenga	OSHI		
11	Ms Ansie J. Sampa	Member of CCM/Oversight	Lusaka, Zambia	Mubanga869@gmail.com
12	Ms Cindy Maimbolwa	CITAM+	Lusaka, Zambia	Cindy.maimbolwa@gmail.com
13	Mr Zulu	Ex-Mineworker	Lusaka, Zambia	
14	Ms Clara Kasapo	M & E Officer, NTP – Zambia	Lusaka, Zambia	
15	Mr Yewa Kumwenda	Zambia Chamber of Mines	Lusaka, Zambia	
16	Ms Namakau Kaingu	Member of the Association of Zambian Women in Mining	Lusaka, Zambia	Namakaukaingu2014@gmail.com
17	Ms Pauline Mundia	Member of Federation of Small-Scale Associations of Zambia	Lusaka, Zambia	PaulineMundia55@gmail.com
18	Dr Nothando Moyo	Deputy Director, Mineral Council of South Africa	Johannesburg, South Africa	
19	Mr Vusi Mabena	Executive Secretary – MIASA		
20	Dr Barry Kistnasamy	Chief Director, MBOD & CCOD	Pretoria, South Africa	

21	Mr Russell Rensburg	Representative of Civil Society	South Africa	
22	Mr David Macana	Representative of Key Vulnerable Groups (Ex-Miner)	South Africa	
23	Dr Evans Tulisha	Occupational Health Specialist ECSA-HC	Gaborone, Botswana	
24	Ms Lillian Njuba	Director: Finance ECSA-HC	Gaborone, Botswana	
25	Mr Brian Ng'andu	RCM Secretariat from NEPAD	Gaborone, Botswana	
26	Mrs Duduzile Simelane	Director: Social & Human Development at SADC Secretariat	Gaborone, Botswana	
27	Ms Tebogo Monamela	BONELA (Botswana Network on Ethics, Legal & HIV/AIDS)	Gaborone, Botswana	
28	Mrs Nametsa Carr	Women in Mining Association (WIMA)	Gaborone, Botswana	
29	Mr Sidney Kololo	Acting Program Manager NTP Botswana	Gaborone, Botswana	
30	Mr Motjamai Manabalala	M & E Officer NTP Botswana	Gaborone, Botswana	
31	Ms Dianah Modibedi	ACSM Focal Person NTP Botswana	Gaborone, Botswana	

Annexure 3. List of individuals reached virtually

No.	Name and Surname	Organization/Department/Role	Country	E-mail
1	Dr L Maama	NTP Manager - Lesotho	Lesotho	Maama36@hotmail.com
2	Ms Mpinani	Representative Ministry of Labour	Maseru, Lesotho	
3	Dr Kisonga Riziki	NTP Manager – Tanzania	Tanzania	
4	Dr Jose Benedita	NTP Manager - Mozambique	Mozambique	
5	Dr Nunurai Ruswa	NTP Manager – Namibia	Namibia	
6	Dr Ambrosio Disadidi	NTP Manager – Angola	Angola	
7	Mr Jabu Xaba	Chairperson Regional Coordinating Mechanism	South Africa	
8	Ms Anita Alfred Kyaruzi	Community Rights & Gender Consultant ECSA-HC	Tanzania	
9	Dr Patrick Lungu	Head of TB, ECSA-HC	Tanzania	
10	Ms Faith Ngoi	Finance Officer, ECSA-HC	Tanzania	
11	Dr Kuzani Mbendera	NTP Malawi	Malawi	
12	Dr Louine Morel	MoH	Seychelles	
13	Mr Moises Uamusse	Civil Society	Mozambique	
14	Mr Mancoba Trevor Tsabedze	NTP	eSwatini	

Annexure 4. Documents consulted during desktop review

The Project documents that were reviewed are highlighted and themes established according to the modules which the project followed under Phase III.

