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2008

China

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Congressional Notification China 2008.doc.doc	application/msword	9/24/2007		JLiu

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
China 2008 Letter to Ambassador.pdf	application/pdf	9/27/2007		JLiu

Country Contacts

Contact Type	First Name	Last Name	Title	Email
HHS/CDC In-Country Contact	Matthew	Brown	Acting Country Director, CDC	mbrown@cn.cdc.gov
USAID In-Country Contact	Cathy	Bowes	OPH Director, USAID RDM/A	cbowes@usaid.gov
U.S. Embassy In-Country Contact	Brent	Christensen	Science Counselor	christensenwb@state.gov
U.S. Embassy In-Country Contact	Bruce	Ross	Health Attache	rossb2@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$235000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	0	0	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	20,202	39,034	59,236
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	517	4,269	4,786
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	66,450	125,550	192,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	2,809	25,572	28,381
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	0	0	0
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	0	0	0
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	23,933	41,756	65,689
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	689	4,965	5,654
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	210,390	426,400	636,790
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	5,302	28,055	33,357
Human Resources for Health				
End of Plan Goal				
	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: C-CDC COAG

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5777.08
System ID: 7911
Planned Funding(\$): \$2,560,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Chinese Center for Disease Prevention and Control
New Partner: No

Mechanism Name: C-CDC COAG

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5586.08
System ID: 7912
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Chinese Center for Disease Prevention and Control
New Partner: No

Mechanism Name: TASC3

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5585.08
System ID: 7770
Planned Funding(\$): \$1,620,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Gejiu Red Cross
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Jinhudong Community Committee
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Kaiyuan Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mengzi Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Kunming Health Education Institute
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Kunming Red Cross
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Nanning Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention
Sub-Partner: Luzhai Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing
Sub-Partner: Ningming Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HTXS - ARV Services
Sub-Partner: Pingxiang People's Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Gejiu Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner: Guangxi Center for Disease Control and Prevention
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HLAB - Laboratory Infrastructure, HVSI - Strategic Information

Sub-Partner: Pingxiang Center for Disease Control and Prevention

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HTXS - ARV Services

Sub-Partner: Honghe Brothers Care

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Luzhou Center for Disease Control and Prevention

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Mechanism Name: TASC3

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5606.08

System ID: 7772

Planned Funding(\$): \$410,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Mechanism Name: Strengthening Pharmaceutical Systems

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5587.08

System ID: 7773

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Management Sciences for Health

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CASU follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7791.08
System ID: 7791
Planned Funding(\$): \$88,000
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: M&E T.O. follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5591.08
System ID: 7777
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Community REACH Greater Mekong Region Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5815.08
System ID: 7774
Planned Funding(\$): \$1,004,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: \$725,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community REACH Greater Mekong Region Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5816.08
System ID: 7775
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: \$250,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7329.08
System ID: 7776
Planned Funding(\$): \$675,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Ningming Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Kaiyuan Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Luzhai Center for Disease Control and Prevention
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7779.08

System ID: 7779

Planned Funding(\$): \$300,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Sub-Partner: Pingxiang Center for Disease Control and Prevention

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Nanning Center for Disease Control and Prevention

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Mengzi Center for Disease Control and Prevention

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Health Policy Initiative

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5589.08

System ID: 7771

Planned Funding(\$): \$700,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: Research Triangle Institute

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management/Technical Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5607.08
System ID: 7778
Planned Funding(\$): \$372,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management/Technical Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7786.08
System ID: 7786
Planned Funding(\$): \$40,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management and Staffing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5778.08
System ID: 7913
Planned Funding(\$): \$440,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Geju Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Geju Red Cross	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Guangxi Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Honghe Brothers Care	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Jinhudong Community Committee	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kaiyuan Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kunming Health Education Institute	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kunming Red Cross	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Luzhai Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Luzhou Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Mengzi Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Nanning Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Ningming Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Pingxiang Center for Disease Control and Prevention	Y	\$0
5585.08	7770	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Pingxiang People's Hospital	Y	\$0
5815.08	7774	Pact, Inc.	U.S. Agency for International Development	GHCS (USAID)	International HIV/AIDS Alliance	N	\$725,000
5816.08	7775	Pact, Inc.	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	\$250,000
7329.08	7776	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Kaiyuan Center for Disease Control and Prevention	Y	\$0
7329.08	7776	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Luzhai Center for Disease Control and Prevention	Y	\$0
7329.08	7776	Population Services International	U.S. Agency for International Development	GHCS (USAID)	Ningming Center for Disease Control and Prevention	Y	\$0
7779.08	7779	Population Services International	U.S. Agency for International Development	GHCS (State)	Mengzi Center for Disease Control and Prevention	Y	\$0
7779.08	7779	Population Services International	U.S. Agency for International Development	GHCS (State)	Nanning Center for Disease Control and Prevention	Y	\$0
7779.08	7779	Population Services International	U.S. Agency for International Development	GHCS (State)	Pingxiang Center for Disease Control and Prevention	Y	\$0

Table 3.3: Program Planning Table of Contents

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$40,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Unsafe injections have been an ongoing public health issue in China, especially in rural areas. Inadequate sterilization of reusable syringes, reuse of disposable syringes, and a general pattern of overuse of injections for medical treatment have threatened the health of the Chinese population and are associated with an increasing trend in the prevalence of hepatitis B, HIV/AIDS, and other infectious diseases. It was estimated in 2006 that 390,000 people died prematurely due to hepatitis and AIDS transmitted via unsafe injections. Unsafe injections have caused a loss of 6.89 million life years and direct medical expenses of 142 million USD in China as of 2006. Among a total of 3.9 billion injections a year, 90% are for clinical treatment purposes and 10% are for vaccine shots. It is estimated that 30% of vaccine injections and 50% of clinical treatment injections are unsafe. In rural areas in western China, 70% of disposable syringes are re-used. Currently, GoC has the ability and capacity to produce and distribute safe injection equipment, including auto-disable (AD) syringes. To ensure that all injections are safe, GoC issued policies related to safe injection requirements. However, implementation of the policy is lacking and health care providers are not fully complying with these requirements. The lack of practical procedures is hindering further improvement in safe injections in China. In provinces with HIV epidemics driven by injecting drug users (IDU) and former plasma donors (FPD), unsafe injections remain a concerning source of new HIV infections.

In FY 2006, the USG worked closely with MOH, China CDC, and other government organizations at different levels to promote the use of AD syringes to prevent further transmission of HIV/ AIDS via unsafe injections. Currently, these field tests are ready to be implemented and will be put into practice in FY 2008. The feasibility of AD syringes will be monitored and evaluated, and the scale-up to other provinces will be supported by the USG depending on the results of the field trials. Additionally, in the coming year, USG will provide assistance to China CDC to formulate a Standard Operating Procedure (SOP) for safe injections based on field test data. A national training workshop will be conducted to train health care providers on safe injections following the approval of the SOP. Similar training workshops will also be carried out in the 15 USG- supported provinces to ensure a rapid nationwide response to safe injections.

Potential Upstream (Indirect) Products or Outputs

- Field tests of feasibility and use of AD syringes completed
- National SOP for safe injections
- National- and provincial-level training workshops on safe injections SOP conducted

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 400

Custom Targets:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5777.08

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 11436.08

Planned Funds: \$40,000

Activity System ID: 18010

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11436

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25910	11436.25910.09	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	10902	5777.09	C-CDC COAG	\$212,000
11436	11436.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$33,000

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$2,681,100

Amount of total Other Prevention funding which is used to work with IDUs \$605,600

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Epidemiology among MARPs:

The HIV/AIDS epidemic in China is concentrated in Injection Drug Users (IDUs), female sex workers (FSW), and men who have sex with men (MSM). Over 40% of currently infected people living with HIV/AIDS (PLHA) are IDUs. While HIV prevalence among IDUs nationally averages around 7.54%, 2006 sentinel surveillance found an IDU HIV prevalence of 34% in Guangxi, 25% in Yunnan, 20.4% in Xinjiang, and 8% in Guizhou. HIV prevalence among FSW rose from 1.1% in 2004 to 2.1% in 2005 based on available figures. Certain surveys of hotspots found FSW HIV prevalence at 5-10%, with the highest prevalence in Guangxi, Xinjiang, and Yunnan. Continuing risk behaviors include low levels of consistent condom use and low health seeking behavior despite confidential anonymous services through government Sexually Transmitted Infections (STI) clinics. Surveys in several project sites also found injecting drug use among FSW. As of late 2007, there is very little MSM surveillance data, but studies in a handful of major cities in China found low but rapidly increasing infections in this group, with prevalence in Beijing at 5.8% in 2006.

Condoms:

Condom availability in China is high, with over 1,000 brands available, many of which are low cost. However, the quality of some condom brands is low, and accessibility for MARPs is an issue. Rather than developing its own brand, the USG-funded social marketing program in Guangxi and Yunnan promotes existing high-quality, low-cost brands that are available in China to help increase access and use by MARPs.

Specific MARP activities in all 15 USG provinces:

IDUs: GoC's largest prevention program targeting IDUs is the national Methadone Maintenance Therapy (MMT) program, which USG has supported since its inception in 2004. As of August 2007, 350 MMT clinics have been established, and the number is expected to increase to 500 in 2008 and eventually to 1000. The issues for MMT programs include: the low capacity of the implementing staff, insufficient psychosocial support, and the lack of special care and support for IDUs, resulting in low enrollment and retention of clients at MMT sites. Through its involvement in scaling-up of the national program, the USG developed the Methadone Clinic-Based Comprehensive Prevention, Support, and Treatment Model to assist the GoC in addressing enrollment and lost-to-follow-up issues of MMT clinics, to provide training to improve MMT staff capacity in 15 provinces, and to support the first mobile MMT clinic in Yunnan in 2006. To scale-up this model, USG support will include: partnering with GFATM Round 4 provinces to increase MMT enrollment through peer educators and outreach workers in 15 provinces; expanding referral mechanisms from drug detoxification centers to MMTs for IDUs in 15 provinces; field testing the model by using Public Service Bureau (PSB) staff to conduct follow-up to improve IDU enrollment in MMT after they exit detoxification centers; providing psychosocial support through peers and MMT staff to improve MMT retention rates; and, preferential recruiting of HIV-positive IDUs to improve prevention effectiveness of the MMT. The USG will also provide support to the GoC in assessing the national MMT program to generate data for decision making.

In the Guangxi and Yunnan demonstration sites, USG activities are conducted through drop-in centers, peer outreach, and community counselors. These activities aim to reduce the risk of HIV transmission, provide transitional support, increase access to and use of care and support, increase referral services for VCT and HIV care and treatment services including methadone treatment as well as provide psychosocial support services, which actively involve methadone users, positive methadone users, their families, and neighborhoods. USG will also roll-out the Minimum Package of Services (MPS) detoxification center peer education model to all GFATM sites in Guangxi.

FSW: To prevent HIV transmission through commercial sex, the GoC has set up "high-risk intervention teams" throughout the country with implementation of the 100% Condom Use Program (CUP) as their main function. Shortcomings of the 100% CUP program include poor implementation due to low capacity of staff, low coverage and the lone intervention of condom distribution, not enough efforts placed on HIV VCT and behavior change, and lack of STI service provision. The USG will provide technical support to GoC to improve the quality of CUP by revising the national guidelines on CUP, to strengthen capacity building of implementing staff, linking CUP with STI service, HIV testing, counseling, care and treatment. The USG will also support field test of intervention for street-based CSWs.

The USG will continue to support the MPS for FSW and clients in Guangxi and Yunnan. Activities conducted through wellness centers, STI clinics, and peer outreach aim to improve knowledge of HIV/STI transmission and prevention, increase correct and consistent condom use, and increase access to and use of quality and affordable STI services and VCT. Much of the GoC efforts through GFATM Round 4 replication of the MPS model have been placed on building the physical structures of FSW drop-in centers. However, these often do not provide STI and outreach services. The USG will provide technical assistance for the continued replication of the model in those sites by improving service provision and uptake. To do so, the USG will assist GFATM Round 4 in their Phase II implementation by adding functions to the current "drop-in" model and incorporating VCT, STI services, and community-based follow-up and referrals for FSW. The USG will facilitate the integration of "high-risk intervention team activities" with that of drop-in centers to create better linkages between the centers and available government-provided services, first in Guangxi and Yunnan provinces in FY 2008 and to other provinces thereafter. The MPS model will also begin to include income generation and/or job skills training for FSW to provide alternatives to sex work.

IDUs/FSW: In 15 provinces, USG will support provincial MMTs and associated community groups to train outreach workers and female IDU peer educators on condom promotion and behavior change among female IDUs. For FSW who also inject drugs and are reached through the MPS sites in Guangxi and Yunnan, the USG will ensure that appropriate messages and behavior change interventions for the dual risk of sex work and injecting drug use are included.

MSM: Through the STI Clinic- Based Peer-Driven Behavioral Intervention Model, the USG supported community-based organizations (CBOs) in Beijing, Heilongjiang, and Shandong to conduct testing and counseling, behavioral change interventions, MSM-friendly STI clinics, and linked MSM PLHA to CBOs and ART providers for positive prevention services. USG will support GFATM Rounds 4, 5 and 6 counties to scale up these models. In Guangxi and Yunnan, USG will continue support of HIV prevention for MSM through drop-in centers, on-site STI clinics or referrals, outreach, and peer education, and will focus on promotion of safer sex, increase condom/lubricant use, STI treatment, and increase access to VCT and HIV care and treatment while working closely with its partners to ensure the full range of activities under the MPS concept. Specifically, the USG will provide technical support and funding to implement behavior change activities, provide STI diagnosis and treatment and VCT, and/or help make nearby government STI and VCT services MARP-friendly and accessible.

FPD: In central Chinese provinces where former plasma donors (FPD) account for the majority of PLHA, prevention with positives (PwP) among sero-discordant couples has been a main focus of USG. USG will assist provincial and county CDCs and health bureaus to train directly observed therapy (DOT) and adherence counselors in Anhui and Henan to promote condom use through behavioral change communications.

High-Risk Workers: In Anhui, Guangdong, and Yunnan provinces, the US DoL-funded ILO project will promote ABC within the workplace with a specific focus on behavior change among workers at high-risk. These new programs will be coordinated with ongoing programs in these provinces.

GFATM Collaboration: USG currently works in 10 of the 23 GFATM provinces. The USG and GFATM will provide complementary financial and technical support for comprehensive interventions. Currently, the USG partners are working closely with the GFATM to replicate the MARP- focused USG MPS model in Guangxi and Yunnan through the "collaborative sites" concept. The USG partners will produce "best practices" documentation in FY 2008 and guides for scaling- up MPS models in other project sites, as well as IEC materials for use with MARPs in drop-in centers and outreach activities. The USG will work in each site to link projects

to services being provided by government and other partners. The establishment of referral systems will be integrated into project planning with built in monitoring and evaluation.

Potential Upstream (Indirect) Products or Outputs

- Methadone Clinic-Based Comprehensive Prevention, Support, and Treatment model scaled-up in 15 USG-supported provinces
- MPS Detoxification Center Peer Education model rolled out to all GFATM sites in Guangxi province
- STI Clinic-Based Peer-Driven Behavioral Intervention model scaled-up in GFATM Rounds 4, 5, and 6 counties
- Guides for replication of the Minimum Package of Services

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	2975
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	157268
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3730

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5777.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11432.08	Planned Funds: \$162,000
Activity System ID: 18011	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11432	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11432	11432.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$688,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7329.08	Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 16044.08

Planned Funds: \$675,000

Activity System ID: 17484

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16044

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16044	16044.07	U.S. Agency for International Development	Population Services International	7329	7329.07	Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Population	\$630,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5607.08

Mechanism: Management/Technical Staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10835.08

Planned Funds: \$22,400

Activity System ID: 17487

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10835

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26143	10835.26143.09	U.S. Agency for International Development	US Agency for International Development	10949	5607.09	Management/Technical Staffing	\$61,600
10835	10835.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$61,250

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5606.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17509.08	Planned Funds: \$200,000
Activity System ID: 17509	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5816.08	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17510.08	Planned Funds: \$68,200
Activity System ID: 17510	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5585.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10770.08

Planned Funds: \$755,000

Activity System ID: 17469

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10770

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26100	10770.2610 0.09	U.S. Agency for International Development	Family Health International	10936	5585.09	TASC3	\$827,655
10770	10770.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$869,500

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5815.08

Mechanism: Community REACH Greater
Mekong Region Associate
Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (USAID)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11576.08

Planned Funds: \$246,900

Activity System ID: 17478

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11576

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26118	11576.26118.09	U.S. Agency for International Development	Pact, Inc.	10942	5815.09	Community REACH Greater Mekong Region Associate Award	\$435,051
11576	11576.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$256,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5586.08
Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11431.08
Planned Funds: \$190,000
Activity System ID: 18020
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11431
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11431	11431.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$435,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7779.08
Mechanism: Social Marketing and Targeted Communications for HIV/AIDS Prevention Among Most-At-Risk Populations
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17500.08

Planned Funds: \$300,000

Activity System ID: 17500

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$1,279,100

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

In 2003, the GoC issued the "Four Frees and One Care" policy which includes: free ARV treatment for poor PLHA, free HIV testing, free schooling for AIDS orphans, free PMTCT, and social support for PLHA. However, the GoC faces many barriers in implementing the care and support aspects of the national free ARV program under the "Four Frees and One Care" policy.

Barriers of the program include the:

- poor-functioning three-tier county/township/village health system network in rural areas which do not provide quality services to PLHA;
- lack of linkages between counseling and testing and care, treatment, and support resulting in low case follow-up;
- absence of adherence and psychological counseling as well as patient support;
- lack of OI prophylactic treatment;
- lack of involvement from PHLA family members;
- lack of experience in providing care for IDUs;
- limited human resource capacity of rural health providers; and,
- existence of discriminatory attitudes among health providers and in the communities.

To fill the gap in the provision of comprehensive care and support for PLHA on the policy and programmatic levels, the USG field tested the Rural Home and Community-Based Care Support and Treatment Model in two provinces. Specifically, USG focused on strengthening the linkages between counseling and testing and follow-up care and support since only about 20% of PLHA tested are followed-up. Prevention of in-family transmission through condom promotion by ARV DOT volunteers in FPD areas of Anhui and Henan, follow-up mechanisms through rural ARV DOT volunteers in Henan province, and psychological support through peers in Guangxi, Guizhou, Qinghai, and Yunnan provinces were field tested. Based on this model, the Essential Care Package (ECP) was developed in partnership with the GoC's NCAIDS and GFATM Round 3 to be field tested and scaled-up in 127 China CARES and 76 GFATM Round 3 counties. The ECP is to meet the needs of 80% of AIDS patients who live in rural parts of China and addresses the above listed barriers through a comprehensive approach that involves the rural medical system, the community, and family members of PLHA. The USG will support the GFATM Round 3 in expanding the ECP in 6 sites in 3 provinces to improve quality of care and support services focusing on family support for ARV adherence, home-based care, regular follow-up services for ARV clinical monitoring, and condom promotion. The USG will provide technical support for the implementation, evaluation, and refinement of the ECP in the next year.

One of the key components of the USG response to HIV/AIDS in China has been the development of the Continuum of Care (CoC) Model for MARPs and PLHA, which is being operationalized in Guangxi and Yunnan provinces. Basic health care and support is linked to VCT and ART as well as to comprehensive prevention services. In response to the Guangxi government's request for assistance in replicating the existing CoC model, USG is providing support for its rollout to other China CARES and GFATM Round 4 sites in Guangxi. The USG is supporting the province in developing several of the existing CoC sites as Centers of Excellence and training sites to assist other programs in China based on lessons learned from the CoC model.