MODULE 1: Strengthening Health sector Governance

- **Development of the SADC TB in the mines declaration Operational Plan Annual Progress Report The 2012 SADC Declaration on TB in the mines**
  - The Operational Plan
  - Trip/ mission Reports
  - Country action plans
  - Minutes of meetings held
- **Establishment of the SADC End TB Committee (SETC)**
  - Terms of Reference for the SADC End TB Committee
  - SETC Workplan
  - Report on SADC Ministers of Health Meeting
  - Report on the SETC Committees Review and Planning Meeting
  - SETC Meeting Report
  - 2022, 2023 and 2024 SADC TB Final Reports

MODULE 2: TB care and Prevention

- **Strengthening Compensation Systems**
  - Desk Review study on Compensation systems
  - Final Project Report - Strengthening Compensation Systems TIMS Project
  - Lesotho Comp System Trip Report
  - Lesotho In-Country Visit Narrative Report - Strengthening Workers Compensation Systems Project
  - Mozambique Comp System Trip Report
  - Mozambique In-Country Visit Narrative Report - Strengthening Workers Compensation Systems Project
  - Regional meeting Comp System Trip Report 2
  - South Africa Comp System Trip Report
  - South Africa In-Country Visit Narrative Report - Strengthening Workers Compensation Systems Project
  - Zambia Comp System Trip Report
  - Zambia In-Country Visit Narrative Report - Strengthening Workers Compensation Systems Project

- **Mine Health and Safety Standard operating procedures (SOPs)**
  - Generic and Adopted MHS SOPs (5)
  - Angola Adopted MHS SOPs
  - Botswana Adopted SOPs
  - DRC Adopted SOPs
  - Mozambique MHS SOPs
  - Namibia Adopted SOPs
  - SA MHS SOPs and implementation plan
  - Tanzania Adopted SOPs
  - Zambia Adopted SOPs
  - Zimbabwe Adopted SOPs
  - Combined SOPs and M&E Framework Revised-Final_Merged
  - Angola MHS SOP's Implementation Plan
  - Botswana Implementation Plan for MHS SOP Final
  - DRC Implementation Plan for MHS SOP Final Draft

    - Implementation Plan RSA
    - Mozambique MHS SOPs Implementation Plan
    - Namibia Implementation Plan Final
    - Tanzania Implementation Plan MHS SOPs
    - Zambia Implementation Plan MHS SOPs
    - Zimbabwe Implementation Plan for the Four Mine Revised
    - Consolidated Final Report on MHS SOPs
- Private sector engagement
    - Benchmarking visit report- South Africa by Chambers of Mines
    - Private Sector Initiatives Technical Report Final
    - Implementation Plans- Final from Chambers of Mines

MODULE 3: Health information and M&E

- Strengthening implementation of the Cross-Border Referral System (CBRS)
    - CBRS Baseline assessment
    - CBRS training reports
    - UDSM Contract, inception report and final detailed report of consultancy
    - UAT Mission reports
    - CBRS meeting report Botswana
    - CBRS meeting report Eswatini
    - CBRS UAT consolidated report
    - Trip Reports TIMS3 CBRS - Tanzania, Zimbabwe
    - CBRS Mozambique minutes
    - CBRS Implementation Plan
    - CBRS Handover
    - Status Implementation of the CBRS
- Development of the SADC TIMS Dashboard
    - Dashboard meeting reports
    - Dashboard user manuals
    - Dashboard consultancy final report
- TIMS Surveys
    - Situation analysis report- Madagascar, Angola and DRC
    - ASM report
- TIMS sharing best practices and experiences
    - TIMS CBRS satellite session at the TB Lung conference- Paris
    - TIMS Regional Conference report -Durban
    - ECSA HMC -TIMS satellite session, sharing CRG and CLM findings
- TORs End Term Review TIMS Final

MODULE 4: Removing Human Rights and Gender related barriers in accessing TB services

- ADPP ECSA HC Report
- CRG consolidated final report 7 July 2024
- Draft TIMS CRG KNOW YOUR RIGHTS Brochure & Dissemination Plan
- Progrès réalisés par Madagascar TB complete
- Progress Update for Angola on CRG action Plan – Portuguese
- Progress Update for Angola on CRG action Plan
- Progress Update for Eswatini on CRG action Plan - Country Responses
- Progress Update for Malawi on CRG action Plan - Country Responses
- Progress Update for Zimbabwe on CRG action Plan - Input 1
- TIMS Quarter report III