The USG will also expand its support for drop-in centers and clinic-based care and support services for PLHA and their families in the CoC sites. Emphasis will be placed on strengthening the linkages between current drop-in sites and existing GoC services in Guangxi and Yunnan to improve health service provision and treatment follow-up rates. The Peer Support Model which focuses on trained PLHA educators providing a range of services from post-test counseling to positive prevention and self-care education sessions to psychosocial support and adherence counseling, will be expanded to include HIV-positive MSM, methadone users, and out-of-treatment drug users and their families.

In response to the largely IDU-driven epidemic in many provinces in China, the USG developed and field-tested the Methadone Clinic-Based Comprehensive Prevention, Care, Support, and Treatment Model which emphasizes the preferential enrollment of HIV-positive IDUs in MMT and uses MMT clinics as a platform for care and support to IDUs PLHA by providing counseling and testing, adherence counseling, OI prophylaxis, clinical monitoring of ART, and psychological and peer support services to PLHA in Guizhou and Qinghai. Data generated from these field tests were used by the National MMT Working Group to generate the Work Plan for Community-Based Drug Maintenance Therapy for Opiate Addicts. In the coming year, the USG will build on previous successes and assist GFATM Round 4 to scale-up the Methadone Clinic-Based Comprehensive Prevention, Care, Support, and Treatment Model for IDUs PLHA in 126 counties, including in Guangxi, Guizhou, Xinjiang, and Yunnan provinces.

In Beijing and Heilongjiang where MSM HIV prevalence is growing, the USG supported the development of self-help groups among MSM PLHA networks that included web-based and peer-driven counseling and testing, MSM-friendly STI services, ART and OI prophylaxis services, and peer support. The USG will expand this model to Anhui, Guangxi, Jiangsu, and Yunnan provinces in the next year.

The USG/Clinton Foundation partnership in Anhui at the Lixin Rural Clinical Training Center will continue to produce trainees who will provide facility-based care and support in their respective provinces upon their return to Anhui, Guizhou, Heilongjiang, Henan, Hunan, Inner Mongolia, Jiangsu, Ningxia, Qinghai, Shandong, Sichuan, Xinjiang, and Yunnan. Pediatric care and support will also be provided by graduate trainees.

In response to an on-going unmet need articulated by PLHA, their families, and the government, the USG will support pilot activities related to income generation for PLHA and their families as part of the CoC model. While the cost of ART and CD4 and other lab tests are covered by the government, many other costs, including OI prophylaxis and treatment are not covered and are often unaffordable for many PLHA. Since many PLHA are former IDUs and CSWs, they also lack job skills and employment opportunities. The USG-supported pilot activities will explore micro-credit, saving-based income generation, job skill training and placement, and other employment-related activities for PLHA in conjunction with ongoing PLHA support group activities.

On the policy level, in FY 2006 and 2007, the USG provided technical assistance to the GoC on the development of the national guideline for OI prophylaxis and supported its field testing. The USG will provide technical assistance in the implementation of the guideline in 15 provinces in the next year. Additionally, the USG will continue to assist NCAIDS, China CARES, and GFATM Rounds 3 and 4 counties in improving the planning and operational quality of care for PLHA.

Potential Upstream (Indirect) Products or Outputs

- Linkages between prevention and care models for MARP PLHA strengthened
- Home- and community-based care and treatment model strengthened in 76 GFATM Round 3 counties
- Training for care providers in the CoC model expanded through Centers of Excellence
- MMT clinics as the platform for care and support for IDUs PLHA scaled-up in the GFATM Round 4 and USG-supported provinces
- Drop-in services scaled-up and linked to available GoC services for the care and support of PLHA
- Income generation for PLHA piloted as part of the CoC model

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	629
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	23244
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1376

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5586.08

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 11437.08

Planned Funds: \$170,000

Activity System ID: 18021

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11437

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11437	11437.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$44,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5815.08

Mechanism: Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 11577.08

Planned Funds: \$293,600

Activity System ID: 17479

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11577

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26119	11577.26119.09	U.S. Agency for International Development	Pact, Inc.	10942	5815.09	Community REACH Greater Mekong Region Associate Award	\$33,316
11577	11577.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$264,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5585.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 10836.08	Planned Funds: \$274,800
Activity System ID: 17470	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 10836	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26101	10836.2610 1.09	U.S. Agency for International Development	Family Health International	10936	5585.09	TASC3	\$75,000
10836	10836.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$160,600

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5816.08	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 17511.08	Planned Funds: \$67,700
Activity System ID: 17511	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5606.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 17512.08	Planned Funds: \$70,000
Activity System ID: 17512	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5607.08	Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 10838.08	Planned Funds: \$40,000
Activity System ID: 17488	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 10838	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10838	10838.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$0

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5777.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11438.08	Planned Funds: \$363,000
Activity System ID: 18012	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11438	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11438	11438.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$130,000

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$154,200

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The 2005 national estimate of TB prevalence shows that 45% of China's population is infected with TB, but the current prevalence of active pulmonary TB is 3.5%. Based on available data, among the 4.5 million active pulmonary TB cases, 1.5 million are smear-positive. TB incidence is 1.3 million, of which 600,000 are smear-positive. About 130,000 people die of TB each year, the majority who live in rural areas. The State Council issued the National TB Control Program 2001-2010 on October 13, 2001, and the central government has disbursed \$400 million for TB control each year. In 2005, the case detection rate was 79%, DOTS coverage reached 100%, and the cure rate was 91%. Based on data from field tests in USG-supported China CDC TB/HIV co-infection programs in Guangxi and Yunnan provinces in 2006, the prevalence of active TB among HIV-positive patients is 10-20%, and the prevalence of HIV among TB patients is 1.26% -2.2%. In one USG model site in Pingxiang, Guangxi, 60% of HIV cases are TB co-infected.

On the national level, the verticality of the separate TB and HIV/AIDS health systems is a major barrier to improving coverage of TB services for HIV/AIDS patients. Much assistance is needed to improve the collaboration between TB and HIV/AIDS control systems. The USG has assisted the GoC in developing national guidelines on TB/HIV co-infection, and will work closely with the National AIDS Treatment Taskforce to improve the linkages between the TB and HIV/AIDS health systems and to enhance the current national diagnosis and treatment strategy and guidelines for TB/HIV for PLHA. The implementation of the national guidelines is conducted through GFATM Round 5. The USG supported the field testing and scaling-up of the TB/HIV co-infection program in 134 GFATM Round 5 counties. The USG will continue to provide technical assistance to field test the revised guidelines in Anhui, Henan, and Yunnan provinces in the implementation of the TB/HIV co-infection program through GFATM Round 5, and will conduct a joint assessment of its operation. The USG will work with the GoC to refine the strategy and field test an operations model for management of TB/HIV co-infections in one province.

As part of the CoC model, the USG supported the Pingxiang People's Hospital to strengthen diagnosis and referral between the hospital's HIV and TB clinics as well as leveraged support from other sources to cover the cost of TB treatment so PLHA can access free ART where clinically appropriate. The USG will continue to support the site in Pingxiang as a demonstration center and Center of Excellence in Guangxi province with an emphasis on interlinked service provision so that no TB patient fails to receive appropriate HIV services and vice-versa. The USG will support refresher training, external technical assistance, and development of training curricula and other replication aids to speed-up the transfer of lessons learned to other sites in China. This will insure that TB/HIV patients receive appropriate clinical and social support from hospital staff delivered in a non-stigmatizing fashion with appropriate links to PLHA groups for ongoing support. The USG will support the wider dissemination of any training curricula produced as part of the model.

Potential Upstream (Indirect) Products or Outputs

- National guidelines on diagnosis and treatment of TB/HIV co-infection field tested in 3 provinces
- Collaboration and coordination between China's TB and HIV/AIDS health systems strengthened
- Operational strategy for management of TB/HIV co-infects and field tested in 1 province
- Comprehensive TB/HIV component of CoC model operationalized in Pingxiang
- Integrated TB/HIV training curricula based on CoC model developed and disseminated

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or 21 presumed) in a palliative care setting	
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	689
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	338
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3660

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5777.08

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 11440.08

Planned Funds: \$25,000

Activity System ID: 18013

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11440

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11440	11440.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$130,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5585.08

Mechanism: TASC3

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17519.08

Planned Funds: \$39,200

Activity System ID: 17519

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5606.08

Mechanism: TASC3

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB
Activity ID: 17520.08
Activity System ID: 17520
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area Code: 07
Planned Funds: \$10,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5586.08
Prime Partner: Chinese Center for Disease Prevention and Control
Funding Source: GHCS (State)
Budget Code: HVTB
Activity ID: 11439.08
Activity System ID: 18022
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11439
Related Activity:

Mechanism: C-CDC COAG
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Palliative Care: TB/HIV
Program Area Code: 07
Planned Funds: \$80,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11439	11439.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$44,000

HVCT - Counseling and Testing

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$902,400

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Counseling, testing, and knowing one's HIV status is one critical element in behavior change and can also be an entry point for care, support, and treatment. Approximately 10% of the estimated HIV-positive persons in China know their status. The GoC has positioned counseling and testing as one of the major components of its national comprehensive AIDS program. More than 3,000 stand-alone VCT sites have been set-up nationwide. However, uptake of the service is low, especially by MARPs. The current stand-alone VCT is sub-optimal because it emphasizes the number of VCT sites rather than the quantity and quality of services delivered. Testing at the VCT sites as well as at routine health facilities is hampered due to the national testing algorithms that result in a 2-to-6 week waiting period before test results can be given to patients; as a result, many MARPs are lost-to-follow-up. Additionally, some provinces have introduced policies and regulations, such as Yunnan's requirement that state identification cards be presented by persons seeking HIV testing, which reduces demand for VCT. Although the Yunnan testing policy was intended to increase the ability of service providers to follow-up persons who test positive, in practice, it hinders MARPs from accessing VCT as they often fear breach of confidentiality in the testing and follow-up process. Instead of the stand-alone VCT clinic model, the USG is advocating for linking HIV counseling and testing with other program components such as surveillance, health education, peer education, STI services, outreach and behavior change interventions, and care. Currently, the USG supports the establishment of linkage mechanisms to bridge VCT sites with local CDCs, which provide counselor training and quality assurance/quality improvement guidance.

To better target MARPs, the USG is promoting outreach-based, confidential HIV counseling and testing with peer educators or specially trained health professionals as outreach staff in 15 provinces. As well, USG is providing assistance to GoC in better targeting IDUs, FSWs, and MSM through the minimum package of services (MPS) model targeting MARPs in Yunnan and Guangxi. USG will work with the GoC to provide VCT, as appropriate, within the MARP drop-in centers in the MPS sites, and to strengthen government testing linked to MARP outreach at the sites. In Guangxi, the USG will continue to work with Guangxi CDC to provide technical and operational support for VCT in field sites as part of the Continuum of HIV Care, linking with local hospitals to provide OI/ARV services. As part of this program, the USG will support the training of community and CDC staff, the establishment of counseling protocols, and promoting services within the MSM community.

The USG will also continue producing IEC/BCC materials in Guangxi and Yunnan as tools for VCT counselors and community and peer outreach educators. At the request of Guangxi CDC, the USG partners will provide technical assistance and training to improve and promote the quality and uptake of VCT targeted primarily to MARPS in more than 30 VCT sites in the province.

USG is also improving the rate of status-learning by field-testing rapid tests. In an IDU peer-driven counseling and testing site, the percentage of people tested who know their status increased from 35% to 74% with the application of rapid tests. In Shandong, the reach-in method is being field tested to bring counseling and testing services to facilities commonly visited by MSM through a local CBO (Jinan)-CDC partnership. By advocating for the use of rapid tests in Shandong, the proportion of clients who know their status on-site reached 100%. The USG has successfully used data from these models to advocate for the use of rapid tests at the national level. However, at present, the Chinese central government is providing direct financial support for only 10% of the rapid test kits used in the provinces. Based on these results, USG will scale-up the outreach-based and the reach-in models in 15 provinces targeting IDUs, FSWs, and MSMs through partnerships between local CDCs, MMTs, STI clinics, CBOs, and other local organizations, and will continue to advocate for the use of rapid tests at the provincial level to improve status learning rates. This will address the existing lack of linkages between testing and knowing one's HIV status, and also allow for better linkages to care, treatment, and support services through local CDC involvement.

In detoxification facilities, all attendees are tested for HIV upon entry. In Guizhou, the USG has facilitated partnerships between CDC, MMT, and PSB (which runs the detoxification facilities) to allow CDC staff to enter into the facilities and conduct counseling sessions, leading to better follow-up of HIV-positive attendees after they exit the facilities. Detoxification facilities are also linked with MMTs through pre-registration of willing detoxification attendees for services. The USG will scale-up this model in Xinjiang and Yunnan provinces.

To better target MARPs through the routine health system, the USG is assisting the GoC in drafting Provider Initiated Testing and Counseling (PITC) guidelines to be included in the revised national HIV testing and counseling guidelines. The PITC guidelines will encourage counseling and testing in routine health facilities in areas with high HIV prevalence among MARPs, and in hospital departments commonly visited by MARP patients, such as STI, Ob/gyn, urology, infectious disease, and TB institutes. The guidelines will be field test in Guangdong, Liaoning, Shandong, and Zhejiang provinces, and the USG will provide direct support to sites in the 4 provinces through NCAIDS.

A current barrier in the hospital system is the lack of incentives for doctors to counsel HIV- positive patients and their lack of capacity to conduct counseling. The USG has addressed this issue by developing the Clinical-setting-CDC-Connection (C3) Model to create linkage mechanisms through a hotline for hospital staff to call the city CDC to come to the hospital to counsel HIV-positive patients and provide follow-up services. Field testing of the model in Guangdong City in 2007 showed that knowing one's HIV status increased from 11% to 34%. Field testing will expand to 3 provinces in 2008 to improve status disclosure of PLHA in clinical settings.

The USG will support the GoC to build counseling and testing capacity at all levels, provide training in improving counseling skills, provide training to local CDC, hospital, and detoxification facility staff, and assist GFATM Rounds 3, 4, 5 and 6 to better target MARPs for counseling and testing at the national and provincial levels.

Potential Upstream (Indirect) Products or Outputs

- Outreach-based and reach-in VCT models scaled-up in 15 provinces
- VCT increased within MARP drop-in centers in MPS sites in 2 provinces, along with increased linkages to support services
- Collaboration and coordination between provincial CDCs, MMTs, and PSB strengthened for VCT services in detoxification facilities in 2 provinces
- PITC guidelines field tested in 4 provinces
- C3 model expanded and field tested in 3 provinces

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	509
9.3 Number of individuals trained in counseling and testing according to national and international standards	2724
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	206730

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5586.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 11452.08	Planned Funds: \$150,000
Activity System ID: 18023	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11452	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11452	11452.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$316,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5815.08	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 11578.08	Planned Funds: \$24,700
Activity System ID: 17480	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	

Continuing Activity: 11578

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26120	11578.26120.09	U.S. Agency for International Development	Pact, Inc.	10942	5815.09	Community REACH Greater Mekong Region Associate Award	\$66,757
11578	11578.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$19,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5585.08

Mechanism: TASC3

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 10839.08

Planned Funds: \$225,800

Activity System ID: 17471

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10839

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26103	10839.26103.09	U.S. Agency for International Development	Family Health International	10936	5585.09	TASC3	\$50,000
10839	10839.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$346,050

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5606.08

Mechanism: TASC3

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)
Budget Code: HVCT
Activity ID: 17515.08
Activity System ID: 17515
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Program Area: Counseling and Testing
Program Area Code: 09
Planned Funds: \$50,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5816.08
Prime Partner: Pact, Inc.
Funding Source: GHCS (State)
Budget Code: HVCT
Activity ID: 17516.08
Activity System ID: 17516
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Community REACH Greater Mekong Region Associate Award
USG Agency: U.S. Agency for International Development
Program Area: Counseling and Testing
Program Area Code: 09
Planned Funds: \$12,900

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5777.08
Prime Partner: Chinese Center for Disease Prevention and Control
Funding Source: GAP
Budget Code: HVCT
Activity ID: 11453.08
Activity System ID: 18014
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11453

Mechanism: C-CDC COAG
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Counseling and Testing
Program Area Code: 09
Planned Funds: \$403,000

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11453	11453.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$326,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5607.08
Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10841.08
Planned Funds: \$9,600
Activity System ID: 17489
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10841
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26145	10841.26145.09	U.S. Agency for International Development	US Agency for International Development	10949	5607.09	Management/Technical Staffing	\$213,400
10841	10841.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$26,250

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$100,000

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Currently, at least 95% of first-line ARV drugs are produced domestically and are purchased and distributed by the GoC. ARV drugs are procured primarily by the MOH with additional donations by Clinton Foundation and GlaxoSmithKline. Free CD4 and other HIV laboratory tests testing and ARV treatment is available to PLHA who meet the clinical criteria.

The ARV distribution system in China operates on five levels – provincial, prefectural, county, township and village health center. ARV procurement at the provincial, prefecture and county and township levels operate on a pull basis from the next highest level. The lead time is necessary to obtain drugs is 5 to 10 days. Village health centers obtain their supply of ARV on a monthly basis. The system will face challenges as China rolls out ARV drugs on a wider basis. In Yunnan, for example, 40 of 129 counties are currently providing ARV drugs and diagnostics. Establishment of a framework for appropriate drug logistics management has become more important as the number of patients on ARV drugs in China rapidly increases.

USG supported RPM+ to work with WHO and MOH to explore potential TA needs related to the provision of ARV treatment in the Round 6 GFATM award. Based on an assessment in Yunnan, serious recordkeeping and reporting issues were identified: inventory transactions not being recorded consistently; lack of formal methods used to control inventory at all levels; lack of records of consumption figures for ARV drugs; no formal methods for estimating future needs; and weak monitoring pharmaceutical management below the county level with no standardized procedures.

Potential needs identified included: improved drug management information systems (stock recordkeeping and regular reporting systems); strengthening the flow of information to and from village, township and county levels; strengthen methods for drug estimation and inventory control; developing monitoring and supervision systems for ARV drugs and other medicines; and developing standard operating systems and providing on-the-job training to reinforce proper procedures.

USG will support RPM+ to work with the GoC and other parties to prioritize and address the pharmaceutical management needs that have been identified in order to insure an uninterrupted supply of quality ARV drugs and other pharmaceuticals and commodities at ARV treatment sites.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5587.08	Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 10842.08	Planned Funds: \$100,000

Activity System ID: 17477

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10842

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26116	10842.26116.09	U.S. Agency for International Development	Management Sciences for Health	10939	5587.09	Strengthening Pharmaceutical Systems	\$68,350
10842	10842.07	U.S. Agency for International Development	Management Sciences for Health	5587	5587.07	Strengthening Pharmaceutical Systems	\$100,000

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$1,006,100

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

ARV treatment is subsidized by the GoC as part of the “Four Frees and One Care” policy. The national Free ARV program is now being implemented in 31 provinces, where free ARV treatment for PLHA who meet the program criteria receive free first-line ARV. By the end of June 2007, an accumulated 35,311 AIDS patients have been on ARV, of which 4,122 died, 1,957 dropped-out, 348 were lost-to-follow-up, and 28,884 are still alive. Among the 28,884 currently on ARV, 60.9% are FPD, 16.4% contracted HIV through sexual contact, 7.5% are IDUs, and the rest through other or unknown causes. About 80% of PLHA in China reside in rural areas; the follow-up rates for periodic physical health examinations and CD4 testing in the first 12 months are 17.7% and 5.5%, respectively, based on a national Free ARV manual.