MODULE 5: Strengthening Community Led Monitoring systems

- CLM Dashboard Reports
- MKUTA TIMS III CLM End of Project Report
- Regional CLM Training report - final 2024.05.04
- Regional Operational Plan for TIMS III CLM One Impact
- TB Strategic Plan.2020-2024
- TIMS CLM Report Nov 2023-Feb 2024 Rev
    - CLM Dashboard – Zambia 30June2023
    - CLM Dashboard – Zimbabwe 30June2023
    - CLM Dashboard- Mozambique 30June2023
    - CLM Dashboard- Tanzania 30June2023
- Miscellaneous
    - ECSA ME Plan TIMS
    - Item XX TIMS III project. Update to DJCC - Anita and Nomsa
    - M& E Framework for SADC TB Control M&E Plan 270622
    - Performance Framework for TIMS project
    - SADC Mining Data
    - TIMS 3 Funding Request
    - TIMS III quarter 2 of year 3 report
    - TIMS III quarterly report February 2024
    - TIMS PROGRESS on Performance Framework
    - TIMS PROGRESS update 2023
    - TIMS PROGRESS update March 2024
    - TIMS PUDR

The information gathered was then summarized according to the project modules and interventions to address each of the ETR objectives and identify priorities for primary data collection.

Annexure 5. Interview guides

ECSA-HC

RELEVANCE:

1. To what extent have the TIMS objectives/strategies responded to the needs and the priorities of countries in the region?
2. What contributes positively or negatively for relevance of the TIMS project?
3. What have been the value additions of this regional project (TIMS) at regional and country levels?
4. Are TIMS interventions included in the countries TB NSPs?

EFFECTIVENESS:

1. To what extent has the project strengthened TB in the Mining Sector at regional and country levels?
   - What is the overall progress of the project against expected results (outcomes and outputs)?
   - What components of the project have been most/least effective and what can be done to improve performance?
2. What are the factors that significantly influence the outcomes and outputs both positively and negatively? What have been the main enablers and constraints explaining the results? How did the project address the challenges?
3. How effective have the project's approaches been in achieving project outcomes?
4. To what extent have progress update and disbursement requests recommendations' been implemented?
5. To what extent have TIMS governance mechanisms been effective in supporting the implementation of the project?
6. To what extent has RCM been effective?
7. To what extent has SADC been effective?
8. To what extent has SETC been effective?
9. To what extent has the RCM Secretariat been effective?
10. To what extent has Global Fund supported the implementation of TIMS? How responsive were GF systems?
11. To what extent have TIMS strengthened mine health and safety SOPs?
12. How have countries adopted/adapted the TIMS SOPs? Any challenges in adoption?

EFFICIENCY:

1. To what extent has the TIMS project delivered results in an economic and timely way?
   - Have the resources allocated justified achievements?
   - What measures have been put in place to ensure individual resources are used economically?
   - How do budgets compare with disbursements and actual expenditure? Please explain.
   - Any standard operating procedures put in place to support accounting?
   - Are there any alternatives for achieving the same results with less inputs/funds?
   - Are the services, capacities created, and potentials used appropriately?
   - Please discuss timely achievements of your deliverables for each module of the project. Did you deliver outputs as planned? If not, why not?
   - What could be improved in the future? Is there a potential to make better use of the resources than previously? What would you have done differently?
   - Any Challenges that led to late performance?
   - How did you manage countries' expectations?

NETWORKING/LINKAGES AND PROJECT MANAGEMENT:

1. To what extent has the project improved in-country and interstate collaboration?
   - What are the collaborative strategies adopted by the project?
   - How effective and coherent have the collaborative strategies been in contributing to the project outcomes/outputs?

- How were linkages with and between TIMS stakeholders put in place?
- What were challenges identified? What can be done to enhance interstate networking?

2. What were the achievements, and the challenges identified in the execution of the TIMS project?
   - How knowledge management has been implemented in the project, and how effective has it been?
   - How was monitoring and evaluation of activities?
3. How do you rate the overall project management?

LESSONS LEARNED:

1. What are the key lessons learned during the various phases of implementation of the TIMS project?
2. How have good practices been documented and shared?
3. What are the value additions of TIMS?

SUSTAINABILITY:

1. To what extent are the net benefits of the interventions likely to continue after closure of TIMS project?
2. What has your strategy been to ensure sustainability?
3. What needs to be done to ensure sustainability of the project beyond GF funding?
4. What threats and challenges are likely to affect the scalability and sustainability of interventions?

NTPs/MINISTRIES OF Health/MINES/Labor.