The challenges faced by the national Free ARV program are: poor cooperation between the hospital administrative and CDC systems; lack of human capacity to provide quality ARV services; poor functioning of the three-tier county/township/village health service system; lack of counseling and patient support services mechanisms for supporting ARV adherence; limited availability of ARV drugs beyond first-line regimens, costs associated with CD4 testing, and costs associated with OI management; poor follow-up rates of patients on ARV; low coverage rates among IDUs, TB patients, and other eligible non-FPD PLHA; lack of supervision and training of rural health workers; and, lack of monitoring and evaluation of the national Free ARV program.

To address two of these challenges, the USG assisted the GoC in developing national guidelines for the provision of second-line ARV drugs in FY 2007, and will continue to provide technical and management support to NCAIDS on field testing and implementing the national guidelines. USG also developed health education tools for PLHA and their family members to improve ARV adherence.

The USG will collect data on the current self-help group model for improving ARV adherence among PLHA in Anhui, Heilongjiang and Henan provinces and scale-up training to support PLHA as counselors to provide adherence counseling and support in Guangxi and Yunnan provinces.

The USG will also continue to support capacity building among county-level physicians on management of ARV and support health staff on providing HIV/AIDS care through the Anhui Lixin Rural Clinical Training Center and post-training technical assistance provided to trainees back in their home counties.

Due to the lack of experience of Chinese health service providers in the provision of ARV services among IDUs, the USG provided technical assistance to NCAIDS and GFATM Round 4 to field test the Methadone Clinic-Based Comprehensive Prevention, Support, and Treatment Model of ARV provision in MMT clinics in Guizhou province. The model includes setting up PLHA self-help groups for improving enrollment rates, follow-up rates, and supporting adherence; setting up DOT in MMT; conducting regular CD4 testing; providing prevention with positives (PwP) services and cotrimaxazol for OI prevention; and, setting up referral services to ARV, TB, and ANC clinics. USG will provide support for the expansion of this model in Guangxi, Guizhou, Xinjiang, and Yunnan provinces.

The USG will give technical and management support to NCAIDS and national AIDS task forces for the national pediatric program to improve program implementation, and will cooperate with the Clinton Foundation to train physicians on ARV provision for pediatric HIV patients.

The USG supported indigenous PLHA NGOs to set up a collaborative framework between provincial healthcare facilities and PLHA in Guangxi. USG will work closely to train PLHA as ARV adherence counselors, and support them to provide counseling and testing in ARV treatment hospitals at the county level in Guangxi.

As part of the integrated MPS model of prevention, care, support, and treatment, USG will continue to provide a range of technical support, clinical training, and funding to operationalize the model ARV Treatment clinic at Pingxiang People’s Hospital (linked to the GoC programs in Pingxiang and Ningming counties) and the comprehensive ARV program in Gejiu in Honghe county in Yunnan. In addition to providing technical support for OI/ARV treatment in selected GFATM ARV sites in Guangxi and Yunnan, the USG will also work with government, parastatal, and NGO partners to replicate the integrated HIV treatment services component of the CoC model in Luzhai and Nanning in Guangxi. Patients receiving care and treatment under the CoC model have shown marked improvements in general health and quality of life and have, in some cases, even become active themselves as volunteers in the project. To create a referral system to feed PLHA into the treatment system, the USG will provide positive education and PLHA psychosocial support services, which will supplement the existing treatment program with peer-led treatment adherence support.

The USG will continue to support PLHA groups to conduct peer treatment education to promote adherence through two CBOs, and will expand to methadone clients and MSM in Honghe and Kunming in Yunnan. This work will build the capacity of PLHA in Guangxi and Yunnan for treatment literacy awareness. The project will collaborate with the USG partners to select and train PLHA as trainers-of-trainers (ToT) on treatment literacy, and will facilitate the development of treatment literacy materials appropriate for ARV treatment in China. The ToT will then be encouraged and supported to conduct similar treatment literacy training in their respective communities with their peers.

Potential Upstream (Indirect) Products or Outputs

- Three-tier ARV services delivery network strengthened in 2 provinces for replication in other provinces
- National Free ARV program evaluated to improve implementation and quality of ARV services delivery
- ARV Treatment for IDUs in MMT clinics model implemented and scaled-up in GFATM Round 4 counties and in Guangxi, Guizhou, Xinjiang, and Yunnan
- Second-line ARV regimens implemented and scaled-up

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy

11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	610
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5362
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5302
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	552

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5816.08	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 11582.08	Planned Funds: \$80,800
Activity System ID: 17483	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11582	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26126	11582.26126.09	U.S. Agency for International Development	Pact, Inc.	10943	5816.09	Community REACH Greater Mekong Region Associate Award	\$58,000
11582	11582.07	U.S. Agency for International Development	Pact, Inc.	5816	5816.07	Community REACH Greater Mekong Region Associate Award	\$141,350

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5815.08	Mechanism: Community REACH Greater Mekong Region Associate Award
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 11579.08	Planned Funds: \$236,500

Activity System ID: 17481
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11579
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26121	11579.26121.09	U.S. Agency for International Development	Pact, Inc.	10942	5815.09	Community REACH Greater Mekong Region Associate Award	\$58,621
11579	11579.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$65,650

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5606.08
Prime Partner: Family Health International
Funding Source: GHCS (State)
Budget Code: HTXS
Activity ID: 17517.08
Activity System ID: 17517
Activity Narrative: n/a
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: TASC3
USG Agency: U.S. Agency for International Development
Program Area: HIV/AIDS Treatment/ARV Services
Program Area Code: 11
Planned Funds: \$20,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5585.08
Prime Partner: Family Health International
Funding Source: GHCS (USAID)
Budget Code: HTXS

Mechanism: TASC3
USG Agency: U.S. Agency for International Development
Program Area: HIV/AIDS Treatment/ARV Services
Program Area Code: 11

Activity ID: 10986.08

Planned Funds: \$127,800

Activity System ID: 17472

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10986

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26104	10986.26104.09	U.S. Agency for International Development	Family Health International	10936	5585.09	TASC3	\$13,000
10986	10986.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$100,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5607.08

Mechanism: Management/Technical Staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10848.08

Planned Funds: \$40,000

Activity System ID: 17490

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10848

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10848	10848.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$0

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5777.08

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 11456.08

Planned Funds: \$411,000

Activity System ID: 18015

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11456

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11456	11456.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$328,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5586.08

Mechanism: C-CDC COAG

Prime Partner: Chinese Center for Disease Prevention and Control

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 11455.08

Planned Funds: \$90,000

Activity System ID: 18024

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11455

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11455	11455.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$164,000

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$419,400

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

As of June 2007, China established a HIV testing network with 6,475 HIV antibody screening laboratories and 191 HIV antibody confirmatory laboratories. Along with expanding the national Free ARV program, much effort has been placed on developing the CD4 testing network with a net increase of 132 machines for CD4 counts in select high prevalence provinces. Along with the rapid expansion of these testing networks, personnel training and quality assurance are critical to successful implementation at all levels; for example, there is an ongoing need for new staff to be trained in laboratory methods used in the diagnosis of OIs.

Since 2004, the USG has supported quality assurance of China's HIV-related laboratory system. At the national level, the USG assisted the National AIDS Reference Laboratory at China CDC to participate in a number of international quality assurance networks. At the provincial level, the USG supported 15 provinces to conduct quality assurance twice a year. In 2006, of 6,076 screening laboratories, 4,399 or 72.4% participated in the quality assurance activities. Only 78% of screening laboratories in the China CDC network participate in the quality assurance activities. The USG will continue to support increasing the coverage of quality assurance.

In 2007, the USG assisted the national AIDS reference laboratory (NARL) at NCAIDS to revise and improve the National Guideline for Quality Assurance of CD4 T-Lymphocyte Test in People Living with HIV/AIDS with technical assistance from CDC\Atlanta. With a total of 268 CD4 count machines in operation and with the expanded national Free ARV program, starting from 2008, the USG will assist NCAIDS to improve national CD4 testing guidelines and extend a proficiency testing system to the county level. The USG will also assist with an assessment of commercially available test kits. Recommendations will be made based on the assessment results. At the provincial level, the USG will support the Guangxi CDC to develop laboratories serving the Guangxi CoC network to become Centers of Excellence for training in laboratory "best practices" and increasing laboratory capacity in Guangxi, Yunnan, and neighboring provinces.

After the national BED-CEIA laboratory and HIV-1 incidence surveillance training workshops in 2005, and pilots in Chongqing, Guangdong, Guangxi, Xinjiang, and Yunnan provinces in 2006 and 2007, China CDC tested the feasibility of applying BED in China. Major laboratory and epidemiological data gaps have been identified. Based on these gaps, the national implementation protocol will be formulated in 2008 and operationalized in 2009. Together with mathematical modeling and limited cohort study data, BED incidence surveillance will give a better picture of recent HIV infections.

Potential Upstream (Indirect) Products or Outputs

- 30 new HIV confirmatory laboratories and 500 new HIV antibody screening laboratories established to support GoC laboratory infrastructure expansion efforts
- 5 provincial laboratories established with capacity of performing BED capture enzyme immunoassay
- Proficiency testing and laboratory quality assurance systems extended to provincial and local levels

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	3082
12.2 Number of individuals trained in the provision of laboratory-related activities	950
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	353300

Custom Targets:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5586.08 **Mechanism:** C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 11457.08 **Planned Funds:** \$0
Activity System ID: 18025
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11457
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11457	11457.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$105,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5777.08 **Mechanism:** C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Laboratory Infrastructure
Budget Code: HLAB **Program Area Code:** 12
Activity ID: 11458.08 **Planned Funds:** \$331,000
Activity System ID: 18016
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11458
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11458	11458.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$196,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5585.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 17521.08	Planned Funds: \$78,400
Activity System ID: 17521	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5606.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 17523.08	Planned Funds: \$10,000
Activity System ID: 17523	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$1,484,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The USG SI strategy emphasizes assisting the GoC with the integration of funding and implementation of HIV/AIDS prevention and control efforts by the GoC, the GFATM, and other donors while strengthening linkages between the national and provincial levels. Priority SI areas in FY 2008 include creating a joint USG planning and reporting system, developing a unified surveillance system targeting MARPs, strengthening routine health management information systems (HMIS) at the national and provincial levels, and developing a joint capacity building strategy with MOH and GFATM on use of data at the national and provincial levels.

SI Team

The USG SI Team is currently composed of four staff members: a Medical Epidemiologist who works closely with the CDC/GAP China project officers and serves as the SI Liaison, an Epidemiologist who focuses on surveillance and surveys, an ASPH Fellow who concentrates on program management and M&E, and a SI Specialist who works with the USAID RDM/Asia HIV/AIDS team and serves as the SI point person for the USAID activities in Guangxi and Yunnan provinces.

Target Setting

During the FY 2008 Mini-COP development process, target setting was initiated by the USG SI Team members from CDC/GAP China and USAID RDM/Asia and reviewed by the SI Advisor from CDC/GAP Atlanta. Meetings and discussions were held with technical project officers and the USG partners to set downstream (direct) and upstream (indirect) targets for FY 2008 and 2009 based on their FY 2007 program results, projected programmatic growth, and expected expansion. The USG SI team also met with MoH and GFATM to discuss their program results, future plans, and targets; their targets are used to estimate USG China's upstream targets.

Results Reporting

USG joint reporting: In 2007-2008, the USG will work closely with China CDC to integrate different reporting systems in different components of the government and international programs. The USG will help China CDC to develop or revise the forms to collect program data, such as VCT, MMT, and ART. The forms will be based on existing government reporting forms and revised to reflect the future direction of both the government and the USG programs to use program and summary data at the national and provincial levels for HIV programs. In addition, a unified USG planning and reporting system will be fully operated in 2009 in the 15 USG-supported provinces.

National and provincial monitoring and evaluation: Towards achieving the Third One of the "Three Ones", the USG supported the development of the national M&E framework and national indicators in 2006-2007. Starting in 2008, the USG will provide technical assistance to conduct a mid-term evaluation of the national HIV/AIDS strategy plan (2005-2010), and will support the implementation of the provincial M&E framework in Guangxi and Yunnan in synergy with HMIS support. The USG will also support the development and implementation of provincial M&E in the other 13 provinces. USG will support the development of a national M&E framework for the national Free ARV program in 2009.

Data use and policy advocacy: The Integrated Analysis and Advocacy (A2) project has been successful in using data for developing a 5-year provincial operational HIV/AIDS plan in Guangxi and Yunnan. In Guangxi, it demonstrated a positive impact when the provincial AIDS committee received increased funding from the provincial authority. With USG support in 2009, active advocacy for resource mobilization to achieve the provincial operational plan will be undertaken. In addition, a simplified A2 module will be developed to increase access to the module and to replicate it in 7 provinces under GFATM Round 4.

Since 2004, the USG supported Beijing and Guangdong CDCs to collect data on the prevalence of HIV and STIs, risk behaviors, access to prevention services, and population size. Triangulating with data from other national and local MSM programs in Beijing and Guangdong can give a clear picture of the epidemic and prevention service needs. In 2009, the USG will partner with University of California San Francisco (UCSF) to support the triangulation of MSM data. Based on the data triangulation results, intervention plans will be formulated. The USG will also expand this data triangulation model to the other 13 provinces to conduct similar data analyses in the coming year.

Surveillance and Surveys

The USG will continue to provide technical assistance on strengthening surveillance systems and size estimation of MARPs at the national and provincial levels.

Province-specific surveillance network: The USG will focus on improving second generation surveillance targeting the MARP network, and on establishing one site for each prefecture in 15 provinces.

Behavioral Sentinel Surveillance (BSS): In 2007, China CDC established and gradually expanded the national surveillance system. To increase the accuracy in how well the data collected represents the population targeted, in 2009 the USG will provide technical assistance to China CDC to simplify and improve the questionnaires, sampling methods, and data collection procedures, as well as the expansion of the system in China. Based on a pilot supported by DFID and the USG in 2005-2006 in Gejiu/Yunnan province, the USG will expand its mentorship approach to Guangxi and Yunnan CDCs to build their technical capacity to refine questionnaires, select sampling methods, and implement data collection procedures.

MSM integrated biological and behavioral surveillance (MSM-IBBS): During 2007-2008, the USG will develop a pilot MSM-IBBS using Respondent Driven Sampling (RDS) in Beijing, Guangzhou, Jinan, and Yunnan. In 2009, the USG will work with the national China CDC to expand the surveillance protocol to at least 15 major cities in 15 provinces.

Special survey for emerging risk groups: Starting 2008, the USG will focus on other locally significant populations, such as women from high HIV prevalence provinces who marry local men in Shandong, migrant IDUs in Beijing and Guangdong, high-risk heterosexual migrants in Guangzhou, and sexually active men tin miners in Yunnan. Special surveys will be designed and implemented to detect possible new epidemics and trends in these populations. Results will form the basis for planning targeted prevention and intervention programs.

Size estimation: There are two main the USG approaches to increase access to size estimation information. First, the USG will use the multipliers method in the existing surveillance system to estimate the population size for MARPs using lessons learned from the USG pilot study in Beijing and Guangdong. Second, the USG will build the capacity of all stakeholders to undertake MARP mapping as an integral part of community-based prevention activities. In 2009, the USG will implement this exercise in 10 counties in Guangxi and Yunnan, and use the mapping information to monitor prevention efforts of USG partners, government organizations, and the GFATM.

Information Systems

The 2007 baseline assessment in Guangxi and Yunnan found that HIV/AIDS information systems are fragmented, and do not provide a comprehensive picture of HIV/AIDS and its support services. Despite having high quality data, use of information is limited due to low knowledge and skills in data analysis, interpretation, and use. Also, feedback and technical supervision is weak. The software has limited quality and needs a data warehouse to integrate information from different HIV/AIDS services. There is limited linkage between MCH and PMTCT services under the Health Bureau and other HIV/AIDS services under China CDC, and a HIV/AIDS information system for CBOs does not exist.

In 2007-2008, the USG will provide technical assistance to NCAIDS to streamline a unified data collection form on key HIV/AIDS services. To complement this national effort, in 2008 the USG will support the design and testing of provincial training materials and tools to improve HIV/AIDS information including VCT, ART, MMT, PMTCT as well as HIV/AIDS case reporting in 12 counties in 2 provinces. In 2009, the USG will build on the success of the 2007-2008 interventions and expand the training modules to all stakeholders including GFATM; develop a data warehouse for synthesis of the data collected from various HIV/AIDS services; work with the national level to integrate HIV/AIDS data from the MCH department under the Health Bureau with China CDC data and implement it at the provincial level; and, based on lessons learned from the USG PEPFAR program and the GFATM in Vietnam, develop a community- level information system.

Public Health Evaluation and Other Studies

In June 2007, an enhanced ARV treatment evaluation study began, which plans to enroll 300 PLHA in 3 sites: Pingxiang Hospital, Guangxi CDC ARV clinic, and Nanning 4th People Hospital. In 2009, the study will undertake a follow-up round of data collection and analysis for program improvement (see supporting document: Continuing study: Enhanced ARV study in Guangxi).

USG will also support the implementation of a low-cost outcome monitoring system for IDUs and FSWs at 6 sites in Guangxi and Yunnan. Once each quarter, community outreach workers will ask two questions on risk behavior and protective behavior before starting their education sessions with each IDU and FSW. This approach will be analyzed, and the information will be triangulated with other sources to improve prevention efforts for IDUs and FSWs.

Potential Upstream (Indirect) Products or Outputs

- MSM data triangulation report completed and disseminated
- MSM IBBS protocol and guidance field tested and implemented
- MARP mapping exercise training module field tested and finalized
- HMIS training materials and tools field tested and finalized

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	543
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4018

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5606.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 17524.08	Planned Funds: \$50,000
Activity System ID: 17524	
Activity Narrative: n/a	

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5777.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 11460.08	Planned Funds: \$610,000
Activity System ID: 18017	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11460	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11460	11460.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$424,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5585.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 10849.08	Planned Funds: \$94,000
Activity System ID: 17473	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 10849	

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26106	10849.2610 6.09	U.S. Agency for International Development	Family Health International	10936	5585.09	TASC3	\$40,000
10849	10849.07	U.S. Agency for International Development	Family Health International	5585	5585.07	TASC3	\$175,200

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7786.08	Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 17525.08	Planned Funds: \$40,000
Activity System ID: 17525	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5586.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 11459.08	Planned Funds: \$290,000
Activity System ID: 18026	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11459	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11459	11459.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$227,000

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$1,193,200

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

In following the United States Mission to China HIV/AIDS Five-Year Strategy, a set of principles has been identified to accelerate and complement an effective national response, which include supporting government policy development, building capacity for policy analysis, and fostering an enabling environment at the community level.

Supporting government policy development

The Chinese health infrastructure operates vertically, with each administrative level possessing firm command over the next lower level, from the national to the provincial, prefecture, county, and township levels. Under this framework, the USG-supported HIV/AIDS policy activities work closely with the GoC at all levels. At the central level, the USG supports capacity building activities such as assisting NCAIDS divisions with annual work plans and providing program management training, while paying close attention to capacity development at the lower levels by supporting institutional capacity building of government partners in developing management skills which are more participatory, inclusive, and respectful of the community's contribution.