RELEVANCE:

1. To what extent have the TIMS objectives/strategies responded to the needs and the priorities of your country? and the region (optional)?
2. What have been the value additions of this regional project (TIMS) for your country?
3. Are TIMS interventions included in your country's TB NSPs?
4. Are there mechanisms to oversee TIMS interventions in your country?
5. Are State ministries' authorities e.g. Permanent Secretaries aware of SADC END TB Committee and its functions?

EFFECTIVENESS:

1. What is the overall progress of the project against expected results (outcomes and outputs)?
2. To what extent has the project strengthened TB in the Mining Sector in your country?
3. What components of the project have been most/least effective and what can be done to improve performance?
4. What are the factors that significantly influence the outcomes and outputs both positively and negatively? What have been the main enablers and constraints explaining the results? How did the project address the challenges?
5. How effective have the project's approaches been in achieving project outcomes?
6. To what extent has TIMS strengthened Mine health and safety SOPs in your country?
7. How have you adopted/adapted the TIMS SOPs? Any challenges in adoption?
8. To what extent has SADC been effective?
9. To what extent has SETC been effective?
10. To what extent has Global Fund supported the implementation of TIMS?
11. To what extent has ECSA-HC been effective?

Use a table of interventions/country during this part of the interview.

EFFICIENCY:

1. To what extent has the TIMS project delivered results in an economic and timely way?
2. Are the services, capacities created, and potentials used appropriately?
3. What could be improved in the future?
4. Is there a potential to make better use of the resources than previously?

NETWORKING/LINKAGES AND PROJECT MANAGEMENT:

1. To what extent has the project improved in-country and interstate collaboration?
    - What are the collaborative strategies adopted by the project?
    - How effective and coherent have the collaborative strategies been in contributing to the project outcomes/outputs?
    - How were linkages with TIMS stakeholders put in place?
5. How knowledge management has been implemented in the project, and how effective has it been?
6. How do you rate the overall TIMS project management?

LESSONS LEARNED:

1. What are the key lessons learned during the various phases of implementation of the TIMS project? How have good practices been documented and shared?

SUSTAINABILITY:

2. To what extent are the net benefits of the interventions likely to continue after closure of TIMS?
3. What has your strategy been to ensure sustainability?
4. What THREATS and challenges are likely to affect the scalability and sustainability of interventions?

SADC/NEPAD/Regional and International Partner Organizations

RELEVANCE:

1. To what extent have the TIMS objectives/strategies responded to the needs and the priorities of countries in the region?
2. What contributes positively or negatively for relevance of the TIMS project?
3. What have been the value additions of this regional project (TIMS) for your country?

EFFECTIVENESS:

1. To what extent has the project strengthened TB in the Mining Sector in the SADC region?
2. What is the overall progress of the project against expected results (outcomes and outputs)?
3. What components of the project have been most/least effective and what can be done to improve performance?
    a. What are the factors that significantly influence the outcomes and outputs both positively and negatively? What have been the main enablers and constraints explaining the results? How did the project address the challenges?
    b. How effective have the project's approaches been in achieving project outcomes?
4. What strategies /interventions were found to be effective or less effective and pertinent or less pertinent?

EFFICIENCY:

1. What could be improved in the future? Is there a potential to make better use of the resources than previously?
2. How did you support the TIMS implementation?

NETWORKING/LINKAGES AND PROJECT MANAGEMENT:

1. To what extent has the project improved in-country and interstate collaboration?
    a. How do you rate the overall TIMS project management?

LESSONS LEARNED:

1. What are the key lessons learned during the various phases of implementation of the TIMS project?

SUSTAINABILITY:

2. To what extent are the net benefits of the interventions likely to continue after closure of TIMS?

3. What needs to be done to ensure sustainability of the project beyond GF funding?
4. What threats and challenges are likely to affect the scalability and sustainability of interventions?