USG also emphasizes the bottom-up approach to build advocacy skills among local PLHA networks and MARP peer groups. Progress has been made on training and mobilizing them, and ensuring buy-in and support from local governments to sustain indigenous organizations and link services that they provide to current government and other donor-provided services. One planned activity will highlight the policy work of the PLHA and MARP groups at an end-of-the-year workshop to compare existing standard practices against innovations being carried out in the field.

This past year, USG has been successful in communicating the Prevention with Positives (PwP) strategy to the GoC. The GoC's adaptation of the strategy is reflected in issuing national-level HIV/AIDS indicators that measure the number of PLHA enrolled in MMT and the number of PLHAs receiving palliative care and support. The USG was successful in advocating for the preferential enrollment of PLHA in MMTs as the GoC has adopted this policy. The USG also supported the NCAIDS in developing national guidelines for the implementation of rapid testing, TB/HIV co-infection treatment, and ARV adherence.

To build on these successes, the USG will continue to assign technical advisors to the GoC to better integrate USG efforts with the Chinese national and provincial needs; ensure USG participation in HIV/AIDS annual provincial planning meetings; participate in strategic planning with the NCAIDS; support the NCAIDS' efforts to implement the "Three Ones" in every province; and, assist in the acceptance of rapid testing at the lower levels.

Building capacity for policy analysis

The USG continues to support capacity building at the provincial and county levels through the 6-month in-service training of 16 provincial-level HIV/AIDS prevention and control personnel at NCAIDS each year, and the training of 24 rural doctors on clinical treatment and national HIV/AIDS policy at the Lixin Anhui Rural AIDS Clinical Training Center each year.

In FY 2007, the USG supported study visits for provincial-level CDC employees to Thailand and the United States, and will

continue to provide financial support for study visits to increase capacity at the provincial level.

The USG will continue to assist local policy makers, planners, and public officials in applying strategic information in planning and advocacy for adequate HIV/AIDS resources with the A2 project. These types of activities are having an impact, as noted during a recent MoH presentation in Yunnan province where a decision to realign the HIV/AIDS budget was made after receiving technical assistance from the USG in this area.

By providing small grants to regional PLHA networks to work with their national member organizations to transfer policy analysis skills, the USG will increase these county networks' abilities to participate in national policy dialogue activities. To complement this activity, the USG will assist newly-formed networks to establish steering committees, and provide training to these groups in advocacy, organization and financial management, and HIV/AIDS awareness.

Fostering and enabling environment at the community level

A focal point of the USG efforts in the coming year will be linking mechanisms between current community-level indigenous organizations with provincial and county CDCs and health bureaus, particularly in Guangxi and Yunnan provinces where the USG is currently supporting many CBOs. The USG will encourage CBOs and GoC to engage in increased dialogue with provincial and local CDCs and health bureaus to influence the policy process.

The USG will continue its work on reducing stigma and discrimination against MARPs and PLHA by measuring the extent to which national policies are known and understood. The USG will employ MARPs and PLHA to measure discrimination by health care providers after this year's implementation of the stigma and discrimination curriculum in Guangxi. The USG will measure discrimination among providers who have not been trained, and the range and effectiveness of current incentives and sanctions for health care providers and public service personnel when discrimination does occur. Results of this analysis will be incorporated into policy dialogue and advocacy activities.

The USG will also work with local PSBs to improve their treatment of IDUs and foster partnerships between local PSBs and CDCs to increase referrals of IDUs to MMT, thus complementing and building on the PwP work. The USG will create opportunities for the PSBs and CDCs to engage in dialogue and harmonize public health and policing practices. Building on past regional meetings, the USG will convene groups of police and public health officials from the model communities to share emerging "best practices" on interagency coordination and communication. Through joint efforts with GFATM Rounds 4 and 5, the USG will support activities to reduce stigma and discrimination specifically among MSM.

Strengthening local CBOs will be a continued focus of the USG program. Adaptation of the CBO capacity tools to the China context is currently being carried out and, once complete, USG will use the CBO analysis toolkit to assess group development needs, conduct analysis of group capacity, and assist groups in devising work plans focused on building capacity. The USG will support ongoing staff development activities and capacity building of local implementing partners in the areas of advocacy, effective use and dissemination of data, and public relations. The USG will support the brokering and provision of grants to establish 'twinning' relationships between young organizations and more established and accepted ones. The USG will also monitor developments in the formation of NGOs as the 10-year national poverty alleviation plan explicitly calls for increased NGO involvement in anti-poverty activities.

Given the unique situation in situation in China where it is not possible for CBOs and NGOs to register unless they are affiliated with a government partner or agency, the USG will simultaneously build the capacity of government partners to enable them to effectively support these groups. This will require a similar assessment and capacity building process, and developing tailor-made tools for these partners.

Given the relative newness of CBOs among MARPs, many groups lack expertise that could make them more sustainable and improve the quality of life for their members. To address this situation, the USG will begin building their expertise around savings-led, income-generation options, micro-finance group mobilization and development, business planning, and simple marketing and accounting skills.

Potential Upstream (Indirect) Products or Outputs

- Analysis completed of the effectiveness of incentives and sanctions currently being employed regarding stigma and discrimination
- China-appropriate capacity building tools for CBOs, NGOs, and government partners field tested, finalized, and disseminated
- Savings-led, income generation and micro-finance models field tested and replicated

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	51
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	433
14.3 Number of individuals trained in HIV-related policy development	492
14.4 Number of individuals trained in HIV-related institutional capacity building	976
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	2950
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1650

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5586.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11461.08	Planned Funds: \$30,000
Activity System ID: 18027	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11461	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11461	11461.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5586	5586.07	C-CDC COAG	\$154,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5589.08	Mechanism: Health Policy Initiative
Prime Partner: Research Triangle Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17502.08	Planned Funds: \$700,000
Activity System ID: 17502	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5815.08 **Mechanism:** Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Other/Policy Analysis and System Strengthening

Budget Code: OHPS **Program Area Code:** 14

Activity ID: 11580.08 **Planned Funds:** \$202,800

Activity System ID: 17482

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11580

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26122	11580.2612 2.09	U.S. Agency for International Development	Pact, Inc.	10942	5815.09	Community REACH Greater Mekong Region Associate Award	\$192,283
11580	11580.07	U.S. Agency for International Development	Pact, Inc.	5815	5815.07	Community REACH Greater Mekong Region Associate Award	\$304,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5816.08 **Mechanism:** Community REACH Greater Mekong Region Associate Award

Prime Partner: Pact, Inc. **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Other/Policy Analysis and System Strengthening

Budget Code: OHPS **Program Area Code:** 14

Activity ID: 17503.08 **Planned Funds:** \$20,400

Activity System ID: 17503

Activity Narrative: n/a

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5585.08	Mechanism: TASC3
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17504.08	Planned Funds: \$25,000
Activity System ID: 17504	
Activity Narrative: n/a	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5777.08	Mechanism: C-CDC COAG
Prime Partner: Chinese Center for Disease Prevention and Control	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11462.08	Planned Funds: \$215,000
Activity System ID: 18018	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11462	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11462	11462.07	HHS/Centers for Disease Control & Prevention	Chinese Center for Disease Prevention and Control	5777	5777.07	C-CDC COAG	\$196,000

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$700,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The USG management and staffing plan is designed to work ourselves out of a job, and to ensure that China's HIV/AIDS program has the technical and management competence to successfully contain and control the epidemic. The USG will accomplish this goal will by providing technical assistance to public and private sector partners to carry out innovative and replicable demonstration projects; jointly collect and analyze data to demonstrate effectiveness; facilitate the policy process, both formally and informally; and, integrate and provide incentives for the Chinese health system to adopt effective HIV control strategies based on the evidence of "best practices". To achieve this goal, the USG HIV/AIDS program incorporates the strengths and comparative advantages of all USG agencies working in HIV/ AIDS in China.

The Embassy AIDS Committee (EAC), headed by the DCM, plays a coordinating role for the USG agencies working on HIV/AIDS in China. Under the DCM's direction, the Science Counselor and Health Attache serve as the official liaison with the Chinese MOH and other implementing agencies to ensure proper follow-through on the "One USG" policy. As a member agency, US CDC works closely with the China CDC and NCAIDS, the Chinese government agency that coordinates the national response to HIV/AIDS. The US CDC has direct relationships at the national and provincial levels, with 8 Divisions of NCAIDS (Behavioral Intervention, Data Integration and Evaluation, Epidemiology, Laboratory, Policy and Information, Treatment and Care, International Cooperation, ChinaCARES, and the Center Office for Training) and 15 provincial CDCs. US CDC has technical and management staff that provide direct technical assistance to China CDC and its partners to help China adopt comprehensive and effective control strategies and facilitate adoption at the national and provincial levels. Through its involvement in the planning process for each round of GFATM and NCAIDS division annual planning process, US CDC has effectively influenced national policy with minimal resources.

USAID works closely with NGOs and the provincial and local Ministries of Health, focusing its efforts primarily in two provinces. While providing oversight, it relies on implementing partners to provide technical expertise on the ground. The programs funded by USAID tend to focus on the community-based support, follow-up, and care for people most affected by HIV/AIDS. Currently, USAID oversees its partners in building the capacity of the local governments and civil society to implement client-friendly, supportive services and outreach activities which link into available government services. USAID is also engaged in developing effective, non-duplicative, and sustainable models for adoption by the GoC.

The majority of the USG team is located in Beijing with 3 at the US Embassy and 13 current and 4 vacant CDC staff and 3 planned USAID staff located at the CDC office in the Dongwai Diplomatic Office Building, and a CDC GAP office located at China CDC, NCAIDS. Four additional staff members are located at the USAID Bangkok-based Regional Development Mission Asia (RDM/A). Since China does not have a bilateral USAID Mission, the regional platform at RDM/A continues to exercise overall management responsibility, budgeting and financial management, procurement, and technical assistance to the program. However, except for the 3 persons highlighted in the staffing chart, all other persons at RDM/A dedicate less than 10% of their time on the China program.

The USG China HIV/AIDS program is supported by 25 persons. Of those 25 persons, 16 are dedicating 100% of their time to the program, and the others dedicate anywhere from 10% to 80%. This equates to 20.6 Full-time Equivalents (FTEs). Many staff are responsible for providing assistance and oversight in more than one technical area. Currently, 0.1 FTEs work on Injection Safety, 1.5 FTEs on Condoms and Other Prevention, 2 FTEs on Basic Health Care and Support, 0.4 FTEs on TB/HIV, 1.4 FTEs on HIV Counseling and Testing, 1.9 FTEs on ARV Services, 0.4 FTEs on Laboratory Infrastructure, 2 FTEs on Strategic Information, 1.5 FTEs on Other Policy/System Strengthening, and 9.5 FTEs on Management and Staffing. Of the 9.5 FTEs, 2 are related to management and the rest are support staff. During the planned retreat in 2008, one of the tasks will be to examine the current staffing pattern and propose revisions if deemed necessary. It is envisioned that some support from RDM/A will decrease next year as the Beijing staff acquire the experience needed to manage the program.

Processes have begun over the last two years to improve coordination, and the agencies will continue to set up more effective mechanisms for information sharing, facilitating interagency communication, and managing the overall program. This will be the first year where USAID and CDC are co-located. Although the decision to co-locate has been in place over two years, due to delays in staffing, the USG was not able to hire the USAID PSC last year. Adopting this strategy of co-location will greatly assist the USG to be able to improve communication, coordination, and overall management of the program.

In addition to co-location, CDC and USAID will continue several co-management mechanisms and strategies to reinforce one

USG HIV/AIDS control program and draw upon each agency's relative strengths. These will include: team input on government and non-government contract and cooperative agreement mechanism development and implementation, including joint reporting and technical monitoring trips, sharing quarterly and annual partner reports, and joint meetings with key counterparts; conducting all-team meetings every quarter; orienting new staff to PEPFAR in an interagency approach; involving counterparts and partners, when appropriate, in strategic planning meetings; instituting joint site visits and partner work plan meetings; conducting joint evaluations; and, holding joint meetings with key counterparts.

The USG team plans this year to form technical working groups (TWGs) around the USG key areas of intervention. This will substantially enhance our ability to provide technical support as well as monitor progress and fine tune our supported interventions, as needed. The 4 planned TWGs are: Prevention (sexual and IDU), Counseling and Testing, Treatment and Care, and Strategic Information. These groups will be made up of representatives from the GoC, US CDC, USAID, and partners.

The USG HIV/AIDS team seeks permission to hire 3 persons during the FY 2009 implementation year. Currently, the team lacks adequate personnel to provide quality assistance to the GoC in care and treatment, prevention, and testing and counseling. We propose to fill these positions with junior project officers who will work under two seasoned CDC employees already on staff. In addition, the USG team proposes to hire one LES administration assistant through a USAID mechanism. There are currently only 1.9 FTE administrative assistants, funded by CDC, available to assist all the USG HIV/AIDS staff located in Beijing. This is not adequate given the number of persons requesting these types of services.

The USG has encountered difficulties in hiring a qualified US citizen for the open USAID PSC position to be co-located with the USG China team. The option of hiring a qualified Third Country National (TCN) was explored, but the US Embassy in China would not support this option, citing the difficulty in obtaining security clearances for TCNs. In the future, the avenues for advertising these types of positions will be expanded.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5607.08	Mechanism: Management/Technical Staffing
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 10856.08	Planned Funds: \$176,000
Activity System ID: 17493	
Activity Narrative: Overall program management and oversight will be led by a US Direct hire based in RDMA/Bangkok funded with Operational Expense Funds. Additional management support will be provided by an RDM/A HIV/AIDS Project Management Specialist (LES)—30% FTE. In addition, a smaller proportion of funding will support other support staff at RDM/A (e.g. procurement, communications, and financial management services) and administrative related costs.	
The management and staffing costs in China funded under this program area include HIV/AIDS China Program Manager and Advisor; a proposed new position, Administrative Assistant (LES); and travel costs for Embassy Beijing personnel.	
Positions funded under other Program Areas of the Mini-COP include:	
Condoms and Other Prevention: HIV/AIDS Team Leader (US)—USAID RDMA/Bangkok—28%	
Palliative Care Basic Health Care and Support: Project Officer (LES)—USAID RDMA, based in Beijing—50%	
Counseling and Testing: HIV/AIDS Team Leader (US)—USAID RDMA/Bangkok—12%	
ARV Services: Project Officer (LES)—USAID RDMA, based in Beijing—50%	
Strategic Information: Strategic Information Specialist (LES)—USAID RDMA/Bangkok—40%	

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10856

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10856	10856.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$217,250

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5607.08

Mechanism: Management/Technical Staffing

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 11581.08

Planned Funds: \$84,000

Activity System ID: 17494

Activity Narrative: The cost of doing business associated with the staff positions described in the USAID management and staff entry includes ICASS and IRM tax.

RDMA ICASS and IRM tax is approximately \$17,000 and is based on 40% of FY07 costs to support 3 Bangkok-based staff. China ICASS to support 3 Beijing-based staff is approximately \$67,000

Capital Security Cost Sharing charges are not applicable for USAID.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11581

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11581	11581.07	U.S. Agency for International Development	US Agency for International Development	5607	5607.07	Management/Technical Staffing	\$10,750

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5778.08

Mechanism: Management and Staffing

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 11463.08

Planned Funds: \$334,000

Activity System ID: 18028

Activity Narrative: The management and staffing budget for CDC/GAP is used to ensure that adequate support for PEPFAR related activities is provided as detailed in the Mini-COP and not already accounted for in the program areas. Program management and administrative staff are funded under this activity, including the following positions:

- Administrative Assistant 1 (LES) - CDC/GAP Beijing -30%
- Administrative Assistant 2 (LES) - CDC/GAP Beijing – 80%
- Program Assistant (LES) – CDC/GAP Beijing – 100%
- Chauffer 1 (LES) - CDC/GAP Beijing – 100%
- Chauffer 2 (LES) - CDC/GAP Beijing – 100%
- Deputy Director (USDH) –CDC/GAP Beijing –35%
- Director (USDH) –CDC/GAP Beijing - 20%
- Fellow (US Contractor) –CDC/GAP Beijing – 25%
- Janitor (LES) - CDC/GAP Beijing – 100%
- Program Assistant (LES) - CDC/GAP Beijing – 100%
- Project Officer 1 (LES) – CDC/GAP Beijing – 20%
- Proposed new Position:
HIV/AIDS Epidemiologist (US) - CDC/GAP Beijing (currently vacant) – 25%

Collectively, this team provides managerial and administrative support for CDC/GAP activities to ensure smooth operation of PEPFAR funded programs in China.

Positions under other program areas of the Mini-COP include:

- Director – CDC/GAP Beijing – 80%
- Deputy Director – CDC/GAP Beijing – 65%
- Fellow – CDC/GAP Beijing –75%
- HIV Advocate (LES) – CDC/GAP Beijing – 100%
- Project Officer 1 (LES) – CDC/GAP Beijing – 80%
- Project Officer 2 (LES) – CDC/GAP Beijing –100%
- Project Officer 3 (LES) –CDC/GAP Beijing –100%
- Project Officer 4 (LES) –CDC/GAP Beijing –100%
- Project Officer 5 (LES) –CDC/GAP Beijing –100%
- Proposed new position:
Project Officer 5 (LES) –CDC/GAP Beijing –100%

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11463

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26596	11463.2659 6.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11066	11066.09	Management and Staffing	\$276,000
11463	11463.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5778	5778.07	Management and Staffing	\$484,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5778.08

Mechanism: Management and Staffing

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18774.08

Planned Funds: \$106,000

Activity System ID: 18774

Activity Narrative: The cost of doing business associated with the staff positions described in the HHS/CDC management and staffing entry includes ICASS for 2 current USDH at \$68,000 and another \$34,000 for the epidemiologist position.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Congressional Notification China 2008.doc.doc	application/msword	9/24/2007		Executive Summary	JLiu
FY 2008 Mini COP China-GFATM supplemental Aug 31 2007.doc.doc	application/msword	9/27/2007		Global Fund Supplemental*	JLiu
Continuing Studies ART in GuangXi Sep 14 07.doc	application/msword	9/27/2007	Guangxi Public Health Evaluation	Other	JLiu
China Mini-COP 2008 SFR Planning and Oversight Functional Staff Chart 8_30_07.pdf	application/pdf	9/27/2007	SFR Functional Staffing Chart	Other	JLiu
CDC GAP China Agency Management Chart.pdf	application/pdf	9/27/2007	SRF CDC Agency Management Chart	Other	JLiu
China FY08 COP Submission_Budgetary Requirements Worksheet.xls	application/vnd.ms-excel	9/27/2007		Budgetary Requirements Worksheet*	JLiu
China Mini-COP Acronym List.doc	application/msword	9/27/2007	acronym list	Other	JLiu
China 2008 Letter to Ambassador.pdf	application/pdf	9/27/2007		Ambassador Letter	JLiu

2009.doc	application/msword	9/27/2007	not required according to mini-cop guidance.	Fiscal Year 2009 Funding Planned Activities*	JLiu
USG China FY 2008 HIVAIDS Supporting Map.doc	application/msword	9/27/2007		Other	JLiu
Final USG China FY08 MiniCOP Targets Explanation 10.10.2007.doc	application/msword	10/11/2007		Explanation of Targets Calculations*	PRumakom-C
Copy of 2007-10-16 China staffing spreadsheet - correct format.xls	application/vnd.ms-excel	10/15/2007		Other	JLiu