Annexure 6. Efficiency Data Collection Guide

Qualitative measures of efficiency
ECONOMY: The "economy" use of inputs measures:
1. How accurately the planned budget relates to actual spending.
Note: Likert scale will be used in assessing as follows: 1. Highly uneconomical, 2. Uneconomical, 3. Economical, and 4. Highly economical for all questions under the economy section.
Probe: Interviewees will be guided during discussion and individuals collecting data will be trained on how to justify this.
2. How budget is used to procure transparently the best human resources and the best tangible and intangible assets i.e., whether proper procurement and accounting procedures are in place for
i. Disbursement of funds,
ii. Transfer of funds, and
iii. virement of funds with room for justifiable adjustments when circumstances change
The above questions will help us understand the use of budget against deliverables.
EFFICIENCY: Value for money – best achievable relationship maintained between actual outputs delivered and the potential that could be delivered:
1. Judged qualitatively to the extent to which TIMS outputs are achieved and delivered on time
o Time taken to deliver on planned activities: e.g. If it takes 3 months to deliver what was planned for a 1-month, then the efficiency is 33%
o The number of project outputs that are fully achieved: e.g. if the workplan has 10 outputs and only 6 are achieved, then the efficiency rate is 60%
Likert scale of 1-4 will be used for assessment as follows: 1. Highly inefficient; 2. Inefficient; 3. Efficient; 4. Highly efficient
2. Quantitative measures of technical efficiency for the budget output: the ratio of the output to the maximum possible output. The numerator is the number achieved, and the denominator is the number initially planned to be delivered.
Likert scale will be equally used here as follows in rating efficiency: Likert-scale of 1-4: 1. Highly inefficient; 2. Inefficient; 3. Efficient; 4. Highly efficient.

Annexure 7. Links to questionnaires used for interviews

ECSA - HC
NATIONAL TB PROGRAMS/MINISTRIES OF HEALTH/MINES/LABOR
PARTNER ORGANIZATIONS

Annexure 8. TABLE OF INTERVENTIONS

Table x:

Module	Interventions	No. of countries	Countries covered
1 Health sector governance and planning	Operational Plan for Declaration of the TB in the Mining Sector	16	All SADC Member States
	Establishing regional coordination governance structure for TIMS	16	All SADC Member States
	TIMS oversight (RCM)	16	All SADC Member States
2 TB care and prevention	Strengthening TB/Occupational Health compensation systems	4	Lesotho, Mozambique, South Africa, Zambia
	Strengthening private sector TIMS initiative	7	Botswana, Namibia, Tanzania, Zambia, Zimbabwe, DRC and South Africa
	Strengthening Mine Health and Safety SOPs	9	Botswana, Mozambique, Namibia, South Africa, Tanzania, Zambia, Zimbabwe, Angola and DRC
3 Health management information systems and M&E	Strengthening CBRS	10	Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe
	Regional TIMS dashboard	16	All SADC Member States
	Survey - TIMS survey in 3 additional countries	3	Angola, DRC and Madagascar
	Surveys- ASM mapping	8	Malawi, Mozambique, Namibia, Tanzania, Zambia, Zimbabwe, DRC and Madagascar
	Lessons and evidence sharing	16	All SADC Member States
4 Removing human rights and gender related barriers to TB services	CRG assessments	6	To be selected
5 Community systems strengthening	Community based monitoring	6	To be selected
6 Grant management	Grant management	16	All Member States

Annexure 9. Photo Story

<table>
<tr><td colspan="3">Visit to Botswelakoko Occupational Health Clinic (One Stop Service Point) Botswana.</td></tr>
<tr><td> 
</td><td>  </td><td>  </td></tr>
<tr><td>Focus Group Discussion with NTP Botswana: L-R (Mr Sidney Kololo, The Acting NTP Manager, Mr M. Manabalala, the M&E officer, & Ms D. Modibedi the ACSM officer)</td><td>Semi-structured interview of Dr Nothando Moyo (The Deputy Director at Mineral Council of South Africa) at Rosebank Towers Building, Rosebank-South Africa.</td><td>Interview NTP-Zambia M & E Officer, Lusaka, Zambia</td></tr>
<tr><td>  </td><td>  </td><td>  </td></tr>
</table>

Interview of The Representative of Chamber of Mines Zambia.

Picture taken after a 60 minutes conversation on TIMS III with Hon. Dr Chris Kalila in Lusaka, Zambia

Visit at the Maseru Occupational Health "One Stop Shop Centre" – Dr Lineo Raselimo (blue top) agreed to take these pictures.

Conversation in the Office of the Deputy NTP Manager – Lesotho, Dr Mayema

Conversation with Hon. Mr Mokhuthu Makhalanyane at the Parliament of The Kingdom of Lesotho